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Keynote address 1: Teamwork in extremes - six women's record breaking Antarctic crossing

Monday, 8th September – 10.15

Sophie Montagne, (UK)

Biography

Ice Maidens Sandy Hennis & Sophie Montagne speak of their experiences as part of the first female team to ski across Antarctica using muscle power alone. In 2018 they were two of the six Ice Maidens who covered 1,704km in 2 months, setting three world records. They can present as a pair or individually, and tell their story with honesty, humour and humility, aiming to inspire more than impress.

Ice Maidens Sandy Hennis & Sophie Montagne specialise in speeches about Teamwork and Resilience. The following themes are emphasised within the context of life on the coldest, highest and most inhospitable continent on earth. They share their expertise in teamwork, mental resilience, unity of purpose, embracing conflict, getting to know and knowing how to motivate your team. Their client's include Bank of America Merrill Lynch, AECOM, Airbus, Arup, Trowers & Hamlins, Cannacord and The Institute of Directors.

Ice Maidens Sandy Hennis & Sophie Montagne were part of the first female team to ski coast-to-coast across Antarctica using muscle power alone. The team of six women covered 1,704km, endured temperatures of -56C and arrived 14 days earlier than planned, setting three new world records.

But the Ice Maidens expedition wasn't about racing or records, it wasn't about standing at the South Pole or achieving a lifelong dream – it was all about the team. Supporting each other through Antarctic storms, debilitating sickness, exhaustion and the ever-present threat of crevasses, those six women relied 100% upon each other. It wasn't about just a team, it was about the whole team getting to the finish.

Sandy and Sophie use their experiences in Antarctica to help bring new perspectives to the corporate sector. Combining Sandy's military expertise with Sophie's 10 years' experience in the corporate world, they have analysed each lesson learned on their adventures, making it relevant to everyday lives both at work and at home. They pinpoint current business challenges and offer solutions, presented in the context of their time in Antarctica, on expeditions and on military operations.

Presentation summary

Sophie Montagne was part of the first female team to ski across Antarctica using muscle power alone. During their 1,700km journey via the South Pole, the Ice Maidens faced polar storms, extreme temperatures, illness and exhaustion. They discuss how extensive team building preparation and unity of purpose bound their team together when it was breaking apart.

Learning outcomes

Building high performance teams from a group of strangers

Psychological safety and communication

Imposter syndrome and self-belief.

Resilience, Mission focus, Confidence and conquering fears, Dealing with conflict.

Recommended reading

<https://www.nature.com/articles/s41598-020-70296-4>

<https://militaryhealth.bmj.com/content/167/1/27>

<https://www.endocrine-abstracts.org/ea/0059/ea0059oc1.1>

Keynote address 2: Possibility, passion and power to change: nursing voice and methods innovation

Tuesday, 9th September – 10.00

Prof. G.J Melendez-Torres, (Exeter University, UK)

Biography

G.J. Melendez-Torres is Professor of Clinical and Social Epidemiology and NIHR Senior Investigator at the University of Exeter, where he also holds the cities RISE Research Chair in Public Mental Health. His research focuses on child and adolescent health and intimate partner violence, as well as health technology assessment. G.J. is Associate Dean for Researcher Inclusion of the NIHR Academy, and Associate Director for Involvement and Engagement of the NIHR School for Public Health Research. He is also an elected fellow of the American Academy of Nursing, of the Academy of Social Sciences, and of the Faculty of Public Health.

Presentation summary

This presentation will consider how methods innovation, combined with the power of the nursing voice, can generate insights that impact the health of patients, families, communities and societies. Considering a range of applied health research studies and the lessons learned from these studies, this presentation will reflect on the unique roles nurses have in driving methods innovation, and will describe a range of ways nurses can generate local innovation for local change.

Learning outcomes

- Participants should be able to identify a range of methods innovations driven by nurses.
- Participants should be able to identify opportunities for nursing-led methods innovation and link these to research impacts.

Recommended reading

Benner, P. E., & Wrubel, J. (1989). *The primacy of caring: Stress and coping in health and illness*. Addison-Wesley.

Keynote address 3: Ripples, Waves and Swell – creating a sustainable culture of research delivery

Wednesday, 10th September – 09.25

Dr. Joanne Cooper, (NHS England, UK)

Biography

Dr Joanne Cooper is Deputy Director of Nursing Research for System Transformation at NHS England. Joanne is Honorary Professor at the University of Nottingham School of Health Sciences. Within the CNO England Policy and Systems Leadership Team, NHSE, Joanne works in partnership with Professor Alison Richardson leading to implementation of the CNO England Strategic Plan for Research. Joanne has experience in advancing research in nursing, including clinical academic career development building capacity and capability across health and care systems

Presentation summary

This presentation considers the growth and pivotal contribution of nurses in research, with a focus on research delivery. It uses the analogy of ripples, waves and swell to illustrate, and celebrate, the individual, organisational and national activities that create sustainable research cultures and impacts for the public.

Learning outcomes

- Describe selected national strategic imperatives that facilitate the growth of research within organisations
- Identify the key contribution of research delivery nurses in building research capacity and capability
- Consider case study examples and their potential for wider adoption and spread in raising the profile of research activity

Recommended reading

1. <https://www.england.nhs.uk/publication/making-research-matter-chief-nursing-officer-for-englands-strategic-plan-for-research/>
2. <https://www.england.nhs.uk/long-read/self-assessment-of-organisational-readiness-tool-sort-guide/>
3. <https://www.england.nhs.uk/publication/research-toolkit-for-matrons-and-other-health-and-care-leaders/>

Keynote address 4: Walking in the shoes of clinical research nurses and midwives

Wednesday, 10th September – 14.05

Prof. Ruth Endacott (NIHR, UK)

Biography

Professor Ruth Endacott is Director of Nursing and Midwifery at NIHR (National Institute for Health and Care Research), providing leadership for nurses and midwives who are supporting, delivering or leading research. Ruth is Emeritus Professor at Monash University, Melbourne and Trustee at the Intensive Care National Audit and Research Centre (ICNARC).

Presentation summary

In this session, we will explore ways in which clinical research nurses and midwives are igniting new interest in research, overcoming barriers to study recruitment and providing outstanding leadership in research delivery, offering research participation to as many patients and populations as possible. Through case studies from across the UK, you'll be inspired with new, practical ideas to take back to your own workplace.

Learning outcomes

1. Describe how core nursing and midwifery characteristics of curiosity and determination are improving research opportunities across the UK
2. Identify ways in which research nurses and midwives engage clinical colleagues in research
3. Explain how changes in UK Clinical Trials Legislation provide greater leadership opportunities for research nurses and midwives.

Recommended reading

- <https://advanced-practice.hee.nhs.uk/our-work/research/multi-professional-practice-based-research-capabilities-framework/#:~:text=The%20purpose%20of%20the%20Multi,in%2C%20and%20with%2C%20research>
- <https://www.gov.uk/government/news/clinical-trials-regulations-signed-into-law>
- <https://www.ukcrfnetwork.co.uk/resources/>

Workshop 1: Start with an idea, end with an impact: writing persuasive research grants

Tuesday, 9th September – 08.30

Presenters

Prof. G.J Melendez-Torres, Professor of Clinical and Social Epidemiology, Exeter University, UK

Workshop summary

This workshop will provide attendees with key tools, ideas and frameworks to understand how to move from a research idea to an impactful research project. We will focus on preparing persuasive grant applications across a range of applied health research contexts, with a specific interest in National Institute for Health and Care Research (NIHR) applications.

Activities will include a combination of presentation, group discussion and sharing.

Attendees who will get the most out of this workshop are researchers of any level and in any practice context interested in thinking about their next steps in research. This includes master's and doctoral students through to mid-career researchers.

Learning outcomes

1. Understand how to communicate their research idea and its importance;
2. Demonstrate how to link specific ideas with a precise account of the methods needed to researcher their chosen topic; and
3. Link their research idea to broader conversations in their disciplinary, practice and social and political contexts.

Attendees are required to bring their one best research idea and a willingness to explore this idea with others, but do not necessarily need to have a grant application in active development at the time of attendance.

Workshop 2: How do value, power and social positioning shape the roles and experiences of nurse researchers in today's healthcare system?

Tuesday, 9th September – 08.30

Presenters

- *Claire Whitehouse, Senior Nurse for NMAHP Research / Clinical Director for Research, The James Paget University Hospitals NHS Foundation Trust, UK*
- *Dr Gordon Hill, Assistant Head for International School of Health and Life Sciences, Director WHO Collaborating Centre for Nursing and Public Health Education and Research, Glasgow Caledonian University*

Workshop summary

A workshop which will influence the design of a PhD research study exploring value, power and social positioning. A conceptual framework as part of preparatory work has been developed. It centres on the core components of value, power and social positioning surrounded by healthcare system levels and influences from history. In setting out the theoretical framework for the study, the components will be considered as follows;

- *Value in the context of nurse-led research*
- *Power dynamics within healthcare research*
- *Social positioning of nurses within modern day care delivery and its influence on nurse researchers.*

Historical influences are presented as intersections such as gender, class, race, religion. High level system influences include policy, politics, funders, organisations, academia, staff & patients. The system levels of healthcare in the NHS have been influenced by history independent of the nurse-researcher concept which is the focus of this study. Applying the conceptual framework to the complexity of the NHS presents a challenge. This workshop will focus on the system level of NHS care providers.

Learning outcomes

1. *Examine the impact of power dynamics*
2. *Explore the concept of social positioning and its effect on the value, visibility, credibility, and authority of nurse researchers.*
3. *Reflect on structural inequalities in healthcare research*
4. *Identify the top 3 considerations to help to enhance the power, value and social positioning of nurse researchers*

Workshop 3: Explaining the 'Critically Appraised Topic' through a CAT-in-45mins

Tuesday, 9th September – 08.30

Presenters

- *Dr. Andrew Finney, Reader, Director of Research and NIHR Senior Research Leader, Keele University (School of Nursing) and The Midlands Partnership University NHS Foundation Trust*
- *Miss Marie Doherty, Head of School, Keele University School of Nursing & Midwifery*
- *Prof Gwen Wynne Jones, Prof of Nursing, Keele University School of Nursing & Midwifery*
- *Dr Angela Clifford, Deputy Director of Research, Keele University School of Nursing & Midwifery*

Workshop summary

"Critically Appraised Topics (CATs) have been a successful way of developing research engagement for busy nurses.

This event is applicable to a broad audience with two simple learning outcomes.

- 1. Understand what a CAT is and how it is undertaken*
- 2. Recognise the value of CATs in engaging the nursing workforce in the generation and use of best evidence*

Dr Andrew Finney has pioneered the CAT methodology for nurse-led research (Finney et al, 2016; Finney et al 2020) for a decade, and has developed commissioned CAT train-the-trainer workshops and CAT-in-a-day study days nationally for NHS England.

This workshop offers delegates a full understanding of the CAT process via a CAT-in-an-Hour, with the aim being to scale out the understanding of this approach. For those wishing to lead a CAT group or simply engage with one CATs can be mapped to the Research Capability Framework and align to aspect of the SORT tool. Finney AG, Johnson K, Edwards J, Duffy H, Dziedzic K (2016) Critically Appraised Topics (CATs): A method of integrating best evidence into general practice nursing. Practice Nurse, March 2016, 32-34 Finney A, Harper C, Viggars R, Edwards J (2020) Integrating 'best evidence' into general practice nursing. Practice Nurse Nov 20, 26-29 "

Workshop 4: Demystifying writing for Publication

Wednesday, 10th September – 08.15

Presenters

Dr. Catherine Stephen, University of Wollongong, Australia

Co-Author – Prof. Elizabeth Halcomb, RCNi / University of Wollongong, Australia

Workshop summary

Background: *For many doctoral students, research nurses and even nurse academics, the task of assembling words on a page to tell an engaging and coherent story can invoke fear and anxiety¹. Yet, telling the story of the research we do, and its findings is a key step in the research process. Without quality dissemination, research will not have optimal impact. Although many people experience challenges in writing for publication, often this topic is not openly discussed.*

Aim: *This presentation will highlight the challenges faced by nurses when writing for publication and discuss key strategies to support nurse researchers to succeed in publishing their writing.*

Presentation: *Strategies around planning the writing, identifying a mentor, putting words on the page and developing writing will be discussed. This presentation will enhance participants' understanding of the challenges faced by researchers around writing for publication and it will increase their confidence in submitting a manuscript for publication. The session will also encourage ongoing conversations about writing for publication and related issues.*

Conclusion: *Writing for publication need not be dreaded by researchers or a source of anxiety and fear. With time, support and the right strategies all researchers can develop their writing skills and turn the words on a page into an engaging story that disseminates their work.*

References

1 Chargualaf, K. A., Nichols, M., & Klakovich, M. (2024). Expanding capacity for publication in nursing: Experiences from a writing for publication group. *Journal of Professional Nursing*, 51, 45-50.

2 Arshabayeva, G. A., Kumar, A. B., Yessirkepov, M., Zimba, O., & Kocyigit, B. F. (2024). Advancing research, writing, and publishing in nursing: addressing challenges and improving standards. *Journal of Korean Medical Science*, 39(38).

Workshop 5: Navigating the regulatory and health technology appraisal pathways for digital mental health technologies including (Digital Health)

Wednesday, 10th September – 08.15

Presenters

- Holly Coole, Senior Manager Digital Mental Health, Medicines and Healthcare products Regulatory Agency
- Dr Gareth Hopkin Scientific Advisor, NICE
- Francesca Edelmann, Manager, Digital Mental Health, MHRA

Workshop summary

There is a wide range of types of DMHTs. They can be websites, internet-based platforms or applications (apps) to be used with non-medical technology, such as computers, mobile phones, fitness wearables, and virtual reality (VR) headsets, or medical technology, such as transcranial direct current stimulation (tDCS) headsets. They can be available as direct-to-consumer products intended for patients and the public, often accessible through app stores for free or for a fee, or used with a referral or supervision from healthcare or educational professionals, as part of the blended delivery of mental health care.

The Medicines and Healthcare products Regulatory Agency (MHRA) in collaboration with the National Institute for Health and Care Excellence (NICE) have been funded by Wellcome to undertake a 3-year project to explore the regulation and evaluation of DMHT. A significant output of the project is the production of DMHT specific guidance which provides clarity for developers of these technologies in the characterisation, qualification, and classification of their products as Software as Medical Device (SaMD). In determining a products regulatory status early, and in particular, at the point of developing a clinical trial, developers and researchers are better equipped to understand the regulatory and evidence requirements for products that fall within the scope of the medical device regulations in the UK and the NICE evidence standards framework (ESF) respectively.

This workshop is a deep-dive into the recently published guidance enabling interactive discussion of how the regulations apply to a range of DMHTs ensuring appropriate, early access to relevant support, ensuring effective development and adoption of these products

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1.1 Leadership and management / e-Health

Determining Excellence Factors in Nursing and Midwifery: A Mixed Methods Study

Monday, 8th September - 11:40: 1.1 Leadership and management / e-Health - Oral (concurrent session0 - Abstract ID: 59

Mrs. Michelle Hartanto (University Hospitals Coventry and Warwickshire NHS Trust), Mrs. Gishi Sashidharan (University Hospitals Coventry and Warwickshire NHS Trust), Mr. Nicolas Aldridge (University Hospitals Coventry and Warwickshire NHS Trust), Mrs. Lisa Dunn (University Hospitals Coventry and Warwickshire NHS Trust), Prof. Liz Lees-Deutsch (Coventry University)

Abstract

Background:

The Midlands Regional Excellence Network brings together senior nurse leaders across 11 integrated care boards to develop collective leadership, positive work environments and a culture of excellence. Six Excellence pillars have emerged namely; shared professional decision making, local accreditation, meaningful recognition, distributed leadership, continuous quality improvement, and research and innovation. Conducted in the Midlands, this study is the first in England to explore Nursing and Midwifery Excellence in acute and non-acute settings.

Aims:

To describe approaches and behaviours that drive Nursing and Midwifery Excellence in acute provider settings and explore the potential transferability of these to non-acute provider settings.

Methods:

Mixed methods were a scoping review; Midlands-wide cross-sectional staff survey, administered via QR code using Office 365; case study interviews with acute and non-acute providers via MS Teams, and an exploration of key metrics to determine impacts of Excellence. The six Excellence pillars provided an exploratory framework, directed by the COM-B behavioural change model throughout¹. Forty-four organisations were invited to participate. Coventry University Ethics P172363.

Results:

16 global studies reviewed (n=23) focused on delivery of Excellence through the Magnet Recognition Programme². Twenty-six organisations responded to the survey. Case studies with acute provider organisations (n=12) identified behaviours driving Excellence, with professional leadership and organisational cultures as key factors. Non-acute organisations (n=3) demonstrated some early principles of Excellence.

Discussion:

Higher workforce stability and lower leaver rates were found in organisations employing Excellence approaches, compared to those who did not use these approaches. Non-acute organisations demonstrated a willingness to adopt Excellence approaches.

Conclusion:

Well-developed Excellence approaches are evident across the Midlands in acute organisations. Non-acute organisations are at an earlier stage of development. A delivery plan indicating support for non-acute leaders to develop, implement and sustain Excellence approaches is needed. Further research to expand this work across England is warranted.

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Lead presenter biography

Michelle Hartanto, RN, MSc is a Practice Facilitator for Pathway to Excellence® at University Hospitals Coventry and Warwickshire NHS Trust. After completing a NIHR/HEE Pre-Doctoral Research Fellowship (2022), she led research on the ReSPECT process and CPR decision-making conversations and has been published in peer-reviewed scientific journals. In 2024, as a Research Fellow on a study commissioned by NHS England – Midlands and funded/sponsored by the Chief Nursing Officer for England's Policy and Strategy Unit within the NHS England national team, Michelle co-led the first study in England to explore Nursing and Midwifery Excellence in acute and non-acute healthcare settings.

Why do Nursing Faculty Remain Silent: A Qualitative Study

Monday, 8th September - 12:10: 1.1 Leadership and management / e-Health - Oral (concurrent session0 - Abstract ID: 81)

Dr. Begüm Yalçın (IUC Florence Nightingale Faculty of Nursing), Dr. Güzin Ayan (Kütahya Health Sciences University Gediz Health Services Vocational School First Aid and Emergency Department), Dr. Nilgün Göktepe (Ordu University Faculty of Health Sciences)

Abstract

Background: The academic environment should be free and endorse speaking up to enhance academic advancement. Silence concepts have been studied for over 50 years in different sectors. Limited studies have been conducted among academic personnel, especially among nursing faculty.

Aim: This study aimed to comprehend the experiences of silence among nursing faculty members, a topic that has been overlooked but is crucial for academic advancement.

Methods: This study, unique and innovative in its approach, was conducted with the participation of 19 nursing faculty members who volunteered. The data was collected between February and June 2024. The inclusion criteria were working as a faculty member in a nursing school and having a graduate degree or continuing education in nursing graduate programs. The researchers developed a semi-structured interview form based on existing literature.

Findings: Three themes emerged from the data. (1) reasons for remaining silent, (2) learned helplessness, and (3) the consequences of my silence. Most participants stated that they remain silent because of fear of retribution, feeling helpless due to not seeing any change in the issues they raise concerns about, and experiencing emotional burdens and disengagement from the institutions.

Discussion: The study's findings highlight the diverse reasons for silence among nursing faculty, and the overwhelming pressure they experience as a result. The academic work environment and nursing faculty members' well-being are greatly impacted by the decision to remain silent. This discovery ought to act as a wake-up call, inspiring us to create a psychologically safe space where nursing faculty members' opinions are respected.

Conclusion: Understanding the reasons of remaining silent can be a crucial step towards improving the academic work environment and fostering open communication.

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Lead presenter biography

Begüm Yalçın RN PhD was born in Istanbul. She graduated from Koc University School of Nursing in 2008. She completed graduate studies in Nursing Management in 2017 at Istanbul University Institute of Health Sciences.

She worked as an ER nurse between 2008 and 2011. She started her academic career at Koç University as an Instructor teaching undergrad students and also worked as an educator for SANERC certification courses. She was appointed Assistant Professor at IUC Florence Nightingale Faculty of Nursing in the Nursing Management Department. Her research interests include organizational silence, the nursing work environment, and the image of nursing.

A Service Evaluation of Virtual Ward in Cornwall, UK.

Monday, 8th September - 12:40: 1.1 Leadership and management / e-Health - Oral (concurrent session0 - Abstract ID: 107

Dr. Helen Lyndon (Cornwall NHS Foundation Trust), Mrs. Tracey Viney (Plymouth Marjon University), Mrs. Vicki Slade (Cornwall NHS Foundation Trust)

Abstract

Background

Virtual wards are digitally-enabled services facilitating hospital-level delivered at home, as an alternative to hospital admission or by facilitating earlier discharge. During the COVID-19 pandemic, two virtual wards were established in Cornwall for respiratory illnesses and frailty. Their development happened at pace, and in 2023 the NHS Trust commissioned a review of current provision.

Aims

To evaluate the virtual ward model and provide intelligence to inform future service development including procurement of a new remote monitoring system.

Methods

The service evaluation was designed and conducted using the Consolidated Framework for Implementation Research (CFIR)¹ and co-produced with experts by experience. Interviews were conducted with 14 patients and 16 clinicians to understand their experiences of the virtual wards and remote monitoring. Data was analysed using thematic analysis².

Results

Four themes were identified: (1) *Readiness for change*: Virtual wards were not fully embedded in existing health provision with evidence of scepticism and reluctance to refer. (2) *Confidence and trust*: clinicians lacked confidence and trust in the remote monitoring system. Patients expressed high levels of trust in the virtual ward staff, increasing their confidence to remain at home. (3) *Digital challenges*: issues of digital exclusion including understanding the technology and connection difficulties were experienced. (4) *Impact*: despite the challenges, virtual wards were highly valued by patients as a safe alternative to hospital admission.

Discussion

When considering implementation of virtual wards, consideration should be given to the system's readiness for change. Virtual wards have often been subject to short-term funding and so not fully embedded. Consideration of their sustainability within the overall healthcare infrastructure is needed.

Conclusions

Virtual wards have rapidly developed and are becoming established globally. This rapid evolution can impact on staff and service delivery. Further research is required to establish and maintain effective and sustainable models for the future.

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Lead presenter biography

Helen has worked as a district nurse, nurse leader, community matron, nurse practitioner and nurse consultant in primary and community care settings, holding multiple leadership and strategic posts. Her research interests include the management of frailty in primary and community care. Helen completed a PhD in 2021 supported by a NIHR/HEE Integrated Clinical Academic Doctoral Research Fellowship. Helen now holds a clinical academic post as part of the leadership team of the University of Plymouth Southwest Clinical School and works clinically in the falls/frailty service in Cornwall NHS. She sits on the British Geriatrics Society Sarcopenia and Frailty Research committee.

1.2 Workforce and employment

Nature immersion as a wellbeing strategy in nurse education: A reflexive thematic analysis.

Monday, 8th September - 11:40: 1.2 Workforce and employment - Oral (concurrent session0 - Abstract ID: 26

Dr. Sarah Howes (University of Plymouth)

Abstract

Background: A significant body of global literature attests to the stress relieving potential of nature immersion (Lackey et al, 2019). With increased focus on nature as a wellbeing strategy within healthcare, an exploration of student nurse perspective and experience is needed to provide relevant contextual understanding for nurse education (Cordoza et al, 2018).

Aims: This study asked, 'Can nature immersion help to mitigate stress and support the wellbeing of student nurses'.

Methods: 18 in depth qualitative interviews (face-to-face, online and go-along) straddling the Covid-19 pandemic were undertaken at a U.K university between November 2019 and June 2022. A reflexive thematic analysis was completed using Braun and Clarke's (2006) method.

Results: Five major themes were interpreted from the data; Feeling the pressure, Hitting a Reset Button, Smooth over the Spiky Bits, Caged Animals and A Breath of Fresh Air. Two sub themes highlighted scary experiences, and escaping to another world.

Discussion: Participants indicated that time in nature had been an important factor in managing their own mental health and physical fitness. Participants identified a need to use self-talk to challenge the internal dialogue which can prevent student nurses from giving themselves time out from study for wellbeing activities. Stories emerged in which nature had been a part of personal legacy, with special places handed down through the generations, or shared through the pandemic between clinical staff and patients. Numerous barriers to nature immersion were highlighted, including time, weather, transport, personal safety, cultural mores, and equality of access. This study contributes to international discussion exploring the relationship between nature and nursing, and provided creative learning opportunities to explore data collection methods within the constraints of the pandemic. Nature immersion was indicated as a valued approach helping participants to take care of themselves so that they felt better equipped to look after others.

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Lead presenter biography

Sarah Howes is a lecturer in mental health nursing at the University of Plymouth. Her recent PhD examined the impact of nature immersion for mental health and wellbeing, and its relevance for a nursing context. Sarah co-leads the Sustainability Health and Wellbeing Interest Group at the University of Plymouth, supporting students, academics, and clinical staff through provision of interactive groups to explore and support the development of more sustainable, nature-aware practices and education. Sarah has expertise in developing and delivering psychosocial and arts-based interventions across a diverse range of mental health settings with and for people in distress.

Experiences of internationally recruited nurses and midwives in the UK: a scoping review of the literature from 2010-2023

Monday, 8th September - 12:10: 1.2 Workforce and employment - Oral (concurrent session0 - Abstract ID: 92

Dr. Yingxi Zhao (University of Oxford)

Abstract

Aims

The UK health and care workforce is in crisis, with major challenges in staff recruitment and retention. Now more than ever, the UK is reliant on international recruitment. Half of the new joiners to the Nursing and Midwifery Council register in 2022-2023 were internationally recruited nurses and midwives ('IRNs'). We conducted this scoping review to understand the experiences of IRNs in the UK, including difference between EU and non-EU nurses.

Methods

We searched MEDLINE, Embase, PsycINFO, CINAHL and Web of Science for peer-reviewed articles that explored the experiences of IRNs in the UK between 2010-2023. Three reviewers screened articles for eligibility. Data from the included articles were charted and coded thematically.

Results

From 28 articles, we identified several major themes. IRNs often migrated expecting better work opportunities and environments but faced lengthy and complicated processes, including passing English language and clinical competency tests. Professionally, IRNs had to adapt to the British nursing culture as the only 'correct' way, with skills from previous experiences often not being transferrable. Despite previously holding senior roles, many IRNs were not permitted to perform advanced tasks, leading to deskilling and feelings of being 'trapped,' particularly among those in the care sector. IRNs also faced challenges in adjusting their personal lives, needing to overcome both major and subtle cultural differences when socialising with local communities. Additionally, IRNs especially non-EU nurses experienced multi-level discrimination, including racist abuse from both patients and their nursing colleagues and managers. This discrimination impacted their workplace integration and career progression opportunities.

Conclusion

We summarised the diverse challenges faced by IRNs in the UK, all of which hinder their integration into the workplace and broader society. We highlighted the urgent need for the government, employers, and professional bodies to better support IRNs during their migration journey, professional adaptation, and career development.

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Lead presenter biography

Yingxi Zhao is a postdoctoral research scientist at the Nuffield Department of Medicine, University of Oxford. His research focuses on global health systems and human resources for health. His current post-doctoral research

seeks to understand the role of physician associates in UK NHS hospitals. Prior to this, Yingxi worked in Kenya focusing on the production of medical doctors, in Myanmar focusing on ethnic health system strengthening and health workforce development, and in China focusing on neonatal health.

An investigation of factors influencing the recruitment and retention of adult community nurses.

Monday, 8th September - 12:40: 1.2 Workforce and employment - Oral (concurrent session0 - Abstract ID: 102

Dr. Edwin Chamanga (City, University of London), Prof. Judith Dyson (Birmingham city university), Prof. Eamonn McKeown (City, University of London), Dr. Manuela Jarrett (University of Birmingham)

Abstract

Background

Nurse recruitment and retention present significant challenges. While research has primarily focused on hospital nurses, it has often overlooked the unique and nuanced challenges faced by community nursing. Demographic changes and health policies are increasingly shifting care from hospitals to communities, highlighting the necessity of having adequate numbers of community nurses to ensure safe care delivery in individuals' homes. Despite this need, there is a notable international shortage of community nurses. This shortage has led to an increasing dependence on agency staff, resulting in high costs for community care provision and negatively impacting the quality of care due to a lack of continuity. Previous studies investigating recruitment and retention in community nursing have largely relied on questionnaire surveys with minimal qualitative research (Chamanga et al., 2020).

Methods

An exploratory qualitative approach was employed to collect data through semi-structured interviews with 50 community nurses in England. They were recruited from three geographical locations, for maximum variation (urban, rural and coastal). The participants included nurses with permanent and temporary contracts, varying job roles and lengths of experience. Data analysis was supported by a framework approach and Nvivo 12. The study received ethical approval from City, University of London and NHS Health Research Authority (IRAS project ID- 264073).

Results

Eight higher-level themes and twenty-three subthemes were identified, relating to both recruitment and retention. These themes included having the perfect job, organisational values, prior development and experience, job dissatisfaction, shifts from traditional practices leading to a more task-focused approach to care, lack of compassionate leadership, and nurses' own family commitments.

Conclusion

The findings highlight the complex and interwoven challenges to recruitment and retention in adult community nursing. To address these challenges, it is recommended that recruitment and retention strategies be implemented, informed by each organisation's employees, and emphasising a local and personal approach.

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Lead presenter biography

Dr Chamanga (QN, FHEA) boasts over two decades of experience in community nursing, both in academia and practice. His published works focus on wound care (tissue viability) and workforce wellbeing, highlighting his dedication to these critical areas. He serves as a member of the management team and deputy scientific committee chair for the International Collaboration for Community Health Nursing Research. Additionally, Dr Chamanga holds the position of Deputy Director of Quality and Deputy Chief Nurse at CSH Surrey, a leading community healthcare provider. His extensive expertise and leadership continue to shape the future of community

nursing.

1.3 Cancer

Nationwide evaluation of a digital education programme for pre-registration nursing and allied health professions and cancer support workers.

Monday, 8th September - 11:40: 1.3 Cancer - Oral (concurrent session0 - Abstract ID: 281)

Dr. Julie Armoogum (University of the West of England), Mr. John Gale (The Cheshire and Merseyside Cancer Alliance), Prof. Vanessa Taylor (University of Huddersfield)

Abstract

Introduction: Pre-registration nurses can feel unprepared to care for people affected by cancer and at end of life (1,2). To address this need, nine e-learning modules, collectively called 'Foundations of Cancer Care', have been developed, aligned to the NHS England ACCEND Framework (3,4). The resultant programme is freely available to all via the NHS Learning Hub (<https://learninghub.nhs.uk/>).

Aim: To evaluate acceptability, usability, learning and impact on clinical practice of a nationwide digital education programme to increase knowledge and understanding of cancer care.

Methods: An e-survey was developed based on the Kirkpatrick model of evaluation. On completing the programme, participants were invited to participate in the survey. Anonymised data were collated via the NHS Learning Hub and analysed using descriptive statistics.

Results: There was a mean of 343 distinct users per module and 123 participated in the evaluation (35.9% response rate). Most were student nurses (n=42, 33.9%) or support workers (n=33, 26.6%). In total, 88.6% (n=109) of participants rated the overall programme as good/very good. Over 90% agreed/strongly agreed they had improved their knowledge and understanding of the impact of cancer on individuals, families and society (n=111). When asked how likely they would be to recommend the programme to their peers on a scale of 0-10 where 0 = not at all and 10 = extremely likely, 86.7% (n=105) rated a 5 or higher and 32.2% (n=39) rated 10 (extremely likely). Almost all thought the programme would help them with their role (n=111, 91.0%) and 89.4% (n=110) reported they would be able to use what they have learned in their clinical practice.

Conclusions: A digital education programme to increase knowledge and understanding of cancer care is acceptable to users and learning can be used in clinical practice. It is important to embed this digital intervention in pre-registration healthcare programmes.

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Lead presenter biography

As a cancer nurse of over 20 years, Julie has been dedicated to improving the lives of those affected by cancer. Her research interests include how best to support people to live well after cancer, particularly those living with chronic pain. Her PhD research won the UK Oncology Nursing Society (UKONS) Past Presidents Award in 2023. In 2024, Julie was awarded an Advance HE National Teaching Fellowship in recognition of her outstanding impact on student outcomes and a UWE VC Staff Changemaker Award. Julie's work contributed to a Health Service Journal award for Workforce Initiative of the Year in 2024.

Research priority setting to improve experiences for people living with chronic cancer-related pain

Monday, 8th September - 12:10: 1.3 Cancer - Oral (concurrent session0 - Abstract ID: 285)

Dr. Julie Armoogum (University of the West of England), Dr. Alison Llewellyn (University of the West of England), Prof. Fiona Cramp (University of the West of England), Dr. Alice Berry (University of the West of England), Prof. Diana Harcourt (University of West of England), Prof. Claire Foster (University of Southampton), Prof. Candida McCabe (University of the West of England, Dorothy House Hospice Care)

Abstract

Introduction: Chronic pain is a common side effect of cancer treatment (1). To better support people with chronic cancer-related pain, a set of evidence-based recommendations have been generated (2,3). These are summarised as: **PAINS: Prepare and inform, Assess, acknowledge and listen, Increase healthcare professional knowledge, Name and diagnose, and Services and supported self-management interventions.** To help drive the focus of future research, the recommendations need to be prioritised.

Methods: Recommendations were prioritised in four nominal group technique (NGT) workshops and four one-to-one discussions with 21 stakeholders, including 12 public contributors with lived experience of chronic cancer-related pain and nine stakeholders in February 2025. Participants were sent recommendations in advance. Participants were asked to rank recommendations in order of research priority from most important to least important, firstly in an 'ideal' world (with no budgetary or system restrictions) and secondly in the 'real' world in which the NHS operates. Scores were calculated from all participants combined and two sub-groups 1) public contributors, 2) stakeholders. University ethical approval was obtained.

Results: Priority order in 'ideal' world for all participants combined was 1) Increase healthcare professional knowledge 2) Assess, acknowledge and listen 3) Services and supported self-management 4) Prepare and inform 5) Name and Diagnose. Top priority for public contributors was 'Increase healthcare professional knowledge' and for stakeholders was 'Services and supported self-management interventions'. Combined priority order in 'real' world was 1) Increase Healthcare professional knowledge 2) Assess, acknowledge and listen 3) Prepare and inform 4) Services and supported self-management and 5) Name and diagnose. Both public contributors and stakeholders ranked 'increase healthcare professional knowledge' as top priority in 'real' world.

Conclusions: Increasing healthcare professional knowledge appears to be top priority for people with lived experience and stakeholders. It would be valuable to extend this exercise to include more public contributors and stakeholders.

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Lead presenter biography

As a cancer nurse of over 20 years, Julie has been dedicated to improving the lives of those affected by cancer. Her research interests include how best to support people to live well after cancer, particularly those living with chronic pain. Her PhD research won the UK Oncology Nursing Society (UKONS) Past Presidents Award in 2023. In 2024, Julie was awarded an Advance HE National Teaching Fellowship in recognition of her outstanding impact on student outcomes and a UWE VC Staff Changemaker Award. Julie's work contributed to a Health Service Journal award for Workforce Initiative of the Year in 2024.

1.4 Mental health

Exploring the Role of De-Escalation Techniques and Staff Training in Managing Aggression and Violence in United Kingdom Mental Health Inpatient Settings.

Monday, 8th September - 11:40: 1.4 Mental health - Oral (concurrent session0 - Abstract ID: 170)

Mr. Ndukwe Walter Ugwuocha (University of Liverpool), Dr. Oladayo Bifarin (Liverpool John Moores University), Mr. Maxine Cromar-Hayes (University of Staffordshire), Mrs. Chengeto Shoko (Mersey Care NHS Foundation Trust), Dr. Simon Nielson (University of Liverpool)

Abstract

Background

Aggression and violence within mental health inpatient settings present significant challenges for both patient safety and staff well-being. De-escalation techniques and staff training are widely advocated as first-line interventions to manage these behaviours, yet there remains limited consensus on their effectiveness or best practices.

Aims

This systematic review aimed to explore how de-escalation techniques and staff training contribute to the effective management of aggression and violence. Also, to identify actionable recommendations for research, clinical practice and policy.

Methods

Using relevant keywords, SCOPUS, Proquest, CHINAIL, PubMed, Google Scholar and grey literature were searched between January 2014 and March 2024. A thematic analysis and narrative synthesis of 12 studies was conducted, incorporating both qualitative and quantitative data.

Results

Five themes were generated: (1) Conceptualization of De-escalation, (2) Nurse-Patient Relationships (3) Maintaining the Effectiveness of De-Escalation Techniques, (4) The Role of Communication, Self-Regulation, and Situational Awareness, (5) The Impact of Organizational and Environmental factors. Key findings highlighted the importance of staff emotional intelligence, trauma-informed care, and interpersonal skills in successfully implementing de-escalation strategies. Organisational factors, including staff training, resource availability, and leadership support, were also identified as critical to minimising restrictive practices and fostering a therapeutic environment.

Discussion and conclusions

Gaps in evidence were noted, particularly regarding the long-term outcomes of de-escalation interventions and the impact of inconsistent training frameworks. These findings highlight the urgent need for comprehensive, standardised training programmes that incorporate emotional intelligence and non-coercive approaches. Recommendations are provided to inform future research, policy and clinical practice, with a focus on improving patient outcomes and staff safety in mental health inpatient settings.

Next steps

Ndukwe Walter Ugwuocha will be evaluating training gaps in restrictive practices and service provision, guided by mentors. Findings will support a grant application aligned with NIHR Mental Health Nursing priorities.

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Lead presenter biography

Ndukwe Walter Ugwuocha is an MSc Mental Health Nursing graduate from the University of Liverpool with extensive experience in healthcare. Passionate about promoting patient-centred care, he specializes in managing aggression and violence in mental health settings through evidence-based de-escalation techniques and staff training. His academic work focuses on reducing restrictive practices, fostering therapeutic relationships, and improving staff training. Walter combines academic rigor with practical expertise gained from working in diverse clinical environments in the UK. Committed to advancing mental health care, he aims to influence policies and clinical practices that prioritize safety, and recovery for patients and healthcare professionals alike.

Patient engagement in recovery during the admission to an acute mental health hospital: A grounded theory study to support safety-focused recovery-oriented care practices

Monday, 8th September - 12:10: 1.4 Mental health - Oral (concurrent session0 - Abstract ID: 82)

Mr. Kris Deering (University of Exeter)

Abstract

Background

Recovery in mental health hospitals involves supporting people to work towards a fulfilling life despite mental illness, which may lessen risks such as suicide (Deering, Williams and Williams, 2021; Deering *et al.*, 2019). Yet restrictive risk management practices such as physical restraint can impede the abilities of service users to sense-make their recovery needs (Deering *et al.*, 2024).

Aims

The aim was to explore how adult service users could start their recovery journeys in the context of restrictive risk management practices while in hospital.

Methods

A constructivist grounded theory methodology was adopted to create a theory given that recovery within the context of risk management appears underexplored. This was through coding and categorising an interview transcripts following each interview, and theoretical sampling in which interview questions were shaped contingent on the ongoing data analysis. The theory was also developed by writing reflective memos about the findings and drawing diagrams about how the findings interrelated to create an explanatory system of concepts.

Results

15 people with service user experiences were interviewed and via their recommendations it was identified that by interpersonal relationships vicariously reconnecting a person to their personal beliefs about having a fulfilling life (beyond the hospital), it helped to start a sense-making process to aid their recovery. Four social processes constituted the theory and involved the service user being understood as a person, building a relatedness to their world beyond the hospital, helping the person to have self-belief in their successes and assistance with realising the possibilities of recovery.

Discussion

The study showed further evidence to support a relational approach to care, particularly how it may aid service users feeling safe despite experiencing potentially distressing risk management practices.

Conclusion

Mental health nurses require to recognise how ward practices can appear unusual and even unsafe to the patients.

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Lead presenter biography

As practising mental health nurse Kris Deering specialised in supporting young people experiencing psychosis and was a lead for a mental health crisis team. Since becoming a nurse academic, Kris has dedicated his research to improving the therapeutic nature of risk management within acute mental health inpatient settings. Kris set up a United Kingdom wide nursing academic group to improve risk assessment and management practices. This resulted in assisting the group to devise 10 principles of good risk management practice and improving acute settings and risk management for suicide and self-harm at a national level with NHS England.

Drama-based Education and Student Nurses' Mental Health: A Systematic Review

Monday, 8th September - 12:40: 1.4 Mental health - Oral (concurrent session0 - Abstract ID: 189)

Ms. Cuihong Xie (University of Exeter), Prof. Richard Kyle (University of Exeter), Dr. Marie Clancy (University of Exeter), Dr. Enrico De Luca (University of Birmingham)

Abstract

Drama-based education can improve learners' mental health. However, drama-based education in nursing education and practice has primarily aimed to improve clinical competence; its potential effects on mental health of participants are unknown. To achieve this aim, the systematic review included peer-reviewed journal articles on drama for nursing students and healthcare professionals published in English between 2013 and 2023 (PROSPERO: CRD42024504082). Terms related to 'nursing' and 'drama/theatre' were searched in 12 databases. Primary data extraction included the first author, the publication year, mental health effects, and facilitators of effects. This review identified 31 articles, where 19 articles reported 15 different drama projects designed for students and professionals in nursing and midwifery. All included drama projects primarily aimed at improving clinical competence rather than focusing on well-being effects. Synthesis of study findings found five effects on well-being through drama-based education: (1) feeling positive emotions (i.e., fun and happiness); (2) developing autonomy to further learn nursing, (3) making positive meanings on acknowledging self, and nursing care, (4) building positive relationships with peers, and (5) promoting resilience and coping abilities on vulnerability, especially to challenge and prevent clinical adverse (i.e., interpersonal conflicts, bullying and racism). 15 articles identified three facilitators of well-being. First, drama could provide an authentic environment, which is safe and supportive, and where participants are unafraid of any clinical mistakes. Second, drama could present direct relationships between their care performance and health outcomes, leading to their autonomy and acknowledging on nursing learning and care. Finally, they could master and employ knowledge about wellbeing with behavioural performance, such as building positive relationships and preventing adverse situations. To conclude, this review found wellbeing enhancement as an additional but often unanticipated effect of drama-based education.

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Lead presenter biography

Cuihong Xie received a B.Sc. degree from Guangdong Polytechnic Normal University, China, in 2020, and a M.Sc. degree from University of Exeter, in 2022. She is currently a Ph.D student with the Academy of Nursing, University of Exeter. Before joining in the Academy of Nursing, she was a research assistant with Department of Psychology, Southwest University, China. She also was a teacher using drama in education for mental health in China. Her main research interests are in the areas of nursing education, mental health, drama in education, evidence-based, and relevant applications in educational and clinical practices.

1.5 Women's health

Posttraumatic Stress and Mental Health Following Early Pregnancy Loss Among Women in the Eastern Province of Saudi Arabia: A Quantitative Study

Monday, 8th September - 11:40: 1.5 Women's health - Oral (concurrent session0 - Abstract ID: 319)

Ms. Latifa Aljaried (Queens University Belfast), Dr. Gary Mitchell (Queen's University Belfast), Dr. Martin Robinson (Queens University Belfast), Dr. Aine Aventin (Queen's University Belfast)

Abstract

Background: Early Pregnancy Loss (EPL) is a distressing experience with significant psychological consequences. This study examines the psychological impact of EPL among women in the Eastern Province of Saudi Arabia, focusing on post-traumatic stress, anxiety, and depression.

Method: A cross-sectional online survey was conducted between February 14 and August 4, 2024, with 146 women who had experienced EPL before 24 weeks of gestation. Psychometric tools, including the Revised Impact of Miscarriage Scale (RIMS), Trauma History Screen (THS), International Trauma Questionnaire (ITQ), Patient Health Questionnaire-9 (PHQ-9), and Generalised Anxiety Disorder Scale (GAD-7), were used to assess psychological outcomes.

Results: Findings revealed that 58.2% of participants reported psychological distress, yet only 13.0% had received a formal diagnosis. The mean RIMS score (37.32, SD = 15.38) indicated a moderate emotional impact. Clinical depression (PHQ-9 ≥ 10) was identified in 51.4%, and generalised anxiety disorder (GAD-7 ≥ 10) in 45.9%. Additionally, 4.1% met the criteria for post-traumatic stress disorder (PTSD), and 13.7% for Complex PTSD (CPTSD) based on ITQ measures. Key predictors of distress included later-term EPL, multiple losses, and living arrangements, with those living alone reporting the highest depression scores and those living with in-laws experiencing the highest anxiety levels. Women with no formal education had the highest distress levels, with 66.7% meeting clinical anxiety criteria and 83.3% for depression. Trauma history significantly increased the likelihood of PTSD/CPTSD diagnosis.

Discussion: These findings highlight the significant psychological burden following EPL, with trauma history and social environment playing key roles in distress levels. The high prevalence of undiagnosed cases suggests a gap in mental health care access.

Conclusion: This study highlights the need for culturally sensitive mental health interventions for women following EPL and offers insights for clinical practice, policy, and future research in Saudi Arabia.

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Lead presenter biography

Latifa Aljaried is a PhD candidate at Queen's University Belfast, affiliated with Queen's University Belfast, King Saud bin Abdulaziz University for Health Sciences, and Erada Complex Mental Health Hospital. Her research focuses on psychological outcomes and mental health following early pregnancy loss. Latifa aims to improve mental health interventions for women experiencing early pregnancy loss in Saudi Arabia. She can be reached via email at laljaried01@qub.ac.uk.

A creative methods study to unbox the identities of pessary using women

Monday, 8th September - 12:10: 1.5 Women's health - Oral (concurrent session0 - Abstract ID: 203)

Ms. Lucy Dwyer (Manchester University NHS Foundation Trust), Prof. Dawn Dowding (University of Manchester), Dr. Rohna Kearney (Manchester University NHS Foundation Trust)

Abstract

Background

Pelvic organ prolapse is a common condition reciprocally impacting on women's identity (Ramage et al, 2022).

Aims

This research aimed to use creative methods to explore the identities of women who use a mechanical pessary to manage their prolapse.

Methods

We used an embodied inquiry approach of identify boxes, whereby participants put objects representing their lived experience into a box which was photographed as research data (Leigh and Brown, 2021). It was anticipated this may be beneficial as women may find the project hard to verbalise.

Women considered their identity as a woman, feelings about their body, their experiences of prolapse and pessary use and filled a box with objects, images or words representing these. The researcher created codes for 115 images, looked for patterns connecting codes and created overarching themes. The research team commissioned an artist to create images disseminating research findings in accordance with the principles of creative methods (Khoo, 2023).

Results

Five women participated. Key themes identified were; female identity; prolapse symptoms; strength; support; and 'a beautiful life after prolapse'. Women highlighted different elements of their female identity such as body image, traditional female roles, educational or career achievements, sexual identity and overcoming abuse. Women highlighted their psychological and physical strength and how this enabled them to manage their prolapse. Women also conveyed the importance of social and professional support. A clear theme was women's belief in living a beautiful life after prolapse, and how pessaries enabled them to do this.

Discussion and Conclusions

This is the first time creative methods have been used to explore the identity of pessary using women. It offers new insight to qualitative work in this area and emphasises the impactful nature of prolapse on women's identity. The use of visual images for dissemination is a novel approach to knowledge mobilisation.

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Lead presenter biography

Lucy Dwyer is a clinical academic nurse working within Urogynaecology at The Warrell Unit, Saint Mary's Hospital, Manchester University NHS Foundation Trust. Lucy has a particular interest in conservative management in urogynaecology and received a HEE/NIHR funded fellowship to undertake research to explore the factors affecting willingness to self-manage a pessary for prolapse. Lucy is a passionate advocate for nurse led research and has an interest in using creative and arts-based methods.

Sexual wellbeing of Australian women who live with inflammatory bowel disease.

Monday, 8th September - 12:40: 1.5 Women's health - Oral (concurrent session0 - Abstract ID: 94

Dr. Kate O'Reilly (Western Sydney University), Prof. Kath Peters (Western Sydney University), Prof. Eleanor Holroyd (Auckland University of Technology)

Abstract

Background: Literature regarding sexual health for women with inflammatory bowel disease mostly focuses on fertility and pregnancy. The broader impact that inflammatory bowel disease has on sexual wellbeing appears limited.

Aims: This research aimed to explore the broader concept of sexual wellbeing for women with inflammatory bowel disease.

Methods: An exploratory concurrent mixed methods study using an online survey and qualitative semi-structured interviews was conducted between March and November 2024 (H15913). The survey asked women 18 years and over about health-related quality of life, self-esteem, satisfaction with life and pregnancy knowledge specific to inflammatory bowel disease. Feminist frameworks and thematic analysis underpinned data collection and analysis (Anderson & Jack, 1991; Braun & Clarke, 2016).

Results: Findings from 64 survey records and 14 interviews showed components of the SF-12 were independent of each other. Women reported changes in menstrual cycles and interviews highlighted challenges regarding sexual intimacy due to the disease. Self-esteem was impacted and interview data highlighted the far-reaching impact of reduced self-esteem on women's lives. Themes from this research include 'Sexuality' and 'Feeling vulnerable and dismissed'.

Discussion: The impact of living with a chronic condition on women's physical, mental and sexual wellbeing are made more complex due to the pervasive message that women should look and behave in certain ways. This study highlights the importance of integrating psychosocial support into chronic care.

Conclusion: Research which focuses specifically on the sexual wellbeing of women with inflammatory bowel disease is important to inform acute and chronic models of care which are relevant across women's lifespan. Findings can inform health care and support service delivery for women with inflammatory bowel disease as well as undergraduate nursing curricula.

References

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Lead presenter biography

Dr Kate O'Reilly is a Senior Lecturer with the School of Nursing and Midwifery at Western Sydney University and teaches into both the undergraduate and post graduate programs. Kate's research interests are related rehabilitation following traumatic brain injury, and women's health. Kate's research relates to the sexual and reproductive health of women who live with inflammatory bowel disease which includes Crohn's Disease and Ulcerative Colitis.

1.6 Care of the older person

DemFoCAS – Interventions for patients with dementia in acute hospital settings: a mixed methods systematic review.

Monday, 8th September - 11:40: 1.6 Care of the older person - Oral (concurrent session0 - Abstract ID: 275

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), Mrs. Rebecca Impson (East Suffolk and North Essex NHS Foundation Trust)

Abstract

Introduction: For patients living with dementia, being admitted to hospital can be particularly challenging, often leading to confusion, functional decline and longer lengths of stay. Factors including individualised, person-centred care and dementia friendly environments can help alleviate these outcomes but can be difficult to achieve in a demanding acute hospital setting. The objective of this review was to synthesize evidence from studies showing interventions which improved individualised care and experiences of patients with dementia in acute care settings.

Method: The review followed the JBI methodology for convergent segregated mixed methods systematic reviews, and produced a narrative synthesis of studies. Peer reviewed publications since 2015 were located through six databases. Papers were restricted to interventions in acute hospital settings. Studies using any interventions designed to enhance individualised care for patients with dementia were included. Studies were screened by two or more independent reviewers.

Results: The search resulted in 35 relevant studies from 12 countries: 21 quantitative, five qualitative and nine mixed methods. Study settings and samples were not always clearly defined. Critical appraisal assessed studies to be of mixed quality with interventions categorised as predominantly relating to therapies, environment, technology, volunteers and care management. Quantitative and qualitative data were synthesized separately and then integrated. Quantitative synthesis included some evidence for interventions improving patient outcomes such as reducing challenging behaviour, antipsychotic drug use, length of stay and improving mood. Qualitative synthesis highlighted patient enjoyment and staff acceptance of interventions when facilitated by sufficient resources and supportive leadership.

Conclusion: Some evidence suggests targeted interventions do provide positive impact on individualised care for patients with dementia in acute hospital settings. However, there are few high-quality studies, and this may be due to ethical issues and how acute settings can be a challenging research environment. Organisational support to enable acceptance of interventions is key.

References

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Lead presenter biography

Dr Rachel Marrow is a Senior Researcher on the DemFoCAS project, a project looking at the fundamentals of care for people with dementia in the acute hospital setting. This is supported by Professor Camille Cronin (PI) and research officer Victor Ashby.

The evaluation of actor-based simulation for student nurses in practical workshops regarding caring for people with cognitive impairment

Monday, 8th September - 12:10: 1.6 Care of the older person - Oral (concurrent session0 - Abstract ID: 442)

Dr. Bernie (Bernadette) Keenan (Birmingham City University), Ms. Helen Needham (Birmingham City University), Mrs. Tanya O'Meara (Birmingham City University)

Abstract

Introduction: Although there is anecdotal evidence for the effectiveness of actor-based simulation in nurse education, there is an insufficient body of knowledge in this area, and few validated tools (Labrague & Obeidat 2025). This research attempted to address these issues.

Aim: The study attempted to evaluate the effectiveness of actor-based simulation in developing the skills and confidence of First year undergraduate nursing students, who have not yet been on their first placements, in caring for people with cognitive impairment.

Method: This research adopted an action research approach and utilised aspects of both qualitative and qualitative methodology. 350 first year nursing students participated in a confidential and anonymous pre and post simulation questionnaire. The results were coded using thematic content analysis of the transcribed data (Braun & Clarke 2023). The results were also converted into nominal scale data so that they could be allied to the body of Probability theory, utilising a Chi-square test of association.

Results/Findings: The results of indicate a strong association between participation in the simulation and a perceived increase in confidence, skills and expression of therapeutic/person centred attitudes. These results achieved statistical significance at the 95% level of probability.

Discussion/Conclusion:

These findings are of national and international interest in an area which is lacking in robust empirical evidence. They also provide evidence to justify the use of this approach in nurse education in order to improve care outcomes for a marginalised client group.

References

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Lead presenter biography

Dr Bernie Keenan

Bernie's research and publications focus upon the care of older people in the Acute Hospital , and Care of older people with Dementia.

In addition to her academic post she has been a research peer reviewer for the Department of Health National Institute for Health Research: Research for patient benefit programme. She represented Nursing on the Birmingham & Black Country Comprehensive Local Research Network Executive. In addition, Bernie has been an executive member of the National Council for Women's Medical Committee, She is editor for the journal Ageing and Health, and Associate editor for Evidence Based Nursing.

Meeting intimacy needs of older adults in care homes – is this the final taboo? Results of a pilot study

Monday, 8th September - 12:40: 1.6 Care of the older person - Oral (concurrent session0 - Abstract ID: 244

Dr. Rachael Carroll (University of Nottingham), Ms. Stephanie Bates (Fulford Nursing Home)

Abstract

Background – Sex, sexuality and intimacy are important throughout the lifespan but the subject is taboo for older people living in care homes. In 2021, 278,946 people aged 65 years and over lived in care homes in England and Wales. Although the regulatory body asserts care home managers should be able to explain how they support residents with intimacy needs, evidence based guidance is limited. We need to discover how care home residents are supported to meet these needs.

Aim – to understand what is currently happening in care homes to support residents to meet sex, sexuality and intimacy needs.

Methods – In Patient and Public Involvement and Engagement, 20 people in one care home were asked to describe love/companionship/sexuality. This provided context qualitative interviews with 20 care home staff about supporting a resident to meet intimacy needs.

Results and discussion – Patient and Public Involvement and Engagement work identified that residents preferred the umbrella term ‘intimacy’. They were happy to be asked about this and staff were happy to ask, but wanted more guidance. From staff interviews six themes emerged including staff reactions, consent and mental capacity, and environment. Care staff confirmed older adults continued to have intimacy needs despite societal expectations. This mismatch meant, when events of a sexual nature took place in the care home, these societal views, expressed by staff, required recontextualising by those more experienced. Relatives and staff made judgements about a resident’s sexual activities when mental capacity was reduced or fluctuating. Decision making about residents’ sexuality was reported to be complex with very little guidance in policy, law, or consistency in advice from external agencies.

Conclusion – Sex, sexuality and intimacy are important and underexplored areas where staff have limited support and guidance. More research to explore such issues is necessary.

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Lead presenter biography

Rachael Carroll is a research fellow at University of Nottingham. She is a registered mental health nurse with 20 years clinical experience including adult and older persons. Her PhD was on the role of the Health Care Assistant and teams. Post doctoral work in care homes for older people has included a pilot of a minimum data set and developing a living lab.

Steph Bates has been a registered mental health nurse for 22 years. Current co-applicant on living lab study and a previous study on wandering, improving care for older people who live in care homes is her passion.

**1.7 Symposium | Equity
in academic progression:
Transforming systemic
barriers for international
nurses**

Equity in Academic Progression: Transforming Systemic Barriers for International Nurses | Post-graduate Study as a Vehicle for Justice and Emancipation | Paper one

Monday, 8th September - 11:40: 1.7 Symposium | Equity in academic progression: Transforming systemic barriers for international nurses - Symposium - Abstract ID: 269

Dr. Ada Hui (RCN)

Abstract

Nurses experience a multitude of challenges relating to research careers, postgraduate study and career progression. These challenges are ever more prevalent for international nurses, nurses from racially minoritised backgrounds and nurses from under-served populations (Kline and Warmington, 2024; NHS, 2023; NIHR 2024). Research demonstrates widening gender and ethnicity pay gaps (NHS, 2023; ONS, 2024), and significant increases in reported incidents of racism since the COVID-19 pandemic (Kline and Warmington, 2024). These systemic injustices and barriers have traumatising and retraumatising effects (Kline and Warmington, 2024), limit nurses' potential (NHS, 2023; NIHR, 2024), impact recruitment, job satisfaction and retention (NHS, 2023; NMC 2024), patient experiences and outcomes (NIHR, 2024). These impacts and effects take place in the context of an already precarious healthcare system where there is a critical shortage of nurses across the UK, and indeed worldwide (NMC, 2024, WHO, 2024).

Drawing upon Miranda Fricker's (2007) notions of injustice, this dialogue will examine systemic challenges experienced by nurses in research careers, postgraduate study and career progression. Discussions will take place using Paulo Freire's (1970) ideas on critical consciousness to make a case for postgraduate study as a vehicle for liberation, justice and emancipatory change. By reframing education as a tool for social justice, we challenge traditional narratives of professional development and existing power structures that limit opportunities for nurses, particularly international nurses and nurses from racially minoritised backgrounds; calling for system transformation that recognises, appreciates and benefits from diversity of knowledge, experience and expertise across research, education, policy, practice and society.

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Lead presenter biography

Dr Ada Hui is a sociologist, registered mental health nurse and executive coach with extensive experience working in research, health and higher education. She specialises in working with people who are under-served;

examining institutional injustice, emotional labour, role, identity and belonging. Her research addresses inequalities in health, education and society.

In her current role as UK Professional Lead for Research, Ada drives research strategy, leadership and operationalisation across the Royal College of Nursing; the largest global nursing organisation with over half a million members. Her goal is to make research, education, health and social care accessible and inclusive for all.

“Equity in Academic Progression: Transforming Systemic Barriers for International Nurses”

Monday, 8th September - 11:40: 1.7 Symposium | Equity in academic progression: Transforming systemic barriers for international nurses - Symposium - Abstract ID: 344

Dr. BING LU (Nottingham Trent University), Dr. Rebekah Smith McGloin (Nottingham Trent University)

Abstract

1. “Key Findings from the EDEPI Study” Presenters: Rebekah Smith McGloin & Bing Lu

This talk draws on data collected from an ongoing cross-sector project funded by Research England and Office for Students, entitled Equity in Doctoral Education through Partnership and Innovation (EDEPI). In this presentation, the EDEPI team will report the key findings from its workpackage that focuses on developing pre-doctoral resources and a part-time doctoral programme for NHS staff from racially-minoritised backgrounds.

Within this talk, the speakers will set the context of the growing community of highly experienced healthcare professionals from racially-minoritised backgrounds, persistent lack of nurses with doctoral degrees and how this shortage raises concerns regarding the development of the nurse faculty workforce and the evolution of nursing sciences.

They will then introduce the findings of a National PGR Admissions Report (2024) which examined admissions practices related to doctoral education across a wide range of disciplines in UK universities. Findings from that report revealed evidence of opaque pre-application processes, lack of supervisor support, and potentially discriminatory assessment criteria.

Following this, the speakers will present the EDEPI programme, including its partnership work with NHS Trusts in several UK cities, and will summarise the main findings from the programme evaluation.

The talk aims to demonstrate how initiatives like EDEPI, through a joint effort with multiple stakeholders, can develop diverse and inclusive pathways into research and potentially better support a diverse health sector workforce.

The speakers end with a strong call to action for both health organisations and educational institutions to look again at diversity and inclusion in healthcare research.

References

N/A

Lead presenter biography

Dr Rebekah Smith McGloin is Director of Research Culture and Environment at Nottingham Trent University. Rebekah’s research interests focus on structures that support doctoral education, equality, diversity and inclusion, doctoral experience, researcher mobility, doctoral supervision, policy and practice in doctoral education. Dr Bing Lu is Research Fellow at Nottingham Trent University, contributing to the EDEPI project. Bing’s research focuses on doctoral education, equity, academic mobility and poststructuralist theories.

Equity in Academic Progression: Transforming Systemic Barriers for International Nurses

Monday, 8th September - 11:40: 1.7 Symposium | Equity in academic progression: Transforming systemic barriers for international nurses - Symposium - Abstract ID: 231

Prof. Roxanne Crosby-Nwaobi (NIHR Nursing and Midwifery Office), Ms. Jeni Caguioa (NHS England), Ms. Tendai Gwenhure (Moorfields Eye Hospital / UCL Institute of Ophthalmology), Dr. Jo Teixeira (Royal National Orthopaedic Hospital NHS Trust Stanmore)

Abstract

2. “Understanding Experiences from the Diaspora Community”

In this dialogue, Prof. Roxanne Crosby-Nwaobi and Jeni Caguioa will present on the lived experience of our Internationally Educated Nursing (IEN) colleagues. The audience will hear from four colleagues educated in India, Portugal, The Philippines and Zimbabwe. Each narrative will explore the systemic barriers to post-graduate education experienced and give insight into the impact of those challenges on the individual.

The call to action will encourage collaboration among educators, policymakers, and healthcare institutions to remove systemic barriers and give recommendations for further research, policy development, recognition of the enrichment diversity offers and enhanced support for our IEN colleagues.

References

N/A

Lead presenter biography

Roxanne is a clinical academic ophthalmic nurse, Professor of Ophthalmic Health and Care at UCL Institute of Ophthalmology, and the Programme Director for the NIHR Senior Research Leader programme. She has a particular interest in population health for underserved communities. She received the Nursing Times award for Clinical Research Nursing in 2021 for the Research Opportunities at Moorfields (ROAM) online platform which increases patient/public access to research conducted at Moorfields. 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.

Equity in Academic Progression: Transforming Systemic Barriers for International Nurses

Monday, 8th September - 11:40: 1.7 Symposium | Equity in academic progression: Transforming systemic barriers for international nurses - Symposium - Abstract ID: 274

Prof. Gemma Stacey (Nottingham Trent University), Prof. Jane Coad (University of Nottingham), Ms. Anne Trotter (NMC), Ms. Paula McLaren (NMC), Ms. Elaine Robinson (NMC), Prof. Roxanne Crosby-Nwaobi (NIHR), Dr. Ada Hui (RCN)

Abstract

4. “Implementing a Systems Approach to Progress”

In this paper, Prof. Gemma Stacey will convene key stakeholders from the Clinical Academic Roles Implementation Network (CARIN)/Council of Deans for Health, the Royal College of Nursing (RCN), and the Nursing and Midwifery Council (NMC) to confront the systemic barriers preventing racially minoritised nurses from accessing doctoral education.

The discussion will critically examine the stark disparities revealed by the Workforce Race Equality Standard, which shows that while 21.0% of the NHS workforce is from Black and Minority Ethnic backgrounds, their representation in doctoral research remains critically low. Participants will engage in a frank, collaborative analysis of the institutional mechanisms that perpetuate these inequities.

Drawing on Mary Parker Follett’s principles of collaborative power, the dialogue will move beyond traditional narratives to develop a shared understanding of systemic challenges. Representatives from each organisation will examine their role in creating and maintaining barriers to doctoral access for racially minoritised nurses including:

- The imperative for transparent, supportive pathways for doctoral progression
- Critical evaluation of existing qualification recognition processes
- Developing mentorship and support structures that genuinely value diverse professional experiences
- Reimagining institutional cultures to create meaningful, not performative, inclusion

The discussion will conclude with a robust call to action, demanding coordinated efforts across educational institutions, professional bodies, and regulatory organisations aim to dismantle structural barriers. The call to action will highlight the urgent need for systemic transformation, moving beyond incremental changes to a fundamental redesign of doctoral education access and commitment to meaningful equity in nursing research. The conversation with attending delegates will aim to set a new standard for collaborative problem-solving, demonstrating the potential for collective action to create substantive, lasting change in the nursing profession.

References

NA

Lead presenter biography

Prof Gemma Stacey - Associate Dean for Practice

Mental Health Nurse, Academic, and Charity Executive specialising in workforce development, clinical leadership, and public sector knowledge exchange. Creator of the internationally-adopted Resilience Based Clinical Supervision (RBCS) model.

Previously served as Deputy CEO at the Florence Nightingale Foundation, establishing the FNF Academy. Former Director of Public Engagement at the University of Nottingham.

Research focuses on nursing workforce education using case study and realist evaluation approaches. Principal Fellow of the Higher Education Academy and Visiting Chair at the University of Maribor. Editor in Chief for

Nurse Education Today

Poster tour A | Children and young people

Poster 1 | The experiences of thalassaemic adolescents in Thailand

Monday, 8th September - 13:40: Poster tour A | Children and young people - Poster - Abstract ID: 257

Mr. Wasun Sridan (University of Hull), Dr. Gloria Likupe (University of Hull), Dr. Moira Graham (University of Hull)

Abstract

Thalassaemia is the most widespread type of inherited blood disease in the world (Farmakis et al., 2022). It affects roughly 1% of the Thai population. In addition, nearly 50,000 pregnancies are at risk of having thalassaemia each year (Chaibunruang et al., 2018). This study explores the experiences of Thai adolescents with thalassaemia, focusing on family, social, educational, and treatment challenges. A qualitative descriptive (QD) approach and thematic analysis were employed in this study. Data were gathered from 17 adolescents (aged 12-18) who were purposively recruited from thalassaemia clinic and haematology clinic of a hospital in Thailand. Semi-structured interviews, along with a creative "Picture Story" technique where participants illustrated their experiences through images, symbols, and emojis, were used to collect insights. Additionally, focus group discussions with adolescents, parents, healthcare providers, and teachers provided broader perspectives. Interviews were digitally recorded, translated from Thai to English, and analysed using NVivo software.

The results showed that Thai adolescents adapt well to their condition, learning through self-care and guidance from healthcare professionals and parents. However, they occasionally experience emotional difficulties, especially related to physical limitations and body image concerns, often influenced by interactions with peers and the community. Caregivers, typically elderly grandparents, play a key role in supporting these adolescents but face significant challenges, including financial strains, health and transportation issues, and the burden of caring for multiple children. Healthcare providers and teachers report that the adolescents are generally cooperative and able to manage both their treatment and schoolwork effectively. The findings of this study could enhance understanding of adolescents' abilities to manage long-term conditions, raise awareness about thalassaemia and other genetic disorders, and provide valuable insights for healthcare providers, families, and communities.

References

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Lead presenter biography

Mr. Wasun Sridan (PhD Candidate)

Nursing department, Faculty of Health Sciences, University of Hull, England

Poster 2 | A mixed method evaluation of a Family Safeguarding Model

Monday, 8th September - 13:40: Poster tour A | Children and young people - Poster - Abstract ID: 311

Ms. Rhian Stevens (University of Birmingham), Prof. Joht Chandan (University of Birmingham), Prof. Siddhartha Bandyopadhyay (University of Birmingham), Prof. Julie Taylor (University of Birmingham)

Abstract

Background- Child protection is crucial in safeguarding children as outlined in the Children Act (1989, 2004). High poverty levels and domestic violence contribute to elevated child protection rates and in the evaluation location. The Family Safeguarding Model (FSM) was introduced in 2023 to improve social care outcomes by integrating specialist adult practitioners with social work teams. While FSM has shown promise elsewhere, its local effectiveness, particularly in self-funding authorities remains unclear. This study evaluates FSM's impact on child maltreatment in one area of the West Midlands.

Aims –A realistic evaluation of the delivery of the FSM by the local safeguarding partnership agencies.

Method: The study was structured into two strands

- Strand 1 examined FSM using quantitative data on Key Performance Indicators.
- Strand 2 explored stakeholders' experiences and contextual factors influencing FSM implementation through qualitative data.

Results: Quantitative data collection was limited due to data sharing challenges, but did indicate some changes in child protection figures. Thematic analysis of qualitative data highlighted the importance of communication, the need for a clear implementation strategy, and the presence of hope for improved health and social outcomes.

Discussion: Challenges in data sharing across outcomes across different agencies meant that the findings were somewhat restricted. However, they provide a valuable opportunity to consider the potential impact new models like FSM have on improving health and social care outcomes for children and families. A key aspect of the evaluation is understanding how such models can influence child protection.

Conclusion: This research offers insight for policymakers and practitioners, contributing to the ongoing debate about ways to safeguard children and support families in need while highlighting the importance of better data and information sharing across agencies to provide a more holistic understanding of how FSM can improve child and family outcomes.

References

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Lead presenter biography

Is a Lecturer in Children's Nursing at the University of Birmingham with over 16 years of experience as a children's nurse. Her clinical background spans various healthcare settings both nationally and internationally. Since 2010, she have been dedicated to nursing education, shaping future healthcare professionals. Her academic journey led me to a doctoral program, where my research focuses on applying public health models to address child maltreatment.

Poster 3 | Creating undergraduate experiential learning opportunities about research: reflections from Bristol Royal Hospital for Children (BRHC)

Monday, 8th September - 13:40: Poster tour A | Children and young people - Poster - Abstract ID: 376

*Dr. Julie Menzies (Bristol Royal Hospital for Children, University Hospitals of Bristol and Weston NHS Foundation Trust),
Mrs. Helen Pluess-Hall (Bristol Royal Hospital for Children, University Hospitals of Bristol and Weston NHS Foundation Trust)*

Abstract

Background: For research to be fully embedded in practice¹ we need to demystify research and showcase research careers starting at undergraduate level. Two nurse researchers at Bristol Royal Hospital for Children (BRHC) successfully applied to the National Institute for Health and Care Research (NIHR) Undergraduate Internship Programme (UIP)².

Aim: To develop and evaluate internships offering insight into clinical research delivery and clinical academic nursing with engagement in projects addressing high-priority safety and quality issues.

Methodology: Three undergraduate nurses were appointed from 14 applications of second/third year local university students. Internships were modelled on previous work³ and totalled 187.5hours (July-August 2024). Evaluation included:

1. Pre-internship views on research (survey³) (n=3)
2. Post-internship feedback: i. project, ii. supervision iii. impact on professional/personal development (survey³) (n=3)
3. Clinicians' Skills, Capability, and Organisational Research Readiness (SCORR) tool⁴ pre/post internship (self-assessment).
4. Supervisor/supporting team feedback (survey³) (n=11)

Results/findings: The internship had a positive impact on interns' organisational skills, time-management, and confidence communicating with staff and patients. All rated significant improvements in their research knowledge, clinical insight, ability to work autonomously, and presenting skills. Mean SCORR score increased from 1.67 to 3. All enjoyed the internship and would highly likely recommend the experience.

Supervisors/supporting teams feedback (n=8) was overwhelmingly positive. They reported interns had gained clinical insight, research knowledge and improved IT and presenting skills.

Important insights were gained into PICU discharge processes and research visibility.

Conclusions/discussion: The UIP scheme enables the creation of experiential clinical research learning opportunities for undergraduate NMAHPs. Internship outputs have provided direction and recommendations for future work.

Implications: To develop research-aware and engaged nurses we need to sustain and further expand these types of learning opportunities. We have applied for round two of the UIP, expanding our request and linking with researchers within the wider trust to coordinate additional applications.

References

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Lead presenter biography

Helen Pluess-Hall is a Clinical Academic Nurse Researcher and NIHR Nursing and Midwifery Senior Research Leader. Research interests include the experience of clinical research, post-trial care, and developing research culture, capacity and capability.

Poster 4 | Little Designers, Big Impact: Digital Image Analysis of Children's Artwork for Optimal Translation of Research-Related Care in the Living Environments

Monday, 8th September - 13:40: Poster tour A | Children and young people - Poster - Abstract ID: 380

Dr. Elizabeth Johnson (Montana State University), Dr. Julie Ruff (Montana State University), Ms. Nicole Holt (Montana State University), Dr. Brandon Scott (Montana State University)

Abstract

Background: The United Nations High Commission recognizes a child's right to play, highlighting its importance for caregiver bonding and children's understanding of their environment. While play spaces in healthcare settings are often designed with children's needs in mind, the design of spaces for research-driven home visits, particularly in low-resource communities, has received limited attention. With almost 10% of pediatric global trials now including home-based visits, it is crucial to integrate play into these settings to preserve children's rights during research.

Aims: This pilot study aimed to gather feedback from children in a low-resource community, consisting of Indigenous and non-Indigenous families, on their ideal home environment through art-based play and verbal storytelling. The study sought to: 1) identify a community-based participatory design process suitable for under-engaged populations and 2) describe children's environmental preferences in terms of proximity, color, imagery, and sensory experiences.

Methods: Children aged 5 to 8 (N=86) from a community school in northeastern Montana were purposively selected. Using the book *Design Your World*, which teaches children about designing home spaces, participants created drawings of their ideal room. They were given templates and 24 color options to reflect their vision. Afterward, interviews were conducted, where children explained their drawings, and demographic information was collected. Data were analyzed for recurring themes across the design domains.

Results: Proximity preferences included beds and seating at room perimeters, with people placed centrally or near doors. Color preferences involved cool tones for absent light or water, and warm tones for communal spaces. Imagery emphasized food, warmth, water, and Indigenous healing patterns. Sensory preferences featured electronics and toys placed at room perimeters, with stuffed animals on beds or chairs.

Conclusion: Future studies will build on these preliminary findings to refine home visit designs, enhancing comfort, engagement, and support to translate for research visits.

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Lead presenter biography

Elizabeth is an Assistant Professor at Montana State University in Bozeman, Montana. Her research includes technology innovation and digital device development for clinical trial participant safety management, with funding awarded from the NIH, Genentech Innovation Fund, and via the National Science Foundation. Her service includes Chair for the Research Committee of the International Association of Clinical Research Nurses, President-Elect for the Nursing Institute of Healthcare Design, Coalition for Health AI, and American Nurses Association Innovation Advisory Committee for Technology + Medical Devices. Elizabeth has served in roles across clinical research nursing and regional/global management supporting pediatric diabetology/endocrinology and adult oncology.

Poster 5 | Improvement of Anemia Condition by school nurses-led health education and Association of Socio-Demographic Characteristics and Nutritional Knowledge with Childhood Anemia in Rural Bangladesh

Monday, 8th September - 13:40: Poster tour A | Children and young people - Poster - Abstract ID: 429

Mrs. Sadia Alam Aivey (Hiroshima University), Dr. Md Moshir Rahman (Hiroshima University), Prof. Michiko Moriyama (Hiroshima University)

Abstract

Background: Anemia is a major health problem affecting over half of school-age children in developing countries. In Bangladesh, children suffer more while there is no established school healthcare system and it leads to delayed growth, poor academic performance and increased susceptibility to infections.

Aims: To evaluate the intervention effect on anemia improvement and association between socio-demographic factors and nutritional knowledge with anemia among children by school nurse placement in Bangladesh.

Methods: Sub-analysis of a non-randomized controlled trial was conducted in rural Bangladesh (September 2021 to September 2022). 5–12 years schoolchildren were allocated into intervention (IG) and control groups (CG). The IG received nutrition education (nine months). A questionnaire and hemoglobin blood test were used for data collection (baseline and endline). Data analysis included descriptive statistics- firstly association of socio-demographic status with anemia at baseline was evaluated. Then, the effects of educational intervention regarding anemia improvement were assessed using t-test.

Results: Out of 604 children, 455 completed the entire study. Among them, 263 (57.8%) were female, largest (n =128, 28.1%) were in grade two. Anemia was defined using the WHO cutoff. At baseline, 61 children (50.8%) in the IG and 59 (49.2%) in the CG were anemic. Although no significant relationship between socio-demographic status and anemia was found, most anemic children's fathers had lower levels of education at baseline. Anemia prevalence decreased in the IG compared with the CG following an educational intervention. However, it was not statistically significant ($p = 0.206$). **Conclusion:** Anemia remains prevalent among school children due to preventable causes. Implementing evidence-based health education by school nurses has the potential to improve children's health outcomes by enhancing health knowledge, though further research is needed to assess its long-term impact.

Ethical approval statement: This study was approved by the Institutional Review Board (2021/OR-NSU/IRB/0701) of North South University in Bangladesh.

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Lead presenter biography

Sadia Alam Aivey is an Assistant Professor with a strong academic and research background in nursing and public health. She holds a **Doctor of Philosophy (PhD) in Nursing** from **Hiroshima University, Japan**, where she was awarded the prestigious **MEXT scholarship**. She also earned a **Master's in Public Health (MPH)** and a **Bachelor of Science in Nursing (BSc)** in **Bangladesh**.

With expertise spanning **public health, children's health and education, mental health, and communicable and non-communicable diseases**, She is dedicated to improving healthcare outcomes through evidence-based research, education, community engagement and focuses on developing innovative strategies to enhance healthcare services.

Poster 6 | “An Exploration of Parents’ and Healthcare Professionals’ Experiences and Perceptions of Caring for Children in the PICU in Saudi Arabia: A Sequential Explanatory Mixed-methods Study”

Monday, 8th September - 13:40: Poster tour A | Children and young people - Poster - Abstract ID: 419

Mr. Saud Althomali (Queen’s university Belfast), Dr. Breidge Boyle (Queens University Belfast), Dr. Sonya Clarke (Queen’s university Belfast)

Abstract

Background:

Family-centred care (FCC) is a healthcare approach that recognises the importance of family involvement in a child’s care. This study aimed to explore the current practices and perceived necessity of FCC in paediatric intensive care unit (PICU) in Saudi Arabia from the perspective of healthcare professionals (HCPs), parents, and family members.

Methods:

This mixed-methods study employed a quantitative survey of 58 HCPs using the Family-Centred Care Questionnaire-Revised (FCCQ-R), qualitative interviews with 12 family members, and 3 focus groups with 16 HCPs. The study was conducted between August 2023 and February 2024 in a PICU at a Children’s Hospital in Taif City, Saudi Arabia. Quantitative data was analysed descriptively, while qualitative data underwent thematic analysis.

Results:

Quantitative results revealed discrepancies between current FCC practices and what HCPs deemed necessary. While 74.1% of HCPs agreed families should be key decision-makers, only 58% felt this was currently practiced. Qualitative findings uncovered three main themes: “Perceived to be outside the role of parenting,” “Paternalism,” and “Environmental factors.” Parents reported feelings of helplessness and feeling both overwhelmed and unwelcome in the PICU environment. HCPs often viewed parental presence as disruptive to clinical workflows, with many expressing unfamiliarity with formal FCC concepts. Both HCPs and parents identified significant barriers to FCC implementation, including inadequate infrastructure, lack of privacy, language barriers, and heavy staff workloads.

Conclusions:

The study highlights a complex landscape of FCC in Saudi Arabia PICU, characterised by knowledge gaps, communication challenges, and environmental constraints. While there is growing recognition of FCC’s potential benefits, significant barriers remain. Recommendations include comprehensive FCC education for HCPs; policy development to enhance family involvement; infrastructure improvements; and enhanced communication strategies. These findings provide a foundation for developing targeted interventions to plan culturally sensitive FCC implementation in Saudi Arabian PICUs.

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Lead presenter biography

SAUD HAMDUN AL-THOMALITaif, Saudi Arabia

Experienced Teaching Assistant at Taif University with 12+ years in supervision, training, and academic advising. Skilled in healthcare management and infection control. Currently pursuing doctoral research at Queen's University Belfast.

Education:

- PhD Student, Queen's University Belfast (2022-Present)
- MSc Nursing, Northumbria University, UK (2016)
- Master's in Public Administration, King Abdulaziz University (2013)
- Bachelor's in Nursing, Fakeeh College for Medical Sciences (2010)
- Diploma in Nursing, Health Institution for Boys, Taif (2003)

Poster tour B | Dementia and older People

Poster 7 | Healthcare Professional Perspectives on Interdisciplinary Teamwork for Falls prevention and management Among Older People in Hospital Settings: A Scoping Review

Monday, 8th September - 13:40: Poster tour B | Dementia and older People - Poster - Abstract ID: 234

Mrs. Aisha Alenzy (Queen's university Belfast), Dr. Gillian Prue (Queen's university Belfast), Dr. Gary Mitchell (queen's belfast university), Dr. James McMahon (queen's belfast university)

Abstract

Background: Falls in hospital settings pose significant risks to older patients, necessitating comprehensive interventions by healthcare professionals. These interventions involve patient education, clinician training, rehabilitation, environmental modifications, and effective fall-related policies. Interdisciplinary teamwork plays a critical role in fall prevention by promoting shared knowledge and collaborative decision-making. **Aims:** This review synthesizes the existing literature on healthcare professionals' perspectives on interdisciplinary teamwork in the assessment, management, and prevention of falls among older people in hospital settings.

Methods: The review follows Arksey and O'Malley's framework, involving five stages: identifying the research question, study selection, data charting, summarizing, and reporting results. Peer-reviewed quantitative, qualitative, and mixed-methods studies published in English or Arabic were included, specifically studies focused on healthcare professionals directly involved in fall prevention for elderly patients aged 65 years or older. Five databases were searched (MEDLINE, EMBASE, CINAHL, Cochrane Library, and PsycINFO), using keywords as (healthcare professionals, physician, nurses, nursing staff, pharmacists, social workers, allied health professionals, older people, Perspectives, experiences, practices, and hospital settings) and Covidence software was used to facilitate data screening and extraction. The search was conducted between 10-20th January 2024.

Results: Following screening, eight studies were deemed eligible for inclusion in this review, comprising five qualitative studies and three cross-sectional studies. The studies were conducted across five countries: two in Canada, two in Australia, two in the United States, one in Saudi Arabia, and one in Switzerland. Sample sizes ranged from 9 to 1,649 participants. Participants included Registered Nurses, Physiotherapists, Occupational Therapists, Pharmacists, Dieticians, and Managers (patient safety/quality improvement). The findings indicate that effective teamwork enhances patient outcomes, such as reduced fall rates and improved safety, while barriers like communication gaps and resource limitations hinder success.

Conclusion: Future research should explore the relationship between teamwork attitudes and fall prevention to bridge knowledge gaps and improve outcomes.

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Lead presenter biography

I am Aisha, a registered nurse, a lecturer at the Nursing College, Najran University, Saudi Arabia, and a PhD candidate at Queen's University Belfast. My research focuses on interdisciplinary teamwork among healthcare professionals in preventing falls in Saudi Arabian hospitals. With a background in clinical nursing, lecturing, and healthcare research, I have contributed to studies on patient safety. I have published in the *International Medical Journal* (2020) and the *African Journal of Reproductive Health* (2020). My current study explores healthcare professionals' perceptions of teamwork in fall prevention using a cross-sectional study.

Poster 8 | The Role of Interdisciplinary Teamwork in Fall Prevention: A Cross-Sectional Study in Saudi Arabian Hospitals

Monday, 8th September - 13:40: Poster tour B | Dementia and older People - Poster - Abstract ID: 130

Mrs. Aisha Alenzy (Queen's university Belfast), Dr. Gillian Prue (Queen's university Belfast), Dr. Gary Mitchell (queen's belfast university), Dr. James McMahon (queen's belfast university)

Abstract

Background: Falls among older adults are a significant global concern, with interdisciplinary teams within the hospital setting playing a crucial role in fall prevention, assessment, and management. In Saudi Arabia, limited studies have assessed fall rates among the general elderly population, however a high prevalence ranging from 49.5% to 57.7% has been reported, with factors such as advanced age, compromised health, and environmental hazards associated with increased falls (Alshammari et al., 2017); (Almegbel et al., 2018).

Aim: Due to the high falls rate, this study explored the role of interdisciplinary teamwork in fall prevention, assessment, and management in Saudi Arabian hospitals.

Methodology: A descriptive cross-sectional survey was conducted in two government hospitals in Hail, Saudi Arabia, examined healthcare professionals' (HCPs) perceptions of interdisciplinary teamwork in fall risk reduction. The Teamwork Perceptions Questionnaire for Fall Risk Reduction (T-TPQ) was used. Ethical approval was obtained from Queen's University Belfast and the relevant Saudi hospitals. Data analysis was performed using SPSS 29 used Pearson's correlation, t-tests, ANOVA, and multivariable linear regression to assess factors influencing HCPs perceived effectiveness of teamwork in reducing patient falls.

Results: A total of 190 HCPs involved in fall prevention were recruited to take part. Males reported significantly higher teamwork perceptions than females ($p = 0.020$). Younger HCPs (20–29) perceived higher teamwork than those aged 30–39 ($p = 0.013$), while postgraduate degree holders reported lower teamwork than those with university degrees or diplomas ($p = 0.006$). Arabic-speaking HCPs perceived stronger teamwork than English speakers ($p = 0.011$). Teamwork correlated positively with leadership, situation monitoring, mutual support, and communication ($p < 0.010$).

Conclusion: While communication and mutual support were strong, leadership and situation monitoring need improvement to enhance fall prevention strategies in Saudi hospitals. The analysis showed that males, younger HCPs, those with higher education, and Arabic speakers perceived higher teamwork.

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Alshammari, F., Alshammari, H.F., Alsaedi, B., Zreiq, R. and Algahtan, F.D. (2021) 'Data on healthcare perceptions about system risk factors associated with patient safety from the Ministry of Health hospitals in Hail Region of Saudi Arabia', *Bioinformation*, 17(1), p. 274.

Lead presenter biography

I am Aisha, a registered nurse, a lecturer at the Nursing College, Najran University, Saudi Arabia, and a PhD candidate at Queen's University Belfast. My research focuses on interdisciplinary teamwork among healthcare professionals in preventing falls in Saudi Arabian hospitals. With a background in clinical nursing, lecturing, and healthcare research, I have contributed to studies on patient safety. I have published in the *International*

Medical Journal (2020) and the *African Journal of Reproductive Health* (2020). My current study explores health-care professionals' perceptions of teamwork in fall prevention using a cross-sectional study.

Poster 9 | DemFoCAS – Enhancing dementia care in a UK hospital trust – Conventional process mapping of prevalent primary presentations for acute inpatients

Monday, 8th September - 13:40: Poster tour B | Dementia and older People - Poster - Abstract ID: 276

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

Abstract

Introduction:

Dementia care policies advise upon standards of care and treatment for people living with dementia. The practical application of such guidance remains unanswered at Trust level. This study sought the usage of an NHS Quality, Service Improvement and Redesign (QRSI) Tool, to identify patterns of care across a patient pathway within an acute care system. Care records of an NHS Trust based in the East of England, were used to describe the most prevalent primary presentations for patient admission and patterns of acute dementia care.

Method:

A dataset acquired from a partnering NHS Trust, equipped with patient admissions aged 75 and older during the period October 2022 to September 2023 were examined and analysed. Using descriptive statistics, the most prevalent primary presentations were ranked. Case note analysis was conducted using NHS clinical documentation management portals for 18 inpatient admission case notes, with the most prevalent primary presentations. Patterns of care were examined using a QRSI tool. Observed touchpoints were discussed with project stakeholders and steering group members.

Results:

Analysis of case notes revealed major touchpoints including the unobserved usage of 'This is me' in case notes; discharge destination discrepancies from observed care records; provision of a dementia diagnosis in hospital exclusive of a system dementia alert; unobserved screening examinations for dementia and/or delirium; and excessive ward moves of inpatients.

Discussion:

Dementia care guidance for NHS England, highlights the importance for effective screening and effective care management for patients aged 75 and over. The observed touchpoints discussed with project stakeholders, revealed the need for increased carer involvement to improve the inpatient experience.

Conclusion:

These findings have been produced to supplement the partnering Trust's transition into the electronic patient records system. The study emphasises the importance of building collaborative relationships with stakeholders involved in dementia care.

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 Southend, Essex and Thurrock (SET) dementia strategy (2022). Available at: <https://democracy.southend.gov.uk/documents/s54145/Appendix 1 - SET Dementia Strategy.pdf>

Lead presenter biography

Victor Ashby is a Research officer for DemFoCAS project. His research interests are in dementia and public health and works with Professor Camille Cronin (PI) and Dr Rachel Marrow on the project which is looking at

the fundamentals of care for people with dementia in an acute hospital.

Poster 10 | Assessing loneliness in older people receiving home care

Monday, 8th September - 13:40: Poster tour B | Dementia and older People - Poster - Abstract ID: 320

Mrs. Arūnė Česonienė (Lithuanian University of Health Sciences), Prof. Lina Jaruševičienė (Lithuanian University of Health Sciences), Prof. Aurelija Blaževičienė (Lithuanian University of Health Sciences)

Abstract

Background: Loneliness among older people is a global issue, affecting one in four older people. Demographic changes are associated with an increase in long-term care services, especially outpatient home care services (WHO, 2021). In Lithuania, these services began in 2021.

Aim: To assess loneliness and its factors among older people receiving home care.

Methods: A quantitative study was conducted from September to November 2024. Out of 300 home care recipients in one family clinic, 111 met the eligibility criteria. T-ILS and SF-36 instruments were used. Data were analyzed using SPSS 30.0, with chi-square tests and Spearman correlation. Statistical significance was set at $p < 0.05$. The study was approved by the Kaunas Regional Bioethics Committee (P1-BE-2-55/2024).

Results: Of 111 participants, 29 (26.1%) were men and 82 (73.9%) women, with no significant difference between genders and loneliness ($p > 0.05$). Ages ranged from 65 to 98 years ($M = 83.63$). People living alone were more likely to be lonely (56.2%) than those living with others (43.8%), $p = 0.003$. Loneliness was significantly associated with worse emotional well-being (Spearman's $\rho = 0.366$, $p < 0.05$), correlated with physical health limitations ($p = 0.050$), and significantly affected meeting daily needs ($p = 0.005$).

Discussion: In line with previous findings, our results indicate that social isolation is a key factor for loneliness (National Academies of Sciences, Engineering, and Medicine *et al.*, 2020). Loneliness is associated with both physical health limitations (physical activity, walking outdoors, climbing stairs), and worse emotional well-being (nervousness, exhaustion, and fatigue) consistent with previous studies (Wang *et al.*, 2024).

Conclusions: The main factor influencing loneliness remains living situation. Loneliness is linked to both worse emotional well-being and physical health limitations. Therefore, home care services need to strengthen social support.

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Lead presenter biography

I am a nurse practitioner (NP) working in primary health care. Also, I work as a lecturer at the Lithuanian University of Health Sciences, the Department of Nursing and currently pursuing my PhD. I am a member of the

Lithuanian Association of Advanced Practice Nurses, advocating for change and a better future for NPs. In 2024 I was engaged with policy front in my country by working closely with the European Commission and World Health Organization as a local expert for long-term care. The same year I was nominated as an International Ambassador in American Association of Nurse Practitioners conference.

Poster 11 | Reliability, Validity and Responsiveness of the SARC-F Scale for Sarcopenia Screening in Patient with Type 2 Diabetes Mellitus

Monday, 8th September - 13:40: Poster tour B | Dementia and older People - Poster - Abstract ID: 298

Ms. SHU-YING SU (Chang Gung Memory Hospital, Linkou Branch, Taoyuan, Taiwan), Mrs. Li-Fen Chao (Chang Gung University of Science and Technology, at Linkou, Taiwan, R.O.C)

Abstract

Background: Sarcopenia, characterized by progressive muscle loss and functional decline, is prevalent in Type 2 Diabetes Mellitus (T2DM) and metabolic abnormalities. Increases the risk of falls, fractures, and disability, highlighting the need for effective screening tools. The SARC-F is used for sarcopenia screening, but its diagnostic accuracy in T2DM patients remains unclear. The SARC-CalF incorporating calf circumference, may enhance screening performance. This study aimed to evaluate the reliability, validity, and diagnostic accuracy of SARC-F and SARC-CalF in older adults with T2DM.

Methods: A cross-sectional study was conducted among 157 T2DM patients aged 60 years and older. Sarcopenia was assessed using SARC-F and SARC-CalF, with the 2019 Asian Working Group for Sarcopenia (AWGS) diagnostic criteria as the reference standard. Data included demographic and clinical characteristics, muscle mass (bioelectrical impedance analysis, BIA), muscle strength (handgrip strength, five-time sit-to-stand test), and physical performance (timed up-and-go test, TUG). The reliability, validity, and diagnostic accuracy of both screening tools were analyzed.

Results: The SARC-F demonstrated good reliability (Cronbach's $\alpha = 0.80$, ICC = 0.89) but moderate diagnostic accuracy (AUC = 0.65, 95% CI: 0.565–0.743). SARC-F scores correlated significantly with physical function measures, including positive correlations with five-time sit-to-stand time ($r = 0.556$), TUG time ($r = 0.591$), and fall frequency ($r = 0.507$), and negative correlations with handgrip strength ($r = -0.465$), BIA ($r = -0.212$), and calf circumference ($r = -0.172$). The SARC-CalF showed superior diagnostic performance (AUC = 0.98, 95% CI: 0.956–1.000) with higher sensitivity (92%) and specificity (94%).

Conclusion: The SARC-F is a reliable and valid screening tool for sarcopenia in T2DM patients, its diagnostic accuracy is limited. The SARC-CalF, incorporating calf circumference, significantly improves screening performance. SARC-F may be more suitable for rapid screening in acute settings, whereas SARC-CalF is preferable for long-term sarcopenia monitoring in chronic care.

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Lead presenter biography

1. Shu-Ying Su, NP, MSN. Department of Nursing and Graduate Institute of Nursing, College of Nursing, Chang Gung University of Science and Technology, at Linkou, Taiwan, R.O.C; Email: pandmilk@cgmh.org.tw
2. Li-Fen Chao, RN, Ph D. Associate Professor, at Clinical Competency Center, Department of Nursing, Chang Gung University of Science and Technology; Taoyuan City, Republic of China (Taiwan), Tel: +886-3-2118999 ext.3135; Fax: +886-3-2118866; Email: lfchao@mail.cgust.edu.tw

Poster 12 | Study on the influencing factors of treatment compliance of elderly chronic disease patients in physical examination centers based on latent variable mixed growth model prediction

Monday, 8th September - 13:40: Poster tour B | Dementia and older People - Poster - Abstract ID: 306

Mrs. Shimei Fan (Chongqing Fourth People's Hospital)

Abstract

Objective: To explore the dynamic changes and influencing factors of treatment compliance in elderly patients with chronic diseases in physical examination centers.

Methods: A longitudinal study design was adopted, selecting elderly patients (≥ 60 years old) with chronic diseases who underwent physical examinations at a tertiary hospital's physical examination center from January 2024 to June 2024 as the research subjects. Collect patient baseline data, Morisky medication adherence scale, and potential influencing factors through a questionnaire survey. We used Latent Growth Mixture Modeling (LGMM) and multivariate logistic regression to analyze the trajectory of changes in patient treatment compliance and its influencing factors.

Results: A total of 512 elderly patients with chronic diseases were included. LGMM analysis showed that the trajectory of treatment compliance changes could be divided into three categories: high compliance stable group (42.2%), moderate compliance decreased group (35.7%), and low compliance fluctuation group (22.1%). Multivariate logistic regression analysis showed that age, educational level, number of comorbidities, depressive symptoms, and social support level were significant factors affecting the trajectory of treatment compliance changes ($P < 0.05$).

Conclusions: The treatment compliance of elderly patients with chronic diseases shows a heterogeneous trajectory, with age, educational level, number of comorbidities, psychological status, and social support being the main influencing factors.

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Lead presenter biography

I have been engaged in nursing management work for 20 years, mainly specializing in plastic surgery and health management. Familiar with the relevant professional nursing management process and quality control points. Good at team management, professional and patient lead the team to provide customers with efficient and intimate one-stop nursing services, help health management.

Poster tour C | Patient safety

Poster 13 | Medication Administration Practices Among Nurses: An Observational Study from Oman

Monday, 8th September - 13:40: Poster tour C | Patient safety - Poster - Abstract ID: 242

Mrs. Amira AL Nasri (ministry of health oman)

Abstract

Safe medication administration is vital in ensuring patients' safety and enhancing their quality of life. This study aimed to observe nurses' practice in medication administration in Hospitals and primary healthcare institutions to identify and examine the different steps of the medication administration process for quality assurance and safe drug administration. The methodology of the study employed a cross-sectional design using quantitative descriptive data within health institutions at South Sharqiyah Governorate. Data from the direct observation of 99 nurses (once at a time) were observed while they were preparing and administering medications using the disguised observation method (DDM). The data was recorded via Microsoft Access using a descriptive approach (frequencies and percentages) for analysis. The areas of concern in the study were: the five rights of medication administration, documentation, the use of patient's identifiers, double checking and drug labeling. The trained observer completed the checklist after observing the nurses' medication administration. Data were collected from 99 observations for analysis. Data analysis was conducted using descriptive and inferential statistics in the SPSS software version 26. The quantitative data illustrates that only 34.3% of nurses performed an independent double check by another nurse, only 56.6% performed appropriate labeling, and 62.6% confirmed the patient's identity using at least two patient identifiers. Most medication administrations meet the "Five Rights" criteria (right patient =92.9%; right medication=98%; right dose=97%; right route=98%; and right time=97%). A statistically significant association was found between the participant's age and right time ($p=0.013$); and between years of experience and right medication ($p=0.005$), right dose ($p=0.019$) and right route ($p=0.004$). In this study, the nurses' poor areas of practice in medication administration were identified as double-checking of medication, labeling, and use of patient identifiers. Checking the right of medication administration and documentation post the procedure was the most followed by nurses in the medication administration process.

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Lead presenter biography

Mira Yahya AL Nasri holds a master degree in Nursing from Queen's University Bealfast . Currently, I am working at Ministry of Health , head of nursing services SSG. I am researcher and published many studies in nursing fields and other. I have been awarded nationally and internationally for the achievements in nursing fields and others.

Poster 14 | Assessment of Backflow Volume in Midline and Peripherally Inserted Central Catheters with Needle-Free Connectors: A Bench Study

Monday, 8th September - 13:40: Poster tour C | Patient safety - Poster - Abstract ID: 427

Dr. Daniele Privitera (Department of Cardiovascular, Neural and Metabolic Sciences, Istituto Auxologico Italiano, IRCCS, San Luca Hospital, Milan, Italy), Mr. Davide Giustivi (Post Anesthesia Care Unit, Vascular Access Team ASST Lodi), Mrs. Elisa Nardin (Department of Cardiovascular, Neural and Metabolic Sciences, Istituto Auxologico Italiano, IRCCS, San Luca Hospital, Milan, Italy), Mrs. Silvia Elettra Revere (Department of Cardiovascular, Neural and Metabolic Sciences, Istituto Auxologico Italiano, IRCCS, San Luca Hospital, Milan, Italy), Mr. Enrico Maria Gianfranceschi (Department of Cardiovascular, Neural and Metabolic Sciences, Istituto Auxologico Italiano, IRCCS, San Luca Hospital, Milan, Italy), Mrs. Stefania Fiorini (Department of Cardiovascular, Neural and Metabolic Sciences, Istituto Auxologico Italiano, IRCCS, San Luca Hospital, Milan, Italy), Mrs. Elisabetta Fiorina (Department of Nephrology, University Maggiore della Carità Hospital, Novara, Italy), Dr. Nicolò Capsoni (Department of Emergency Medicine, ASST Grande Ospedale Metropolitano Niguarda, Milan, Italy)

Abstract

Background: Needle-free connectors (NFCs) are widely used catheter closure systems that effectively reduce needlestick injuries. They are classified based on their effect on fluid displacement: *positive* (fluid moves into the vein), *negative* (fluid moves back into the catheter), *neutral* (minimal displacement), or *anti-reflux* (featuring an additional anti-reflux valve)(1). Each type has specific applications and clamping techniques. However, the optimal clamping sequence for neutral and anti-reflux NFCs has not been well-established(1).

Aim: This study aimed to assess backflow volume (BV) in peripherally inserted central catheter (PICC) and midline catheter (MC) when different NFC categories—*negative*, *anti-reflux*, *neutral*, and *positive* displacement. The secondary aim was to determine the clamping sequence that results in the least BV when using *neutral* and *anti-reflux* connectors in both catheters.

Methods: This bench study evaluated four NFCs with different flow displacement characteristics. Each was tested with two catheters: a 4Fr×60cm single-lumen PICC and a 4Fr×25cm single-lumen MC. The experimental setup simulated physiological blood pressure in the superior vena cava. Three operators performed designated sealing sequences for each NFC-catheter combination. The BV inside the catheter was calculated using the formula: $(d/2)^2 * \pi * \text{“backflow distance”}$, where d represents catheter diameter, and “backflow distance” was measured in millimetres(2).

Results: None NFCs completely prevented backflow. *Positive* NFCs exhibited the lowest BV with PICC (0.83[0.76–0.95]mm³) compared to *negative* (1.14[0.95–1.53]mm³), *anti-reflux* (1.27[1.02–1.59]mm³), and *neutral* (1.24[0.95–1.84]mm³). No significant differences were observed in MC. Clamping sequences did not affect BV in *neutral* and *anti-reflux* NFCs.

Conclusion: This study examined the performance of various NFC technologies with PICC and MC. While no device eliminates backflow, *positive* NFCs showed lower BV compared to the others when used with PICC. No difference between clamping sequences was observed for *neutral* and *anti-reflux* NFCs. However, the minimum BV necessary to pose a risk of occlusion remains unknown, highlighting the need for future research to quantify this potential risk.

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Lead presenter biography

I am a Head Clinical Research Nurse at IRCCS Istituto Auxologico Italiano, Milan, Italy. With experience in intensive care and over nine years in the Emergency Department of Niguarda Hospital, I have developed a strong expertise in emergency nursing. I also hold a PhD in Nursing and Public Health from the University of Rome Tor Vergata.

Poster 15 | ‘Not just a number’-An Interpretative phenomenological study exploring the lived experiences of nurses undertaking pressure ulcer risk assessment in clinical practice.

Monday, 8th September - 13:40: Poster tour C | Patient safety - Poster - Abstract ID: 455

Mrs. Nadean Marsh (Hertfordshire and West Essex Integrated Care Board), Dr. Jacquie Ridge (University of Northampton)

Abstract

Abstract

Background: Pressure ulcer (PU) prevalence remains a significant health concern (Lyder & Ayelle 2008); affecting 700,000 patients yearly in the UK (Woods et al 2019). Key to prevention is the assessment of risk. Although accuracy and validity analysis of tools such as Waterlow, Norton, Braden are evident, there is paucity in research of nurses' experience of using PU risk assessment tools in practice.

Aim: To explore the lived experience of nurses undertaking PU risk assessment in practice.

Method: A qualitative interpretative phenomenology study following a hermeneutic approach. Through purposeful sampling semi-structured interviews were conducted with 6 nurses. Data was examined using reflexive thematic analysis (Braun & Clarke 2022).

Findings: 3 subordinate themes 'know your patient', 'care prescription', 'care justification' were constructed from nurses' narratives. 7 sub-themes were also identified including 'gut instinct', 'task driven care' and 'compliance culture'.

Discussion: Nurses narratives recognised the need of cautious application, not using a risk prediction score in isolation; Patients are 'not just a number'. The impact of nurse/patient relationship and gut instinct were recognised as contributors to practice, however there was a recognised challenge in practice of balancing these with a cultural expectation of task driven compliance.

Conclusion: Exploration of nurses lived experience of undertaking a PU risk assessment in practice prompted insight into their journey of growth, self-discovery. Through transformative learning nurses constructed new understanding of themselves and their being in the world, being able to develop use of gut instinct, maturing their perspectives to inform practice with the central focus on 'knowing your patient, not just the number'. Rather than solely relying on a risk score derived from a culture of compliance, nurses reflected on the importance of nurse-patient relationship to inform practice, with mindfulness that organisational culture required balance between care driven through empowerment, holistic care perspective and metric compliance.

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Wood J, Brown B, Bartley A et al. (2019) Reducing pressure ulcers across multiple care settings using a collaborative approach. BMJ Open Quality.

Lead presenter biography

Qualified as a Registered nurse in 1995 with BSc in Clinical Nursing from Bournemouth University. Worked in various senior nursing leadership roles within an acute provider and Integrated Care Board. Passion for patient safety and quality drove completion of MSc in Patient Safety and Quality Improvement at University of Northampton.

Poster tour D | eHealth and technology

Poster 16 | Digital Health Literacy and Technology Use in Patient Discharge: A Dual Perspective from Patients and Healthcare Professionals

Monday, 8th September - 13:40: Poster tour D | eHealth and technology - Poster - Abstract ID: 478

Dr. Naim Abdulmohdi (Anglia Ruskin University), Dr. Mary Edmonds (Anglia Ruskin University)

Abstract

Background

The transition from hospital to home poses risks, particularly for older adults and post-surgical patients. Up to one in five experience adverse events, leading to avoidable emergency readmissions. Despite written discharge information, patients often report knowledge gaps. Digital applications offer an opportunity to enhance post-discharge support.

Aims

This study explored digital health literacy among patients and healthcare professionals' acceptance of technology in patient discharge. It assessed digital readiness, confidence, and the perceived usefulness of digital tools, including video discharge, to inform healthcare strategies.

Methods

As part of a quality improvement project, cross-sectional surveys were conducted with six patients and 13 healthcare professionals. Patients' digital health literacy was assessed using the WHO HLS19 tool, measuring confidence, ease of use, and engagement with digital health services. Staff surveys examined digital literacy, technology acceptance, and the perceived usefulness of digital discharge tools using the Technology Acceptance Model. Quantitative data were analysed using descriptive and inferential statistics. Ethical approval was obtained (ETH2324-3660).

Results

Patients were confident using digital devices (e.g., smartphones) but engaged less with digital health apps and video consultations due to usability challenges. They struggled to assess the reliability of online health information and access healthcare professionals. Staff valued technology and demonstrated a moderate level of digital readiness but had concerns about the practicality of video-recorded discharge. Confidence in digital tools varied, with younger staff and those in secondary care reporting higher confidence. Key challenges included limited managerial support and system compatibility issues.

Conclusion

While patients and staff recognise the value of digital health tools, gaps in engagement, confidence, and system usability remain. Digital literacy assessments before implementing new technologies are essential. Targeted training and improved system integration could enhance digital adoption in healthcare. Addressing usability barriers and strengthening organisational support could improve digital health implementation, enhancing patient care and discharge.

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Lead presenter biography

Dr Naim Abdulmohdi

Naim is an expert in critical care nursing and nurse education, focusing on staff development, clinical simulation, patient safety, digital readiness, and video-recorded discharge. His research explores staff experience, retention, professional advocacy, and the use of simulation and technology to enhance healthcare professionals' competencies.

Poster 17 | A feasibility and Acceptability of Virtual Reality as a pain relief measure post primary and revision Total Knee Replacement Surgery in a hospital setting.

Monday, 8th September - 13:40: Poster tour D | eHealth and technology - Poster - Abstract ID: 162

Mrs. Queen Adeyanju (Royal National Orthopaedic Hospital Stanmore), Dr. Jo Teixeira (Royal National Orthopaedic Hospital Stanmore)

Abstract

Introduction: Effective pain management in healthcare remains a significant global challenge, especially in post-operative care. Despite the increasing interest in several modalities (1,2), persistent postsurgical pain, opioid dependence, and continuous demand to improve patient outcomes, continue to drive the search for safer and more cost-effective alternatives. Virtual Reality (VR) is an emerging non-pharmacological treatment, with growing evidence supporting its efficacy in managing procedure-related pain. Systematic reviews support that VR is a promising, non-invasive intervention requiring further exploration (3). Although there is strong evidence of its potential benefits, no current evidence supports the use of VR in patients undergoing knee replacement surgery.

Methods: Adults undergoing total knee replacement and revision total knee replacement who met the study recruitment criteria were recruited over 24-weeks and informed consent signed at their admission. 24 hours postoperatively, patient was visited on the ward, provided with pre-programmed VR experience of their choice up to 3 times when they feel pain. Pain and anxiety scores of participants were recorded pre and post VR experience. Participants were provided with paper questionnaire after each VR experience to record their VR experience measuring acceptability and feasibility.

Results: Fifty-seven adults were eligible for the study. Forty-two were sent the PIS (73.7%) and 23 provided written formal consent to participate. 56.52% were female and 43.48% were male. The mean age of participants was 68.96 years and age ranged was between 46-85 years. All participants experienced at least one full session. 37 acceptance questionnaires were completed. 10 professionals invited, four were trained, but none provided sessions. No adverse effects associated VR were reported. Three participants withdraw the study.

Conclusion: These findings suggest that Virtual Reality is a feasible and potentially effective for improving pain management after total knee replacement and revision surgeries in a hospital-setting. However, further research is required for data generalisation.

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Lead presenter biography

Queen Adebola Adeyanju is a dedicated Ward Sister, Clinical Researcher, and Nursing Research Fellow (2024) at the Royal National Orthopaedic Hospital. With a strong commitment to advancing healthcare through evidence-based practice, she has been awarded the prestigious HEE ICA Pre-Doctoral Fellowship for 2025. Passionate about patient care and nursing innovation, Queen actively contributes to clinical research, bridging the gap between frontline nursing and scientific discovery to improve patient outcomes.

Poster 18 | Attitudes and perspectives on the use of Artificial Intelligence in healthcare education: A scoping review

Monday, 8th September - 13:40: Poster tour D | eHealth and technology - Poster - Abstract ID: 445

Dr. Istapraq Wasen Hashem (University of Nottingham), Prof. Joanne Lymn (University of Nottingham), Dr. Sarah Field-Richards (University of Nottingham), Prof. Aimee Aubeeluck (University of Surrey), Prof. Frank Donnelly (Murdoch University)

Abstract

Introduction: Artificial Intelligence, particularly generative Artificial Intelligence and Large Language Models, have emerged as a tool to support students, faculty, and administrators throughout the student journey, impacting the learning and teaching process in higher education (Zawacki-Richter et al, 2019). A comprehensive exploration of current attitudes and perspectives of students and educators in healthcare education can drive future research (Masters, 2019). This review aims to identify these attitudes and perspectives on the use of Artificial Intelligence in higher healthcare education, informing strategies for effective integration. Understanding stakeholder views is essential to help navigate challenges and opportunities presented by Artificial Intelligence in healthcare education. **Methods:** Variety of healthcare and educational databases were used in the search: OVID Medline, PubMed, Web of Science, Science Direct, SCOPUS and ERIC. Database searches were conducted from April 2024 – December 2024 and included studies from 2019 – 2024. The search terms were split into, population (Educator, Teacher, student etc), concept (Artificial intelligence, Machine learning etc) and context (Higher education, Healthcare education, Health sciences Education, Learning, Undergraduate Education etc). The review is reported using the PRISMA for Scoping Reviews (PRISMA-ScR). The data extracted from the articles looked at the targeted population, the study design, findings, and conclusions drawn from the study, 17 studies were reviewed. **Results:** Three key themes were identified from the synthesis of the studies; students expressed that there is limited exposure to Artificial Intelligence within their educational experience, that students have positive attitude incorporating Artificial Intelligence into curriculum and that educators, have concerns about the use of Artificial Intelligence. **Conclusion:** The finding demonstrate that the existing literature is focussed predominantly on the attitudes and perspectives of students and in the discipline of medicine. and further research is required to explore the attitudes and perspective of healthcare educators and in a variety of disciplines.

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Lead presenter biography

Dr Istapraq W Hashem is a PhD candidate at the University of Nottingham, focusing on the intersection of Artificial Intelligence (AI) and healthcare education. Her research explores the role of AI in transforming teaching and learning practices within healthcare disciplines. Dr Hashem comes from a healthcare background in clinical dentistry and dental education.

Poster 19 | Exploring healthcare educators' perspectives on the use of Artificial Intelligence in healthcare education; preliminary findings from a national UK survey.

Monday, 8th September - 13:40: Poster tour D | eHealth and technology - Poster - Abstract ID: 449

Dr. Istapraq Wasen Hashem (University of Nottingham), Prof. Joanne Lymn (University of Nottingham), Dr. Sarah Field-Richards (University of Nottingham), Prof. Aimee Aubeeluck (University of Surrey), Prof. Frank Donnelly (Murdoch University)

Abstract

Background: The introduction of Artificial intelligence technologies into education and healthcare is not a novel concept, the launch of ChatGPT in 2022 however changed the landscape of Artificial intelligence in education (Simms, 2024). The promise that Artificial intelligence has the potential to revolutionise education by overhauling teaching and the way students are examined, that has raised some concern amongst educators and educational institutions (Zhang & Aslan, 2021). The current literature extensively explores students' perspectives and their practical experiences but lacks sufficient insight into the perspectives of healthcare educators. Therefore, the aim of this study was, through the use of a national survey, to explore the perspectives and current practice by educators in relation to the use of Artificial intelligence. **Method:** Healthcare educators from 104 UK universities were approached to complete a 23 questions online survey. The survey was designed to collect data exploring knowledge of institutional Artificial intelligence policies and training, current practice and educators' perspectives on the use of Artificial intelligence. **Results:** Preliminary results (n=75), across 18 universities. Show 91% of respondents reported using generative Artificial intelligence in their role as educators, with the vast majority of using Artificial intelligence for generating course material. 53% are aware of university policies. These initial findings suggest that whilst educators express positive attitudes and believe Artificial intelligence will improve education they provide, they have concerns over students use and lack of institutional support and access to reliable resources.

Conclusion: The preliminary findings are beginning to outline the landscape of where healthcare educators position themselves in this rapidly evolving environment; however, additional responses and deeper analysis are needed to reach definitive insights.

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Lead presenter biography

Dr Istapraq W Hashem is a PhD candidate at the University of Nottingham, focusing on the intersection of Artificial Intelligence (AI) and healthcare education. Her research explores the role of AI in transforming teaching and learning practices within healthcare disciplines. Dr Hashem comes from a healthcare background in clinical dentistry and dental education.

**Poster tour E |
Leadership and
management**

Poster 20 | The definitions of, and the learning and development pathways leading to expert practice across nursing, midwifery, and the allied health professions: a scoping review'

Monday, 8th September - 13:40: Poster tour E | Leadership and management - Poster - Abstract ID: 97

Mrs. Amanda Hensman-Crook (Bournemouth University), Dr. Catherine Angell (Bournemouth University), Prof. Lois Farquharson (Bournemouth University), Dr. Juliette Truman (Bournemouth University), Dr. Tim Noblet (St Georges University Hospitals NHS Trust, Western University Ontario Canada, Maquire)

Abstract

Background & Aims: The growing complexity in healthcare worldwide requires clinical and systems transformation to meet population demand. Central to this, is the need to develop, attract and retain staff to provide impactful transformational systems leadership (Manley et al., 2022). Expert practice roles (eg consultant nurse in the UK) have been developed to provide this leadership across nursing, midwifery, and the allied health professions, however, there is still ambiguity around the definitions and educational pathways needed for the role.

Design: A scoping review informed by PRISMA - ScR

Methods: EMBASE, CINAHL, SCOPUS, Web of Science, Google Scholar, and Grey Literature were rigorously searched to identify studies investigating the definitions of, the learning and development of, and the accreditation, regulation and revalidation of expert practice for nursing, midwifery and allied health professions. The quality of the literature was interrogated using CASP, and by GRADE CERQual. Data were analysed and synthesised through content and thematic analysis.

Results: n=16,695 papers identified, n=8596 were reviewed by title and abstract, and n= 176 full text reviews were completed. n=22 studies were included and synthesised. The studies of moderate quality in relation to definitions learning and development, and poor quality across accreditation, regulation and revalidation. Common definitions were identified and 2 conceptual models built: 1) elements required to develop a sustainable accredited learning and development pathway, 2) an accredited learning and development pathway underpinned by an appropriate educational learning theory, supported by a network of mentors, supervisors and peers

Conclusion: The definitions of and educational pathways to expert level practice showed great variability across professions with no agreed level of practice challenging impact, sustainability and transferability of the roles. The conceptual models can be utilised and tested to inform optimal educational and career pathways for expert practice to mitigate unwarranted variation.

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Lead presenter biography

Has 30 years' NHS experience with a passion for workforce transformation and innovation leading to improved quality and impact for service users in the context of personalised care. Currently works clinically a day a week in primary care whilst completing a PHD investigating consultant practice education. Pioneered First Contact Practice roles across Musculoskeletal professions, Paramedics, Occupational Therapy, Dietetics and Podiatry, and lead the development and implementation of master's level educational pathways across all 5 specialties,

and a national supervision infrastructure to support the development and sustainability of the roles. Lead on the development of the UK MSK advanced practice standards

Poster 21 | Global Research Nurses: building a community of practice to support nurse-led research

Monday, 8th September - 13:40: Poster tour E | Leadership and management - Poster - Abstract ID: 233

Ms. Arancha de la Horra (The Global Health Network, Centre for Tropical Medicine and Global Health, University of Oxford, Oxford,), *Ms. Daniela Morelli (The Global Health Network, Centre for Tropical Medicine and Global Health, University of Oxford, Oxford,)*, *Ms. Faith Nawagi (College of Health Sciences, Makerere University, Makerere), Ms. Trudie Lang (The Global Health Network, Centre for Tropical Medicine and Global Health, University of Oxford, Oxford,)*, *Ms. Salvia Zeeshan (The Global Health Network, Centre for Tropical Medicine and Global Health, University of Oxford, Oxford,)*

Abstract

Background: Nurses, the largest healthcare workforce¹, spend the most time with patients, giving them unique insight into local health challenges. This frontline perspective enables nurses to identify care gaps and raise critical research questions to improve healthcare². Through leadership in research, nurses can influence policy, promote evidence-based practices, and foster collaboration to address pressing global health issues. However, their involvement in research remains limited³, especially in low-and middle-income countries (LMICs), where 85% of the global population lives⁴, yet research outputs are disproportionately low⁵.

Methods: Global Research Nurses (GRN) empowers nurses and midwives in LMICs to lead health research, improving patient outcomes and strengthening healthcare systems. As part of The Global Health Network, GRN is a community of practice led by regional coordinators in Africa, Asia, and Latin America. These coordinators, support research capacity strengthening activities, raise awareness of the importance of nursing research and support the development of research leadership. GRN provides the knowledge, confidence, and resources needed for nurses to conduct impactful research addressing local and global health challenges and informs global healthcare strategies.

Results: With over 13,000 members across 195 countries and since May 2022, GRN has engaged thousands of nurses and midwives across 195 countries, delivering 25 workshops, 4 webinars, 11 pump-priming grants, and 1 symposium. These initiatives have built regional research communities, fostering collaboration and best practice sharing while empowering nurses to lead research that informs policy and improves patient care.

Conclusions: Nurses and midwives are key to addressing global health challenges, particularly in resource-limited settings. By leading in research, they can influence health policies and promote evidence-based practices that result in better health outcomes in their communities. The success of GRN demonstrates the need for continued investment in nurse-led research and global research capacity-building to ensure equitable and sustainable healthcare solutions.

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Lead presenter biography

Arancha de la Horra is the Global Research Nurses Programme Coordinator at The Global Health Network, University of Oxford, leading initiatives to strengthen research leadership among nurses and midwives, particularly in LMICs. With over 20 years of experience in nursing and midwifery, she has contributed to key research global projects, including INTERGROWTH-21st, COVID-19 Research Priorities, and the development of an Essential Research Skills Training Curriculum. She holds an MSc in Health Care Practice, a BSc in Midwifery, and a Nursing Diploma, with a strong focus on research capacity building and international collaboration.

Poster 22 | Bridging the gap: Chief nurse perspectives on research culture, organisational support, and research activity

Monday, 8th September - 13:40: Poster tour E | Leadership and management - Poster - Abstract ID: 434

Dr. Susie Pearce (University of Plymouth), Dr. Krithika Anil (University of Plymouth), Ms. Georgia Page (University of Plymouth), Prof. Aled Jones (University of Plymouth)

Abstract

Background

Developing nurses who are able to be curious about research, to engage in, to deliver and to lead research is fundamental to meeting the demands of health and social care and to improving patient outcomes, innovation, and workforce retention (1, 2). In England, Chief Nurse Officers (CNOs) have the Trust level responsibility for this area of workforce development. There has however been little research on CNO's perceptions on research and research leadership in health and social care.

Aim

The aim of this study was to explore the perceptions and experience of Chief Nurses in developing research and research culture in their organisations within the Southwest of England.

Methods

Online semi-structured interviews with Chief nurses or their nominated place took place between October 2023 and March 2024. All CNO's in the Region were invited and 12 participated. Interviews were on average 50 minutes in length. Data were analysed using inductive reflexive thematic analysis (3).

Results

Identified themes crossed two overarching pillars: internal motivations and external constraints. The internal pillar included: identity and values, lifting up others, driving a positive research culture, embedding research into practice with impactful research. The external pillar included: workforce, the organisation, and the wider System.

Discussion

Participants demonstrated a strong intrinsic drive to embed research in practice however they felt unsupported, often lacking authority and capacity. Workforce pressures, limited institutional support, and shifting priorities were barriers and there was a disconnect between the expectation for leaders to drive research and the systemic challenges they faced.

Conclusions

This study highlighted CNO's voice, passion and potential as a global resource for nursing midwifery and allied health professional research. These roles have a drive to use curiosity and research to meet evolving healthcare priorities by transforming care. Chief Nurses need support, a leadership framework and recognition to do this.

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Lead presenter biography

Susie Pearce is an Associate Professor for Nursing (Research) at the University of Plymouth. Susie has long background in practice based research and developing nursing midwifery and allied health professional research in health care. She is Director of the SouthWest Clinical School and has been leading the Developing the Research Skilled Workforce Project across NHSE South West since 2023.

Poster 23 | Exploring the relationship between clinical mentorship quality and leadership competencies in undergraduate nursing students

Monday, 8th September - 13:40: Poster tour E | Leadership and management - Poster - Abstract ID: 466

Dr. Ibrahim Alenezi (Northern Border University)

Abstract

Abstract

Background: The healthcare industry requires nurses to possess both clinical proficiency and leadership competencies. However, leadership training is often overlooked in undergraduate nursing curricula. Clinical mentorship plays a key role in bridging this gap, yet its direct impact on leadership development remains underexplored, particularly in the Middle East.

Aim: This study examined the relationship between clinical mentorship quality and leadership competencies among undergraduate nursing students at a public university in northern Saudi Arabia, with implications for broader nursing education practices.

Methods: A descriptive cross-sectional study was conducted with 224 nursing students. Data were collected via a self-administered online survey comprising demographic information, students' perceptions of mentorship quality, and leadership competency assessment. Correlation and regression analyses identified key predictors of leadership competencies.

Results: Students rated their leadership competencies positively (mean = 2.82). A strong positive correlation was found between mentorship quality and leadership competencies, particularly in strategic thinking, emotional intelligence, impact, and teamwork. Female students and those with higher GPAs exhibited stronger leadership competencies. Regression analysis confirmed mentorship quality ($\beta = 0.642$, $P < 0.001$) and academic performance ($\beta = 0.131$, $P = 0.013$) as significant predictors, while gender and academic year had no significant effect.

Discussion: Results highlight the role of high-quality mentorship in leadership development among nursing students. They align with global nursing education research, reinforcing the value of structured mentorship in leadership preparation.

Conclusions: Integrating structured mentorship programs into undergraduate nursing curricula can enhance students' leadership readiness, contributing to improved healthcare leadership. This study provides empirical support for mentorship-driven leadership development, applicable in diverse educational and clinical settings.

Keywords: Clinical mentorship, leadership competencies, nursing education, mentorship quality, academic performance, undergraduate nursing, Saudi Arabia.

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Lead presenter biography

I am Dr. Ibrahim Alenezi, Dean of the College of Nursing at Northern Border University, Saudi Arabia. I earned my PhD in Nursing Studies from the University of Edinburgh and have held various academic and leadership roles. My expertise lies in research methodology, nursing leadership, and organizational culture, and I actively mentor postgraduate students and publish in peer-reviewed journals. I am passionate about advancing nursing leadership through research and education. At the UK International Nursing Research Conference 2025, I am planning to present my research and sharing its findings.

Poster 24 | Registered Nurses' Moral Distress and Coping Strategies in Adult Tertiary Care: A Scoping Review

Monday, 8th September - 13:40: Poster tour E | Leadership and management - Poster - Abstract ID: 148

Ms. Hanan Alfaifi (Queen's university Belfast), Prof. Michael Brown (Queen's university Belfast), Dr. Clare McVeigh (Queen's university Belfast), Dr. Lynne Marsh (Queen's University Belfast)

Abstract

Background: Registered nurses frequently encounter morally challenging situations requiring ethical decision-making. When these challenges are not adequately addressed, they can lead to moral distress, a psychological stress response arises when an individual recognises the ethically appropriate action but is restricted from taking it (Jameton, 2017). Moral distress has been linked to burnout, reduced job satisfaction, and increased turnover, affecting workforce retention and patient care (Wolf et al., 2016).

Objectives: This review explores registered nurses' experiences with moral distress and the coping strategies they use to manage it in adult tertiary care hospitals. It also examines the role of healthcare organisations in addressing moral distress.

Methods: A scoping review was conducted following the Joanna Briggs Institute (JBI) methodology. Peer-reviewed qualitative, quantitative, and mixed-methods studies published in English over the past ten years were included. Specifically, studies focused on registered nurses' experiences with moral distress, coping strategies, and organisational responses in adult tertiary care hospitals. Four databases (MEDLINE, CINAHL, EMBASE, and PsycINFO) were searched, and Covidence software facilitated screening and extraction.

Results: Key sources of moral distress included RNs' exclusion from treatment decisions, futile care provision, inadequate resources, and the emotional intensity of patient care. Nurses employed coping strategies to mitigate moral distress, such as expanding scientific knowledge, reflective practice, and mental detachment from work. Healthcare organisations played a role in alleviating distress through stress management interventions.

Conclusion: This review highlights a gap in understanding how RNs' years of experience influence responses to moral distress. None of the reviewed studies examined newly graduated RNs or the role of experience in shaping coping strategies. These findings underscore the need for targeted research to better understand moral distress among newly graduated RNs and how their level of experience influences coping strategies.

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Lead presenter biography

Hanan Alfaifi is a Registered Nurse and a PhD candidate at Queen's University Belfast. Her research focuses on moral distress among newly graduated registered nurses and its impact on professional well-being and workforce retention. This scoping review, part of her PhD research, examines existing literature on moral distress and coping strategies among registered nurses in adult tertiary care settings. Her review identifies key gaps and areas for further research. She is particularly interested in nursing challenges and the role of healthcare organisations in mitigating moral distress.

Poster 25 | The Development and Effectiveness of Leadership and Management Program for Enhancing the Nursing Managers Competency: A Quasi-Experimental Pre-Posttest Study

Monday, 8th September - 13:40: Poster tour E | Leadership and management - Poster - Abstract ID: 25

Mrs. Amira AL Nasri (ministry of health oman)

Abstract

This study aimed to develop and evaluate the impact of a leadership and management competency intervention program among front- and second-line nurse managers. A quasi-experimental design with one group. The study involved 48 front-line and second-line nursing leaders from 25 health institutions, including hospitals and primary healthcare facilities. Self-assessment questionnaires on leadership competency and effectiveness, as well as a program satisfaction scale, were used. The data was analyzed using SPSS version 25 and represented in percentage, mean, and standard deviation. Statistical significance among variables was considered at a p-value less than 0.05. The research findings suggest that a leadership and management training program had a notable impact on the development of nurse managers. The difference between the nurses' pre-and post-test scores and managerial competency levels was statistically significant ($Z=-4.201, p<0.05$). Specifically, the mean score increased from 2.03 in the pre-test to 2.40 in the post-test, indicating a significant improvement. The improvement was particularly pronounced in operational succession planning, delegating roles, managing staff shortages, staff performance, conflict resolution, change process, and emotional intelligence and communication. Notably, competencies related to operational plan, key performance indicators and evidence-based practice were the same. It was observed that a relatively low percentage (33.3%) of the participants had previously undergone formal leadership training. The results of this study underscore the critical need for leadership competency intervention programs in healthcare settings.

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Lead presenter biography

Amira Yahya AL Nasri holds a master degree in Nursing from Queen's University Bealfast . Currently, I am working at Ministry of Health , head of nursing services SSG. I am researcher and published many studies in nursing fields and other. I have been awarded nationally and internationally for the achievements in nursing fields and others.

**Poster tour F | End of life
care, cancer and pain
management**

Poster 26 | What is the lived experience of vicarious trauma in specialist nurses facilitating organ donation, and how does it affect their wellbeing?

Monday, 8th September - 13:40: Poster tour F | End of life care, cancer and pain management - Poster - Abstract ID: 314

Mrs. Sharon Johnson (NHS Blood and Transplant)

Abstract

Background: Organ transplantation is a significant medical achievement that often begins with grieving families consenting to donate their loved one's organs to save or improve the lives of others (Dicks *et al.*, 2019; National Health Service Blood and Transplant, 2019; Department of Health and Social Care, 2023). The Specialist Nurse Organ Donation (SNOD) plays a crucial role in this process by working closely with donors, their families, and healthcare teams to increase donation consent rates (Scales and Bentley, 2020). However, SNODs often encounter death, dying, and grief, leading to potential vicarious trauma, which can negatively impact their health and wellbeing.

Aim: This empirical study explores the lived experiences of vicarious trauma in SNODs and its impact on their wellbeing. It investigates how SNODs manage the emotional, psychological, and physical challenges of their roles and examines the personal and professional consequences of their exposure to traumatic events. The study also identifies coping strategies that can enhance mental health and resilience in this demanding field.

Methods: A qualitative design using Interpretive phenomenological Analysis and purposive sampling from two UK-based organ donation teams was employed. Thirteen SNODs participated, providing rich data through online focus groups and semi-structured interviews. Data was transcribed, and thematically analysed to identify emerging patterns and themes.

Findings: Six key themes emerged from the analysis: emotional burden, health and wellbeing, donors and their families, organisational and operational factors, work-life balance, and support systems and coping mechanisms. The findings indicate that SNODs regularly face vicarious trauma, revealing the complexities of their role and the need for organisational recognition and strategies to address trauma's effects. Enhanced support measures are essential to maintaining SNODs' health and enabling them to continue their vital work. Further research is recommended due to the limited studies on this topic.

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Lead presenter biography

Sharon completed nurse training in 2010 at the University of Nottingham, and has since undertaken a BSc Hons and an MSc degree at the University of Plymouth. She has been employed as a Specialist Nurse - Organ Donation (Specialist Requester) since 2017.

Poster 27 | The role of theatre in end of life care education

Monday, 8th September - 13:40: Poster tour F | End of life care, cancer and pain management - Poster - Abstract ID: 256

Mrs. Kathy Rogers (University of the West of England), Dr. Julie Armoogum (University of the West of England)

Abstract

Background

Nurses require clinical skills and emotional intelligence to provide holistic end of life care yet often feel unprepared for this (1). To facilitate conversations about end of life care, pre-registration nurses at University of the West of England watched a theatre performance exploring death, bereavement and grief.

Aim

To explore how theatre contributes to end of life care education for pre-registration nursing students.

Method

Third-year nursing students watched a theatrical performance in December 2022 (2). Four students took part in an online focus group to explore their experiences of the performance in January 2023. Data were analysed using Qualitative Content Analysis. University Research Ethics Committee approval was obtained.

Results

Three main themes were identified.

1. Increased empathy for those affected by bereavement and grief

Participants expressed the act of observing a theatre performance '*changes the way that you look at patients, families*' (participant 1) and '*helped me understand what people may be going through*' (participant 4).

2. Relinquishing of professional responsibility

Being an audience member enabled students to explore the topic as a person rather than via their student nurse identity as '*it removes the need for our reaction to them. We're not thinking... how am I coming across?.. (it).. essentially it lets us think*' (participant 2).

3. Permission to feel

The fictional nature of the performance gave students opportunity to fully engage with their emotions as it '*made me feel*' (participant 1) and '*brought up my own emotions...it was... validating*' (participant 3) and allowed them to '*feel what you're really feeling without fear of upsetting anybody*' (participant 2).

Discussion

The creative and dynamic nature of theatre has potential to facilitate engagement with emotions and perspectives not usually accessed through traditional teaching methods.

Conclusion

This small-scale study highlights the value of theatre in end of life care nurse education.

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Lead presenter biography

Kathy Rogers is a Senior Nurse Lecturer and PhD student at UWE Bristol. Following a clinical career in community nursing Kathy joined UWE Bristol in 2015. Kathy's teaching interests are in supportive and end of life care and research methods, teaching in the UK and at partner colleges in Asia. Kathy's PhD explores the experiences of informal caregivers in non-malignant respiratory disease at the end of life using qualitative approaches. Kathy co-leads the Death and Dying Collective, a network which promotes teaching, research and public engagement on a broad range of topics related to end of life.

Poster 28 | Impact of kidney supportive care interventions on palliative care outcomes of people with advanced chronic kidney disease: a scoping review.

Monday, 8th September - 13:40: Poster tour F | End of life care, cancer and pain management - Poster - Abstract ID: 404

Mrs. Thalaowita Lekamlage Chalani Lasanthika (Coventry University), Prof. Ala Szczepura (Coventry University), Dr. Barnaby Hole (University of Bristol), Dr. Emma Murphy (Coventry University/Centre for Care Excellence)

Abstract

Background

People with advanced chronic kidney disease may have complex Nursing care needs that often require palliative care support referred to as 'kidney supportive care (KSC)'. KSC integrates kidney care and palliative care to improve patient outcomes. Yet it remains unclear whether integrative KSC generates desired patient outcomes, particularly palliative care outcomes. Therefore, this review aimed to understand the impact of KSC interventions on palliative care outcomes of people with advanced chronic kidney disease.

Methods

A scoping review was conducted across three electronic databases: CINAHL, PubMed, and PsychINFO. The search was restricted to peer-reviewed research papers in human subjects (adults over 18 years), and published in English between January 2010 and December 2024. Additional relevant literature was identified from the reference lists of eligible sources.

Findings

Thirty-eight studies met the inclusion criteria and were included in the data extraction. Of these, more than half involved interventions related to advance care planning (n=24), followed by shared-decision making (n=12). Eight studies each described symptom management, end-of-life care, and bereavement outcomes. The improved care outcome most often described was advance directive completion/ advance care planning (n=14) followed by decisional satisfaction/conflict/ patient-surrogate congruence in decision-making (n=11). Most studies reported an overall positive impact of KSC interventions on advance directive completion/advance care planning, decisional satisfaction, health services utilisation, and symptom control.

Discussion, Conclusion

Though the existing evidence reports a positive impact on patient care, meaningful conclusions on a person's quality of life and psycho-spiritual well-being are limited due to insufficient evidence. Also, the reported outcomes vary across treatment modalities (e.g. dialysis, conservative kidney management), participant demographic characteristics, and the content of the KSC intervention. Therefore, an in-depth analysis of the evidence is needed to better understand how Nurses can deliver KSC and to explore the underlying complex mechanisms that contribute to patients' holistic wellbeing.

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Lead presenter biography

Chalani is a registered Nurse and a Lecturer in Nursing from Sri Lanka and is currently a PhD student at Coventry University, UK. Chalani graduated with a Bachelor of Science in Nursing (special) Degree in 2016 from Sri Lanka. She has completed her Master's Degree in Health Sciences at Kristianstad University, Sweden, and her Master's in Philosophy at the University of Sri Jayewardenepura, Sri Lanka. She has conducted both her Master's level research related to Nephrology Nursing and currently, her PhD study aims at improving the quality of kidney supportive care for people with chronic kidney failure.

Poster 29 | Gene Therapy and Hepatocellular Carcinoma: The Role of Adenovirus Vectors in Combination with Conventional Treatment

Monday, 8th September - 13:40: Poster tour F | End of life care, cancer and pain management - Poster - Abstract ID: 122

Mr. Martin Calise (King's College London), Mrs. Lisa Enoch (Cambridge University Hospitals NHS Foundation Trust)

Abstract

Background

Hepatocellular carcinoma (HCC) is the third leading cause of cancer-related mortality worldwide. In intermediate to advanced stages of HCC, transarterial chemoembolisation (TACE) remains the standard treatment, yet its survival benefits have remained suboptimal. Adenovirus-based gene therapy has emerged as a potential adjunct to improve treatment efficacy. This paper evaluates the impact of combining adenovirus-based gene therapy with TACE on one-year overall survival (OS).

Methods

A systematic review of the literature was conducted using MEDLINE, Embase, and the Cochrane Library. Two key studies met the inclusion criteria: a retrospective cohort study of 590 patients and a meta-analysis of 17 studies involving 1,045 patients. Data were extracted and synthesised to assess the effect of combination therapy on survival outcomes, and study quality was appraised using the CASP framework.

Results

This review identified two studies suggesting a potential survival benefit of adenovirus-based gene therapy in combination with TACE. The cohort study reported a significant increase in one-year OS from 53.8% with TACE alone to 61.3% with the addition of adenovirus therapy ($p < 0.05$). The meta-analysis demonstrated a pooled odds ratio of 1.95 (95% CI: 1.28–2.96, $p = 0.002$), indicating a 95% increase in the odds of survival with combination therapy.

Conclusion

Adenovirus-based gene therapy, when used alongside TACE, has demonstrated potential in improving overall survival by enhancing local tumour control and modifying the tumour microenvironment. However, uncertainties remain regarding long-term efficacy, potential toxicity, and regulatory challenges. Future research should prioritise multicentre randomised controlled trials to establish the clinical viability of this approach. Ensuring vector safety and minimising adverse effects will be key to translating these findings into routine clinical practice.

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Lead presenter biography

Martin Calise is a Charge Nurse and Quality Improvement Lead in Critical Care at Cambridge University Hospitals, with nine years of ICU experience. He is currently pursuing an MSc in Clinical Nursing at King's College

London, focusing on evidence-based practice, patient safety, and healthcare leadership. Originally from the Philippines, he moved to the UK in 2018, and since then has undertaken various grants from the NIHR, ESICM, and the Florence Nightingale Foundation.

Poster 30 | Impact of Virtual Ward Service in Care of Patients with Cancer: a retrospective with cross-sectional study

Monday, 8th September - 13:40: Poster tour F | End of life care, cancer and pain management - Poster - Abstract ID: 147

Mrs. Cherry May Sanchez (CRUK Cambridge Centre), Mrs. Gemma Czech (Addenbrooke's Hospital), Dr. Iain Goodhart (Addenbrooke's Hospital), Mr. Nikos Demiris (Addenbrooke's Hospital), Dr. Petros Barmounakis (Athens University of Economics and Business)

Abstract

Background

Virtual ward is a service where patients receive safe and effective clinical care at home as an alternative to inpatient admission. The Virtual Ward model of care was first formally introduced and used in UK practice at Croydon, England in 2006. It was then widely adapted in the community setting to reduce adverse events among frail elderly patients and care for patients with chronic conditions such as severe chronic respiratory disease, renal problems, and chronic heart failure. In one of the hospital in the UK, this service caters to patients with cancer.

Aim

The purpose of this evaluation is to understand the impact of VW among cancer patients through a service evaluation using RE-AIM Framework.

Methods

The study design includes retrospective patient data review of cancer patients admitted from November 2022 until October 2023 and a cross-sectional survey of patients admitted to the service from May 2023 to August 2023.

Results

A total of 107 admissions, of which 78 unique patient admissions, were reviewed. We found that VW service has capacity to provide personalised care for patients of varied age group, demographics and care complexities. It is also shown to help with patient flow management. The study identified three challenges in equipment-based monitoring in the service: user, technical and clinical. Frequent communication with patients helped address and overcome these challenges. Patients are more likely to recommend the service if they have mostly positive answers regarding information shared, positive communication experience with the team, find use of equipment-based monitoring easy to use and if they feel safe while admitted to the service.

Conclusion

The study shows adaptability and capacity of VW to deliver personalised high-quality cancer care while alleviating hospital burden in patient flow. The diverse population group they cater presents their flexibility and patient-centeredness as a service.

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Lead presenter biography

Cherry May Sanchez is a dedicated Senior Research Nurse at the Cancer Research UK (CRUK) Cambridge Centre. With her experience in both clinical research and clinical academic, she plays a vital role in advancing cancer research and culture. As the Programme Lead for the CRUK Cambridge Centre Nurses and AHP Programme, Cherry fosters collaboration among healthcare professionals, widening access and understanding of healthcare professionals' role in cancer research. Known for her passion and commitment, Cherry is making significant strides in the field of oncology nursing.

Poster 31 | Massage Therapy for Cancer Pain Relief: A Literature Review

Monday, 8th September - 13:40: Poster tour F | End of life care, cancer and pain management - Poster - Abstract ID: 284

Mr. BOYU WANG (Chang Gung Memory Hospital, Linkou Branch, Taoyuan, Taiwan), Mrs. Li-Chen CHEN (Chang Gung Memory Hospital, Linkou Branch, Taoyuan, Taiwan), Mrs. Yi-Ting WANG (Chang Gung Memory Hospital, Linkou Branch, Taoyuan, Taiwan)

Abstract

Background: Pain is one of the most prevalent and distressing symptoms among cancer patients, significantly impacting their quality of life. Although analgesics are the primary approach to pain management, some patients report inadequate pain relief. Massage therapy has been proposed as an adjunctive intervention, yet its effectiveness remains inconclusive.

Aims: This systematic review aims to assess the effectiveness of massage therapy in alleviating pain among cancer patients based on current evidence.

Methods: A comprehensive literature search was conducted in PubMed, Embase, The Cochrane Library, and CEPS databases. The search utilized the keywords “cancer patient,” “massage therapy,” and “pain.” Studies published within the last five years, including meta-analyses, systematic reviews, and randomized controlled trials (RCTs), were included. The CASP tool (2024 version) was used for quality appraisal, and evidence levels were classified according to the Oxford CEBM framework (2011 version).

Results: A total of 36 RCTs involving 3,671 participants met the inclusion criteria. The pooled analysis demonstrated that massage therapy significantly reduced pain scores compared to conventional care (SMD: -0.51, 95% CI: -0.33 to -0.68, $p < 0.001$). The evidence was classified as Level 1 (Recommendation Strength: A).

Discussion & Conclusions: Massage therapy appears to be an effective complementary approach for cancer pain management. However, its implementation requires trained personnel, potentially increasing resource demands. Training family caregivers to administer massage therapy may enhance feasibility. For cancer patients who experience inadequate pain control with pharmacological treatment or are intolerant to high-dose analgesics, massage therapy represents a promising alternative.

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Lead presenter biography

(Name)

Bo-Yu Wang, MS

(Title & Affiliation)

Department of Nursing, Chang Gung Memory Hospital, Linkou Branch, Taoyuan, Taiwan

Poster 32 | Understanding prescribing practices and the factors that influence decision making by health care professionals when prescribing opioids for patients with acute pain in secondary care.

Monday, 8th September - 13:40: Poster tour F | End of life care, cancer and pain management - Poster - Abstract ID: 206

Dr. Alison Blackburn (The Newcastle upon Tyne Hospitals Foundation Trust), Dr. Julia Blagburn (The Newcastle upon Tyne Hospitals Foundation Trust), Dr. Gemma Donovan (NHS North of England Commissioning Support Unit), Mr. David Black (The Newcastle upon Tyne Hospitals Foundation Trust)

Abstract

Opioids have a recognised role in acute pain management but should not be continued beyond the expected period of healing (RCoA 2024). Opioid stewardship (OS) is a new concept that recognises the need for opioids but with additional focus on rational prescribing and deprescribing (WHO 2020). A qualitative interview study was designed with interviews and thematic analysis guided by the COM-B model (Michie, van Stralen & West 2011) and Theoretical Domains Framework (Atkins et al 2017) to investigate barriers and facilitators to the adoption of OS into routine clinical practice within a hospital setting. Ethical approval was granted, and the study was conducted within a large teaching hospital. Thirteen inpatients on trauma, surgical or medical wards consented to be interviewed. Eleven health care professional participants were selected and interviewed from those who worked with the selected patient participants in the hospital care setting. The findings indicate that health care professionals saw OS as a core component of their role and welcomed clinical guidelines and patient information resources. Barriers were classified as professional, organisational and patient related, and included hierarchical constraints, competing priorities and challenges of patient engagement. Patients wanted to understand the effects and safety of opioids. Findings suggest the need to develop further guidance along with education and resource packages to embed OS into routine clinical practice. Opioid options discussed at the earliest opportunity with the patient, providing accessible and timely information in a range of formats, may also offer significant benefit to supporting OS.

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Lead presenter biography

A consultant nurse with many years clinical experience in the Inpatient Pain Service in a large teaching hospital. Current research interests focus on opioid stewardship and its adoption into routine clinical practice. Key interests feature the development of a research active team, and the development and support of NMAHP research.

2.1 Ethical and philosophical issues

Nursing Culture and Professional Identity in an Integrated Care Organisation: An Ethnographic Study.

Monday, 8th September - 14:20: 2.1 Ethical and philosophical issues - Oral (concurrent session0 - Abstract ID: 187

Ms. Corinne Lindsey (University of Plymouth), Prof. Sarah Neill (University of Plymouth), Dr. Jane March-McDonald (University of Plymouth), Dr. Susie Pearce (University of Plymouth)

Abstract

Background

Nursing is becoming more complex as patient acuity, roles and responsibilities evolve. Global research indicates increasing stress and decreased job satisfaction affecting both patient safety and nurse retention (1) Care delivery is also moving towards integration across systems with a greater focus on community care. Little is known about how these changes, compounded by existing pressures, are affecting nursing culture and professional identity.

Aims

To explore nursing culture and identity in an established integrated NHS Trust using ethnography.

Method

Focused Ethnography (2) was used in an acute inpatient ward and a community nursing team within and integrated Trust. Non-participant observation took place in 14 periods of 5 hours. In-depth interviews were conducted with 12 community nurses, 10 acute setting nurses, and 5 organisation-wide senior nurses. Data collection was between February and December 2023. Data was analysed using Reflexive Thematic Analysis (3).

Results

Three major themes were identified. The '**Centrality of Care**': Ideas of holism, patient connectivity and expectations of support were found to be central to nurses' professional identity. '**Working together in Teams**': Nurse's social interactions and support strategies developed and maintained team cohesion whilst organisational hierarchies impacted on voice and identity. '**Patient flow**': Organisational priorities on patient flow across acute and community care impacted on workload and culture and often conflicted with nursing values.

Discussion

Nurses appeared to navigate the gap between their values of holistic care and professional norms, and the organisational structures, priorities, and work pressures they face. The tension between their expectations, the realities of their roles and persistent, subtle hierarchies, created dissonance and disconnect which impacted on both wider culture and professional identity

Conclusion

Nurses shape and are shaped by their culture and identity. Understanding these processes can help strengthen nursing amidst unprecedented global change and challenge.

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Lead presenter biography

Corinne Lindsey began her nursing career at The Nightingale School of Nursing, St. Thomas' Hospital, London, in 1984. She worked as a Staff Nurse at St. Thomas' Hospital (1987–1989) before a career break. After completing a Back to Nursing course in 2000, she worked on a vascular surgical ward until 2017 and now nurses in a community hospital rehabilitation ward. Alongside her clinical work, she completed undergraduate and master's degrees with The Open University (2001–2013). She began her PhD in 2020 at the University of Plymouth, focusing on nursing culture and professional identity.

Challenges of Transcultural Caring Among Health care professionals: A Qualitative Study

Monday, 8th September - 14:50: 2.1 Ethical and philosophical issues - Oral (concurrent session0 - Abstract ID: 479)

Dr. Rana Amiri (University of Sunderland)

Abstract

Background: These days, because of migration, societies face multiculturalism. These multicultural communities have challenged healthcare workers to adapt and deliver culturally based care. Madeleine Leininger, a nurse anthropologist, developed the concept of transcultural caring in the mid-20th century, which can support delivering holistic care to patients (Andrews et al., 2019). So, based on this theory, this study aims to explore the healthcare professionals' experience of caring for immigrants in Mashhad- Iran.

Method: This qualitative study was part of a PhD project performed in Mashhad, Iran. In this study, we were concentrating on the experience of healthcare professionals in caring for immigrants and the challenges. The purposive sampling method was applied for gathering data, and data saturation was the basis for sample size. Data was collected through in-depth face-to-face interviews with three GPs, two midwives and three nurses who worked in three different, more referred immigrant clinics. Data were analysed using thematic analysis using six stages of Braun and Clarke (Clarke & Braun, 2017).

Results: The data analysis consisted of four overarching themes: (1) communication barrier, (2) non-compliance, (3) mistrust, and (4) cultural-personal traits.

Conclusion: The results revealed that health professionals in Iran, are confronting some transcultural issues in caring for immigrants. Some of these issues were related to immigration status, and some were related to cultural differences. Multicultural societies are increasing these days, and it is necessary to equip healthcare professionals especially nurses with transcultural knowledge and information worldwide.

Keywords: healthcare professionals, immigrants, transcultural caring theory, qualitative research, Thematic analysis

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Lead presenter biography

I am graduated from Mashhad University of Medical Science (Iran) in 2016 with a PhD in nursing. My PhD thesis was a mix-method design study, concentrating on the health-seeking behaviour of Afghan refugees in Iran. During my PhD, my research interest developed and focused on health equity, transcultural caring, cultural intelligence, and ethnography.

I started working in the UK as a Visiting Scholar at Northumbria University in 2019 . Then I became involved as a research associate at the University of Sunderland in 2021. After that, I continued working as Senior Lecturer for CPD and MSc nursing starting.

**2.2 Pt1. Children and
young people Pt.2
Community of Practice**

Transforming Early Childhood Development Nursing: Strengthening Resources, Training, and Policies for Sustainable Services in Hill Tribe Communities of Northern Thailand – Insights from Practice

Monday, 8th September - 14:20: 2.2 Pt1. Children and young people Pt.2 Community of Practice - Oral
(concurrent session0 - Abstract ID: 280)

Ms. Nantarat Matayaboon (School of Health Sciences, University of Nottingham, Nottingham), Prof. Jane Coad (School of Health Sciences, University of Nottingham, Nottingham), Dr. Maria Holden (School of Health Sciences, University of Nottingham, Nottingham), Prof. Sarah Redsell (School of Health Sciences, University of Nottingham, Nottingham)

Abstract

Background

Supporting Early Childhood Development (ECD) establishes a strong foundation for children's long-term well-being, shaping their physical, cognitive, and socio-emotional growth. While Thailand has implemented national ECD policies, existing programmes have been less effective for hill tribe children due to geographic remoteness, healthcare access constraints, and cultural mismatches in service delivery. National reports indicate that 50% of tribal children exhibit developmental delays, yet these figures may reflect systemic barriers such as language differences limiting access standardised assessments rather than actual deficits. Nurses and Village Health Volunteers (VHVs), as key workers, play a transformative role in providing essential services to ensure children's well-being and development. Therefore, this PhD study explored healthcare professionals' perspectives on ECD services and the factors shaping their practices. Understanding these aspects is crucial for enhancing responsive ECD services in this unique cultural setting.

Methodology

Following ethical approval, this qualitative study employed a case study methodology, gathering insights from 17 Registered nurses and VHVs through semi-structured interviews using photograph as prompts. Reflexive in-depth thematic analysis was conducted.

Findings

This study conducted in Thailand has international resonances as it identified key areas where nursing innovation enhanced ECD service delivery. This included continuous training, hands-on workshops, and culturally tailored information, all of which were found to be essential for ensuring service consistency and improving assessment accuracy. Providing practical and easy-to-use tools enhanced healthcare professionals' confidence in supporting child development. However, geographic isolation, financial constraints, and inadequate infrastructure hindered community service access. Moreover, using culturally adapted media, visual guides, and videos in tribal languages benefited ECD accessibility.

Conclusion

This study provides insights for improving ECD services, increasing access, and enhancing utilisation. By addressing training gaps, infrastructure constraints, and culturally responsive media strategies as transformative strategies, sustainable and equitable child development programmes in underserved communities can thus be planned and subsequently delivered.

References

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Lead presenter biography

Nantarat Matayaboon is a PhD student at the School of Health Sciences, University of Nottingham, UK, originally from Thailand. She worked at the Faculty of Nursing, Chiang Mai University, Thailand and obtained a

scholarship from Chiang Mai University for a doctoral degree. Her research focuses on children's nursing, child development, and child health promotion.

Learning to touch: Nursing Community of Practice of Touch and Massage Model - an ethnographic study.

Monday, 8th September - 14:50: 2.2 Pt1. Children and young people Pt.2 Community of Practice - Oral
(concurrent session0 - Abstract ID: 224)

Dr. Enrico De Luca (University of Birmingham), Mr. Lorenzo Righi (University of Siena (Italy)), Mr. Stefano Trapassi (South-East Tuscany Area - Italian National Health Organisation), Mrs. Beatrice Pisani (South-East Tuscany Area- Italian National Health Organisation)

Abstract

Background: Touch has a crucial role in nursing. Touch techniques are vital resources and improve nurses' sense-making and workplace wellbeing¹. Nursing Communities of Practice (COPs) were implemented to enhance nurses' awareness of touch and non-pharmacological interventions by adopting Caring Massage® (CM). CM practice promotes wellbeing and improves patient-nurse relationships. The impact of COPs in healthcare organisations is recognised², but studies on Nursing COPs related to touch are limited.

Aims: To observe and understand a Nursing COP centred on CM and specifically analyse nurses' perceptions and meanings related to the cultural, social, and individual dimensions of care and touch within their profession.

Methods: An ethnographic approach³ was used, combining non-participant observations (e.g. COP meetings, massage sessions), open-ended interviews, and document analysis of a COP in a group of Italian hospitals (September 2024- January 2025). Trust hospitals' ethical committee approved the research, and participants (selected by purposive sampling) provided informed consent. Interviews were analysed using reflective thematic analysis.

Results: Nineteen nurses contributed to the study. Four themes emerged: mental and emotional wellbeing, presence in care, relationship and reciprocity, and challenges. CM was perceived as a powerful catalyst for inner balance and emotional awareness, with touch conveying empathic connection and presence. Participation in the COP strengthened connections among members, promoting a sense of belonging.

Discussion. Findings indicate that the COP model supports nurses' wellbeing, enhances touch-related skills and reconnects with nursing's core caring principles. Non-participant observations of massage exchange sessions confirmed it builds confidence and deepens reflections on the significance of touch in nursing.

Conclusions: The COPs focused on touch present an opportunity and adaptable model to enrich nursing practice. The findings inform training programs and policies aimed at improving nurses' wellbeing and the quality of care while also suggesting avenues for future research on CM's impact on nurses and patients.

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Lead presenter biography

Dr Enrico De Luca is an Assistant professor in Nursing at University of Birmingham, He has extensive professional experience in practice and education and worked in various NHS environments in Italy and the UK, specialising in critical care nursing. After earning his doctorate in social psychology, he advanced his career in research and education. Enrico has researched and published findings on the impact of touch interactions in caregiving, interprofessional education, palliative and end-of-life care, and spirituality in care. He believes in

the value of interdisciplinary, international research, which has led him to participate in projects in the USA and Thailand.

2.4 Nursing, midwifery or support worker education

Enhancing the International Nursing Students' Journey

Monday, 8th September - 14:20: 2.4 Nursing, midwifery or support worker education - Oral (concurrent session0 - Abstract ID: 116)

Dr. Roslyn Mattukooya (Anglia Ruskin University), Dr. Anice Kavathekar (Anglia Ruskin University)

Abstract

Background

Despite drop in application to nursing courses from domestic applicants (2% from 31,100 to 30,550), international applicants are increasing (Nursing Times, 2025). However, international students face several hurdles such as educational, language and sociocultural difficulties, and discrimination (Mansfield, 2023).

Aims

1. To explore the experience of international student nurses.
2. To propose, plan, implement supportive resources and initiatives to enhance the experience of international student nurses.

Methods

Online survey was conducted among international preregistration adult nursing students in the East of England Region. 21.6% (51/236) students responded. Participants were from India (44), Nigeria (4), Saudi Arabia (1) and Kuwait(1). Descriptive statistics for pre-coded questions and free text responses were thematically analysed.

Findings

Participants reported positive experience with recruitment, induction process and academic support. However, expressed challenges related to communication, cost of living, felt overlooked or excluded, understanding key concepts, assessments and cultural sensitivity.

Students emphasised the need for clarity on financial costs, placement support, consistency of personal tutor support, personalised small group activities and interactive sessions, clear guidance on assessment, staff being approachable, supportive academic environments, and to address concerns related to racism and discrimination effectively.

Conclusion

With increasing recruitment of international applicants to the nursing programme in the UK, there is crucial need to offer tailored support to meet the unique needs of these students and to empower them during their academic journey. This can lead to effective preparation of better nurses for workforce.

Recommendations

- HEI need to partnership with Internal and external stakeholders to strategise actionable solutions.
- Networking with established organisations such as diasporas to meet needs of students from different background and identities.
- Support of staff from practice placement setting, such as buddies who are health care professionals of similar background.

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Lead presenter biography

Roslyn Mattukoyya

Dr Roslyn Mattukoyya is an early-career researcher in the Faculty of Health, Medicine and Social care. She is a passionate acute care nurse, leader and an active researcher.

Roslyn is keen and proactive about building evidence on experience of international students studying in United Kingdom and advocating for enhancement of support . She is currently a core member of Health and Care Workforce Research group, under Anglia Ruskin Research Centre. Her current research interest areas include experience of Internationally educated nurses working in foreign countries, and simulation-based education and practice.

Bridging the Gap: Exploring Overseas Qualified Nurses' Experiences in UK Top-Up Degree Programmes

Monday, 8th September - 14:50: 2.4 Nursing, midwifery or support worker education - Oral (concurrent session0 - Abstract ID: 469

Dr. Chun Hua Shao (Northumbria University), Mr. Elroy Zuzad (Northumbria University), Mr. Zenghao Liu (Northumbria University), Ms. Fan Yang (Northumbria University), Ms. Jia rong Li (Northumbria University), Ms. Tong Xin Wei (Northumbria University)

Abstract

Background

Internationally qualified nurses (IQNs) play a vital role in UK healthcare and higher education, with many undertaking top-up degree programmes (e.g., BSc (Hons) Nursing Science) to advance their careers. However, their academic, social, and professional integration challenges remain underexplored. IQNs often struggle with adapting to UK higher education expectations (Allan et al., 2021), while cultural and professional identity transitions can impact their confidence and engagement in learning (Kalkman et al., 2022). Understanding their experiences is essential for shaping inclusive and supportive educational environments.

Aims

This study explores the lived experiences of IQNs undertaking UK top-up degree programmes, identifying key challenges, enablers, and strategies influencing their academic journey, professional identity, and career progression.

Methods

A qualitative research design was employed, following ethical approval, semi-structured interviews were conducted with IQN students enrolled in UK top-up degree programmes between September 2019 and October 2025. A thematic analysis was conducted to identify common themes and patterns.

Results and Discussion

Key challenges include academic adaptation, cultural differences, and professional identity shifts. Enablers include peer support, relevant and contextually meaningful teaching content, tailored academic resources, culturally competent teaching and institutional support. Additionally, students emphasised the benefits of AI-driven tools and multimedia resources in supporting language development and adapting learning styles, together with the increasing integration of digital technologies in nursing education (Salamonson et al., 2020).

Conclusions & Implications

The findings provide critical insights into the academic and professional adaptation of IQNs in UK top-up programmes. The study informs curriculum development, institutional policies, and targeted support interventions to enhance student success, workforce retention, and the integration of internationally educated nurses into UK healthcare.

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Lead presenter biography

After providing a range of critical care services—including coronary care, peri-operative care, comprehensive intensive care, and cardiothoracic intensive care for both adults and children, Joy Shao became a Senior Lecturer at Northumbria University in 2007. In this role, she teaches, assesses, and facilitates student learning, helping pre-registration nursing students work towards their professional registration. Additionally, she teaches on the franchised overseas nursing programme, offering teaching support for staff and students, and contributing to programme development. Since 2013, Joy is also the Programme Leader for campus-based international nursing programmes, including MSc Nursing, MSc Nursing Leadership, and BSc (Hons) Nursing Science.

2.5 Cardiovascular care

Effect of PACE-care intervention on burden and quality of life among caregivers of ischemic stroke patients admitted at AIIMS, Rishikesh: A randomized controlled trial

Monday, 8th September - 14:20: 2.5 Cardiovascular care - Oral (concurrent session0 - Abstract ID: 444)

Mr. Ram Karan Yadav (All India Institute of Medical Sciences Delhi), Dr. Rakesh Sharma (All India Institute of Medical Sciences Rishikesh), Dr. Mritunjai Singh (All India Institute of Medical Sciences Rishikesh), Dr. Ashutosh Tiwari (All India Institute of Medical Sciences Rishikesh)

Abstract

Background: Stroke is a major public health issue and concern globally. Caregivers often experience significant challenges while caring for post-ischemic stroke survivors.

Aim: To find the effects of PACE-care intervention on burden and quality of life among caregivers of ischemic stroke patients (CGISP).

Method: A randomized controlled trial was conducted among 60 caregivers of ischemic stroke patients from October 2023 to February 2024 at a tertiary care hospital in Rishikesh. Participants were assigned to intervention (n=30) and control groups (n=30) through open-label, parallel 1:1 randomisation. The experimental group received one-to-one home care training (PACE care: Personal hygiene, Ambulatory care, Communication and support system, and Elimination and feeding care) along with standard care (homecare management instructions) for 3-days using an instructional booklet, PowerPoint presentation, and demonstrations. The control group received standard care at discharge. Zarit Burden Interview and WHO Quality of Life-BREF were used to assess the caregiver burden and QOL of CGISP before and on 30th day of PACE-care intervention.

Result: The basic characteristics showed no significant differences between the groups. The study found significant reductions in caregiver burden (p=0.0001) and improvements in physical, psychological, and environmental domains (p<0.01) of quality of life among caregivers who received PACE-care intervention, compared to control group. However, no significant improvement was observed in the social domain (p=0.060).

Conclusion: The study results indicate that PACE-care intervention significantly reduces caregiver burden and enhances quality of life across physical, psychological, and environmental domains. Additional support may be needed to enhance caregivers' social interactions and connections.

Discussion: Consistent with the findings of the present study, previous research conducted in China (Mou et al., 2023), Turkey (Ugur & Erci, 2019), and Egypt (Elsheikh et al., 2022) demonstrate that tailored home care training significantly reduces caregiver burden and improves the quality of life for caregivers of ischemic stroke survivors.

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Lead presenter biography

I, Dr. Rakesh Sharma, working as a Nursing faculty (Assistant Professor) at College of Nursing, AIIMS Rishikesh, Uttarakhand, which is an institution of national importance (INI) in India. I have 20 years of experience in nursing education, research, and administration.

I hold BSc Nursing, MSc (N) in Medical-Surgical Nursing, PhD (N) and a Post-Doctoral Fellowship from NRSI. I have numerous research projects and published extensively in national and international journals. I held leadership roles, including Nursing Superintendent, and contributed to policy-making and academic development.

I was recognized for my contributions to nursing leadership and nursing research (best researcher award).

Significant Reduction in hospital acquired thrombosis: Impact of Real Time Feedback and Mandatory Risk Assessment

Monday, 8th September - 14:50: 2.5 Cardiovascular care - Oral (concurrent session0 - Abstract ID: 104

Mr. Huw Rowswell (University Hospital Plymouth)

Abstract

Background Since 2010 English hospitals have been mandated to risk assess for venous thromboembolism (VTE) risk all adult admissions and provide data on the percentage of patients assessed. Real time feedback is given to clinicians following diagnosis of VTE events as the thrombosis may be treated by another speciality post-discharge.

Aims Ascertain the impact of risk assessment on rates of hospital associated VTE (HAT) and look at number of events associated with inadequate prevention.

Methods Observational cohort study reviewing all cases of HAT diagnosed between January 2010 and December 2024 in a single hospital. Positive results are matched annually with total number of admissions to produce crude incident rates (CIR) per thousand admissions. All cases associated with inadequate VTE prevention were collected over the same period. Where areas had many HAT events by admitting population, they were reviewed investigating whether additional input could reduce HAT. A full-time nurse was appointed to launch, lead and monitor mandatory VTE risk assessment.

Results In 2010 there were 217 HAT events from 103845 admissions 2.09 CIR with 50 events associated with inadequate prevention. The following year saw an increase in HAT of 240 from 108428 admissions being 2.21 CIR and 48 events from inadequate prevention. Since 2012 the number of HAT events has reduced ranging from 169 to 216 with 2024 seeing 196 HAT from 213369 admissions rate of 0.92 CIR and 8 events associated with inadequate prevention.

Discussion This change shows a significant reduction in HAT events over a fifteen-year period and accompanying reduction in preventable harm. It also demonstrates the increase in hospital attendance doubling during the study period.

Conclusion The introduction of mandatory VTE risk assessment, the impact of real time feedback and the appointment of a full-time nurse are associated with a significant reduction in HAT and avoidable patient harm.

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Lead presenter biography

Huw is a nurse consultant with responsibility for investigating hospital acquired VTE giving real time feedback to clinicians, looking at VTE by speciality and runs a clinic investigating the need for long term anticoagulation post thrombotic event. He completed his MSc with a dissertation on VTE in cardiac surgery comparing emergency with elective patients and has published many articles on VTE outcome data. He was appointed the hospital VTE lead and chair of the thrombosis committee in 2020.

He is the chair of the nursing committee for the ISTH as well as the treasurer for the British Society for Haematology.

2.6 Cardiovascular care

SORT in Action: Implementing SORT: Lessons Learned and Frequently Asked Questions

Monday, 8th September - 14:20: 2.6 Symposium | Self-assessment of organisational readiness tool (SORT) in action - Symposium - Abstract ID: 486

Prof. Parveen Ali (The University of Sheffield), Dr. Linda Tinkler (Newcastle upon Tyne Hospitals NHS Foundation Trust)

Abstract

Background: Organisational readiness is critical for the successful implementation of nursing research capacity development, specifically in environments aiming to improve evidence-based practice (Walker et al., 2020). SORT was developed to support healthcare organisations in strengthening their research capacity (Ali et al., 2025). As implementation progresses, it has provided valuable insights into how organisations engage with research, the key enablers of success, and the challenges encountered.

Aim: To explore lessons learned from the implementation of SORT, identifying facilitators and barriers to research engagement. The presentation will also address frequently raised questions and concerns, providing practical solutions for organisations using SORT.

Methods: A mixed-methods approach was used to gather insights from 15 healthcare organisations that adopted SORT. Data collection included an online semi-structured questionnaire, stakeholder interviews with 20 nursing leaders and research managers, and case studies documenting implementation experiences. The qualitative data were analysed thematically to identify recurring patterns related to research engagement, barriers to implementation, and organisational readiness.

Findings: Most organisations used SORT as a structured, validated tool, while others applied it as a reflective exercise to assess research culture. Key facilitators included strong leadership support, an organisational commitment to developing research capacity, and access to methodological expertise and resources. However, barriers such as time constraints, resource limitations, and lack of technical knowledge in using SORT were commonly reported. Some participants expressed concerns about lack of confidence in research engagement and a fear of uncovering unintended results. Additionally, several frequently asked questions were identified, highlighting the need for further guidance on tool application, interpretation of results, and embedding research into workforce planning.

Discussion & Conclusion: SORT is a valuable tool for assessing and improving research readiness, helping organisations identify gaps and develop action plans. However, for long-term success, sustained leadership support and structured capacity-building initiatives are required (Olive et al., 2022).

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Lead presenter biography

Dr Linda Tinkler is a Senior Nurse, Florence Nightingale Scholar and NIHR70at70 Senior Nurse Leader. She

leads research capacity and capability building for Nurses, Midwives and AHPs at Newcastle Hospitals, whilst also supporting NHS England regionally in the North East and Yorkshire region to embed the CNO Strategic plan for research. Her own research focuses on NHS culture and behaviours that may impact on the delivery of research in clinical settings. Linda has designed and led several research training and capacity development programmes including a successful £3.2m charitable grant to form the Newcastle Hospitals NMAHP Researcher Development Institute in 2022.

SORT in Action: SORT Online: Developing a Digital Tool to Support use of SORT by Nurses and other Health Care Professionals

Monday, 8th September - 14:20: 2.6 Symposium | Self-assessment of organisational readiness tool (SORT) in action - Symposium - Abstract ID: 487

Prof. Parveen Ali (The University of Sheffield), Dr. Ashfaque Talpur (The University of Sheffield)

Abstract

Background: The integration of digital tools in research is essential for ensuring the long-term sustainability and quality of the NHS by streamlining processes, optimising resources, and strengthening evidence-based practice (Lahti et al., 2023). SORT was initially designed as a manual self-assessment tool. However, to enhance accessibility, scalability, and standardisation, a digital version—SORT Online—was developed. This platform offers real-time data insights, enabling organisations to assess, track, and benchmark research engagement.

Aim

To describe the development, functionality, and impact of SORT Online, focusing on how digital transformation enhances usability, analytics, and benchmarking for healthcare organisations.

Methods

The development of SORT Online followed a mixed-methods approach. Four co-design workshops were conducted with nursing research leaders and digital development teams to define key requirements. Following this, three user-testing sessions were carried out to refine the platform's interface and ensure usability. The tool was then integrated with automated analytics, enabling organisations to receive real-time feedback and tailored recommendations. Finally, the digital tool was piloted in multiple healthcare settings, where usability and engagement data were collected.

Findings

SORT Online provides an intuitive and accessible platform, offering key features such as a user-friendly self-assessment interface, automated data reporting, and tailored action plans based on a maturity matrix. Users reported that the digital version was easier to navigate than the manual tool, improving engagement across organisations. Real-time analytics allowed organisations to track research readiness more effectively, and respondents appreciated the tool's ability to generate customised recommendations for capacity-building.

Discussion & Conclusion

SORT Online represents a scalable, digital solution for strengthening nursing research engagement. Future enhancements will focus on expanding data visualisation features, improving benchmarking capabilities, and integrating SORT Online into national nursing research frameworks to support broader adoption.

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Lead presenter biography

Professor Parveen Ali has a joint position at the University and Doncaster & Bassetlaw Teaching Hospitals (DBTH). Prof Ali is a Registered Nurse, Registered Nurse Teacher and Senior Fellow of Higher Education Academy and Fellow of Faculty of Public Health and Fellow of American Academy of Nursing. Her role at the DBTH aims to develop research capacity among Nurses, Midwives and Allied Health Professionals. Prof Ali is Editor-in Chief of *International Nursing Review* and editorial board member of *Journal of Advanced Nursing* and *Journal of Interpersonal Violence*.

SORT in Action: Evaluating Early Implementation of SORT in Acute and Primary Care Settings

Monday, 8th September - 14:20: 2.6 Symposium | Self-assessment of organisational readiness tool (SORT) in action - Symposium - Abstract ID: 488

Prof. Parveen Ali (The University of Sheffield), Dr. Eleanore Dring (Nottingham University Hospitals NHS Trust), Ms. Jennifer Charlewod (NHS England South West), Dr. Kate Lippiett (University of Southampton)

Abstract

Background:

The development and application of digital technologies to enhance nursing care are vast and continually expanding (Huter et al., 2020). The SORT was piloted in multiple healthcare settings to evaluate how organisations engage with and support nursing research.

Aim: To assess the early impact of SORT in two distinct healthcare settings, comparing findings from an acute hospital and a primary care organisation to explore its utility, challenges, and potential for integration into routine research capacity-building efforts.

Methods:

A mixed-methods approach was used to capture diverse experiences of SORT implementation across both settings which were very different from each other. One organisation used SORT as a validated tool and the other one used as a reflective exercise. Discussions with the implementors of SORT in both organisations were aimed to explore perceived usefulness of the tool and the similarities and differences in the experiences.

Results:

SORT was received positively at a leadership level in both settings, particularly as a structured tool to assess research strengths and gaps. However, its implementation experiences varied between the acute trust and the primary care setting, with different levels of engagement and structural readiness shaping outcomes.

In the acute NHS trust, SORT was recognised as a valuable mechanism for identifying gaps in research mentorship and career pathways, leading to discussions about establishing dedicated research roles.

In the primary care setting, initial research readiness was considerably lower than in the acute trust, with fewer established structures to support research engagement.

Conclusion:

SORT provided valuable insights into research capacity gaps, allowing organisations to develop targeted action plans. Differences between acute and primary care settings highlight the need for context-specific implementation strategies. Future work should focus on embedding SORT into routine workforce planning and evaluating long-term impact.

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Lead presenter biography

Ellie Dring is a post-doctoral registered nurse and an NIHR Senior Research Leader (SRL), within Nottingham University Teaching Hospitals NHS Trust. I am currently on secondment within the Nottingham & Nottinghamshire ICS, as their Research Strategy Programme Manager, developing the delivery plan for their research strategy.

Jen Charlewood is a senior Professional Manager, Professional and System Development, Regional Nursing Directorate (NHS England South West)

Flash talks

Assessing the feasibility of HT&Me: An intervention to support women with adherence to adjuvant endocrine therapy in breast cancer (the SWEET study)

Monday, 8th September - 15:50: Flash talks - Flash talk - Abstract ID: 367

Prof. Mary Wells (Imperial College Healthcare NHS Trust), Dr. Sarah-Jane Stewart (University College London), Dr. Lucy McGeagh (Oxford Brookes University), Prof. Eila Watson (Oxford Brookes University), Prof. Linda Sharp (University of Newcastle)

Abstract

Background: Adjuvant endocrine therapy (AET) is central to reducing recurrence of oestrogen receptor positive (ER+) breast cancer. Patients are advised to take AET for 5-10 years, but <50% do not take it as prescribed. Reasons include medicine-related (eg side-effects), healthcare-related (eg relationship with health professionals) and patient-related (eg. beliefs and concerns) factors. HT&Me was co-designed to address these factors, improve adherence and quality of life.

Aims: To assess the feasibility and acceptability of delivering an evidence-based, theory-informed intervention (HT&Me) to support women with AET adherence.

Methods: Women with stage I-III breast cancer recently prescribed AET were recruited from five UK NHS hospitals. They received the HT&Me intervention comprising: two personalised consultations with a nurse or study practitioner (either within the treating hospital or through the charity Breast Cancer Now) to discuss AET beliefs and concerns; an animation video and access to an interactive web-app (including information, support and interactive tools to support adherence); and motivational nudge messages. Data collection included baseline and follow-up questionnaires (at 8 weeks) and interviews with a purposive sample of participants and health care professionals (HCPs).

Results: Our recruitment target was achieved (n=51). HT&Me was feasible to deliver and acceptable to patients and HCPs. Participants varied in digital confidence at recruitment (low/moderate, 28%; high, 61%). Overall, 87% of women found HT&Me helpful;80% reported it motivated them to keep taking AET. Fidelity to the intervention was high.

Discussion: In a context of complex cancer treatment and earlier discharge from follow-up, practical interventions to support health and wellbeing after treatment are increasingly needed. HT&Me has the potential to provide a feasible and effective means of addressing a significant unmet need for women with breast cancer. Conclusion: This feasibility study has informed the design and delivery of a full-scale trial, with recruitment expected to be complete in autumn 2025.

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SWEET study website - www.sweetstudy.co.uk

Lead presenter biography

Mary Wells is the Deputy Director of Nursing for Research at Imperial College Healthcare NHS Trust and a Professor of Practice in Cancer Nursing at Imperial College London. She leads research capability and capacity building for nurses and midwives across the Trust and supervises numerous NMAHPPs undertaking research fellowships. Her own research focusses on cancer survivorship and she is a co-applicant on the NIHR funded

SWEET Programme. Mary has led the nurse-training elements of SWEET and is leading the implementation workstream.

Effect of Ethyl Chloride spray on pain perception & patient satisfaction in patients undergoing intravenous cannulation: A Randomized Controlled Double-Blinded Trial

Monday, 8th September - 15:55: Flash talks - Flash talk - Abstract ID: 393

Dr. Rakesh Sharma (All India Institute of Medical Sciences Rishikesh), Prof. Suresh K Sharma (All India Institute of Medical Sciences Jodhpur), Dr. Prasuna Jelly (All India Institute of Medical Sciences Rishikesh), Prof. Yashwant Singh Payal (All India Institute of Medical Sciences Rishikesh)

Abstract

Background: Intravenous catheterization is the most common cause of pain for almost every patient.

Aim: to evaluate pain perception of ethyl-chloride spray compared to placebo and patient satisfaction during intravenous cannulation.

Methods: We conducted a randomized, double-blind, placebo-controlled trial in the emergency-observation ward of a tertiary care teaching hospital from Feb.2023 to Jan.2024. A total of 404 patients were randomly assigned to either experimental (n = 202) or control group (n = 202). All patients underwent intravenous cannulation in the antecubital fossa (left or right). Primarily, effect of ethyl-chloride spray (ECS) on pain perception compared to placebo was measured with a Visual Analog Scale (numerical 0–10). Secondly, we evaluated patients' satisfaction and nurses' experiences with the use of ethyl-chloride by a Likert scale and observed any adverse effects.

Results: The demographics, clinical profiles, and baseline pain perception scores between groups did not show any significant differences. The experimental group reported significantly less pain than control (p=0.000). Nurses found cannulation easier in 43% of experimental cases versus 33% in controls (p=0.000). In the experimental group, 81% of patients were satisfied and recommended ECS for future use, and 76% of nurses believed that ECS was effective in controlling pain. Vein visibility was unaffected in 76% of experimental and 61% of control cases. In both groups, no adverse effects were reported.

Discussion: Similar to our findings, previous studies (Basak *et al.*, 2021) reported that ethyl-chloride significantly reduces pain. Improved ease of cannulation in experimental group aligns with another study (Wang *et al.*, 2023). ECS did not affect vein visibility or cause adverse effects (Wang *et al.*, 2023).

Conclusion: Ethyl-chloride spray significantly reduced pain perception during intravenous cannulation. High levels of patient satisfaction and nurse endorsement further support the effectiveness of ethyl-chloride spray as a simple and efficient method for pain management during venipuncture.

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Lead presenter biography

I, Dr. Rakesh Sharma, working as a Nursing faculty (Assistant Professor) at College of Nursing, AIIMS Rishikesh, Uttarakhand, which is an institution of national importance (INI) in India. I have 20 years of experience in

nursing education, research, and administration.

I hold B.Sc. Nursing, MSc (N) in Medical Surgical Nursing, Ph.D. (N) and a Post-Doctoral Fellowship from NRSI. I have numerous research projects and published extensively in national and international journals. I held leadership roles, including Nursing Superintendent, and contributed to policy-making and academic development. I was recognized for my contributions to nursing leadership and nursing research (best researcher award).

Stroke survivors' experiences with stroke services in the Philippines: survey of rural and urban communities

Monday, 8th September - 16:00: Flash talks - Flash talk - Abstract ID: 457

Dr. Angie Logan (Royal Devon and Exeter University NHS Foundation Trust), Prof. Bridie Kent (University of Plymouth), Ms. Alyssa Dar Juan (De La Salle University), Mr. Lancelot Lyle de Jesus (De La Salle University), Dr. Sarah Buckingham (University of Plymouth), Dr. Aira Ong (University of Plymouth), Dr. Myrna Estrada (De La Salle University), Dr. Elda Anota (De La Salle University), Dr. Sharon Linog (De La Salle University), Prof. Jon Marsden (University of Plymouth)

Abstract

Background & Aims

Stroke is a leading cause of morbidity and mortality in the Philippines, yet national data on the burden of stroke is limited. The aim of this study was to survey stroke survivors about their care after stroke, their symptoms, and the impact of stroke on functioning and quality of life.

Methods

Using a two-stage cluster sampling design, five regions (rural and urban communities) within the Philippines were surveyed during Oct 2023 – March 2024. Data were collected using online and paper-based questionnaires exploring patients' ability to work, current symptoms, medication, rehabilitation, and other support. Analysis used descriptive statistics; relationships between selected variables were investigated. Ethics: SJREB-2023-85.

Results

Respondents (N = 498) included stroke survivors from urban (n = 200) and rural (n = 278) areas. A diagnosis occurred within six hours in 68.3%. Rural respondents had fewer brain scans and prescribed stroke medication, and less frequent rehabilitation than urban respondents. Of the 50.8% that received rehabilitation, most (90.7%) paid out-of-pocket. Mean self-reported physical health status was 60/100 (SD 18.5) with lower health status associated with lower mobility and self-care. 40% of respondents reported feeling very sad, worried or unhappy. Only 19.7% were employed post-stroke compared to 62.8% pre-stroke.

Conclusions

Despite timely stroke diagnosis, significant discrepancies in acute care and rehabilitation exist between urban and rural areas. Stroke survivors experience considerably high physical, emotional, and financial burden.

How this research will improve life after stroke for stroke survivors

The study captures the real-life experiences of stroke survivors and highlights the need for improved rehabilitation services, particularly in rural areas, to enhance long-term recovery and societal reintegration. The findings will contribute to a stroke database to provide essential data for shaping policies that address gaps in stroke care and improve outcomes and quality of life for survivors.

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Lead presenter biography

Dr Angie Logan is a Consultant Physiotherapist in stroke rehabilitation at Royal Devon University Healthcare Hospital NHS Foundation Trust. She is a Senior Research Fellow on the Tulong, Ugnayan ng Lingap At gabaY (TULAY) project, co-designing and implementing a sustainable self-management community-based rehabilitation programme in the Philippines, initially for stroke survivors. Her research interests include stroke rehabilitation, behaviour change, implementation science. She currently holds a NIHR Senior Clinical Practitioner Research Award.

Best abstract presentation

Nurse Managers' Awareness and Concerns About Climate Change and Leadership in Sustainable Healthcare Practices: A Mixed Methods Study

Monday, 8th September - 16:15: Best abstract presentation - Oral (concurrent session0 - Abstract ID: 418)

Dr. Seda SARIKOSE (Koç University School of Nursing), Dr. TUBA SENGUL (Koç University School of Nursing), Dr. Seda GUNEY (Koç University School of Nursing)

Abstract

Background: Climate change poses significant challenges to healthcare systems, requiring sustainable leadership to mitigate its impact. With their strategic decision-making roles, nurse managers are uniquely positioned to lead climate adaptation efforts, yet they face barriers such as policy constraints, resource limitations, and organizational culture.

Aims: To examine nurse managers' awareness and concerns about climate change, the factors influencing their perceptions, and their leadership roles in sustainable healthcare.

Methods: This study used a convergent parallel mixed-methods design, simultaneously collecting qualitative and quantitative data between November 2024 and January 2025. The quantitative phase included 123 nurse managers selected via criterion sampling. Data were collected using the Climate Change Awareness Scale and Climate Change Worry Scale via Qualtrics. The analysis involved descriptive statistics, correlation analyses, and multiple regression models using SPSS 28. A post hoc power analysis confirmed the sample size was sufficient. The qualitative phase involved 22 nurse managers in three focus groups. Sessions lasted 45 minutes, were audio-recorded, and continued until thematic saturation was reached. Using a deductive approach, data were analyzed via MAXQDA 24, guided by the Climate Adaptation Framework.

Results: Nurse managers exhibited high awareness and concern about climate change, with younger, postgraduate-educated, and trained participants demonstrating greater awareness. Concerns were linked to resource overuse, future uncertainties, and institutional inertia. While waste management, water conservation, and energy efficiency were prioritised, barriers such as high workloads, financial constraints, lack of structured policies, and insufficient institutional support hindered action. Qualitative findings emphasized the absence of clear sustainability guidelines and limited interdisciplinary collaboration.

Discussion & Conclusions: Despite recognizing the urgency of climate change, managers face structural and organizational barriers to implementing sustainable healthcare practices. Integrating sustainability into institutional culture, leadership structures, and educational curricula is essential. Strengthening collaboration and policy development can improve healthcare institutions' climate crisis response.

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Lead presenter biography

Dr. Seda Sarıköse has been an Assistant Professor at Koç University School of Nursing since February 2024. She graduated from Koç University School of Nursing in 2016 and completed her master's and doctorate at Koç University Graduate School of Health Sciences. She was nominated for the Vehbi Koç Honour Award in 2013, 2014, and 2015. She worked as a nurse in the general surgery unit at Koç University Hospital (2016-2019) and as a research and teaching assistant (2019-2024). Her research focuses on nursing management, leadership, and empowerment. She is an active member of ICN and Sigma Theta Tau International.

Best student abstract presentation

Exploring the experiences of internationally educated nurses who are working in England: An appreciative inquiry.

Tuesday, 9th September - 09:35: Best student abstract presentation - Oral (concurrent session0 - Abstract ID: 167)

Ms. Aasia Rajpoot (Oxford Brookes University), Prof. Catherine Henshall (Oxford Brookes University), Dr. Clair Merriman (Oxford University Hospital Foundation Trust), Prof. Anne-Marie Rafferty (King's College London), Dr. Obrey Alexis (Oxford Brookes University)

Abstract

Background: Globally, there is a shortage of registered nurses, leading to increased migration of nurses. England has recruited a large number of internationally educated nurses (IENs) to address this shortfall. It is well documented that integration into different healthcare systems can be complex. It is, therefore, imperative that we understand the experiences of IENs and their integration into the English Healthcare System.

Objective: This study explores the integration experiences of IENs working in England from the perspectives of both IENs and home-educated nurses (HENs). By exploring these experiences, the aim is to gain a deeper understanding of the factors that enable the integration of IENs into English Healthcare Systems.

Methods: Semi-structured interviews were conducted with internationally and home-educated nurses (n = 55) between March 2024 and January 2025. Purposive and snowball sampling techniques were used to recruit participants. The National Health Service and Health Research Authority approved the study. Collected data from the transcribed interviews were thematically analysed using Gale's (2013) Framework Method.

Results: Preliminary data revealed four key themes: Migration and Career Development, Cultural Integration and Communication, Recognition and Inclusion, and Professional Challenges and Support.

Discussion and conclusion: The study highlights key practices and mechanisms that have positively impacted the integration of IENs within the English healthcare system. However, IENs continue to face challenges in areas such as professional adaptation, recognition, and workplace inclusion. These findings provide valuable insights for shaping future research and informing policies aimed at improving the recruitment, retention, and overall well-being of IENs. By reinforcing these effective strategies across various healthcare settings, stakeholders can foster a more inclusive and supportive work environment. Strengthening these integration efforts will not only enhance the professional experience of IENs but also contribute to a more stable and resilient healthcare workforce, ultimately improving patient care outcomes.

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Lead presenter biography

I am a final-year PhD student at Oxford Brookes University and a Lecturer at the University of Sheffield, with over 30 years of experience in healthcare and academia. My research focuses on workforce retention and

underserved populations, aiming to drive meaningful change in healthcare systems. I am passionate about addressing challenges faced by these communities.

With two publications, I remain committed to research that influences positive change, alongside mentoring future professionals. Recently, I was awarded the Early Career Researcher (ECR) position on the Scientific Committee for the 2025 RCN International Nursing Research Conference, further strengthening my academic and professional engagement.

3.1 Nursing, midwifery or support worker education

Evaluating the implementation and impact of new models of nursing course deliveries: an exploratory case study

Tuesday, 9th September - 11:10: 3.1 Nursing, midwifery or support worker education - Oral (concurrent session0 - Abstract ID: 398

Mr. Albert Amagyei (Coventry University), Prof. Rosie Kneafsey (Coventry University), Prof. Amanda R A Adegboye (Coventry University), Dr. Laura Strumidlo (Oxford Brookes University), Prof. Julia Carroll (University of Birmingham)

Abstract

Background

Alternative models of preregistration nursing deliveries have evolved in the UK driven by different professional standards, workforce needs and healthcare requirements (Council of Deans of Health, 2024). These include blended learning degrees, nursing degree apprenticeships and accelerated programmes. However, little is known about the impact of these routes on student's learning outcomes and practice readiness.

Aim: The study investigated the implementation and outcomes of the different models of preregistration nurse education within a post-92 UK university

Methodology: One hundred and forty four student adult nurses completed an online survey using a university-wide email campaign. The outcomes were learning effectiveness (perception of students on attention, relevance, confidence and satisfaction scales), digital competencies (perception of student's digital skills) and practice readiness (student's perceptions of understanding nurse's responsibilities). Parallel and Exploratory Factor Analysis (Akhtar-Danesh, 2017), verified the expected factor structure. Thematic analysis (Braun & Clarke, 2006) was used to analyse qualitative responses.

Results: The masters blended student group were more likely to view their course as relevant compared to the undergraduate blended student group (mean difference = -1.1912*, $p < 0.05$). The other individual comparisons were non-significant. The five qualitative themes include: 1. Having improved digital skills, 2. Valuable learning experience, 3. Fulfilling other commitments 4. Being unprepared for the workplace, and 5. Overwhelming course

Conclusion: Overall there were few differences between course groups, indicating that the different courses are equally effective in achieving learning outcomes. The master's blended course is viewed as more relevant by participants than the undergraduate program, indicating its effectiveness in aligning educational content with professional goals. There were no difference between improvements in digital skills and valuing learning experiences but most students expressed concerns about workplace preparedness. The study indicates that blended learning courses can provide a learning experience that is comparable to traditional study modes.

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Lead presenter biography

Albert Amagyei is a registered adult nurse with 5 years clinical experience in colorectal surgery and trauma and orthopaedic nursing. I studied BSc. nursing education in KNUST, Ghana and MSc. Advanced Nursing in University of Nottingham on a Commonwealth Scholarship. Moreover, I enjoy my part-time role as a practice educator, which is primarily concerned with providing pastoral support to newly qualified nurses and student nurses and delivering continuous professional development education.

Currently, I am pursuing a PhD on the topic ‘transforming nursing education; exploring the impact of new models of pre-registration nurse education on workforce transformation and sustainability’.

A qualitative study exploring nursing associates' transition to the nursing degree apprenticeship

Tuesday, 9th September - 11:40: 3.1 Nursing, midwifery or support worker education - Oral (concurrent session0 - Abstract ID: 113

Dr. Helena De Rezende (Bournemouth University), Ms. Sophie Witcher (Yeovil Hospital)

Abstract

Background: In a rapidly evolving health system, the nursing profession faces unprecedented challenges, including significant nursing shortages that threaten healthcare systems worldwide. In this context, professional development is paramount, and transitioning from Nursing Associate to Registered Nurse Degree Apprenticeship presents opportunities and challenges (King *et al.*, 2020). While this pathway offers career progression, limited research exists on the experiences of Nursing Associates transitioning into accelerated nursing degree programmes (Morgan *et al.*, 2024).

Aims: To explore the motivations driving nursing associates to pursue a nursing degree and investigate the facilitators and barriers they encounter when transitioning to an accelerated full-time registered nursing degree apprenticeship programme.

Methods: A qualitative exploratory study (Swedberg, 2020) was conducted at a University in the South West of England. Ethical approval was obtained and participation was voluntary. Data were collected in June 2024, through two online focus groups with seven apprentices undertaking the accelerated registered nursing degree apprenticeship. Thematic analysis was used to identify key themes related to their transition experience.

Results: Three themes emerged: Overarching aspiration for professional and personal growth, Support systems and structured transitions facilitating the program and Navigating multifaceted barriers in the transition to full-time nursing education.

Discussion: Participants were motivated by career advancement, increased responsibilities, and personal fulfilment. Support from employers, structured academic guidance and peer networks played an important role in easing the transition. However, challenges such as balancing work and study, navigating academic demands, and adjusting to an age-diverse learning environment were significant.

Conclusions: The transition from a Nursing Associate to a Registered Nursing Degree Apprenticeship provides a valuable career progression pathway but requires structured academic, social, and employer support. Strengthening mentorship, flexible learning approaches, and workplace engagement will enhance the transition experience. Such efforts not only support individual career progression and contribute to address nursing shortages effectively.

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Lead presenter biography

Helena is a Principal Academic in Adult Nursing at Bournemouth University, specializing in patient safety re-

search and education. With expertise in systematic reviews using Joanna Briggs Methodology and GRADE, she has published several high-quality research papers. As an engaging lecturer, she teaches research methods, literature reviews, and patient safety to undergraduate students, fostering deep understanding through interactive teaching. Helena is internationally recognized for her contributions to nursing and patient safety. Her collaboration as a visiting professor at the University of Sao Paulo, Brazil, enriches her research with a global perspective, advancing patient safety studies.

Optimizing the Patient Care Technician Role: A Qualitative Study on Recruitment, Training, and Career Pathways

Tuesday, 9th September - 12:10: 3.1 Nursing, midwifery or support worker education - Oral (concurrent session0 - Abstract ID: 173

Dr. Nasser Aldosari (Makkah Health Cluster), Dr. Manal Slagour (King Abdullah Medical City)

Abstract

Background: workforce innovative solutions are warranted to respond to the critical global lack of healthcare professionals and sustain delivery of quality patient care. The Patient Care Technician program was one of the strategies implemented to address this challenge by developing a timely pool of workforce who can take non-complex tasks, alleviating workload on other professionals such as registered nurses. However, since this strategy was recently introduced, its implementation and impact on the delivery of care have not yet been sufficiently investigated.

Objectives: This study examines the motivations, experiences, and career aspirations of PCT students, alongside program providers' perceptions and challenges in program delivery.

Design & Methods: A qualitative phenomenological study was conducted at three institutions in Western Saudi Arabia, including two tertiary hospitals and a university. Semi-structured interviews were conducted with 27 participants; students, lecturers, preceptors, and management staff. Policy documents were also analyzed, and data were examined using Colaizzi's seven-step method.

Findings: Four key themes emerged: (1) reconciling motivations and influences, (2) training dynamics, (3) career advancement, and (4) navigating acceptance. PCTs often felt overqualified for their roles, leading to dissatisfaction and career redirection. The program's effectiveness was hindered by unclear career pathways and the need for greater cultural sensitivity.

Conclusions: Recruiting bachelor's degree graduates for PCT roles may be inefficient, as these positions could be filled by lower-degree holders, potentially reducing costs.

Implications: To enhance workforce stability, healthcare policymakers should establish clear career pathways, align job roles with educational qualifications, and adapt the program to local cultural and professional expectations. Addressing these issues can optimize the role of PCTs within the healthcare system and serve as a model for similar workforce strategies globally.

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Lead presenter biography

Dr. Nasser is a nursing lecturer and manager of Continuing Professional Development at Makkah Healthcare Cluster. He is an experienced qualitative researcher with interest in nursing education, leadership and the use of artificial intelligence in healthcare systems. He has published several articles, and has successfully supervised several research projects.

3.2 Acute Care and Emergency Care

Exploring the challenges experienced by Intensive Care Unit nurses during the organ donation process: a scoping review

Tuesday, 9th September - 11:10: 3.2 Acute Care and Emergency Care - Oral (concurrent session0 - Abstract ID: 192)

Mr. Nelson R K Selvaraj (Cardiff University), Dr. Jessica Baillie (Cardiff University), Mr. Jonathan Jones (Cardiff University), Mrs. Deborah Edwards (Cardiff University)

Abstract

Background

Intensive Care Unit (ICU) nurses play an important role in facilitating the organ donation process (Holthe and Husby, 2023). However, caring for potential organ donors and their families can be a challenging prospect for many ICU nurses. Given the heterogeneous nature of donor care (Emilie *et al.* 2022), a scoping review to explore available evidence on the challenges that ICU nurses experience during the organ donation process is valuable.

Aims

To explore the challenges experienced by ICU nurses during the organ donation process and identify models or strategies that may support them when caring for potential organ donors and their families during the organ donation process.

Methods

The review followed JBI methodology for scoping reviews and was reported using PRISMA-ScR. The following databases were searched for eligible studies from the first available start date of the individual database to December 2023: MEDLINE, Embase, PsycINFO, OVID EMCARE (all via Ovid), Cochrane library, Scopus, Web of Science and CINAHL (via EBSCO). A public representative with family experience of organ donation was involved in developing the protocol and search strategy. The review protocol was registered on Open Science Framework.

Results

A total of 29 studies met the inclusion criteria. Most studies were qualitative (n=20) and most originated from non-European countries (n=21). Seven key challenges were identified: direct patient care, care of the families, concept of brain death, ethical challenges, emotional challenges, challenges around communication and organizational challenges. Support models include debriefing and reflection, training and education, organisational support and availability of guidelines and protocols for organ donation.

Conclusion

ICU nurses experience several challenges during the organ donation process. Improved understanding of the nature of challenges can facilitate the implementation of supportive strategies which will ultimately improve the quality of care, consent rates and the overall experience of nurses and donors' families.

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Lead presenter biography

After 18 years as a critical care nurse, Nelson Selvaraj joined the School of Healthcare Sciences, Cardiff University in 2015 as a Lecturer in Adult Nursing. He was awarded the RCBC Wales First into Research Fellowship in 2023. He won the prestigious Royal College of Nursing (Wales) 'Nurse of the Year Award 2023' for 'Nurse Education'.

Assessments Under Pressure: Interviews with Triage Nurses in UK Emergency Departments

Tuesday, 9th September - 11:40: 3.2 Acute Care and Emergency Care - Oral (concurrent session0 - Abstract ID: 164

Mr. Hugh Gorick (University of East Anglia), Dr. Marie McGee (University of East Anglia), Prof. Toby O Smith (University of East Anglia)

Abstract

Background

Demand in emergency departments (EDs) has grown significantly in recent years, resulting in increased strain on both staff and NHS resources. As the front door of the department, triage is under considerable pressure. Triage plays a key role in ED functioning, with poor or untimely triage increasing risk of long-term harm or mortality (Yancey and O'Rourke, 2023). However, the increased pressure levels may be compromising the accuracy of triage and taking a toll on the nurses themselves (Cetin et al., 2020).

Aims

The aim of this study was to understand the experiences and decision-making practices of registered nurses when assessing acuity at triage in emergency departments in the UK.

Methods

The study utilised an exploratory-descriptive design, with online semi-structured interviews featuring practice-based vignettes. Purposive sampling was used to capture a wide range of perspectives both geographically and in experience. Thematic analysis was selected to analyse the data.

Results

Eleven nurses participated in the study, with good geographic coverage and mix of experience within the UK. Data analysis elicited three themes from their responses: Pressurised Decisions; Holistic Assessments; and Confidence, Competence and Emotional Wellbeing in Triage.

Discussion

The findings illustrate how the pressurised environment can have significant negative impacts on nurses' decision-making, as well as on the triage nurse's emotional wellbeing. Assessment processes evolve with experience, becoming more holistic and refined as nurses develop their expertise. Perceived competence and the effects on triage nurses' confidence is explored in conjunction with methods of supporting both through training and experience

Conclusions

This study reports substantial effects for triage nurses from ED pressures and reinforces a need for action to facilitate effective decision-making. This study also highlights a strong need for comprehensive triage training, and access to wellbeing services and peer-support to ensure patient and practitioner safety.

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Lead presenter biography

Hugh is a fourth year part-time PhD student at the University of East Anglia, and also works clinically at the Norfolk and Norwich Hospital. He has had an interest in triage nurse decision-making since before his undergrad,

and is now exploring the topic in depth for his PhD.

In his unfortunately rare spare time he enjoys rock climbing, model painting and reading bad novels.

3.3 Children & Young People

A Global Exploration Across Healthcare Systems on How Parental Experience of Kangaroo Care in Neonatal Units: A Systematic Review and Qualitative Meta-Synthesis.

Tuesday, 9th September - 11:10: 3.3 Children & Young People - Oral (concurrent session0 - Abstract ID: 391

Ms. Sirinthip Phuwayanon (School of Nursing and Midwifery, Queen's University Belfast), Dr. Maria Healy (Queens University belfast), Dr. Breidge Boyle (Queens University belfast)

Abstract

Background: Kangaroo Care is an evidence-based practice recommended by WHO (WHO, 2015) to effectively reduce morbidity and mortality and improve health outcomes in preterm infants (Conde-Agudelo, 2016; Kourouma, 2021). Kangaroo care is a valuable means of supporting infants and families within the framework of family-centred care. It is crucial to respect and support parents as their experiences with Kangaroo Care significantly influence its successful implementation; however, parental experiences may differ between various healthcare systems.

Aim: To synthesise published evidence on the experiences of parents with Kangaroo Care in neonatal units and explore the variations across different international healthcare systems

Methods: A qualitative systematic review and meta-synthesis approach were adopted. Following ENTREQ and PRISMA guidelines, seven databases were searched to identify relevant qualitative studies published in English between 2010 and January 2024. Two independent reviewers undertook the study selection, quality appraisal using the CASP Qualitative Checklist, and data extraction. The findings were synthesised using a meta-synthesis approach to provide an integrated understanding of diverse parental experiences with Kangaroo Care. The protocol was registered with PROSPERO (CRD42023483347).

Results: Twenty-five studies from diverse countries were included. Four main themes emerged: *Parental fulfilment from Kangaroo Care, Hardship in Kangaroo Care practice, Roadblocks and difficulties in adopting and Building bridges to encourage and support Kangaroo Care.*

Conclusion: This review highlights the multifaceted nature of parental experiences, including rewarding and challenging aspects. This review finding suggests the importance of enhancing infrastructure and resources and minimising barriers. By understanding experiences and addressing the needs and factors that hinder and enable the implementation of Kangaroo Care, healthcare systems and professionals can provide more support, encouraging effective and consistent practice, ultimately benefiting both parents and infants. This is particularly crucial in low-income countries; although the practice is highly effective, it is underutilised and challenging for parents providing Kangaroo Care.

References

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Lead presenter biography

Sirinthip Phuwayanon

- A PhD student at the School of Nursing and Midwifery, Queen's University Belfast
- Lecturer at the Faculty of Nursing, Chiang Mai University.
- Awarded an academic scholarship from the Faculty of Nursing, Chiang Mai University, to support her PhD studies.
- Research Interest: Pediatric and Neonatal Nursing

Ensuring Diversity in Patient and Public Involvement and Engagement (PPIE): Lessons from the VALUE US Study

Tuesday, 9th September - 11:40: 3.3 Children & Young People - Oral (concurrent session0 - Abstract ID: 302)

Dr. Emma Popejoy (Nottingham University Hospitals NHS Trust), Prof. Jane Coad (University of Nottingham), Prof. Eyal Cohen (Hospital for Sick Kids, SickKids Research Institute & University of Toronto), Prof. Joseph C Manning (Nottingham University Hospitals NHS Trust and University of Leicester)

Abstract

Background

Inclusive patient and public involvement and engagement (PPIE) is essential for high-quality, impactful research that drives equitable, evidence-based care. However, achieving diverse representation remains challenging, particularly among global majority communities facing structural barriers, historical research injustices, and health inequalities. Given changing global health dynamics, inclusive research methods are increasingly important in addressing health-related disparities and fostering meaningful clinical change.

Aims

This methodological paper explores the challenges of achieving diverse PPIE representation and suggests strategies for overcoming these, through reference to the VALUE US Study, a mixed-methods intervention development and feasibility study aimed at improving acute care for children with complex care needs.

Methodological Discussion

Engaging families of children with complex care needs is inherently difficult due to their caregiving burdens. The VALUE US Study initially struggled to involve families from the global majority, despite their increased risk of health inequalities resulting from intersecting factors such as poverty, marginalisation, and disability. Inclusive methods were used to promote diversity, these involved:

- Partnering with community leaders to foster trust and engagement.
- Outreach to national community events to disseminate the PPIE opportunity with ethnically diverse audiences.
- Leveraging clinical contacts to broker trusting relationships.

Practically, these inclusive methods required sustained effort, flexibility, and a willingness to engage beyond traditional recruitment settings. Ethically, care was taken to prevent coercion and reduce burden of participation. Embedding inclusive methods helped reflect the needs of all stakeholders and strengthen the research relevance, making it better positioned to shape the future of global health.

Conclusion

Achieving diversity in PPIE is critical to addressing pressing health challenges and reducing health inequalities. It requires sustained, proactive engagement that extends beyond traditional methods. The VALUE US Study underscores the importance of adaptability and persistence in ensuring inclusive PPIE and highlights that achieving true representation demands an ongoing commitment throughout the research process.

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Lead presenter biography

I am a postdoctoral clinical-academic children's nurse, combining hands-on care as a Clinical Nurse Specialist with research to improve healthcare experiences for children with complex care needs and their families. I have expertise in qualitative methods and PPIE. With extensive experience in acute pediatric nursing, my work bridges clinical practice and research to drive meaningful improvements in pediatric healthcare.

Co-designing digital safety netting interventions with, and for, families: collaborative development of a complex intervention.

Tuesday, 9th September - 12:10: 3.3 Children & Young People - Oral (concurrent session0 - Abstract ID: 313)

Prof. Sarah Neill (University of Plymouth), Dr. Natasha Bayes (University of Northampton), Prof. Damian Roland (University of Leicester), Prof. Monica Lakpanpaul (University College London)

Abstract

Background

Acute illness in children under five accounts for high and increasing presentations to primary, urgent and emergency care internationally, prompting concerns about parents' level of knowledge and confidence in caring for their children when they are ill, in particular, when and how to seek help. Effective evidence-based digital interventions are needed in our increasingly digital world.

Aim

The Acutely Sick Kids Safety Netting Interventions for Families (ASK SNIFF) research programme aimed to co-develop an evidence-based digital safety netting intervention to help parents know when to seek help for an acutely ill child under five years.

Methods

We used a collaborative mixed methods six-step process with 147 parents and 324 health professionals (2010-2016) (Neill et al. 2024): scoping existing interventions, systematic review, qualitative research, video capture, content identification and development, consensus methodology, parent and clinician review. In 2024 we developed the prototype App. A co-designed inbuilt questionnaire captured Proof of concept data.

Results

Our structured, evidence-based approach, in line with the MRC Complex Interventions Framework (Medical Research Council (MRC) 2008, O'Cathain et al. 2019) established what factors were known to affect the impact of existing interventions, gathered data on safety netting practices, co-developed the desired content, format and delivery methods. Content was checked for consistency with NHS sources of information, and reviewed by parent and clinician panels. Proof of concept data from our prototype demonstrated the efficacy of the co-design process.

Discussion

Using co-design and the MRC framework approach takes a long time. Less evidenced professionally driven approaches have generated numerous other digital interventions but none have as yet demonstrated impact on parents' knowledge, confidence or health service use.

Conclusions

Our collaborative approach has supported every stage of our work, ensuring that the resulting evidence-based prototype App was designed to meet the needs of parents and the clinicians they consult.

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Lead presenter biography

Sarah Neill is a Professor of Nursing in the School of Nursing and Midwifery, at the University of Plymouth. Sarah is a children's nursing academic with over 30 years' experience in higher education. Sarah's research is focussed on acute childhood illness in children under five years of age, predominantly in the home and first contact health services. She works collaboratively with parents and healthcare professionals to understand patient's and professional's experiences, their decision making and to develop interventions to improve access to care for acutely ill children. Sarah is a qualitative researcher with a specific interest in Glaserian grounded theory.

3.4 Cancer

Creating a CNS national Pancreatic Cancer Research Network to Standardise And Improve Care

Tuesday, 9th September - 11:10: 3.4 Cancer - Oral (concurrent session0 - Abstract ID: 447)

Prof. Annie Topping (University of Birmingham)

Abstract

Collaborative research networks can be a highly effective and cost effective mechanism for providing rich 'real world' data, illuminating variations in care, lead to harmonised practice and identify areas for further research¹. Pancreatic cancer (PC) outcomes remain poor: 85% of patients in the UK have incurable disease at diagnosis, are unsuitable candidates for surgery, often receiving care at non-specialist centres. Evidence from patients, families and healthcare professionals suggests that care is variable across the UK². A recent national prospective audit³ identified widespread variation in compliance with national guidelines, treatment of malnutrition, and care delivered at specialist and non-specialist centres.

Clinical nurse specialists (CNS') are central to every PC patients' journey. They are involved in providing support from presentation to discharge and/or end of life, are 'quiet' but highly effective change agents⁴. CNS' are ideally placed to form a national collaborative network to collect data, drive improvement and harmonise care.

CNS' were invited from specialist and non-specialist centres treating PC patients to join a UK-wide network and 47 agreed to participate. After local registration of the audit, each CNS' prospectively collected anonymised data about five patients with PC. These data were entered into a REDCap™ database over a period of 12 weeks. Network members then participated in an online seminar where initial results and evidence were presented about pancreatic enzyme insufficiency (PEI) and pancreatic enzyme replacement therapy (PERT). This was followed by a discussion about possible strategies to improve PERT prescribing. Subsequently best evidence guidance and a summary of discussions were circulated to participants followed by a second period of data collection. This presentation will describe set-up of the national collaborative PC-CNS research network, management of baseline data collection, description of the 'index' improvement to harmonise care, initial audit outcomes and next steps.

References

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Lead presenter biography

This abstract is presented on behalf of the COALESCE Research Collaborative by Professor Annie Topping. All COALESCE network members and Professor Keith Roberts, Dr Laura Magill and Dr Katie Worrallo are contributors to this work.

Annie is a nurse scientist and educator specialising in improving care outcomes. She is Professor of Nursing in partnership with University Hospitals Birmingham NHS Foundation Trust. Where she works with a team developing research workforce capability and capacity across the nursing, midwifery and allied professions workforce. Her research is largely focused on workforce, nursing roles and cancer and supportive care.

A Mixed Methods Study to Develop and Assess the Feasibility of a Digital Self-Management Platform for People with Lung Cancer

Tuesday, 9th September - 11:40: 3.4 Cancer - Oral (concurrent session0 - Abstract ID: 317)

Mrs. Suriya Kirkpatrick (North Bristol NHS Trust)

Abstract

Background: A novel digital self-management platform, to support individuals with lung cancer was co-designed and its feasibility was tested with lung cancer survivors in the UK. Digital health interventions have gained prominence in chronic disease management, offering accessible and scalable solutions to enhance patient self-care. However, ensuring usability, feasibility, and clinical effectiveness remains a challenge. Our study employed a structured methodology to design, implement, and assess the intervention, integrating co-design principles and rigorous evaluation techniques.

Aims The primary aim of this study was to develop and evaluate a digital platform that enhances physical functioning and quality of life for lung cancer patients. Specifically, it sought to: (1) Co-develop the platform through an iterative, user-centred approach; (2) Assess usability and user experience; (3) Evaluate the feasibility of implementing the platform in a real-world setting.

Methodological Discussion The study included two key components. Part A focused on the co-development of the platform, employing co-design workshops/interviews with patients, their caregivers, and healthcare professionals and usability testing with people living with lung cancer. Part B examined feasibility through a mixed-methods study. Data collection methods included semi-structured interviews, focus groups, questionnaires, and clinical assessments, ensuring a comprehensive evaluation of user engagement and intervention impact. Qualitative data was analysed thematically, using a framework process, while quantitative data was analysed using descriptive statistics. An agile development methodology and the COM-B behaviour change model were used to optimise the intervention's effectiveness.

Conclusion: The integration of mixed-methods research provided a comprehensive understanding of the platform's usability and potential impact. Ethical considerations, including informed consent and data protection, as well as PPI were central to the study's rigorous design. By adopting a structured and iterative methodology, this research has contributed to the growing evidence supporting digital health interventions in oncology, highlighting their potential to enhance patient self-care and well-being.

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Lead presenter biography

With over 30 years of nursing experience and a background in psychology, the lead author, an internationally qualified nurse and midwife has made significant contributions across ICU, acute medicine, stroke, and cancer care. Has held senior roles in oncology research, spending 16 years advancing cancer research at a large NHS Trust and currently undertaking a PhD in lung cancer, focusing on digital self-management. As Assistant CNO, she is involved in projects that align with national strategic priorities, champion equity and inclusion, and support nursing-led research. Recognised for leadership, she holds key national and international roles shaping oncology nursing and research.

Improving Access And Recruitment To Clinical Trials For Lung Cancer Using The Lung I-Act Tool: A Mixed Methods UK Wide Pilot Study

Tuesday, 9th September - 12:10: 3.4 Cancer - Oral (concurrent session0 - Abstract ID: 300)

Dr. Christopher Dodd (Oxford Brookes University), Mr. Benjamin Lond (Oxford Brookes University), Dr. Zoe Davey (Oxford Brookes University), Ms. Liz Darlison (Mesothelioma UK), Mr. John McPhelim (Lanarkshire University Hospitals NHS Trust), Ms. Janette Rawlinson (European Lung Foundation), Prof. Iain Williamson (De Montfort University), Prof. Catherine Henshall (Oxford Brookes University)

Abstract

Background: Globally, lung cancer is the leading cause of cancer related death. Clinical trial participation can lead to better short and long term patient outcomes. Despite widespread enthusiasm among cancer patients regarding clinical trial participation, less than 10% take part in them, with less than half discussing these opportunities with healthcare professionals. Lung cancer nurses often feel ill-equipped to present and signpost clinical trials information to patients (McPhelim, 2015).

Aims: To develop and pilot a tool to help lung cancer nurses talk to patients about clinical trials opportunities, thereby improving accessibility and recruitment.

Methods: Lung I-ACT tool development was informed by findings from a systematic review of the literature (Lond et al, 2024) and qualitative focus groups (Dodd et al, 2025). A subsequent co-production workshop conducted with lung cancer nurses and patients further shaped tool development. The Lung I-ACT tool comprises a complementary patient-facing leaflet with a nurse-facing poster. A six-month pilot commenced in September 2024 consisting of longitudinal surveys for nurses and interviews with nurses and patients. This was conducted at seven NHS Trusts across the UK, participants were recruited using purposive sampling. The pilot assessed nurses' perceived confidence, knowledge and awareness when discussing clinical trials with patients.

Results: Findings from the qualitative interview data (n=16) highlight benefits of the tool in terms of its content, presentation and utility in practice. Quantitative survey data (n=29) demonstrated patterns in nurses' confidence, awareness and knowledge of clinical trials and its subsequent impact on discussing trials with patients.

Discussion: Lung I-ACT has demonstrated that with effective, targeted support, nurses can be empowered to have more conversations about clinical trial opportunities with patients.

Conclusions: Nurses could be better supported in having conversations with patients about clinical trials in order to improve recruitment and, ultimately, improve health outcomes for cancer patients.

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Lead presenter biography

Dr Christopher Dodd is a Postdoctoral Researcher at the Oxford Institute of Applied Health Research (OxInAHR) based at Oxford Brookes University. His research interests include the Health and Social Care workforce, the use of digital technologies in Social Care, and the experiences of never-smokers with a lung cancer diagnosis.

3.5 Patient Education

Development of an instrument to measure nursing competence in patient Education in home care

Tuesday, 9th September - 11:10: 3.5 Patient Education / PPIE - Oral (concurrent session0 - Abstract ID: 477)

Mrs. Jessica Longhini (University of Padova)

Abstract

Background: Chronic diseases and frailty pose significant global health challenges, impacting healthcare resources and patient quality of life. Patient and caregiver education is essential for improving self-care and overall health outcomes. Home care and community nurses play a crucial role in this process; however, their educational competencies lack standardized assessment tools. No validated instrument specifically targeting patient education competencies in home and community nursing exists in the literature.

Aim: This study aimed to develop and validate a questionnaire to assess home care and community nurses' competencies in patient education.

Methods: A literature review on nursing educational competencies was conducted, followed by the development of a research-based questionnaire. A Delphi process involving experts and nurses with varying experience levels was used to structure and refine the instrument. Items were categorized based on Benner's model (novice, competent, expert) and validated for clarity and relevance. The final version was administered to 270 home and community nurses. Exploratory and confirmatory factor analyses were performed to assess the instrument's validity and reliability.

Results: The final questionnaire consists of 24 competences covering patient and caregiver knowledge and self-care, psychosocial, environmental, and cultural influences, motivation and behavioral change readiness, tailored educational interventions and teaching methods, and outcome monitoring and interdisciplinary collaboration. Confirmatory factor analysis demonstrated a good model fit.

Discussion and Conclusions: A novel instrument was developed to assess home and community nurses' competencies in patient education, incorporating both methodological and clinical components. This tool will support educators, researchers, and healthcare managers in designing targeted educational interventions for nurses and patients, optimizing case assignment based on nurses' expertise, and evaluating, in future studies, the impact of patient education competencies on outcomes such as self-care, quality of life, health literacy, clinical indicators, and healthcare utilization.

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Lead presenter biography

Jessica Longhini, RN, PhD

Researcher at the University of Padova in the field of patient education, caregiver involvement in nursing care, organizational models, digitalization, and patient complexity measurement in primary care and community care nursing.

Understanding Patient Behaviours in Treatment Non-Concordance: Challenges and Strategies for Nurses

Tuesday, 9th September - 11:40: 3.5 Patient Education / PPIE - Oral (concurrent session0 - Abstract ID: 459)

Dr. Sharifa Al Zadjali (ministry of health oman), Prof. Mark Hayter (manchester metropolitan univeristy), Dr. Amanda Lee (manchester metropolitan univeristy), Dr. Clare Whitfield (University of Hull), Prof. David Barrett (University of York)

Abstract

Background:

Treatment concordance is a crucial and complex process in all disease management and is a complex process. Nurses are key health professionals and can be instrumental in improving concordance, but this entails understanding the factors that may influence patient behaviour. There is a need to summarise the research on these factors to enable nurses to identify areas in which they can intervene (Aditama et al., 2020).

Aim: To explore the factors influencing individuals' decision-making regarding non-concordance with treatment.

Method:

Design: A literature review using a systematic approach.

Data source: Academic Search Premier, CINAHL Complete, MEDLINE, APA PsycInfo, Business Source Premier and Education Research Complete were accessed using the keywords: decision, delay treatment, against medical advice, non-adherence, non-concordant, non-compliant. English language literature published from 2010 to 2020 was eligible for inclusion criteria.

Review method: PRISMA reporting guidelines were followed to undertake a literature review (Moher et al., 2015) following PROSPERO guidance.

Result: Fifty-three studies were included. We identified four themes: personal factors, social factors, cultural factors, and environmental factors, with descriptive sub-themes as factors influencing individuals' non-concordance with treatment. For example, the complexity of instructions, social and family issues, cultural beliefs, financial issues and beliefs about Western medicine and complementary therapies.

Conclusion:

Improving the effectiveness of concordance interventions could have a greater impact on population health than advancements in medical treatments alone. Understanding the factors contributing to individuals' non-concordance is essential for promoting optimal health and requires a collaborative, multi-disciplinary approach. Nursing interventions must address the specific reasons behind non-concordance to be effective. Additionally, patient education plays a critical role in enhancing awareness by helping individuals understand the personal significance of health information.

Keywords: Treatment concordance, non-concordance, systematic review

References

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Lead presenter biography

Sharifa Said Mohamed Al-Zadjali is an experienced nursing professional from Oman with a PhD in Nursing Studies (2024), focusing on the decision-making process for haemodialysis refusal. She holds a master's degree

in health management from the University of Leeds and a diploma in nursing administration. With over two decades of service at the Ministry of Health, she has held leadership roles, including Director of Professional Practice. Sharifa is an active member of the Oman Nursing Association and has contributed to national health policies, research, and education. Her work emphasises improving patient care, professional development, and evidence-based nursing practices.

Enhancing Patient and Public Involvement and Engagement in Cancer Research: The Inclusive Prehabilitation Study

Tuesday, 9th September - 12:10: 3.5 Patient Education / PPIE - Oral (concurrent session0 - Abstract ID: 141

Dr. Nichola Gale (Cardiff University), Dr. Sarah Fry (Cardiff University), Dr. Tessa Watts (Cardiff University), Dr. Alexandra Mitchell (Cardiff University), Ms. Manasi Patel (Cardiff University), Mrs. Cheryl Crook (Cardiff University), Ms. Bamidele Adenipekun (Cardiff University), Mr. Rashmi Kumar (Cardiff University), Mr. Stuart Davies (Cardiff University), Prof. Shea Palmer (Cardiff University), Prof. Jane Hopkinson (Cardiff University)

Abstract

Background

Patient and Public Involvement and Engagement (PPIE) is essential to ensure research is relevant to stakeholders (NIHR 2024). Numerous standards and tools to record PPIE activities exist. However, few nursing researchers publicly report their PPIE activities (Price et al. 2018). Here we outline the approach of the NIHR-funded, Inclusive Prehabilitation (I-Prehab) study, to enhance PPIE activities throughout and ensure meaningful contributions from diverse communities.

Methods

PPIE was integral from initial protocol development and funding application. Led by a multidisciplinary team including nurses, PPIE is crucial to the co-production stage of I-Prehab education, which involves reaching diverse groups. Activities are logged using the Public Involvement in Research Impact Toolkit (PIRIT), which records public contribution and impact in relation to PPIE standards (Newman et al. 2023).

Results

The I-Prehab study PPIE approach involves online and in-person meetings as follows:

- **PPI Co-applicants (n=3):** Contribute to study design and award, attend monthly meetings, advise on processes and data interpretation.
- **Public Advisory Group (PAG) (n=8):** Meet thrice yearly to advise on processes, support data collection, and co-production.
- **I-Prehab Community (n=25):** Email group invited to ad-hoc opportunities, including reviewing documentation and data interpretation.
- **Co-production:** Involves community representatives to engage diverse groups including cancer support, underprivileged and ethnic communities.

PPIE is enhanced by a coordinator, funded through the research grant, with reimbursement of PPIE contributions in line with PPI standards. The PIRIT tool enables a clear record of PPIE activities and showed each activity related to at least two of the five PPI standards, most commonly 'working together' and 'inclusive opportunities'.

Conclusions

The I-Prehab study includes significant funding for PPIE allowing a multi-tiered approach to enhance PPIE and meet standards. Nurses' understanding of diverse health experiences enables the participation of diverse communities throughout the project, essential for the co-production of inclusive prehabilitation practices.

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Price, A. et al. 2018. Frequency of reporting on patient and public involvement (PPI) in research studies published in a general medical journal: a descriptive study. *BMJ open* 8(3), p. e020452.

Lead presenter biography

Nichola is a Senior Lecturer in Physiotherapy at Cardiff University, undertaking teaching and research. She is currently leading the PPIE of the interdisciplinary inclusive prehabilitation for patients with cancer, funded by the NIHR. She leads research capacity building at Velindre NHS trust and co-leads the Community for Allied Health Professionals Research (CAHPR) Cymru, to strengthen research capacity, capability

3.6 Workforce and employment

Transforming global health through a sustainable workforce: process evaluation of a novel inclusive interview

Tuesday, 9th September - 11:10: 3.6 Workforce and employment - Oral (concurrent session0 - Abstract ID: 400)

Dr. Alison Callwood (University of Surrey), Dr. Jenny Harris (University of Surrey)

Abstract

Introduction

Ensuring equity in selection to health professions jobs and training programmes is recognised internationally as an ethical and practical imperative (United Nations, 2015). Increased workforce pressures and the resulting impact on patient safety amplify this need. Fulfilling our responsibility to ensure fair selection is complex due to recent unprecedented change to online interviews with unknown consequences for under-represented groups. We adapted the principles of universal design for learning (Meyer et al, 2013) to enable the neurodivergent community.

Aim: to evaluate the accessibility needs of neurodivergent applicants when undertaking online interviews

Methods

A co-design approach (Robert et al, 2022) was used to evaluate an online Multiple Mini Interview (MMI) platform. 100 neurodivergent volunteers took a three question, four-minute MMI which was assessed by independent interviewers. They completed a semi-structured evaluation questionnaire and were invited to suggest accessibility optimisation features. An accessibility tool bar comprising these features was built into the platform and evaluated with an additional 100 neurodivergent volunteers.

Data were analysed using descriptive statistics and conventional content analysis. Differential attainment was explored by comparing neurodivergent volunteers mean scores with a random sample of n= 50 neurotypical volunteers using Mann Whitney test.

Ethical approval obtained.

Results

Suggested accessibility features included: colour, contrast, sub-titles, font choice, video settings and progress customisation, enabling applicants to optimise their interview set up.

92% of neurodivergent volunteers felt the platform made it easy to complete the interview; 70% thought the interview outcomes were fair and 70% were less anxious.

Statistically significant differences were not found in mean interview scores (per question or total) between neurotypical and neurodivergent volunteers.

Discussion

These preliminary findings suggest the co-designed interview platform was fair and highly acceptable to neurodivergent applicants.

Conclusion

Inclusive optimisations should be designed into online interviews enabling a wider community of applicants for a more sustainable workforce.

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3. Robert, G., Locock, L., Williams, O., Cornwell, J., Donetto, S., Goodrich, J. 2022. Co-producing and co-designing. Cambridge University Press, Cambridge.

Lead presenter biography

Dr Alison Callwood is an internationally recognised structured interview specialist actively engaged in post-doctoral research exploring how fairness can be built into personnel selection. She is a Fellow of the Royal College of Midwives, and member of the UK Council of Deans for Health EDI Reference group.

Alison has been awarded multiple grants from Innovate UK including the 2023 Women in Innovation award. Her recent work includes the GENIUS (Generating Neurodiverse Inclusive Selection) project exploring the impact AI can bring to recruitment/admissions and how the interface between technology and humans can be softened to facilitate ED&I particularly for neurodivergent applicants.

Implementation of the Nursing Associate: A rapid realist synthesis to understand mechanisms of integration and workforce development

Tuesday, 9th September - 11:40: 3.6 Workforce and employment - Oral (concurrent session0 - Abstract ID: 258

Dr. Zoe Anchors (University of the West of England), Dr. Justin Jagosh (University of the West of England), Prof. Sarah Voss (University of the West of England), Prof. Nicola Walsh (University of the West of England)

Abstract

Background: NHS registered nurses (RNs) are in short supply. One strategy to help build nursing capacity has been the introduction of the Nursing Associate (NA); nursing employees who 'bridge the gap' between a Healthcare Support Worker and RN (NHS England, 2015). Whilst there is recognition of the positive contribution of NAs (Whittle, 2024), there are also concerns about role substitution and extension of scope of practice which could lead to increased patient risk (The Queen's Nursing Institute, 2024).

Aim: To develop theories about the how NA roles are implemented and working within NHS practice: What works, for whom, in what contexts and how?

Methods: Rapid realist synthesis of data from: (1) empirical and grey literature; (2) realist interviews with stakeholders (September to November 2023). Sources were analysed using a realist approach that explored the data for novel or causal insights to generate initial programme theories. Research ethics approval was obtained from the University Research Ethics Committee.

Results: Empirical and grey sources (n = 15) and transcripts from stakeholder interviews (n = 11) were synthesised. Three theory areas relating to NA implementation were identified: (1) Scope of NA role: Communication and expectations; (2) Variations to the NA model of working; and (3) Career progression: Entry point, stepping stone and career in itself.

Discussion and Conclusions: The NA has potential to improve nursing workforce stability by encouraging local, non-registered healthcare staff to transition to registration. However, lack of collective understanding on the NA scope of practice can cause staff friction. It is unknown whether this friction will resolve over time, or if staff divisions will lead to further erosion of the workforce. Ongoing clear communication regarding NA scope of practice is needed to aid understanding of its potential contribution to nursing teams.

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Lead presenter biography

Dr Anchors has more than 15 years' experience as a researcher in the area of health research. She has worked in research roles for a range of institutions including universities, industry, not for profit, and government in the UK and Australia. Currently a Research Fellow at the University of the West of England, her key interests involve occupational stress, mental health, programme evaluation and wellbeing interventions. She is particularly invested in working with the NHS having worked on research projects investigating occupational stress among midwives and ambulance staff, and workforce evaluation for health professional roles in primary and secondary care.

Gender Discrimination in Nursing: “You have to be young and pretty and quiet”

Tuesday, 9th September - 12:10: 3.6 Workforce and employment - Oral (concurrent session0 - Abstract ID: 390)

Ms. Patricia Gauci (Western Sydney University), Dr. Laretta Luck (Western Sydney University), Dr. Kate O'Reilly (Western Sydney University), Prof. Kath Peters (Western Sydney University)

Abstract

Background Women are underrepresented in leadership, policy, and decision-making roles globally in health. Whilst a target of 50/50 representation has been established, the most recent review reports that gender parity in health leadership will not be reached until 2037 (Global Health 50/50, 2024). Within nursing men are disproportionately represented in leadership and advanced nurse practice positions in both clinical and academic settings (Jackson et., 2022).

Aim To explore the experience of workplace gender discrimination for women registered nurses.

Methods This research is the second phase of a larger mixed methods study (Human Research Ethics Committee H15443). Registered nurses (N=18) who identified as women and have worked clinically in Australia, were purposively selected for individual interviews between July and November 2024. Data were analysed using thematic analysis (Braun & Clarke, 2019) and underpinned by social constructionism and feminist perspectives.

Results Five overarching themes were identified; ‘Surveillance of women’; ‘Men’s rhetoric’; ‘Awareness’, ‘Standard practice’, and ‘We allow it’. Results highlighted that archaic stereotypes and widespread societal expectations of women as subordinate, forms the basis of inequality for women in nursing. Participants were cognizant of the gendered language used to describe women and their workplaces and highlighted a persistent undervaluing of them in their profession.

Discussion: Recognising the ways in which women’s experiences are constructed under patriarchy is fundamental to achieving gender equality in nursing. Gender is intrinsically a social and political construct and increasing women’s leadership representation in nursing will require cultural change within nursing and broader society.

Conclusion: Discrimination in nursing manifests in a multitude of forms and is not always identifiable. It is imperative that we recognise both the formal and informal ways women experience discrimination in the workplace, and that gender is not the only barrier experienced by women. It is also important to consider other intersectional social identities.

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Lead presenter biography

Patricia Gauci is a Lecturer in the School of Nursing and Midwifery at Western Sydney University, where she teaches in the undergraduate nursing program. Patricia have been teaching nursing students for fifteen years and has over 25 years acute care clinical experience. Currently pursuing a PhD, her research focuses on women in nursing and workplace gender discrimination, with a particular emphasis on feminist methodology.

3.7 Symposium | Failing with finesse

Failing with finesse: research funding (Paper 2)

Tuesday, 9th September - 11:10: 3.7 Symposium | Failing with finesse - Symposium - Abstract ID: 381

Prof. Ruth Endacott (National Institute for Health and Care Research (NIHR))

Abstract

'Is it you or is it me?' is a question that is worth asking when that grant funding rejection email lands. In reality of course, it is often a number of things but grant rejection looms large in many academic careers, with oft-quoted anecdotes about grant success rates ("one in ten ...") failing to dislodge the personal sense of failure. There are two main routes to funding research: grants and personal awards. In this presentation we will uncover the differences in these two routes and how to choose between these paths for an individual study. We will explore how to push the funder's buttons, in the right way, and the concept of risk, from a funder's perspective. 'Where to from here?' is a key part of this session, how to deal with rejection and increase chances of success the next time around. Underpinning the presentation is the pragmatic need to identify whether the reviewers have helped us to see that the proposed study is indeed unworkable - that dreaded phrase 'fatal flaws' comes to mind - or whether we have simply pitched a brilliant proposal to the wrong funding body.

References

None provided

Lead presenter biography

Ruth Endacott is NIHR Director of Nursing and Midwifery, appointed in 2021 following 20 years as Professor of Critical Care Nursing in the UK and Australia. Ruth's career is littered with failure or, as she prefers to see it, 'opportunities to come back stronger'. Ruth failed to achieve doctoral fellowship funding, has had numerous UK and Australian grant applications rejected, and was always genuinely shocked when funders said 'yes'. After applications to various NIHR funding streams, she finally secured her first NIHR grant in 2019. Ruth brings a wealth of experience from both sides of the grant funding table.

Failing with finesse: publishing (Paper 3)

Tuesday, 9th September - 11:10: 3.7 Symposium | Failing with finesse - Symposium - Abstract ID: 382

Dr. Keith Couper (University of Warwick)

Abstract

Publication is one strategy for the dissemination of research. For many researchers, publication metrics (e.g. number of publications/ journal ranking/ h-index) are a key determinant of success and academic progression. However, the publication of our research can be an extremely challenging and time-consuming process. The publication process requires researchers to navigate a number of steps even before submission, including drafting the manuscript, co-ordinating co-authors, and navigating the submission system. Once that process is complete, we subject ourselves to the unpredictability and illogicality of the peer-review/ editorial process.

In this session, a journal editor and serial publishing failure will provide an overview of how journals manage submissions and then explore how researchers can ensure they are rejected by a journal.

We will explore a number of reasons for publishing failure and how to try and avoid them, including:

- How to select the wrong journal,
- How to report your research poorly,
- How to ignore the journal author guidelines,
- How to upset the peer-reviewers and editor.

We will share experiences of how we have managed rejection, both personally and professionally.

References

None provided

Lead presenter biography

Keith is an Associate Professor in Emergency and Critical Care and Critical Care Outreach Nurse. He is an associate editor of Resuscitation Plus (and an editorial board member of two other journals). He has published in a wide range of general medical, general nursing, and specialist clinical journals. Keith has an impressive track record in being rejected by journals (including the journal for which he is an associate editor).

Failing with finesse: some exemplars! (Paper 4)

Tuesday, 9th September - 11:10: 3.7 Symposium | Failing with finesse - Symposium - Abstract ID: 383

Dr. Barbara Farquharson (University of Stirling)

Abstract

Background

The previous presentations have highlighted that disappointment is common in research - most grant applications are not funded; rejection from journals is commonplace and decisions regularly baffling. When researchers are presented e.g. as keynotes, it is their achievements and career highlights that are emphasised, failure is rarely acknowledged. However, success is often the result of previous failure, and this can be helpful to understand.

In this paper, a series of case-studies where nurse researchers' failures led to later success, will be presented.

Methods

Members of the RCN Research Forum Committee and the CNO Professoriate group were invited in Feb 2025 to submit examples for inclusion in this symposium. Case studies that illustrate a range of failures were selected.

Results

Researcher A was unsuccessful at interview for Associate Professor, only to be offered Professor elsewhere weeks later. Researcher B was unsuccessful in obtaining a charity-post-doc fellowship but went on to secure a much more generously funded NIHR one. Researcher C and another team reached the final 8 of a funding round and, because their topics were similar, were advised to join forces. They did so, both projects were rejected, but they combined the best of both ideas to subsequently secure a multi-million pound grant. Researcher D was unsuccessful in obtaining an advanced fellowship because they 'lacked leadership potential' – they were successful on 2nd attempt, are now a clinical professor and Director of a research institute.

Conclusion

Failure in research is common and frequently devastating. Understanding the multitude of possible reasons for that failure aside from assuming personal incompetence can be helpful for re-framing the experience. Failure is feedback that may lead to success in the future.

References

None required

Lead presenter biography

Barbara Farquharson is Associate Professor at the University of Stirling and has been failing in research for a mere 21 years. Particular lowlights have included re-formatting the response options on a validated questionnaire 'to make it look neater', inadvertently invalidating it for over 100 participants. Career masterstrokes have included swapping a permanent lectureship for a 6-month temporary contract and a £10k pay cut. Most recently, a manuscript associated with her prestigious BHF Fellowship on the topic of resuscitation and what she considers to be some of her best work, was **desk-rejected** by the journal... 'Resuscitation'!!!

Failing with finesse: Q&A (Paper 5)

Tuesday, 9th September - 11:10: 3.7 Symposium | Failing with finesse - Symposium - Abstract ID: 384

Prof. Rachel Taylor (UCLH/UCL), Dr. Barbara Farquharson (University of Stirling)

Abstract

The final session will draw the symposium together, reflecting on the live polling from the previous presentations and comprising a facilitated Q&A between delegates and symposium presenters.

References

None required

Lead presenter biography

As paper 1 and 4

Poster tour G - Workforce and employment

Poster 1 | The roles and experiences of ward-based Surgical Nurse Practitioners working in hospital settings in England: a phenomenological study (A dissertation research study submitted for the MSc ACP Programme)

Tuesday, 9th September - 13:10: Poster tour G - Workforce and employment - Poster - Abstract ID: 105

Mrs. Susan Gayle Celera (Frimley Health NHS Foundation Trust), Prof. Ruth Riley (University of Surrey)

Abstract

Background

Within the surgical department, a plethora of Advanced Nursing Practitioner (ANP) roles exist (HEE,2020), such as ward-based Surgical Nurse Practitioners (SNPs) and Surgical Care Practitioners.

According to the NHS Workforce Statistics (NHS, 2025), there are 779 nurse consultants, 3,711 modern matrons, 7,250 ward managers and 242,375 first-level adult nurses. However, there is no statistical data available for ANPs.

While the NMC (2023) provides details on the primary domains of nursing practice, there is a lack of statistical data regarding ANPs, including SNPs (Madu, 2022).

Aims

To explore the role and experiences faced by ward-based SNPs working in hospital settings in England.

Methods

Nine SNPs currently employed in hospital settings across England were recruited via social media. Semi-structured interviews were conducted over Microsoft Teams, transcribed verbatim, coded and thematically analysed.

Results

5 Themes were identified:

1. Professional Identity
2. Clinical Tribalism
3. Challenges to accessing CPD
4. Special interest in Surgery: a pre-requisite for the role?
5. Overcoming the challenges

6. Discussion

Participants stressed the importance of having clearly defined career and educational pathways, as well as well-defined roles. These are crucial for promoting career progression, motivation, and retention (Evans *et al.*, 2020).

The emergence of new roles and the proliferation of Allied Health Professional roles over the past 40 years have expanded the range of services available to patients. However, it has also led to increased fragmentation within healthcare teamwork (Braithwaite *et al.*, 2016).

Significantly, tribalism is not only observed among interprofessional groups of healthcare professionals but also within the nursing workforce.

This study revealed a growing division between surgical and medical ACPs within the Advanced Clinical Practitioner workforce.

Further research should be conducted to explore the distinctions and resemblances between medical ACPs and SNPs, to optimise the support and utilisation of the ACP workforce within their respective specialities.

***FHMS 21-22 262 EGA**

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Evans, C., Poku, B., Pearce, R., Eldridge, J., Hendrick, P., Knaggs, R., Holly, B., Yogeswaran, G., McLukskey, P., Tomczack, P., Thow, R., Harris, P., Conway, J. and Collier, R. (2021) 'Characterising the outcomes, impacts and implementation challenges of advanced clinical practice roles in the UK: a scoping review', *BMJ Open*, 11 (8), pp.1-18.

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Lead presenter biography

Susan Gayle Celera- Advanced Clinical Practitioner in Surgery

- Over 17 years of Nursing experience
- Representing the BAME nursing community
- Obtained MSc in ACP in 2024
- This research is the first ever study in the UK involving ward-based SNPs
- Presented in International Council of Nurses in 2024
- Member of the stakeholder group of a multi-million Wellcome project- where I was offered to become one of their first research interns.
- Novice but passionate researcher

*Ethical Approval Reference: **FHMS 21-22 262 EGA**

Poster 2 | From ASPIRE to MSc: Navigating the Transition from a PgCert to a Pre-Registration Learning Disabilities and Mental Health Nursing

Tuesday, 9th September - 13:10: Poster tour G - Workforce and employment - Poster - Abstract ID: 207

Mrs. Tracey Viney (Plymouth Marjon University), Mrs. Selina Saveker (Plymouth Marjon University), Ms. Sam Greedy (University of Gloucestershire), Mrs. Penny Baker (Plymouth Marjon University), Prof. Gill Golder (Plymouth Marjon University)

Abstract

Objective

To explore the lived experience of delivering an MSc Pre-Registration Learning Disabilities (LD) and Mental Health (MH) Nursing programme, where completion of the ASPIRE Postgraduate Certificate was a prerequisite. Now one year into the two-year MSc, we reflect on the challenges, benefits, and ongoing evaluation.

Introduction

The ASPIRE programme (NHS England, 2023) supports applicants with degrees in other disciplines, offering insight into nursing's theoretical and practical aspects before MSc entry. As a prerequisite, ASPIRE aimed to enhance preparedness, and engagement, aligning with national workforce priorities, and inclusivity in LD and MH nursing.

Methods

We used a mixed-methods approach, combining surveys, semi-structured interviews, and analysis of academic performance and feedback. Quantitative data were descriptively analysed (Creswell & Creswell, 2018), while qualitative data underwent thematic analysis (Braun & Clarke, 2006) to identify key themes.

Challenges

Survey results highlighted gaps in transition support. Interview themes revealed tensions balancing theory and practice, while performance data showed challenges developing academic and clinical competence. These findings point to the need for innovative teaching and stronger collaboration with practice partners.

Benefits

Quantitative data showed high satisfaction with foundational preparation. Thematic analysis revealed increased confidence and skill growth across the four pillars—clinical practice, leadership, education, and research. Placement outcomes confirm the structured ASPIRE-to-MSc pathway supports clinical readiness.

Ongoing Review

Early findings highlight the need for improved transition support and enhanced peer-assisted learning. Future iterations should integrate research delivery strategies and strengthen academic-clinical partnerships. While promising, the work remains incomplete, with further data collection and analysis planned.

Conclusion

Requiring ASPIRE as a prerequisite has enhanced student preparedness and engagement. Insights suggest the structured approach supports a smoother transition, but ongoing evaluation is essential to assess its efficacy.

Ethics Approval

Ethics approval: Plymouth Marjon University, EP230.

Keywords

Learning Disabilities Nursing, Mental Health Nursing, MSc Pre-Registration, ASPIRE Programme, Workforce Development.

References

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Lead presenter biography

Tracey Viney qualified as a registered nurse in 2001 from Bradford University, later completing her degree and an MSc in Advancing Practice. She has worked in acute, community, virtual, and research settings and is currently in academia at Plymouth Marjon University. She is actively growing her research, focusing on advancing nursing practice and educational healthcare innovation.

Poster 3 | Understanding the relationship between the sustainability of the Professional Nurse Advocate Role, Organisational Culture and Quality Improvement Strategies in Healthcare: An Integrative Review.

Tuesday, 9th September - 13:10: Poster tour G - Workforce and employment - Poster - Abstract ID: 212

Ms. BETHANY HALL (Coventry University)

Abstract

Aim: To understand the relationship between organisational culture and quality improvement strategies (QI) in healthcare and how this applies to the sustainability of the Professional Nurse Advocate (PNA) role.

Background: In response to nurse burn-out experienced throughout and following the coronavirus pandemic, NHS England launched the PNA role to support nurses through the Advocating and Educating for Quality Improvement (A-EQUIP) model (NHS England, 2021). Uptake of the role has been disparate, and organisational culture may be one factor contributing to this. However, as the PNA role is relatively new, there is limited research in this field. Therefore, organisational culture was explored in relation to QI strategies more widely to understand if there are findings transferable to the PNA role and its sustainability.

Method: Following ethical approval, The Toronto (2020) six-phase integrative review method was followed. CINAHL, Medline, Embase, Emcare, HMIC and grey literature databases were systematically searched. 799 articles were retrieved and screened, with 20 articles being included in the review, displayed via Preferred Reporting Items for Systematic reviews and Meta Analysis (PRISMA) and critically appraised. Qualitative literature was analysed using thematic analysis, whilst mixed method and quantitative literature were synthesised narratively.

Findings: 6 key themes were identified relating to organisational culture and implementation of QI strategies: 3 facilitators (Leadership, collective action and shared ideology) and 3 barriers (Leadership, disconnection and external influences). An association between collective action and the uptake of QI was identified that could link to PNA implementation and sustainability. However, discussion of sustainability in relation to implementation was lacking and warrants further research.

Implications for practice: There is a clear link between cultures that allow collective action and successful implementation efforts. However, this review highlights the need for further research on the relationship between collective action and sustainability of initiatives such as the PNA role.

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Lead presenter biography

Bethany is a Neonatal Intensive Care nurse by background and has spent the last 7 years working at NHS Blood and Transplant as a Specialist Nurse- Organ Donation, Professional Development Specialist and most recently the Deputy Corporate Lead Nurse. Bethany has completed her PG Cert in neonatal care, Masters in Death, Religion and Culture, and is currently undertaking her PhD Studentship with Coventry University exploring the Professional Nurse Advocate Role.

Bethany is passionate about 'nursing the nurses', ensuring their voices are heard and advocating for their well being and professional development.

Poster 4 | Retention of Internationally Educated Nurses; Exploring Challenges and Opportunities for Service Improvement at Torbay and South Devon NHS Foundation Trust

Tuesday, 9th September - 13:10: Poster tour G - Workforce and employment - Poster - Abstract ID: 213

Mr. Abdul-Manan Alhassan (Torbay and South Devon NHS Foundation Trust)

Abstract

Background:

Retention of Internationally Educated Nurses (IENs) is critical within the UK's National Health Service (NHS) due to the global nursing shortage and the essential role IENs play in healthcare delivery (Marufu *et al.*, 2021). Despite their value, IENs face unique challenges that hinder their retention, including difficulties with cultural integration, limited career progression, and a lack of professional recognition (Pressley *et al.*, 2023; Villamin *et al.*, 2023). This service improvement project, conducted as a component of the Chief Nurse Research Fellowship (CNRF) at Torbay and South Devon NHS Foundation Trust (TSDFT), explores these factors to inform strategies that will enhance retention rates of IEN within the Trust.

Aim/Objectives:

The project explored key retention factors, including perceived support, career development, work-life balance, and job satisfaction, to identify improvement areas within the Trust.

Methodology:

An online questionnaire, incorporating both quantitative rating scales and qualitative responses, was distributed via Trust platforms and clinical area visits between July and August 2024. Consent and approvals were obtained per Trust protocols.

Results:

Out of 1557 registered nurses in the Trust, 200 were IENs, with a 19% survey response rate (N=37). Most respondents were Band 5 nurses (n=27). Work-life balance received the highest satisfaction (80% rated 7+ on a 10-point scale), followed by line management support and skill utilization (76%). Opportunities for career development (51%) and feeling valued (65%) received the lowest scores. Qualitative responses highlighted dissatisfaction with career progression and promotion opportunities, lack of recognition, and perceived workplace bias.

Service Improvement Implication:

The findings emphasize the need for structured career pathways and mentorship for IENs, culturally competent management, and improved recognition to ensure staff feel valued.

Conclusion:

The recommendations are being incorporated into ongoing workforce development plans and monitored through staff engagement surveys and regular feedback to evaluate their impact on IEN experience and retention.

References

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Lead presenter biography

Abdul-Manan Alhassan is a Charge Nurse at Torbay and South Devon NHS Trust. He completed his initial nursing training in Ghana and worked clinically as a nurse while also serving as a research assistant at the University for Development Studies, Tamale. In February 2022, he moved to the UK as an internationally recruited nurse. Since then, he has actively engaged in research and service improvement initiatives within the Trust. He is a strong advocate for learning, staff development, and the retention of Internationally Educated Nurses. Additionally, Abdul promotes greener healthcare initiatives and champions sustainable healthcare delivery practices.

Poster tour H - Women's Health

Poster 5 | Enhancing Women's Mental Well-Being Through Group-Based Physical Activity During Menopause: A Scoping Review

Tuesday, 9th September - 13:10: Poster tour H - Women's Health - Poster - Abstract ID: 283

Mrs. Maxine Hough (Royal Devon and Exeter University NHS Foundation Trust), Ms. Gayle Githens-Mazer (Devon Partnership Trust)

Abstract

Background

Globally, the average age of menopause is 51 years, and women aged 50+ account for 26% of the world's population (1). While hormonal therapy remains standard treatment, many seek alternative approaches due to side effects, health concerns, or limited options. This highlights the growing need for multidisciplinary approaches, incorporating personalised interventions and psychosocial support. However, there is no clear consensus on effective non-pharmacological strategies. In 2024, the James Lind Alliance identified menopause as a key health priority, calling for research into lifestyle changes that support women at different menopausal stages (2).

Aim

This review explores existing research on group-based physical activities for menopausal women to determine whether a full systematic review is warranted and to identify gaps in current knowledge.

Method

Using the Arksey and O'Malley framework (3), we conducted a scoping review of EMBASE, MEDLINE, PsycINFO, and CINAHL from 2015 to 2025. Two independent reviewers selected and analysed studies.

Findings

Exercises such as yoga, Pilates, and Tai Chi improve menopause-related symptoms, including fatigue, sleep disturbances, anxiety, and depression. While these activities provide physical and psychological benefits, research overlooks the role of social connection in enhancing outcomes. Group-based walking has been linked to improved mental health, reduced sleep disturbances, and increased social engagement, offering low-cost and accessible interventions. Gardening, while studied less, has been associated with reduced anxiety and depression, increased physical wellness, and improved social well-being. Cold-water swimming may also help alleviate menopause symptoms, with participants reporting benefits from both physiological effects and sense of community. However, structured programs are needed to ensure safety.

Conclusion

Group-based physical activities offer significant physiological and psychological benefits for menopausal women, particularly when incorporating social interaction. However, research remains limited, particularly regarding group dynamics and accessibility. Further studies should explore inclusive strategies to enhance participation and long-term engagement.

References

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3. Arksey, H. and O'Malley, L. (2005). Scoping studies: Towards a methodological framework. *International Journal of Social Research Methodology: Theory & Practice*, 8(1), pp.19–32.

Lead presenter biography

Maxine Hough is a registered nurse with extensive experience in acute medical care, clinical research delivery, and research development. Working for a decade in the Research Delivery Network (formerly Clinical Research Network), she has secured several funding awards to lead, publish, and present qualitative research and patient involvement projects nationally and internationally. She actively contributes to national working groups shaping research services, mentors and coaches colleagues in the Trust, and develops guidance for researchers and innovators. Additionally, she co-leads initiatives on menopause awareness, large dataset accessibility, and research informatics, fostering advancements in women's health and innovation.

Poster 6 | Breaking taboos – Australian Research into perimenopause and menopause.

Tuesday, 9th September - 13:10: Poster tour H - Women's Health - Poster - Abstract ID: 157

Dr. Kate O'Reilly (Western Sydney University), Prof. Kath Peters (Western Sydney University), Dr. Fiona McDermid (Australian Catholic University)

Abstract

Background: Menopause often begins asymptotically and moves into a gradual irregularity of the menstrual cycle. This is referred to as the perimenopause phase which may present a range of symptoms which impact on quality of life. While menopause is inevitable for most women, navigating the prolonged period of transition which may impact a woman's health is largely fragmented.

Aim: To explore Australian women's knowledge and experience of perimenopause and menopause.

Methods: This research was an equal weighting concurrent mixed methods design using an online survey and qualitative interviews between April and July 2022 (H14724). Thematic analysis of the data was underpinned by a feminist framework (Anderson & Jack, 1991; Braun & Clarke, 2019).

Results: Over 400 Australian women responded to the survey and 25 women participated in qualitative interviews. Results highlighted that women's knowledge of perimenopause and menopause is limited regardless of education level and knowledge they had acquired was often not evidence based. Participants identified that menopause was a taboo topic and highlighted fragmented and inconsistent support when accessing health services.

Discussion: The impact of perimenopause and menopause on women's lives is far reaching not only in developed countries such as Australia but across continents. The stigmatised nature of perimenopause and menopause negatively impacts women during this life transition. Timely and relevant assessment and diagnosis of perimenopause and menopause is critical to ensuring women's health and wellbeing.

Conclusion: Women's knowledge of perimenopause and menopause is limited and they can be unprepared for the severity of symptoms they can experience. Additionally, stigma hinders women seeking help and can contribute to negative outcomes for their health and well-being. There is a need to improve education about perimenopause and menopause for healthcare providers and for women.

References

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Lead presenter biography

Dr Kate O'Reilly is a Senior Lecturer with the School of Nursing and Midwifery at Western Sydney University and teaches into both the undergraduate and post graduate programs. Kate's research interests are related rehabilitation following traumatic brain injury, and women's health. Kate's research relates to women's knowledge and experience of perimenopause and menopause.

Poster 7 | A Study Of The Relationship Between Psychological Congruence, Stress Perception And Fear Of Childbirth In Primigravid Women

Tuesday, 9th September - 13:10: Poster tour H - Women's Health - Poster - Abstract ID: 296

Ms. Xue Hu (Armed Police Hospital of Chongqing)

Abstract

Objective: The aim of this study is to explore the relationship between childbirth fear, psychological consistency, and perceived stress, and to examine the mediating role of psychological consistency in childbirth fear and perceived stress. **Methods:** 327 primiparous women in the obstetrics department of a certain hospital from June 2023 to June 2024 were selected as the research subjects. A field questionnaire survey was conducted using the Chinese versions of the Perceived Stress Scale, Psychological Consistency Scale, and Childbirth Fear Scale. A structural equation model was constructed using AMOS 23.0 software. The difference was considered statistically significant when $P < 0.05$. **Result:** In this study, the incidence of fear of childbirth among primiparous women was 69.21%, with 74.89% and 84.60% being the most afraid of uterine contractions during childbirth and injuries to the child, respectively. Psychological consistency and perceived stress both have a direct impact on the fear of childbirth and predict it. Meanwhile, stress perception can indirectly affect the fear of childbirth through psychological consistency. The fitting indices of the model are $CMIN/DF=2.085$, $RMSEA=0.058$, $GFI=0.989$, $AGFI=0.956$, $NFI=0.974$, $TLI=0.957$, $CFI=0.986$, $IFI=0.986$, $RFI=0.921$. **Conclusions:** The fear of childbirth among primiparous women is at a moderate level and needs to be reduced through appropriate intervention measures. Perceived stress and psychological consistency can directly predict the fear of childbirth in primiparous women.

References

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Lead presenter biography

Hu Xue, the chief nurse in charge, works in the Chongqing Armed Police Corps Hospital. She is currently the head nurse of the obstetrics and gynecology clinic, the disability appraiser of the Nanan District chief of Chongqing, and a specialist nurse in the operating room. He has been engaged in nursing work in operating room and obstetrics and gynecology for 18 years; undertaking clinical nursing practice teaching for 18 years, has rich experience in clinical nursing.

Poster 8 | Research on the establishment and application of symptom management plan for postpartum hemorrhage patients driven by nurse led multidisciplinary collaboration

Tuesday, 9th September - 13:10: Poster tour H - Women's Health - Poster - Abstract ID: 301

Ms. Anchun Wang (Chongqing Tongliang District Peoples Hospital)

Abstract

Objective: This study aims to construct and validate a nurse led, multidisciplinary collaboration (MDT) symptom management program for postpartum hemorrhage (PPH) patients.

Methods: This study consists of three stages: literature review, expert consultation, and empirical research. Firstly, collect best practice evidence on PPH management and nursing both domestically and internationally through systematic literature review and semi-structured interviews; Secondly, organize multidisciplinary experts such as obstetrics, anesthesia, and critical care medicine to conduct focus group discussions and form preliminary symptom management plans; Finally, PPH patients who gave birth in a tertiary hospital between June 2023 and December 2024 were selected as the study subjects and randomly divided into an intervention group (receiving MDT management plan) and a control group (receiving routine care). The main outcome measures were PPH incidence, bleeding volume, transfusion demand, and patient satisfaction..

Results: The intervention group was significantly better than the control group in reducing the incidence of PPH ($p < 0.05$), decreasing the amount of bleeding ($p < 0.01$), and reducing the need for blood transfusion ($p < 0.001$). The satisfaction of patients in the intervention group was significantly higher than that in the control group ($p < 0.05$).

Conclusions: The multidisciplinary collaboration model led by nurses has shown positive effects in symptom management of postpartum hemorrhage patients, improving nursing quality and prognosis, and is worthy of promotion and application in clinical practice.

References

1. **World Health Organization (WHO). (2012).** *WHO Recommendations for the Prevention and Treatment of Postpartum Haemorrhage*. Geneva: World Health Organization.
2. **Della Torre, M., Kilpatrick, S. J., Hibbard, J. U., Simonson, L., Scott, S., Koch, A., & Geller, S. E. (2011).** *Assessing Preventability for Obstetric Hemorrhage: A Comparison of Definitions*. *American Journal of Perinatology*, 28(10), 753-760.

Lead presenter biography

An-chun wang, 45 years old, graduated from Chongqing medical university nursing professional, has more than 20 years of clinical nursing experience, good at all kinds of rescue and nursing critically ill patients, especially placenta previa, pregnancy hypertension, all kinds of postpartum hemorrhage care has high attainments, in the national core journal table papers, participate in scientific research projects.

Poster 9 | A survey on the use of alcohol-free and low-alcohol drinks in pregnancy in the UK

Tuesday, 9th September - 13:10: Poster tour H - Women's Health - Poster - Abstract ID: 333

Dr. Kate Maslin (University of Plymouth), Dr. Heather Hopper (University of Plymouth), Ms. Smriti Kumar (University of Plymouth), Dr. Laura Harvey (Alcohol Change UK), Mr. Mark Leyshon (Alcohol Change UK), Mr. Andrew Misell (Alcohol Change UK), Prof. Jill Shawe (University of Plymouth)

Abstract

Background:

Approximately one quarter of pregnant women in Europe consume alcohol¹, influenced by a range of socio-cultural factors². Alcohol-free drinks (beers, ciders, wines, and spirits containing up to 0.05% alcohol by volume (ABV)), and low-alcohol drinks (containing between 0.05-1.2% ABV) have been increasingly available over the past 10 years, however their use in pregnancy is unclear.

Aims:

To understand the attitudes of pregnant women (and those who have recently been pregnant) to alcohol-free and low-alcohol drinks.

Methods:

An online survey was developed, piloted and refined. Women aged >18 years in the UK who were pregnant, had been pregnant or had given birth in the past year were recruited via targeted social media advertising in February 2025. The survey was administered via JISC online surveys. Descriptive statistics are presented.

Results:

There were 2092 respondents, of whom 48% (n=1001) were pregnant. The majority were between 25-34 years (n=1167, 56%), White British (n=1618, 86%) and multiparous (n=1283, 61%). In preparation for pregnancy, 42% (n=873) reduced or abstained from alcohol, but 18% (n=831) did not take any specific action to improve their health.

During pregnancy, 13% (n=282) consumed alcohol, whereas 71% (n=1491) consumed alcohol-free or low-alcohol drinks at some point. The most common reasons for consuming alcohol-free or low-alcohol drinks were to "feel included in social events involving alcohol" (n=1026, 69%) and "to choose a safer alternative" (n=1073, 72%). One fifth (19.6%, n=411) had concerns about the alcohol content and safety of these drinks. 57% (n=1188) thought there was not enough information available. Only 8% (n=176) received information from their midwife and 4% (n=87) from another health care professional about them.

Discussion/Conclusion

Although alcohol-free and low-alcohol drinks are commonly consumed during pregnancy, some women are concerned about their safety, with little information received from healthcare professionals.

References

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2. Hammer R, Rapp E. (2022) Women's views and experiences of occasional alcohol consumption during pregnancy: A systematic review of qualitative studies and their recommendations. *Midwifery*.111:103357.

Lead presenter biography

I am a senior research fellow in maternal and child.

The overall aim of my research is to improve the health outcomes of women and their families, by investigating the long-term outcomes of early nutritional exposures. I am particularly interested in preconception and pregnancy health as a mechanism for improving nutrition across generations. I am interested in applying quantitative methods, evidence synthesis and health technology to support improvements in nutritional care.

Poster 10 | Challenges and opportunities in dietary assessment of pregnant women in Tamilnadu, India

Tuesday, 9th September - 13:10: Poster tour H - Women's Health - Poster - Abstract ID: 438

Dr. Rajarajeswari Kuppuswamy (College of Nursing, ALL India Institute of Medical Sciences, Rishikesh), Mr. Rajkumar Paramasivam (Environmental Health Engineering, Faculty of Public Health, SRIHER), Mrs. Kaleeswari Gunasekaran (College of Nursing, All India Institute of Medical Sciences, Mangalagiri)

Abstract

Various techniques have been developed to obtain customary dietary intakes including the 24 hours dietary recall, diet history, Food Frequency Questionnaire (FFQ) and weighed food records which have the potential to add important perspectives to public health. None of these methods is accepted as the gold standard method which can measure an individual's nutritional intake and each has its own strength and weaknesses. Various factors have to be considered while doing pregnant women diet survey. While collecting dietary intake data through FFQ for macro nutrient estimation for a project, several challenges were encountered. Objective was to describe the challenges in dietary assessment of pregnant women in Tamil Nadu and identify the opportunities for effective dietary assessment on maternal nutrition. Dietary assessment of 683 pregnant women visiting Government health facilities in Thiruvallur, Kanchipuram and Chennai districts of Tamil Nadu was done using a detailed Food Frequency Questionnaire (FFQ) developed and validated for the study. Institutional ethics committee approved the study and informed consent was obtained from participants. Major challenges faced were length of the questionnaire, time taken to administer it and consequent participant fatigue and several cultural practices. Gaps in diet recall, portion-size estimation, purposive under-reporting and lack of knowledge leading to over-reporting, myths associated with revealing food intake by pregnant women were among other challenges. The challenges that were faced by the investigators were all reasonable and could be managed by some modification in the way the dietary assessments were conducted. Though the choice of using FFQ as a tool for dietary assessment for pregnant women is realistic, developing a concise questionnaire with pictorial representations and clues and/or use of food atlas to enhance recall, providing factual information about pregnancy diet and encouraging participants to report actual consumption will improve precision and accuracy of the dietary assessment for future studies.

References

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 2. Todd, K.S., Hudes, M. and Calloway, D.H., 1983. Food intake measurement: problems and approaches. *The American journal of clinical nutrition*, 37(1), pp.139-146.

Lead presenter biography

Dr Rajarajeswari Kuppuswamy is a community health nursing teacher at an autonomous institute under the Government of India. She has done her doctoral degree in maternal nutrition and environmental health and is currently working as an assistant professor. Had worked in various capacities as a clinical nurse, clinical instructor, senior research fellow, research manager, and assistant professor in private and government institutions across India. Had been involved in various research projects funded by ICMR, UKIERI, NIH, WHO. Is a member of various professional organizations. Currently involved in UG PG and PHD teaching and research.

Poster 11 | Bridging the Gap: Examining Symphysis Fundal Height and Estimated Fetal Weight Correlation

Tuesday, 9th September - 13:10: Poster tour H - Women's Health - Poster - Abstract ID: 156

Mrs. Stephanie Baldock (Torbay and South Devon NHS Foundation Trust), Prof. Jill Shawe (University of Plymouth)

Abstract

Background

Fetal growth assessment for those under midwifery-led care is based on symphysis-fundal height (SFH) measurements, and if deviation from the normal range occurs an ultrasound scan is advised (NICE, 2021). This can have a significant impact on the care pathway provided to women. A common occurrence within clinical practice is that once a SFH measurement has shown a need for a growth scan, women return for subsequent scans, even if the findings indicated a normal fetal weight.

Aim

To obtain preliminary information to examine SFH measurements and estimated fetal weight (EFW) correlation in relation to the total number of growth scans and re-referrals in pregnancy, to ensure appropriate referrals and reduce unnecessary intervention. To undertake PPIE to understand views on the topic.

Methodology

A mixed methods approach utilising a six-month retrospective audit in one NHS Trust in South West England, and patient and public Involvement (PPIE) with an informal discussion with five participants.

Findings

The audit found 45% of women were estimated to have a baby below the 10th centile, according to their SFH measurement. Of those, 85% of the growth scans were normal, with 15% requiring a follow up scan for an EFW <10th centile. Only 9% of women went on to have a baby born with a birthweight below the 10th centile. 49% of women received a referral for 'SFH <10th centile' or 'slow growth' which was then immediately followed by a referral for 'accelerated growth'. The continuity of carer was also assessed and 65% of the women received SFH measurements from more than two midwives throughout their pregnancy.

Discussion

Additional scans were performed due to the discrepancy between the two plotting methods. PPIE work continues. This project has the potential to reduce perinatal mortality rates and support the Saving Babies Lives Care Bundle (NHS England, 2016).

References

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Lead presenter biography

Stephanie Baldock is a Midwife with thirteen years experience, and is also an Advanced Practitioner in Ultrasound, where she has specialised in Obstetrics and Gynaecology for the last six years. Stephanie is extremely passionate in wanting to provide the highest quality care to patients and strives to continually implement evidence based practice within both the Maternity and Ultrasound departments. Stephanie has always had a keen interest in research and has been awarded a TMRF pre-doctoral fellowship looking at the the assessment of fetal growth in midwifery led care patients.

Poster tour I - Rehabilitation

Poster 12 | Research on the Construction and Application of Goal Setting based Systematic Nutritional Support Strategy in Stroke Patients with Swallowing Dysfunction

Tuesday, 9th September - 13:10: Poster tour I - Rehabilitation - Poster - Abstract ID: 291

Mrs. Wan-yi Zhang (Chongqing Emergency Medical Center)

Abstract

Objective: To explore the application effect of goal setting based systematic nutritional support strategy in stroke patients with swallowing dysfunction and improve their quality of life.

Methods: A randomized controlled trial design was used to select 80 stroke patients with swallowing dysfunction admitted to the neurology department of a tertiary hospital from July 2023 to June 2024. They were randomly divided into an intervention group and a control group, with 40 patients in each group. The control group received routine nutritional support, while the intervention group implemented a goal based systematic nutritional support strategy for a period of 4 weeks. The main evaluation indicators included nutritional indicators, swallowing function scores, and quality of life scores.

Results After 4 weeks of intervention, the levels of serum albumin and prealbumin in the intervention group were significantly higher than those in the control group ($P<0.05$), and the improvement in body mass index was better than that in the control group ($P<0.05$). The swallowing function score showed that the intervention group had significantly better swallowing function improvement than the control group ($P<0.01$). In terms of quality of life score, the intervention group was significantly higher than the control group ($P<0.05$).

Conclusions: The goal setting based systematic nutritional support strategy can effectively improve the swallowing ability and nutritional status of stroke patients with swallowing dysfunction, providing scientific basis for clinical nursing practice.

References

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Lead presenter biography

Zhang anyi, female, 40 years old, graduated from Chongqing Medical University nursing, bachelor's degree.nurse-in-charge. From September 2006 to July 2023, I was engaged in clinical nursing work in the thoracic and cardiac Surgery Department of Chongqing Emergency Medical Center, participated in the nursing and rescue of critically ill patients in the department, and had strong clinical nursing work experience in thoracic and cardiac surgery department. In 2012, I studied in the ICU of cardiothoracic surgery of Chongqing Medical University.

Poster 13 | Effect of Sequential High and Normobaric Oxygen Therapy on Clinical Outcomes and Prognosis in Patients with Mild Acute Carbon Monoxide Poisoning

Tuesday, 9th September - 13:10: Poster tour I - Rehabilitation - Poster - Abstract ID: 292

Mrs. Jiemei Jiang (The First Affiliated Hospital of Chongqing Medical and Pharmaceutical College)

Abstract

Objective This study aims to evaluate the application of sequential high and normobaric oxygen therapy in patients with mild ACOP and its impact on their clinical outcomes and prognosis. **Methods** A retrospective screening and analysis were conducted on patients with mild ACOP admitted to the First Affiliated Hospital of Chongqing Medical and Pharmaceutical College between March 2023 and August 2024. A total of 76 patients were included. Patients who received the sequential high and normobaric oxygen therapy were classified as the intervention group, while those who received single normobaric oxygen therapy were assigned to the control group. Baseline characteristics, COHb, MMSE, MBI, and hospital stay duration were compared between the two groups. **Results** Both the two group included 38 patients, with a male-to-female ratio of 25/13 vs 20/18. The mean age (year) were 42.3±13.4 vs 38.9±14.3, COHb were 17.7±4.4% vs 19.1±5.0%, MMSE were 22.7±1.4 vs 22.9±1.7, and MBI were 71.4±9.4 vs 68.9±11.1 ($P>0.05$). After 5-7 days of treatment, the intervention group showed significantly better outcomes, with COHb of (1.9±0.5)% vs (3.5±0.7)%, MMSE of (26.0±0.9) vs (24.5±1.1), MBI of (90.8±5.4) vs (80.6±6.4), and hospital stays (day) of 5.9±0.9 vs 7.5±1.4 ($P<0.05$). **Conclusion** The sequential high and normobaric oxygen therapy significantly improves the clinical outcomes of patients with mild ACOP and shortens hospital stay.

References

none

Lead presenter biography

Jiang Jiemei, female, nursing bachelor, bachelor, deputy chief nurse, engaged in clinical nursing and management of occupational diseases and poisoning. Presided over and completed 1 department level and institute level projects; participated in many provincial and ministerial level, participated in many department and bureau level projects; published several papers; deputy edited 2 monographs and edited 1 monograph.

Poster 14 | Modern Innovations in Perioperative Nutritional Management: Assessing the Impact of Individualized Nutritional Interventions on Surgical Recovery

Tuesday, 9th September - 13:10: Poster tour I - Rehabilitation - Poster - Abstract ID: 294

Mr. Wei Li (Tongliang District People's Hospital)

Abstract

Objective: This study aims to explore modern innovations in perioperative nutritional management and assess their impact on surgical recovery.

Methods and Materials: This study is a prospective, randomized, controlled clinical trial that included 300 patients scheduled for major abdominal surgery. Patients were randomly divided into two groups: Experimental group (150 patients): Received individualized nutritional interventions. Control group (150 patients): Received standard perioperative nutritional support.

Results:

Among the 300 participants, the average hospital stay was significantly shorter in the experimental group compared to the control group, 7.5 days (SD=1.5 days) versus 10 days (SD=2.0 days), with a significant difference ($P<0.001$). The incidence of complications was also significantly lower in the experimental group, 18% compared to 30% in the control group ($P<0.01$), including lower rates of postoperative infections and intestinal obstructions. Moreover, patient satisfaction scores were higher in the experimental group than in the control group (4.5 versus 3.8, $P<0.001$). Additionally, serum albumin and prealbumin levels on the third and seventh postoperative days were significantly higher in the experimental group than in the control group ($P<0.05$), indicating better nutritional status and immune function.

Conclusion: This study demonstrates that applying modern, individualized nutritional management strategies during the perioperative period can significantly enhance patient recovery efficiency and satisfaction post-surgery.

References

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Lead presenter biography

Li Wei, born in June 1987, is currently nurse-in-charge of operating room of Chongqing Tongliang District People's Hospital, member of Chinese Nursing Association. He graduated from School of Nursing of Chongqing Medical University, worked in Children's Hospital of Chongqing Medical University from 2008 to 2011, studied in the First Affiliated Hospital of Chongqing Medical University in 3 months and won the title of Excellent Student. Since 2012, he has worked in a paper in domestic authoritative academic journals.

Poster 15 | Dorsal Genital Nerve Stimulation as an Adjunctive Therapy to Control Neurogenic Detrusor Overactivity After Spinal Cord Injury

Tuesday, 9th September - 13:10: Poster tour I - Rehabilitation - Poster - Abstract ID: 432

Mrs. Evangeline Martinez (Royal National Orthopaedic Hospital NHS Trust Stanmore), Dr. Sean Doherty (University College London), Prof. Sarah Knight (Royal National Orthopaedic Hospital NHS Trust Stanmore), Mr. Richard Nobrega (University College London Hospitals NHS Foundation Trust, London (UCLH)), Dr. Lynsey Duffell (University College London)

Abstract

Introduction: Spinal cord injury (SCI) disrupts neurological pathways between bladder and brain and results in neurogenic detrusor over-activity (NDO), causing incontinence and damage to the upper tracts. Anti-muscarinic medications have intolerable side-effects. Laboratory-based dorsal genital nerve stimulation (DGNS) suppresses NDO and increases bladder capacity [1, 2], however, no neuromodulation wearable devices exist outside of the laboratory setting. This study investigated the effect of home-based DGNS using an investigational wearable device in people with SCI.

Methods: People with SCI and urodynamics-proven NDO participated in an 8-week home-based intervention using the UCon system (Innocon, DK) and adhesive electrodes. At baseline, at 8-weeks and 12-week follow-up, participants underwent 4 cycles of urodynamics: a control fill; with DGNS initiated by investigator on NDO contraction; with DGNS initiated by participant's urge sensation and a final control fill.

Maximum cystometric capacity (MCC) and maximum detrusor pressure (MDP) were primary outcome measures. Quality of life, treatment satisfaction using visual analogue scale (TSVAS) and the Quebec User Evaluation of Satisfaction with Assistive Technology (QUEST) were secondary outcomes.

HRA granted ethical approval.

Results: Twelve participants (6 female) were recruited. At baseline visit, DGNS significantly increased MCC from 272 ± 133 ml to 403 ± 162 ml ($n=10$; $p=0.01$). The increase in MCC with DGNS was associated with decrease in MDP. MCC during control and DGNS fills tended to increase after 8 weeks of DGNS at home, however, this was not statistically significant and returned to baseline at follow up. Quality of life scores did not significantly change following the intervention. Mean (SD) TSVAS score was 79(25)/100 ($n=9$) and mean (SD) QUEST score was 4.2(0.7)/5 ($n=9$).

Discussion and conclusion: DGNS, effective as medication adjunct, through a novel investigational wearable device, significantly increased bladder capacity in people with SCI and was well tolerated in the home setting over an 8-week period.

References

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Lead presenter biography

Evangeline's clinical experience spans 30 years, undertaking different roles: staff nurse, theatre practitioner, ward sister, CNS and currently an RNOH research nurse and research assistant with University College London. She is currently enrolled in the NIHR MSc Clinical Research Delivery, Kings College London. Recently, she was

awarded an NIHR Pre-doctoral Research Fellow. She is passionate in improving patient care and experience especially in the specialism of spinal cord injury and neuro-urology. She wishes to pursue research in these areas whilst developing herself as a nurse researcher. She is also a qualified Professional Nurse Advocate who promotes well-being among her colleagues.

Poster 16 | Feasibility Study of Intra-vesical Gentamicin in the Prevention of Recurrent Urinary Tract Infection in People with Spinal Cord Injury (FIGS)

Tuesday, 9th September - 13:10: Poster tour I - Rehabilitation - Poster - Abstract ID: 446

Mrs. Evangeline Martinez (Royal National Orthopaedic Hospital NHS Trust Stanmore), Mr. Frank Lee (Royal National Orthopaedic Hospital NHS Trust), Mr. Richard Nobrega (University College London Hospitals NHS Foundation Trust, London (UCLH)), Prof. Sarah Knight (Royal National Orthopaedic Hospital NHS Trust)

Abstract

Introduction and Objectives

Following spinal cord injury (SCI), neurogenic lower urinary tract dysfunction can occur, resulting in the need to empty the bladder with clean intermittent self-catheterisation (CISC) or indwelling urethral or suprapubic catheter (IDUC/SPC). Catheterisation can lead to increased risk of recurrent (r) urinary tract infections (UTI) which may require treatment with oral or intravenous (IV) antibiotics. Intra-vesical gentamicin does not cross the urothelium so may be associated with reduced side effects compared to IV or oral antibiotics. The aim of this feasibility study was to investigate the tolerability and efficacy of intra-vesical gentamicin in preventing rUTI in a patient cohort with SCI.

Methods

This study was approved by the Trust Drugs & Therapeutics Committee. Twenty-one patients who experienced rUTI (>3/year or 2 in 6 months) participated. Baseline urine culture, bladder/bowel and quality of life questionnaires and UTI history were collected and repeated at 4, 8 and 12 weeks. Patients were requested to perform instillations 3 times per week for a 12 week period at home. Patients recorded symptoms and treatment of breakthrough UTI. Gentamicin blood levels were measured on the first and last week of instillations. A questionnaire regarding acceptability of intervention was completed at 12 weeks.

Results

Twenty-one patients (12 male and 9 female) were recruited with an average age of 49.8. Sixteen used CISC, 3 used a combination of CISC and voiding, one had an SPC and one used CISC and Sacral Anterior Root Stimulator implant to void. Fifteen completed the 12-week intervention, 3 withdrew and 3 were unable to attend follow up visits up to 12 weeks. Only 3/21 patients reported a symptomatic UTI, indicating that 86% of the participants were infection free whilst in the study.

Conclusions

Intra-vesical Gentamicin intervention in preventing rUTI in an SCI cohort shows promising results and was well tolerated.

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Lead presenter biography

Evangeline's clinical experience spans 30 years, undertaking different clinical roles such as staff nurse, theatre practitioner, ward sister and CNS. She is currently a research nurse (RNOH) and research assistant with University College London. She is a master's student in clinical research delivery at King's College London and an NIHR Pre-doc Research Fellow. She is passionate in improving patient care and experience especially in the specialism of spinal cord injury and neuro-urology. She wishes to pursue research in these areas whilst developing herself as a nurse researcher. She is a qualified Professional Nurse Advocate who promotes well-being among her colleagues.

Poster 17 | Implementation of a national stroke rehabilitation survey in the Philippines: Methodological lessons learned

Tuesday, 9th September - 13:10: Poster tour I - Rehabilitation - Poster - Abstract ID: 456

Prof. Bridie Kent (University of Plymouth), Dr. Sarah Buckingham (University of Plymouth), Dr. Lorraine Faeldon (De La Salle University), Dr. Angie Logan (Royal Devon and Exeter University NHS Foundation Trust), Dr. Aira Ong (University of Plymouth), Prof. Jon Marsden (University of Plymouth)

Abstract

Background The Tulong, Ugnayan ng Lingap At gabaY (TULAY) project is co-designing a sustainable self-management community-based rehabilitation programme in the Philippines, initially for stroke survivors. Phase 1 was a national survey to establish the current structure, processes and outcomes of stroke care and rehabilitation.

Objectives To share lessons from design and deployment of the survey phase, including challenges encountered and solutions.

Methods A cross-sectional survey of care providers, stroke survivors, carers, and government officials deployed across the Philippines during Oct 2023 – March 2024. Collaboration and consultation with stakeholders in the Philippines, provided valuable contextual feedback. Ethical approval: SJREB-2023-85.

Results Key challenges were: Identifying and reaching stroke survivors; geographical; digital; language barriers; and accessibility issues. With no national stroke database in the Philippines, Mayors and Municipal/City Health Officers were utilised to help identify and reach stroke survivors. To overcome geographical barriers (e.g. isolated regions/islands), online self-completed surveys were distributed, but where not feasible, trained field enumerators were deployed to travel around the country to collect data. To overcome digital challenges (e.g. regions with poor internet connectivity, or lack of skills or access of respondents), surveys were administered in additional formats i.e. Computer-Assisted Personal Interview and Pen-And-Paper Interview. To reduce language barriers, study information and surveys were translated into multiple dialects, with enumerators fluent in the local language. To increase accessibility for stroke survivors (i.e. with sensory, cognitive or communication impairments, or illiteracy), study information and the survey were available in short, accessible formats, which could be completed with assistance from a carer or enumerator.

Conclusions This study, conducted in a low-middle income country, emphasises the need to involve consumers and stakeholders to contextualise and adapt approaches to local settings. The strategies shared maximised participation and improved the completeness and robustness of evidence.

Funding: NIHR & UK International Development.

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Lead presenter biography

Professor Bridie Kent is a Registered Nurse, with a background in both clinical and academic appointments in the UK, New Zealand and Australia, resulting in extensive experience in leadership, practice change, health workforce and implementation research. Over the last 20 years, she has led or been a co-investigator in at least 41 successful research grant applications totalling over £4.5m in the UK, AUS\$2.5m in Australia and NZ\$1.3m in New Zealand. Currently, she leads the TULAY project, funded by the UK's NIHR Global Health Policy and Systems programme, co-designing rehabilitation services in rural communities in the Philippines following stroke.

Poster 18 | Policies, Procedures and Guidelines for Criteria-led Discharge: A Scoping Review

Tuesday, 9th September - 13:10: Poster tour I - Rehabilitation - Poster - Abstract ID: 227

Mrs. Emma Brangwin (Coventry University), Dr. Agnieszka Lewko (Coventry University), Prof. Liz Lees-Deutsch (Coventry University)

Abstract

Introduction: Criteria Led Discharge (CLD) enables the delegation of selective patient discharges to non-medical registered healthcare practitioners through clinical criteria, determined by a senior medical decision maker¹. CLD can contribute to freeing bed capacity earlier in the day². However, evidence-based research into the effectiveness of CLD remains limited and implementation has been termed variable and inconsistent^{3,4}.

This scoping review focuses on international policies, procedures and guidelines relating to CLD within acute hospitals aimed to describe CLD implementation processes and to explore prerequisite human behaviours for implementation from policy to practitioner level.

Methods: Searches of publicly available regional, national and international documents on CLD were undertaken from grey literature databases, Google and websites, plus calls for evidence. A methodological framework from Joanna Briggs Institute was adapted⁵.

The search strategy included all identified keywords, and was adapted for each data source. Evidence published in English only was sought via a targeted search from January 2014 to April 2024. Two independent reviewers conducted screening. End-user collaboration was used throughout the scoping review process with engagement from the NHS Emergency Care Improvement Support Team and subject experts.

Results: 20 documents (6 countries) provided policies, guidelines, guidance, protocols, procedures and toolkits. Twelve included reference to the evidence base but the extent to which it was used varied. Six documents presented the process stages of CLD but didn't document implementation processes. Only 2 focused solely on implementation with just one referencing behaviour related to CLD implementation. The remainder using directive terminology but lacked specificity in actions required.

Conclusion: This review demonstrates evidence-based rationale and implementation processes and behaviours, is sporadic. Given the heterogeneity in purpose and scope of these documents, detailed information on implementation processes is limited. This review will inform future implementation studies and recommendations for CLD policy development.

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- ⁴ Brangwin, Emma, & ECIST. (2023). December *ECIST meeting: CLD menti feedback*.
- ⁵ Peters, M. D. J., Marnie, C., Tricco, A. C., Pollock, D., Munn, Z., Alexander, L., McInerney, P., Godfrey, C. M., & Khalil, H. (2020). Updated methodological guidance for the conduct of scoping reviews. *JBIC Evidence Synthesis*, 18(10), 2119–2126. <https://doi.org/10.11124/JBIES-20-00167>

Lead presenter biography

Emma is a Doctoral Student completing her PhD with Coventry University in the Midlands, UK. She remains employed by UHCW NHS Trust as a physiotherapist and works clinically within Orthopaedics one day a week.

The aim of the PhD is to explore the ‘elephants in the room’ surrounding CLD implementation and will seek to understand the necessary motivators required to change the behaviour of healthcare professionals, doctors and managers in order to increase engagement with a complex intervention such as CLD. This would be done using proven implementation science theory such as Michie’s ‘Behaviour Change Wheel’.

Poster 19 | Patient follow-up results and factors affecting the length of daily activities of stroke patients when they discharge to home

Tuesday, 9th September - 13:10: Poster tour I - Rehabilitation - Poster - Abstract ID: 60

Ms. PANYASUDA YEETHO (Ramadhibodi Chakri Naruebodindra Hospital.), Mrs. Putthiphorn Keskamol (Ramadhibodi Chakri Naruebodindra Hospital, Faculty of Medicine Ramathibodi Hospital, Mahidol University.), Ms. Saiphiron Janphong (Medicine Ramathibodi Hospital, Mahidol University.)

Abstract

This research study is a retrospective, descriptive and analytical study. By studying information from medical records of stroke patients who were consulted for continuing care at home to study factors affecting daily activities of stroke patients when they return home. The sample group was cerebrovascular disease patients who were admitted as inpatients and had a Barthel index score of less than 75 before being discharged home. Consultation for continuing care was sent to the Disease Prevention and Health Promotion Unit. At Ramathibodi Chakri Naruebodin Hospital from 1 January 2021 to 31 December 2023, a total of 97 cases.

The results of this study found that the sample group consisted of 43 males, accounting for 44.3 percent, 54 females, accounting for 55.7 percent, within the age range of 62 years, S.D. = 13.2, and most of the sample group had severe co-morbidities (charlson comorbidity index: CCI) is at a moderate level accounting for 48.5 percent. Barthel Index score, date before discharge follow up at home for 2 weeks and 1 month later. Data were analyzed using repeated measures ANOVA. The results of the study found that Follow-up assessment of Barthel Index scores in all 3 phases in stroke patients when they return home. There is a statistical significant difference, $p < 0.000$. The data were analyzed using Fisher's exact test to find the relationship between factors affecting the patient's daily life and the ability to use daily life (Barthel Index); gender, age, and severity of comorbidities were found to have no effect on patients' daily living ability within 1 month after discharge at $P < 0.05$.

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Lead presenter biography

Miss Panyasuda Yeetho, I am a nurse with the position of supervisor. I was born on June 19, 1987 in Ubon Ratchathani Province, Thailand. Received with a bachelor's degree Bachelor of Nursing Science from Boromarajonani College of Nursing, Ratchaburi in 2012.

Job Address: Department of Nursing, Ramadhibodi Chakri Naruebodindra Hospital, Faculty of Medicine Ramathibodi Hospital, Mahidol University. Ban Bang, Phli Yai, Samut Prakan 10540, Thailand, mail: NOIPANYA-SUDA@GMAIL.COM

University/Organization: Ramadhibodi Chakri Naruebodindra Hospital, Faculty of Medicine Ramathibodi Hospital, Mahidol University

Poster tour J - Mental Health

Poster 20 | Nurses' experiences of working during and after the COVID-19 pandemic, views on physical and mental wellbeing

Tuesday, 9th September - 13:10: Poster tour J - Mental Health - Poster - Abstract ID: 101

Ms. PATIENCE DOMINGOS (Birmingham city university)

Abstract

Background

The COVID-19 pandemic altered healthcare worldwide and tested nurses to their limits. Even though institutions prioritized patient care and staffing, nurses, who are the backbone of the profession, were often neglected. Nurses' experiences during and after the pandemic were examined in this study. Data that supports national healthcare policies, workplace retention program and workplace wellbeing campaigns, was collected to bridge the policy-practice gap.

Methods

This qualitative study was conducted at a large NHS Trust in the West Midlands, UK, that delivers acute and community care. Using Constructivist Grounded Theory method (CGT), data were collected through semi-structured interviews and focus groups with front-line nurses from different disciplines. The CGT method collected and analyzed data using coding and constant comparison to uncover themes.

Preliminary Findings

The initial results showed that nurses' physical and mental health deteriorated because of the stress they were under during and after the COVID-19 pandemic. Participants described a persistent lack of organizational support, particularly around safe staffing, psychological care, and recovery time. Many endured chronic exhaustion, musculoskeletal strain, and unaddressed trauma while continuing to care for patients.

Emerging themes include: Enduring the System, carrying the weight, wounds that cannot be seen, and struggles that are silenced. These results show the complex and frequently hidden costs of responding to a crisis, which shows the necessity for proactive, long-term support systems.

Conclusions

International comparisons show that Sweden and Canada provide better occupational health interventions and psychological support for nurses, reducing burnout and improving workforce retention. This study offers new recommendations for improving occupational health regulations, pandemic readiness, and workplace cultures to prioritize nurse wellbeing. This contributes to the workforce sustainability conversation and aims to ensure that nurses' COVID-19 sacrifices lead to meaningful long-term outcomes.

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Lead presenter biography

Specialist in public health, nurse well-being and occupational health, Patience Domingos is a registered nurse, doctoral researcher, PhD candidate at Birmingham City University. Having worked in occupational health, clinical research, and surgical nursing for more than ten years, she led her Trust's SIREN Public Health Study during the COVID-19 pandemic. Seeing the physical and psychological toll on nurses motivated her PhD studies, which elevates their voices to impact occupational health policies, workforce retention, and well-being programs. She is dedicated to bring about significant transformation in healthcare and ranked runner-up for Best Presentation at the RESCON Conference (BCU, 2024).

Poster 21 | The Future of Artificial Intelligence in Mental Health Nursing Practice: An Integrative Review

Tuesday, 9th September - 13:10: Poster tour J - Mental Health - Poster - Abstract ID: 337

Dr. Lucian Milasan (Nottingham Trent University), Mr. Daniel Scott-Purdy (Nottingham Trent University)

Abstract

Background: Artificial intelligence (AI) is increasingly being used in delivering mental healthcare worldwide. Within this context, the traditional role of mental health nurses has been changing and challenged by AI-powered cutting-edge technologies emerging in clinical practice (Wilson et al., 2023). However, the existing literature on the transformative impact of AI on mental health nursing is methodologically and conceptually limited, and underrepresented compared to general nursing (Woornutt et al., 2023).

Aim: We addressed this knowledge gap by conducting an integrative review to capture the current state of using AI in mental health practice. To achieve this, we identified and synthesised the evidence of AI-based applications that are relevant to and have the potential to enhance mental health nursing practice.

Methodology: We systematically searched five electronic databases (CINAHL, PubMed, PsycINFO, Web of Science, and Scopus). Seventy-eight studies were identified, critically appraised utilising the CASP (2018) checklists, and synthesised following a comprehensive integrative approach informed by Torraco's (2005) framework.

Results: We found that AI applications with potential use in mental health nursing vary widely from machine learning algorithms to natural language processing, digital phenotyping, computer vision, and conversational agents for assessing, diagnosing, and treating mental health challenges. Five overarching themes were identified: assessment, identification, prediction, optimisation, and perception reflecting the multiple levels of embedding AI-driven technologies in mental health nursing practice, and how patients and staff perceive the use of AI in clinical settings.

Conclusion: AI-driven technologies hold great potential for enhancing mental health nursing practice. However, humanistic approaches to mental healthcare may pose challenges to the effective integration of AI into mental health nursing. Meaningful conversations between mental health nurses, service users, and AI developers should take place to shape the co-creation of AI technologies and enhance mental healthcare in a way that promotes person-centredness, empowerment, and active participation.

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Lead presenter biography

Dr Lucian Milasan is a Senior Lecturer in Mental Health Nursing and Researcher at Nottingham Trent University (Institute of Health and Allied Professions). He is a registered mental health practitioner with over fifteen years' experience in leading community mental health initiatives and providing support to individuals experiencing a

broad spectrum of mental health difficulties. His research interests are centred on exploring lived experiences of mental distress and recovery with a particular focus on the intersection of technology, creative arts, and mental health.

Poster 22 | Mental Health Nurses' Perspectives on Cognitive Behavioural Therapy for People Diagnosed With Schizophrenia

Tuesday, 9th September - 13:10: Poster tour J - Mental Health - Poster - Abstract ID: 464

Dr. Muteb Aljuhani (Department of Community, Mental Health, and Psychiatric Nursing, Imam Mohammad Ibn Saud Islamic University (IMSIU), Riyadh, Saudi Arabia), Prof. Karina Lovell (Department of Nursing Midwifery and Social Work, The University of Manchester), Dr. Owen Price (Department of Nursing Midwifery and Social Work, The University of Manchester)

Abstract

Introduction

Cognitive Behavioural Therapy (CBT) is one of the best-evidenced psychosocial intervention for promoting personal recovery in people with schizophrenia (NICE, 2014). In Saudi Arabia, there is a shortage of healthcare professionals to deliver CBT (World Health Organization, 2017). Mental health nurses are well-positioned to address this gap and provide effective CBT intervention for people with schizophrenia (World Health Organization, 2017).

Aim

To explore mental health nurses' perspectives on the proposed CBT intervention for people with schizophrenia

Methods

Qualitative research methods, semi-structured interviews were used. Three face-to-face focus groups with 19 mental health nurses from a hospital in Saudi Arabia were conducted between December 2020 and February 2021. The interviews were analysed using framework analysis (Richie & Spencer, 1994). The proposed CBT intervention was selected from Degnan et al. (2018), which reviewed culturally adapted psychosocial interventions for schizophrenia. Key components in non-Western cultures included engagement, psychoeducation, symptom management, medication adherence, and relapse prevention.

Ethics Approval

The study was approved by the Ethics Committee of the University of Manchester (Ref: 2020-8809-15483) and the Ethics Committee of the Eradah Complex for Mental Health in Saudi Arabia (Ref: H-01-R-063-24).

Results

Three themes emerged: (1) Acceptability – Nurses acknowledged CBT value in promoting recovery for schizophrenia. (2) Barriers – Challenges included unclear roles in mental health nursing policy, dominance of the medical model, and patient engagement issues. (3) Facilitators – Supportive administration, specialised training, and family involvement were pivotal for successful implementation.

Discussion

Mental health nurses' are supportive in delivering cognitive behavioural therapy for schizophrenia but face barriers such as limited training, lack of role clarity, and organisational challenges. Clear policy frameworks, targeted training, and collaborative approaches are essential for successful implementation.

Conclusion

Mental health nurses are willing to offer CBT but need support to deliver it safely and effectively to people with schizophrenia.

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Lead presenter biography

I am an ambitious healthcare professional dedicated to delivering high-quality patient care. I hold a PhD from the University of Manchester, United Kingdom, and currently serve as an Assistant Professor in the College of Nursing, Department of Psychiatric and Mental Health Nursing at Imam Muhammad Ibn Saud University, Saudi Arabia. With over six years of experience as a nurse across various departments in general and mental health hospitals, my professional interests lie in developing, refining, and evaluating innovative interventions to enhance mental health, nursing care, and healthcare delivery.

**Poster tour K - Nursing,
midwifery or support
worker education**

Poster 23 | Developmental Strategies to Reduce Caesarean Deliveries among Health Care Professionals and Women in Uttarakhand: A Mixed Methods Study

Tuesday, 9th September - 13:10: Poster tour K - Nursing, midwifery or support worker education - Poster - Abstract ID: 395

Dr. Prasuna Jelly (All India Institute of Medical Sciences Rishikesh), Dr. Rakesh Sharma (College of Nursing, ALL India Institute of Medical Sciences, Rishikesh), Mrs. Suman Choudhary (All India Institute of Medical Sciences Rishikesh)

Abstract

Background: Over the past three decades, global cesarean section (CS) rates have risen significantly, increasing from approximately 7% in 1990 to 21% in recent years, with global rates potentially reaching 29% by 2030. Cesarean rates were lowest among 'rural poor' and highest among 'urban rich' in most Asian countries.

Aim: To explore the potential causes and effective strategies to reduce caesarean deliveries in Uttarakhand.

Methods: A mixed method study was conducted by convergent parallel design among randomly selected hospitals in Uttarakhand, from Apr. to Dec.2023. Initially, a semi-structured opinionnaire on influencing factors of increasing caesarean deliveries (CDs) was used to explore by qualitative method among healthcare professionals and women. Based on the opinion, a questionnaire was developed, including proposed strategies to reduce CDs. In quantitative strand, 200 participants, including obstetricians, midwives, and policymakers in maternity health care, were given feedback on the strategies.

Results: Qualitative data showed that women's request for CDs is an important reason. Inadequate skills in performing an assisted vaginal delivery have been associated with greater CDs. Women's reasons include fear of labor pain, pelvic floor damage, urinary incontinence, and sexuality issues. Strategies identified to reduce CDs were standardization of medical care and guidelines, adequate training, amendments to regulations, and periodic appraisal. Labor companionship and midwife-led care facilitate safer outcomes and lower CDs.

Discussion: Women's requests for CDs, and healthcare providers' inexperience in vaginal deliveries, contribute to higher CD rates (Panda et al., 2020). Adequate training, regulatory reforms, and performance appraisals are vital to improving obstetric skills (World Health Organization, 2015) along with labor companionship and midwife-led care services (Wanyenze et al., 2023)

Conclusions: Addressing the multifaceted factors requires a combination of clinical skill enhancement, policy amendments, and patient-centered approaches. Future research and policy interventions should focus on implementing and evaluating these strategies for effective maternity care.

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Lead presenter biography

I, Dr. Prasuna Jelly, work as a Nursing faculty (Associate Professor) at College of Nursing, AIIMS Rishikesh, Uttarakhand, which is an institution of national importance (INI) in India. I have 20 years of experience in nursing education, research, and administration. I am a B.Sc. Nursing, MSc(N) in Obstetrics and Gynecological Nursing, and Ph.D.(N). I have numerous research projects and published extensively in national and international jour-

nals. I worked as a nurse educator and researcher in various capacities and contributed to policy-making and academic development. I was recognized for my contributions to nursing education and nursing research (best teacher award).

Poster 24 | Establishing and evaluating research link practitioners: a pilot

Tuesday, 9th September - 13:10: Poster tour K - Nursing, midwifery or support worker education - Poster - Abstract ID: 70

Mx. Rona Inniss (Test)

Abstract

Background

This project sought to create a climate where nurses and midwives are empowered to be research active. Recognising that research active Trusts improve patient outcomes, and in line with Chief Nursing Officer ambitions and national research priorities¹⁻³, development of an evidence-based link practitioner role sought to counter the lack of awareness of research opportunities in clinical staff.

We developed and evaluated a pilot research link practitioner role as part of a longer-term ambition to establish an evidence-based, sustainable programme across a London teaching hospital. Preliminary work included collaborating with a fellow teaching hospital on a scoping review, consulting with key stakeholders within our trust and across the NHS, and establishing a steering group (who guided project design, review, and dissemination).

Initiative

The scoping review of published literature addressing research link roles in clinical settings identified 16 relevant papers but found no pre-existing validated measures of success. Data on research confidence were collected at baseline and 6 months, participants recorded activity in diaries (including predicted impact), and short qualitative interviews were conducted with participants and managers (topic guide developed with the steering group). Equality and diversity and process data were collected to contextualise data and promote inclusivity. The pilot provides training, monthly networking and education sessions, buddying and a research community for clinical nurses and midwives. While linking with our R&D department, the pilot is not focused on research delivery, rather it supports nurses and midwives to become research advocates and facilitate nurse and midwife led research.

Implications

Participants used the time to develop skills and experiential knowledge whilst supporting colleagues with research interest. One manager reported that the programme allowed recognition and reward for highly motivated nurses where job progression was not possible. Patients are better informed about studies via improved staff engagement with research and local communication boards.

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Lead presenter biography

Rona Inniss is a Clinical Nurse Specialist at Guy's and St Thomas' NHS Foundation Trust. She completed a PGDip in nursing with registration as an adult nurse and a MSc in nursing at King's College University. She recently

completed a HEE/NIHR ICA Pre-doctoral Clinical and Practitioner Academic Fellowship (PCAF) and an internal ACORN Clinical Nurse/Midwife Fellowship.

Before becoming a nurse, she studied and worked in architecture, completing a BA Hons in architecture and PGDip in architecture at Oxford Brookes University School of Architecture and her personal area of interest is in investigating patient and staff experiences of healthcare environments.

www.ronainniss.co.uk

Poster 25 | Barriers to Conducting and Publishing Scientific Research Among Nursing Faculty Members in Saudi Arabia

Tuesday, 9th September - 13:10: Poster tour K - Nursing, midwifery or support worker education - Poster - Abstract ID: 134

Dr. manal hakami (assistant professor ,department of material and child health nursing ,faculty of nursing ,al Baha university ,saudi arabia)

Abstract

Objective: Publication in highly indexed journals is a complicated process that requires research skills, including writing, conceptualizing, and communication skills, to appropriately verbalize the findings. The current study assessed the barriers faced by nursing faculty at Saudi universities in conducting scientific research and publishing in highly indexed journals.

Methods: This was a descriptive, cross-sectional study. Data were collected through convenience sampling by sending an online questionnaire to faculty members at Saudi universities. The questionnaire consisted of two parts: the first part for the demographic characteristics of staff and another part for the barriers associated with conducting scientific research and the publication process in highly indexed journals. The data was analyzed by SPSS using descriptive statistics as frequencies and percentages and inferential statistics using Chi Square test.

Results: The study included 152 participants, mainly female (70.4%) aged 30–40 years (73.7%). Most were non-Saudi (90.1%), attended government universities (82.9%), and specialized in Medical & Surgical Nursing (29.6%). Only 3.9% received publishing training, whereas 55.9% had been published in indexed journals. Barriers included difficulties following guidelines, lack of research- writing knowledge, language challenges, and financial constraints. Gender, age, university, qualifications, and training courses influenced these barriers.

Conclusion: The identified barriers included lack of training, language-related challenges, and work pressures. This study emphasizes the importance of providing support, resources, and training opportunities to overcome these barriers and enhance research productivity in the nursing field.

Keywords: scientific research, publishing, nursing faculty, Saudi universities

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Lead presenter biography

Name:Manal salem hakami

Position Assistant Professor

FaculiNursing ,alBaha university ,Saudi Arabia

phone : 05662828222 **Email:msalem@bu.edu.sa**

PHD:Research sciences in nursing and midwifery ,Doctor of philosophy ,university of Stirling 2021.

Masters:Administration in Nursing, University of Nourthumbria at Newcastle 2011

Bachelor ;BSc Nursing Sciences, King Faisal university2002 Postgraduate Certificate in Educational Leadership and Management, College of Humanities and Social Sciences, Newcastle University, UK 2009

Poster 26 | Evaluation of a prescribing consultation model

Tuesday, 9th September - 13:10: Poster tour K - Nursing, midwifery or support worker education - Poster - Abstract ID: 178

Dr. Jill Gould (University of Derby)

Abstract

Background

Medicines safety is reliant on all parts of the process being performed competently, from assessment and prescribing, to supply, and administration. To address advances in health care, an expanding evidence base, and more frequent co-morbidities, prescribers need to adapt to the growing complexity of health care (Balogh et al, 2015). This is helped by adopting and applying a reliable framework when developing prescribing practice. The PRESCRIBE-SAFER consultation model was originally formed from available evidence and further honed through evaluative research.

Aim

The aim of the study was to evaluate a prescribing consultation model

Methods

This practice development used mixed methods to gain practitioner and educator views of a prescribing consultation model. Data were gathered using an online questionnaire with a semi-interview-style questions to evaluate the model from March 2023-2024. Participants were health service employees, including health care students, or UK university lecturers who teach health care students.

Results

The first iteration of the model evaluated very well, with some key points used to develop a subsequent iteration. Most of the 34 respondents (80%) had never used the model before, but after examining it, 94% were likely or very likely to use it for future practice. Participants rated the model highly and noted potential uses as a learning tool for new prescribers, an aide-memoire, a teaching tool, and a way justify clinical decisions. Suggested changes included adding pre-assessment and review phases, and giving more emphasis on lifestyle factors.

Discussion

The findings supported the hypothesis that prescribers would find benefit in a new prescribing consultation model. Suggestions for improving some aspects of the consultation model were highlighted to help guide prescribers to attend to the range of influences on decision-making.

Conclusion

The PRESCRIBE-SAFER model shows potential to positively influence safe and effective clinical decision-making for prescribers who are developing their expertise.

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Lead presenter biography

Jill Gould has been a registered nurse since 1983, a district nurse and prescriber since 1999 and a senior lecturer since 2006. She is currently Assistance Discipline Lead for Children's Nursing, Midwifery and professional practice, at the University of Derby. She is a Queen's Nurse, a member of the Association for Prescribers and the Association of District Nurse and Community Nurse Educators. She is a keen advocate of student-centred

learning, person-centred care, and has written textbooks and articles on prescribing.

Poster 27 | The Impact of Global Health Modules on International Nursing Students' Personal and Professional Development

Tuesday, 9th September - 13:10: Poster tour K - Nursing, midwifery or support worker education - Poster - Abstract ID: 475

Dr. Chun Hua Shao (Northumbria University), Mr. Zenghao Liu (Northumbria University), Mr. Elroy Zuzad (Northumbria University), Ms. Fan Yang (Northumbria University), Ms. Tong Xin Wei (Northumbria University), Ms. Jia rong Li (Northumbria University)

Abstract

Background

International nursing students play a pivotal role in global health education. With the growing emphasis on global health issues, nursing programmes often include global health modules to broaden students' perspectives on healthcare challenges worldwide. These modules aim to enhance understanding of international health systems, cultural competence, and adaptability to diverse healthcare contexts (WHO, 2020; Taylor et al., 2021). However, the specific impact of these modules on students' personal and professional development has not been fully explored. Studies suggest that global health education influences cultural competence, empathy, and the ability to work in diverse settings (Bryant et al., 2022).

Aims

This study explores the impact of the global health module on international nursing students, focusing on how it influences their personal development, cultural awareness, and professional identity. It aims to identify key experiences and changes in attitudes or skills that contribute to their growth as healthcare professionals.

Methods

A qualitative research design was used, involving semi-structured interviews with international nursing students enrolled in a global health module in a UK nursing programme. Ethical approval was obtained before data collection. Data were analysed using thematic analysis to identify themes related to students' personal and professional development.

Results and Discussion

Findings suggest that the global health module enhances students' cultural competence, critical thinking, and professional identity. Many reported increased confidence in working in diverse healthcare settings and a deeper understanding of global health issues that influenced their patient care approach. However, challenges in integrating these insights into practice were also noted.

Conclusions and Implications

This study underscores the importance of global health education in shaping the personal and professional development of international nursing students. Findings can inform the design of future nursing curricula, equipping students with skills to work effectively in a global healthcare environment.

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Lead presenter biography

After providing a range of critical care services—including coronary care, peri-operative care, comprehensive intensive care, and cardiothoracic intensive care for both adults and children, Joy Shao became a Senior Lecturer at Northumbria University in 2007. In this role, she teaches, assesses, and facilitates student learning, helping pre-registration nursing students work towards their professional registration. Additionally, she teaches on the franchised overseas nursing programme, offering teaching support for staff and students, and contributing to programme development. Since 2013, Joy is also the Programme Leader for campus-based international nursing programmes, including MSc Nursing, MSc Nursing Leadership, and BSc (Hons) Nursing Science.

Poster 28 | Recent trends in PhD theses in nursing across eight countries: A scoping review

Tuesday, 9th September - 13:10: Poster tour K - Nursing, midwifery or support worker education - Poster - Abstract ID: 249

Dr. Helena De Rezende (Bournemouth University), Dr. Louise Mew (Milton Keynes University Hospital), Dr. Chun Hua Shao (Northumbria University), Dr. Malgorzata Nagorska (Medical College of Rzeszow University), Dr. Sigalit Warshawski (Tel Aviv University), Dr. Francisco Sampaio (Porto Nursing School), Dr. Martin Cerveny (Pavol Jozef Šafárik University), Dr. Dhurata Ivziku (Fondazione Policlinico Universitario Campus Bio-Medico), Dr. Marie-Louise Luiking (Leiden University Medical Centre), Dr. Nertila Podgorica (Health University of Applied Sciences), Mr. Tiago Manuel Horta Reis da Silva (King's College London), Dr. Luisa Teixeira Santos (Nursing School of Coimbra)

Abstract

Background: Doctoral nursing research is pivotal for advancing nursing science, enhancing patient care, and addressing healthcare challenges (Dieckmann et al., 2022). It fosters evidence-based practice, drives innovation, and cultivates highly skilled nurse researchers, academics, and practitioners. It expands knowledge, informs policy, and improves patient outcomes (Dobrowolska et al., 2021). Despite its significance, there is limited evidence regarding a comprehensive analysis of nursing PhD theses.

Aims: This scoping review aimed to explore and map the landscape of PhD theses in nursing across eight countries.

Methods: This study adhered to PRISMA for Scoping Reviews (Tricco et al., 2018) and included PhD theses in nursing published between 2020 and 2023 in the Netherlands, England, Austria, Israel, Portugal, Poland, Slovakia, and Italy. Searches were conducted across 15 national and university repositories in the eight included countries. A descriptive analysis was conducted to outline the key characteristics of the theses, while the data extracted from the results were examined using content analysis.

Results: This review included 431 PhD nursing theses, the majority of which employed quantitative methodologies and focused on patient populations and healthcare professionals. Key topics included nursing clinical care, quality of care, quality of life, home care, perinatal care, and working environment.

Discussion: The findings demonstrated progress in healthcare delivery, patient care, and nursing education, particularly through innovations in digital tools, holistic and patient-centred approaches, and professional development. However, the review identified gaps in research addressing mental health, paediatric and adolescent care, and marginalised populations. The underutilisation of mixed methods and limited interdisciplinary collaboration highlight methodological and thematic diversification opportunities.

Conclusion: This review underscores the extensive focus of nursing doctoral research on tackling significant healthcare and nursing challenges. Nonetheless, the identified gaps emphasise the need for more comprehensive and inclusive research to enhance healthcare equity and guide future nursing practices and policies.

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Lead presenter biography

Helena is a Principal Academic in Adult Nursing at Bournemouth University, specializing in patient safety research and education. With expertise in systematic reviews using Joanna Briggs Methodology and GRADE, she has published several high-quality research papers. As an engaging lecturer, she teaches research methods, literature reviews, and patient safety to undergraduate students, fostering deep understanding through interactive teaching. Helena is internationally recognized for her contributions to nursing and patient safety. Her collaboration as a visiting professor at the University of Sao Paulo, Brazil, enriches her research with a global perspective, advancing patient safety studies.

Poster 29 | A hermeneutic phenomenological study: exploring issues impacting wellbeing amongst, pre-registration adult nursing students in the North East of England.

Tuesday, 9th September - 13:10: Poster tour K - Nursing, midwifery or support worker education - Poster - Abstract ID: 250

Mr. Sam Curry (Northumbria University)

Abstract

Recently, there has been a major drive by Higher Education Institutions (HEI) within post-graduate nursing studies, to recognise and improve student wellbeing. As nursing educational institutions can no longer, afford to ignore the student voice, because of increased competition.

A plethora of literature highlights, the impacts that adult nursing students face, when it comes to their wellbeing such as psychological, economic, social, and political factors (Bekkouche *et al.*, 2022; Hamshire *et al.*, 2019). However, regarding undergraduate adult nursing student wellbeing within the North East of England, a gap within the literature has been identified.

To develop insight into the lived experiences of undergraduate adult student nurses a theoretical framework was constructed using an interpretive paradigm. Heidegger's, hermeneutic phenomenology was applied, as it was deemed an appropriate research methodology for this study, informed by the work of Braun and Clarke (Braun and Clark, 2006). Participants within this research, were a typical undergraduate adult nursing cohort, therefore giving real insight into the lived experiences of pre-registration adult student nurses.

Approval for the study was granted by Northumbria University research ethics committee.

Ten pre-registration adult student nurses, were chosen using purposive and convenience sampling, and consented. Data was collected throughout November 2022- May 2023, using semi-structured interviews using open-ended questions, and recorded. Analysis was carried out by means of using thematic analysis and kept within the principles of hermeneutic phenomenology.

Three main themes were extracted: 'seeking support', 'accessing university services', 'financial hardship', and eight subthemes: peer support, personal tutor support, staff unfamiliar with wellbeing services, lack of counselling services, impersonal, financial assistance, cost of living crisis, lost university study time.

Therefore, pre-registration adult student nurse wellbeing experiences within the North East of England can support or comprise attrition and academic attainment. This research will be presented to management to influence future University policies.

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Lead presenter biography

Sam Curry is an Assistant Professor (Practice) in Peri-operative Practice at Northumbria University where he works within the department of Nursing, Midwifery and Health within the Faculty of Health and Life Sciences. Sam started his career as an Operating Department Practitioner within the North East before gaining a teaching

post at the University as a Clinical Skills Tutor teaching Clinical Skills across all nursing and allied healthcare disciplines for several years gaining valuable academic and teaching experience. This has led to him recently being promoted to Assistant professor within the department. Sam is very passionate regarding student well-being.

Poster 30 | Assessing Disaster Preparedness and Response Among Healthcare Professionals in Saudi Arabia: A Systematic Literature Review

Tuesday, 9th September - 13:10: Poster tour K - Nursing, midwifery or support worker education - Poster - Abstract ID: 186

Mr. Thawab Alrabie (queen's belfast university)

Abstract

Abstract

Background: Disasters significantly impact healthcare systems, necessitating a well-prepared nursing workforce to ensure effective emergency response. Nurses play a critical role in disaster management by providing direct patient care, coordinating responses, and offering psychological support. However, evidence suggests that disaster nursing education remains inadequate, limiting nurses' preparedness and response capabilities.

Aim: this systematic review evaluates existing disaster nursing education, particularly in Saudi Arabia, to identify gaps and propose improvements in training and curriculum development.

Methods: A systematic literature review was conducted following PRISMA guidelines. A comprehensive database search was performed across CINAHL, Scopus, Medline, Embase, and APA PsycINFO, focusing on studies published between 2012 and 2025. Eligible studies addressed disaster nursing education, preparedness, and response. The Mixed Methods Appraisal Tool (MMAT) was used for quality assessment.

Results: Twenty-four studies met the inclusion criteria. Findings indicate that nurses often lack essential competencies in disaster triage, ethical decision-making, and emergency response protocols. Educational gaps were identified in both undergraduate and postgraduate nursing programs, with limited disaster preparedness training. Additionally, inconsistencies in course content and delivery methods were noted. Simulation-based training and Tabletop Exercises (TTE) were identified as effective teaching strategies for improving disaster response skills.

Conclusion: This review highlights the urgent need for standardized disaster nursing curricula to enhance preparedness and response competencies. Incorporating structured disaster training into nursing education will strengthen healthcare system resilience. Future research should develop evidence-based frameworks to optimize disaster nursing education and ensure competency in emergency preparedness.

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Lead presenter biography

Thawab Alrabie is a PhD student at Queen's University Belfast (QUB), specializing in disaster preparedness and response within healthcare education. With a strong background in nursing and healthcare research, Thawab focuses on enhancing disaster readiness among healthcare professionals in Saudi Arabia. Their work aims to bridge the gap between theory and practice, ensuring that emergency response training is effectively integrated into nursing curricula. Thawab has actively contributed to research and initiatives that promote resilience in healthcare systems. Passionate about improving disaster response strategies, Thawab's academic journey is dedicated to advancing policies and education that enhance emergency preparedness.

4.1 eHealth (including informatics and telehealth)

Virtual Wards: Models, Designs, and Impact – A Scoping Review

Tuesday, 9th September - 13:50: 4.1 eHealth (including informatics and telehealth) - Oral (concurrent session0 - Abstract ID: 98

Mrs. Tracey Viney (Plymouth Marjon University), Dr. Lisa Burrows (Southwest Clinical School Cornwall), Mr. Tristan Coombe (University of Plymouth), Dr. Helen Lyndon (Cornwall NHS Foundation Trust)

Abstract

Objective:

This scoping review explores the models, designs, and impact of virtual wards in delivering technology-enabled home-based care and reducing avoidable hospital admissions.

Introduction:

Virtual wards have expanded significantly, particularly during the COVID-19 pandemic, as a means of providing safe, effective care at home (Norman, Bennett & Vardy, 2023). Despite their increasing adoption, there is no universal definition of virtual wards. For this review, virtual wards are defined as "healthcare approaches that remotely monitor patients, who would typically be cared for in hospital settings, using digital technologies (Viney *et al.*, 2024)."

Methods:

A comprehensive search of EMBASE, CINAHL, HMIC, and Google was conducted, alongside gray literature searches using GrayNet, HMIC, and the British Library. Studies were screened by two reviewers, with discrepancies resolved by a third. Data extraction included frequency counts of virtual ward models, design features, and impact measures.

Results:

Virtual wards function as either substitutes for or extensions of hospital care, aiming to prevent admissions or facilitate early discharge. While some models were highly structured, others lacked explicit admission and discharge criteria. Virtual wards were primarily led by acute hospital teams, with some community-led or joint models. Most operated for 12 hours a day, 7 days a week, with multi-disciplinary teams providing care via telephone, video calls, and remote monitoring technologies.

Stakeholders, including clinicians, patients, and caregivers, influenced ward design. Key impacts included improved communication, patient-centred care, cost savings, and enhanced cross-boundary collaboration. However, challenges such as digital exclusion, staffing, and discharge planning were noted.

Conclusion:

Virtual wards offer promising alternatives to traditional inpatient care but require clear criteria, robust governance, and multi-disciplinary collaboration for sustainability. Further research is essential to evaluate long-term effectiveness and address implementation barriers.

Keywords: Virtual ward, hospital avoidance, early discharge, digital care, remote monitoring.

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Lead presenter biography

Tracey Viney qualified as a registered nurse in 2001 from Bradford University, later completing her degree and an MSc in Advancing Practice. She has worked in acute, community, virtual, and research settings and

is currently in academia at Plymouth Marjon University. She is actively growing her research, focusing on advancing nursing practice and healthcare innovation.

Affiliations:

1. Cornwall Partnership NHS Foundation Trust, Bodmin, PL31 2QN, UK.
2. School of Health and Wellbeing, Plymouth Marjon University, Plymouth, PL6 8BH, UK.

Methods to inform the development of digitally enabled nurse-led research: A regional response to the CNO Strategic Plan for Research

Tuesday, 9th September - 14:20: 4.1 eHealth (including informatics and telehealth) - Oral (concurrent session0 - Abstract ID: 183

Prof. Dawn Dowding (University of Manchester), Ms. Sharon O'Connor (Lancashire and Cumbria ICB), Ms. Jaqui Cooper (Health Innovation Manchester), Ms. Karen Palmer (Lancashire and South Cumbria NHS Foundation Trust), Mr. Peter White (Alder Hey Children's Hospital), Dr. Cristina Vasilica (University of Salford), Prof. Paula Ormandy (University of Salford), Prof. Sarah O'Brien (NHS Lancashire and South Cumbria Integrated Care Board), Prof. Michelle Briggs (University of Liverpool), Prof. Alison Brettle (University of Salford), Ms. Michelle Gardener (NHS South East Leadership Academy), Dr. Joanne Cooper (NHS England), Ms. Paula Jane Wright (Bridgewater Community Healthcare NHS Foundation Trust)

Abstract

Background:

The CNO for England released a research strategy in 2021 (1) which highlighted the importance of digitally enabled nurse-led research. This presentation outlines one English regions approach to operationalising the strategy.

Aims

To define what we mean by nurse-led digitally enabled research, identify the factors that need to be considered to action the CNO Strategic Plan for Research (CNOSP4R), and outline the methods being used to address this in one region in England (funded by NHSE).

Methodological Discussion

We have convened a group of regional leaders representing key stakeholders across diverse HEI and NHS provider organisations in our region. Together we have defined the concept of nurse-led digitally enabled research required to implement the digital ambitions of the CNOSP4R. These are:

1. Digital infrastructure to support research. This includes systems and processes essential for supporting research studies, and the infrastructure for data on nursing care and patient outcomes.
2. Nurse-led digital innovation.
3. Nurse-led studies evaluating the implementation of digital technologies and innovations.
4. Regional collection of baseline data, including the analysis of routine collected data from the Digital Maturity Assessment (organisational digital infrastructure); What Good Looks Like (Nursing related digital landscape) and SORT (assessment of organisational readiness for nursing research).
5. Co-design tailored interventions suitable or adoption by NHS organisations and HEIs to increase nurse-led digitally enabled research.
6. Ensure the patient and public voice is integral throughout the process.

Conclusion

Turning the ambitions of a national strategic plan into actions that can be implemented in organisations to improve the scale and scope of nurse-led digitally enabled research is crucial if we are to meet the ambitions of a digitally led health and care system. This has relevance to other countries which are facing similar challenges with an underdeveloped capacity in digital nursing research.

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Lead presenter biography

Dawn Dowding is Professor in Clinical Decision Making in the School of Health Sciences, University of Manchester where she leads a research group in digital health and social care research. Dawn completed her registered nurse training at St Bartholomew's College of Nursing and Midwifery, London, has a BSc(Hons) in Psychology with Nursing Studies from City University, London and a PhD in Psychology and Nursing from the University of Surrey, UK.

Perspectives and Experiences of Nurse Managers on the Impact of Artificial Intelligence on Nursing Work Environments and Managerial Processes: A Qualitative Study

Tuesday, 9th September - 14:50: 4.1 eHealth (including informatics and telehealth) - Oral (concurrent session0 - Abstract ID: 416

Dr. Nilgün Göktepe (Ordu University Faculty of Health Sciences, Department of Nursing), Dr. Seda SARIKOSE (Koç University School of Nursing)

Abstract

Background: The integration of artificial intelligence into nursing care delivery has emerged as a critical component of the evolving role of nurse managers. Artificial intelligence-supported technologies provide nurse managers with advanced tools to facilitate patient monitoring, predict high hospital bed occupancy rates, and develop workforce planning strategies.

Aims: To explore the perspectives and experiences of nurse managers regarding the impact of artificial intelligence on nursing work environments and managerial processes.

Methods: This study is designed as descriptive research utilizing the semi-structured individual in-depth interview method, one of the qualitative research approaches. This study used the maximum variation sampling method, one of the purposive sampling methods. It was completed with 22 nurse managers. Data were collected between July and August 2024 through online interviews until data saturation. Audio recordings of the interviews were transcribed and reported. Content analysis was used for qualitative data analysis. An inductive approach was used for coding. Using MAXQDA 24, initial codes were systematically assigned to text segments, participants' quotations were included under the codes, and related codes were grouped to form preliminary categories.

Results: This study identified four main themes regarding nurse managers' perspectives on the impact of artificial intelligence in nursing: applications of artificial intelligence, reflections on the nursing environment, barriers to use, and strategies for integration, along with 12 related sub-themes.

Discussion & Conclusions: This study highlights the opportunities and challenges of integrating AI into nursing practices and management. While artificial intelligence can enhance patient safety, care quality, and resource management, barriers such as infrastructure deficiencies, data security concerns, and cultural resistance hinder its implementation. The findings suggest that artificial intelligence can be a strategic tool in a nursing work environment, shaping nursing leadership and health policies. Organizational readiness, support, and empowering nurse managers through artificial intelligence leadership emerge as critical drivers for successful integration.

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Lead presenter biography

Dr. Seda Sarıköse has been an Assistant Professor at Koç University School of Nursing since February 2024. She graduated from Koç University School of Nursing in 2016 and completed her master's and doctorate at Koç University Graduate School of Health Sciences. She was nominated for the Vehbi Koç Honour Award in 2013, 2014, and 2015. She worked as a nurse in the general surgery unit at Koç University Hospital (2016-2019) and as a research and teaching assistant (2019-2024). Her research focuses on nursing management, leadership, and empowerment. She is an active member of ICN and Sigma Theta Tau International.

4.2 Mental Health

Evaluating the Effectiveness of the Resilience Intervention and Suicide Education (RISE) Programme for Malaysian Adolescents: A Mixed-Methods Pilot Study

Tuesday, 9th September - 13:50: 4.2 Mental Health - Oral (concurrent session0 - Abstract ID: 405)

Dr. Zamzaliza Mulud (Centre for Nursing Studies, Universiti Teknologi MARA), Ms. Nor Hidayu Sukardi (Centre for Nursing Studies, Universiti Teknologi MARA), Ms. Norfidah Mohamad (Centre for Nursing Studies, Universiti Teknologi MARA)

Abstract

Suicide rates among Malaysian adolescents have reached alarming levels. The National Health and Morbidity Survey indicates that the prevalence of suicide among adolescents aged 13 to 17 was 6.9% in 2017, further rising to 9.5% in 2022 (NHMS, 2022). While suicide is more prevalent among older adults globally, in Malaysia, it is the second leading cause of death among individuals aged 15 to 29 (Mazelan et al., 2022). Thus, this study aims to develop and evaluate the effectiveness of a Resilience Intervention and Suicide Education (RISE) programme for Malaysian adolescents.

This study adopts a mixed-methods research design comprising two phases. In Phase 1, the intervention was developed based on a comprehensive literature review of depression and suicide prevention strategies. The Delphi method was then employed to validate the intervention. Phase 2 involves a randomised controlled trial to evaluate the effectiveness of the intervention. The RISE programme consists of a one-day awareness talk delivered by a psychiatrist and mental health nurses, and four online sessions designed to address depression and suicide prevention. The Ministry of Education, Malaysia, granted ethical approval for this study.

The Delphi study results indicate that experts endorsed the intervention's relevance and applicability, achieving a consensus of over 85%. Subsequently, a pilot study was conducted among 30 children aged 13–18 in Klang Valley, Malaysia. The findings revealed a significant positive correlation between stress ($r = 0.61$, $p < 0.01$) and depression ($r = 0.69$, $p < 0.01$) with suicidal ideation. In contrast, mental help-seeking attitudes were negatively correlated with suicidal ideation ($r = -0.40$, $p = 0.03$). A randomised controlled trial is scheduled to commence in July of this year.

The findings emphasize the urgency of early adolescent mental health intervention, strengthening nursing roles in suicide prevention and promoting children's well-being through targeted support.

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Lead presenter biography

Dr. Zamzaliza Abdul Mulud is an Associate Professor at Universiti Teknologi MARA (UiTM), Malaysia. She holds a PhD from University College Cork, Ireland, specialising in mental health and gerontological nursing. Her research focuses on adolescent mental health promotion, caregiver burden in severe mental illness, and older adults' psychological well-being.

Navigating Care: Self-Efficacy, Psychological Well-Being, and Perceived Stigma Among Community-Dwelling Malaysian Caregivers of Individuals with Mental Illness – A Cross-Sectional Analysis

Tuesday, 9th September - 14:20: 4.2 Mental Health - Oral (concurrent session0 - Abstract ID: 406)

Ms. Norfidah Mohamad (Centre for Nursing Studies.), Dr. Zamzaliza Mulud (Centre for Nursing Studies.), Mr. Muhammad Ridzwal Shik Jan (University Malaya Medical Centre, Jalan Prof Diraja Ungku Aziz 59100 Kuala Lumpur), Mr. Muhammad Naim Sahron (Emergency Department, Gleneagles Hospital Penang, 1, Jalan Pangkor, 10050, Georgetown, Pulau Pinang)

Abstract

Caregivers play a vital role in providing essential support to individuals with mental illness, who often encounter substantial social, emotional, and physical challenges. However, caregivers themselves frequently face significant difficulties, including stigma, which may adversely affect their self-efficacy and overall well-being (Samari et al., 2022). Thus, this study aims to identify the factors that predict perceived stigma among Malaysian caregivers of individuals with mental illness.

A cross-sectional study was conducted among 147 caregivers of individuals with mental illness. Data were collected using a self-administered questionnaire comprising the General Self-Efficacy Scale (GSE), the General Health Questionnaire-12 (GHQ-12), and the Affiliate Stigma Scale (ASS) to assess self-efficacy, psychological well-being, and perceived stigma, respectively. Ethical approval for the study was obtained from the Faculty Ethics Review Committee, Universiti Teknologi MARA, and the Medical Research Ethics Committee, University Malaya Medical Centre.

A multiple linear regression analysis was conducted to examine the predictive relationship between sociodemographic factors, psychological well-being, and self-efficacy with perceived stigma. The regression model was statistically significant ($F(6,140) = 11.050, p < 0.001$), explaining 32.1% ($R^2 = 0.321$) of the variance in total stigma. Key findings indicate that psychological well-being ($B = -0.874, p < 0.001$), total hours of caregiving ($B = -2.332, p = 0.047$), type of mental illness ($B = -3.176, p = 0.006$), and caregiver's age ($B = -2.554, p = 0.043$) significantly predict perceived stigma.

This study highlights the key factors influencing perceived stigma among Malaysian caregivers of individuals with mental illness. Psychological well-being, caregiving hours, type of mental illness, and caregiver age emerged as significant predictors of stigma. Enhancing caregivers' well-being and implementing targeted support interventions may help mitigate stigma perceptions. Future research should examine additional psychosocial and contextual factors to develop more effective strategies to strengthen caregiver resilience and improve their overall quality of life.

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Samari, E., Teh, W.L., Roystonn, K., Devi, F., Cetty, L., Shahwan, S. and Subramaniam, M., 2022. Perceived mental illness stigma among family and friends of young people with depression and its role in help-seeking: a qualitative inquiry. *BMC psychiatry*, 22(1), p.107.

Lead presenter biography

Norfidah Mohamad is a Senior Lecturer at the Centre for Nursing Studies, Faculty of Health Sciences, Universiti Teknologi MARA (UiTM), Puncak Alam Campus. With a strong background in nursing education and clinical practice, she is dedicated to advancing nursing knowledge and patient care. Her expertise includes cardiovascular nursing, self-care management, and nursing workforce planning. She has actively contributed to research, curriculum development, and collaborative healthcare initiatives. As a lead presenter, she shares her insights

on evidence-based nursing practices, aiming to enhance healthcare outcomes and professional growth in nursing education and practice.

Identifying priorities for enhancing village health volunteer's mental health recovery practices in rural communities: A nominal group technique study

Tuesday, 9th September - 14:50: 4.2 Mental Health - Oral (concurrent session0 - Abstract ID: 154)

Ms. Chonmanan Khanthavudh (King's College London), Dr. Annmarie Grealish (King's College London), Dr. Vasiliki Tzouvara (King's College London), Dr. Mary Leamy (King's College London)

Abstract

Background

The World Health Organization (WHO) and Thailand's national policy advocate for recovery-oriented, community-based mental health care. Lay health providers, such as Village Health Volunteers (VHVs), are critical in primary healthcare in low- and middle-income countries but remain underutilised in mental health services.

Aim

To identify key priorities to enhance VHVs' contributions to recovery-oriented care, which will be presented, alongside nurses' role in supporting this effort.

Methods

The Nominal Group Technique (NGT) was used with VHVs, individuals with mental ill-health/caregivers, nurses, and other healthcare professionals (HCPs) from three rural subdistricts in Northern Thailand. Participants were purposively recruited. Three NGT groups were conducted (August-October 2024): in-person for service providers (VHVs and HCPs) and service users/caregivers, and online for HCPs. Structured stages of idea generation, sharing, discussion, and ranking identified top priorities. Data were analysed using content analysis.

Results

Eighteen participants attended one of three NGT groups and generated 94 ideas in response to four questions. Four themes were identified: (1) Expansion of VHV's mental health role, including vocational support, family support, emotional support, and community reintegration; (2) Stigma reduction, focusing on changing attitudes, and enhancing mental health literacy; (3) Training needs for stigma reduction and mental health awareness education; (4) Common mental health conditions, including psychosis and depression.

Discussion

This study advances global knowledge by demonstrating how stakeholder engagement identifies priorities to enhance mental health recovery. Key priorities included vocational support, family involvement, community reintegration, and counselling skills. Stigma reduction, crucial to recovery, can be addressed through awareness and literacy efforts.

Conclusion

Findings highlight key priorities to strengthen community mental health care. As supervisors of VHVs, nurses, with support from mental health professionals, can train, guide, and advocate for VHVs, bridging gaps in recovery-oriented care and improving mental health outcomes in these communities or similar settings with limited healthcare workforce.

References

N/A

Lead presenter biography

Chonmanan Khanthavudh, also known as Nooknik, is a mental health nurse by background and is currently pursuing a PhD in the Division of Care in Long Term Conditions at Florence Nightingale Faculty of Nursing,

Midwifery, and Palliative Care, King's College London. Her research focuses on mental health recovery and the implementation of recovery-oriented practices in community and primary mental health care settings.

4.3 Women / maternal health

Socio-economic and cultural factors affecting Maternal and Infant Mortality in Uttarakhand: A Mixed-Method study

Tuesday, 9th September - 13:50: 4.3 Women / maternal health - Oral (concurrent session0 - Abstract ID: 452)

Dr. Prasuna Jelly (All India Institute of Medical Sciences Rishikesh), Prof. Suresh K Sharma (All India Institute of Medical Sciences Jodhpur), Prof. Vartika Saxena (All India Institute of Medical Sciences Rishikesh)

Abstract

Background: Despite several efforts made to overcome the issues of delayed maternal care,

Aim: To explore socio-economic and cultural factors influencing maternal and infant mortality among live and deceased mothers and/or infants.

Methods: A mixed-method study using a convergent parallel design involved purposively selected 98 healthy mothers and families, 41 families with maternal or infant mortality in one year, and 123 healthcare workers. Data was collected from Jan 2021 to Dec 2022. Socioeconomic and cultural practices during the perinatal period, along with factors contributing to mother and infant mortality, were collected by self-structured questionnaire. In-depth interviews were conducted with 25 healthy post-natal mothers and family members, and 18 families who lost either mother and/or infant for qualitative data. Data analysis was performed using SPSS (24.0) and NVivo software.

Results: Men and mothers-in-law make the decision to seek healthcare in most houses, and women have a low voice to demand their needs. Meior themes evolved related to restrictions on diet during pregnancy, such as avoiding yellow-colored fruits (90%), eating less food during pregnancy (95%), social restrictions during delivery (84%), and not feeding infant for three days as they believed that the colostrum is not good for the baby (40%).

Discussion: Sociocultural norms and patriarchal structures, where men and mothers-in-law dominate health-care decisions, limit women's autonomy, increasing risks during pregnancy and childbirth (Kalindi et al., 2023). Dietary restrictions during pregnancy can cause malnutrition and complications for mother and fetus (Belay et al., 2022; Pandit et al., 2021). Social restrictions during delivery (84%) and withholding colostrum (40%) due to misconceptions further harm maternal and newborn health (Asaro et al., 2023).

Conclusions: Cultural practices and gender-based decision-making limit women's autonomy in healthcare. Harmful beliefs about diet, delivery, and breastfeeding persist, potentially impacting maternal and newborn health. Efforts should be directed to motivate health-promotion practices.

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Lead presenter biography

I, Dr. Prasuna Jelly, work as a Nursing faculty (Associate Professor) at College of Nursing, AIIMS Rishikesh, Uttarakhand, which is an institution of national importance (INI) in India.

I have 20 years of experience in nursing education, research, and administration. I am a BSc Nursing, MSc (N) in Obstetrics and Gynecological Nursing, and PhD(N).

I have numerous research projects and published extensively in national and international journals.

I worked as a nurse educator and researcher in various capacities and contributed to policy-making and academic development. I was recognized for my contributions to nursing education and nursing research (best teacher award).

Effect of macro nutrients and household environmental factors on birth weight in selected districts of a southern state in India: A mixed method study

Tuesday, 9th September - 14:20: 4.3 Women / maternal health - Oral (concurrent session0 - Abstract ID: 392)

Dr. Rajarajeswari Kuppuswamy (College of Nursing, ALL India Institute of Medical Sciences, Rishikesh), Prof. Vidhya Venugopal (Environmental Health Engineering, Faculty of Public Health, SRIHER), Mr. Rajkumar Paramasivam (Environmental Health Engineering, Faculty of Public Health, SRIHER)

Abstract

Background: Understanding the relationship between maternal nutrition and birth outcomes may provide a basis for developing nutritional interventions. Nearly 50% of households in Tamil Nadu recorded one or more other sources of indoor air pollution including biomass fuels, passive smoking, usage of kerosene, incense or mosquito coils.

Aims: The study aimed to assess the macro nutrient intake of pregnant women and analyse the household environmental factors on birthweight.

Methods: An exploratory sequential design was used on 683 pregnant women who were recruited with written informed consent from 110 villages and 17 urban areas of three districts through a simple random sampling technique. The participants were a subset of the larger epidemiological study 'Tamil Nadu Air pollution and Health Effects' (TAPHE) funded by the Indian Council of Medical Research (ICMR). Food Frequency Questionnaire (FFQ) was developed and validated against two 24- hour diet recalls. Short exposure questionnaire was used and birth weight was recorded. Institutional ethics committee approved the study with No. IEC-NI/11/OCT/25/63, informed consent obtained from participants.

Results: Pregnant moderate workers 60.46%, 4.25% of sedentary workers consumed more than 75% of the recommended calories. 73.1% and 61.9% consumed less carbohydrates and protein respectively which was significant. House type ($F=3.289$, $p=0.038$) house construction ($F=9.301$, $p=0.002$) showed a statistically significant association with birth weight. It was found that age and hemoglobin status of the mother could be considered as Primary Predictive Factors for the birth weight.

Discussion: Studies combining nutritional and environmental risks were undertaken globally but with nutritional measures as confounders. This study assessed macro nutrients and household environmental factors to find the predictors of birthweight.

Conclusion: Pregnant women who live in a kutcha house with less ventilation and presence of visible dust and in an unclean residential surrounding, who uses dirty cooking fuel is more likely deliver a LBW baby.

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Lead presenter biography

Dr Rajarajeswari Kuppaswamy is a community health nursing teacher at an autonomous institute under the Government of India. She has done her doctoral degree in maternal nutrition and environmental health and is currently working as an assistant professor. Had worked in various capacities as a clinical nurse, clinical instructor, senior research fellow, research manager, and assistant professor in private and government institutions across India. Had been involved in various research projects funded by ICMR, UKIERI, NIH, WHO. Is a member of various professional organizations. Currently involved in UG PG and PHD teaching and research

4.4 Cardiovascular and thoracic care

A dialogical narrative analysis of illness stories of individuals who have experienced myocardial infarction.

Tuesday, 9th September - 13:50: 4.4 Cardiovascular and thoracic care - Oral (concurrent session0 - Abstract ID: 35)

Ms. Jacqueline Hutchison (Northumbria University)

Abstract

Background

Cardiovascular disease contributes to a third of all deaths, with Myocardial infarction (MI) being the leading cause of death globally (Lindstrom et al., 2021). Strategies to reduce rates focus on modifying risk factors (World Heart Federation, 2023).

Aims

This study sought to understand how individuals, following MI, made sense of their experiences and made decisions about health practices.

Method

Employing an interpretive narrative methodology, University ethical approval was granted to collect stories, using purposive sampling. Interviews, photographs and diaries of 17 participants were collected from between June 2016- January 2024. Using Dialogical Narrative Analysis, core narratives were constructed and a dialogue initiated with the data aimed at considering what stories were told, and what stories 'do'. Story themes, narratives and typologies were constructed from the spatiotemporal structures found in story.

Results

Results demonstrated the changing relationship between the body, space and time in chronic illness, revealing four narrative typologies: Enduring, transformative, delaying, or overwhelming. Spatiotemporal structures used by clinicians were linear and curative, compared to patients, whose story structures were fluid and focused round long-term management.

Discussion

Four new typologies contribute towards better understandings of the lived experience post MI. Results have significance for how individual narratives are positioned relative to dominant medical narratives. Norms of practice for analysing narratives privilege the clinician's perspective and silence those that are chaotic. These results question normative narrative practices and provides a framework to open up stories otherwise not heard.

Conclusion

Results have a number of implications; for health policy and understanding the limits to debates about personal responsibility for modifying behaviour; informing health promotion strategies and interventions for individuals following MI to provide support for long-term management; narrative approaches that give voice to experiences that are otherwise silenced.

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Lead presenter biography

The author is an Assistant Professor in the Department of Nursing, Midwifery & Health at Northumbria University. A dedicated and experienced Adult Nurse Lecturer, having expertise in the NHS and University Sector.

Their specialist expertise is in Critical Care with particular emphasis on Intensive Care. They have a particular interest in medical sociology, having a honours degree in Sociology and Social Anthropology.

Testing the feasibility and acceptability of a simulation trial to evaluate the effectiveness of alternate wording for ambulance call-handlers to overcome barriers to CPR?

Tuesday, 9th September - 14:20: 4.4 Cardiovascular and thoracic care - Oral (concurrent session0 - Abstract ID: 253)

Dr. Barbara Farquharson (University of Stirling), Dr. Gareth Clegg (University of Edinburgh), Prof. Marie Johnston (University of Aberdeen)

Abstract

Background

We previously identified behavioural barriers to CPR in 999 calls¹ and developed 'behaviourally-informed responses to barriers' (BIRB) to help call-handlers better overcome them.

Aim

To explore the acceptability and feasibility of simulation trial to evaluate the effectiveness of new wording (BIRB) for call-handlers.

Methods

Adult lay-people were invited to participate in a study about their responses to a 'simulated home emergency'. Simulations were conducted (May-June 2024) and video-recorded using MSTeams. Measures proposed for trial (inc. primary outcome: time to CPR), mood (pre&post) and satisfaction with instructions were collected. Qualitative interviews were conducted after simulation.

Results

A diverse sample of 20 volunteers was readily recruited to the simulation via the SHARE register². Recording issues occurred during two simulations but primary outcome was collected for 18 (90%) participants. Questionnaires were readily completed, mostly independently (75%) some (25%) with support.

Most participants (n=16) found both the simulation and study acceptable, 11 (58%) finding it beneficial/enjoyable, none unacceptable.

Participants suggestions for improvements for simulation study included: questionnaire modifications; additional explanation about mannikin and physical element. The simulation reproduced the barriers to CPR that the intervention was designed to address as follows: (i) Perceptions of physical barriers expressed in 55% of simulations (vs. 38% in 999 calls), (ii) fear of doing harm expressed 15% (vs. 8.5% in 999 calls) (iii) strong emotion apparent in 5% simulations (vs. 45% in 999 calls) (iv) concerns about futility expressed 0% in simulation (vs. 17.5% in 999 calls) and (v) not knowing how to do CPR was expressed 0% (vs. 8% 999 calls).

Conclusions

Study procedures largely worked well and were acceptable to participants. However, simulation will provide limited opportunities to deploy the alternative wording, and, given the less extreme emotion, results might not translate to real-world effectiveness. Evaluation in the context of live calls is recommended.

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2. The Scottish Health Research Register & Biobank (2025) Register for SHARE. <https://www.registerforshare.org/>, last accessed 10/03/2025

Lead presenter biography

Dr Barbara Farquharson is Associate Professor at the University of Stirling and currently funded by a British Heart Foundation NMAHP Career Development Fellowship

Exploring Variations in Opioid Information Provision at Discharge for Thoracic Surgery Patients Using the FRAM Methodology

Tuesday, 9th September - 14:50: 4.4 Cardiovascular and thoracic care - Oral (concurrent session0 - Abstract ID: 385)

Mr. James Foley (King's College London), Ms. Hannah Balane (University College London), Dr. Yogini Jani (CMORE-Centre for Medicines Optimisation Research and Education, UCL), Dr. Xolani Dereck Gondongwe (University College London Hospitals NHS Foundation Trust, London (UCLH)), Dr. Alison Finch (University College London Hospitals NHS Foundation Trust, London (UCLH))

Abstract

Background

Ensuring patients receive clear and appropriate opioid information at discharge is essential for safe pain management and adherence. Variability in communication may cause confusion, misuse, and harm. National guidelines, including NICE (2016) and the Faculty of Pain Medicine (2021), provide best practices, yet inconsistencies remain.

This interdisciplinary study, conducted as part of a National Institute for Health and Care Research (NIHR) undergraduate research internship (NIHR304527), applied the Functional Resonance Analysis Method (FRAM) (Hollnagel, 2012) to assess opioid-related discharge communication in a thoracic surgery setting, identifying areas for improvement.

Aims

To evaluate how opioid information is communicated at discharge, comparing Work-as-Imagined (WAI), Work-as-Done (WAD), and Work-as-Described (WADes) to identify discrepancies and improve standardised discharge practices.

Methods

A mixed-methods observational cohort study was conducted over six weeks in 2024 in a specialist thoracic surgery unit. Data collection comprised:

- **107** discharge summaries (WAD) reviewed for opioid documentation.
- **Five** clinician-patient discharge observations (WAD) mapped against best practice guidelines.
- **Nine** clinician semi-structured interviews (WADes) exploring perspectives on opioid communication.

Data Analysis

A qualitative thematic analysis was conducted for interviews and observations using the Framework Method, while quantitative data from discharge summaries were analysed using descriptive statistics. The FRAM methodology was applied to compare WAI with WAD, identifying key variations.

Results

- **80% (n=4)** of clinicians used “strong painkillers” rather than “opioids.”
- **100% (n=5)** mentioned constipation and drowsiness, but addiction and overdose were rarely discussed.
- **20% (n=1)** provided administration guidance; none discussed disposal.
- **0%** of discharge summaries included tapering or disposal instructions (NICE, 2016).

Discussion & Conclusions

Variability in opioid discharge communication highlights the need for standardised clinician education, structured discharge counselling, and improved documentation to enhance patient safety and adherence. Findings

may inform policy to support consistent opioid communication in clinical practice, improving pain management and patient education.

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Lead presenter biography

James Foley is a Student Nurse at King's College London – Faculty of Nursing, Midwifery, and Palliative Care, keenly interested in research and evidence-based practice. He has explored ways to enhance patient education and engagement through the King's Undergraduate Research Fellowship (KURF) and a National Institute for Health Research (NIHR) undergraduate research internship.

James focused on improving patient understanding and communication during his clinical placement in thoracic surgery. His research explores how discharge education influences patient outcomes, intending to make information clearer and more accessible. He is passionate about ensuring patients feel informed, confident, and supported in their care.

4.5 Workforce and employment

Knowledge, Attitudes, and Practices of Nurses Addressing Social Determinants of Health in The Emergency Department

Tuesday, 9th September - 13:50: 4.5 Workforce and employment - Oral (concurrent session0 - Abstract ID: 115

Dr. Juan M Gonzalez (University of Miami School of Nursing and Health Studies), Dr. Michele Upvall (Barry University), Dr. Johis Ortega (University of Miami School of Nursing and Health Studies), Dr. John McFadden (Barry University)

Abstract

Background: The emergency department (ED) is considered the safety net for many individuals with limited primary care access. ED nurses are often the first point of contact for individuals with limited resources. Current literature demonstrates an association between social determinants of health and the number of times an individual presents to the ED.

Purpose: The purpose of this qualitative descriptive study was to explore the knowledge, attitudes and practices of nurses addressing social determinants of health in the emergency department. The aim of the study was to gain further understanding of this phenomenon and give voice to emergency nurses through the process.

Methods: Qualitative descriptive methodology was used to explore how ED nurses address social determinants of health (SDoH) as well as their knowledge, attitudes and practices related to this phenomenon.

Results: Eighteen emergency nurses participated in semi-structured interviews. Data was analyzed using thematic analysis, which produced 45 codes, 17 categories and six main themes. These were *practical wisdom, navigating and overcoming barriers, integrated solutions, ED nurses' professional and ethical stewardship to address SDoH, the clock is ticking: time constraints and institutional influences, and educational empowerment.*

Conclusions: Findings highlight the complexities ED nurses face in addressing SDoH and underscore the need for enhanced resources and educational support. More research with larger samples is needed to explore targeted interventions and to assess the long-term impact on patient outcomes.

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Lead presenter biography

Dr. Juan M. Gonzalez, DNP, PhD, APRN, FAANP, is an Associate Professor of Clinical at the University of Miami School of Nursing and Health Studies. With over a decade of teaching experience, he has received numerous awards, including Teacher of the Year and Clinical Faculty Excellence. A Fellow of the American Association of Nurse Practitioners, Dr. Gonzalez has authored over 60 peer-reviewed publications, abstracts, and book chapters. His work focuses on emergency nursing, point-of-care ultrasound, health promotion, and the impact of social determinants of health on patient care in the Emergency Department.

The Perception of Workplace Gender Discrimination for Women Nurses: Scale Development and Validation

Tuesday, 9th September - 14:20: 4.5 Workforce and employment - Oral (concurrent session0 - Abstract ID: 158

Ms. Patricia Gauci (Western Sydney University), Dr. Kate O'Reilly (Western Sydney University), Dr. Laurretta Luck (Western Sydney University), Dr. Pen (Wenpeng) You (Western Sydney University), Prof. Kath Peters (Western Sydney University)

Abstract

Background Despite research highlighting the disproportionate number of men in advanced practice and leadership positions in nursing (Punshon et al., 2019), workplace gender discrimination as perceived by women nurses remains under researched.

Aim To outline the development and validation of a scale designed to measure the perception of workplace gender discrimination for women in nursing.

Methods Scale development and testing comprised a three-stage process consistent with recommendations for scale development (Boateng et al., 2018). HREC approval H15443.

We used a rigorous approach to item development, including undertaking and publishing two comprehensive literature reviews and conducting a qualitative study. The final version of the instrument consisted of 29 items with a five-point Likert scale response. Survey data collected from 173 participants between September to November 2023 were used in an exploratory factor analysis (principal axis factoring with varimax rotation).

Results Exploratory factor analysis showed there were four factors with an eigenvalue greater than 1. All 29 items were loaded onto a factor, with 28 items shown to have a factor loading of 0.51 or greater. The four factors collectively account for 71.27% of the total variance. The 29-item scale produced a Cronbach's α of 0.964, confirming good internal consistency.

Discussion Given the multifaceted nature of gender discrimination, and the difficulty of measuring something which is often unconscious and embedded, women themselves may not identify that they have been subject to discrimination. As such, this scale addresses the nuanced and hidden, as well as the more overt forms of discrimination.

Conclusion This is the first valid and reliable tool to measure the perceptions of workplace gender discrimination for women in a woman dominated profession. It is our hope that this research tool will be used not only within nursing, but also with some modification, be relevant in other women dominated professions.

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Lead presenter biography

Patricia Gauci is a Lecturer in the School of Nursing and Midwifery at Western Sydney University, where she teaches in the undergraduate nursing program. Patricia have been teaching nursing students for fifteen years and has over 25 years acute care clinical experience. Currently pursuing a PhD, her research focuses on women in nursing and workplace gender discrimination, with a particular emphasis on feminist methodology.

4.6 Inequalities in health

“I am not a priority”: ethnic minority experiences of navigating mental health support and the need for culturally sensitive services during and beyond the pandemic.

Tuesday, 9th September - 13:50: 4.6 Inequalities in health - Oral (concurrent session0 - Abstract ID: 140)

Dr. Evgenia Stepanova (University of Newcastle), Dr. Sarah Croke (University of Manchester), Dr. Ge Yu (King's College London), Dr. Oladayo Bifarin (Liverpool John Moores University), Prof. Maria Panagioti (University of Manchester), Dr. Yu Fu (University of Liverpool)

Abstract

Background

Existing health inequality and lack of timely support have been the reality for most of the ethnic minorities living with mental health conditions pre-pandemic. Limited access to services and the absence of culturally or religiously embedded care exacerbates mental health conditions.

Aims

To explore the complexity of interactions between ethnic minorities and mental health services and their experiences of seeking and receiving mental health support throughout the pandemic.

Methods

Semi-structured interviews with purposive and snowball sampling of ethnic minorities aged over 18 (n=32) across North-East and North-West in England, were analysed using a framework approach. Data was collected between March to September 2023

Results

Five themes were generated: (1) Barriers to managing mental health challenges, (2) Limited engagement with health services, (3) Preference for community support, (4) Reliance on community support during service disruptions, and (5) The need for service-community collaboration. Cultural stigma led to fear and reluctance to seek support. Many avoided non-culturally sensitive services, preferring community support, which remained vital during the pandemic. Participants called for greater collaboration between mental health services and ethnic minority communities to improve culturally responsive care.

Discussion and Conclusions

Stigma, language barriers, and inconsistent service information systematically exclude ethnic minorities from accessing timely mental health support. Many face services that fail to recognise or adapt to their cultural needs, forcing them to seek help in community spaces not designed for mental health care. Integrated Care Systems (ICS) have a responsibility to challenge this inequity by leveraging existing community knowledge and promoting socialised power, fostering genuine partnerships that place ethnic minority voices at the centre of service design. Without systemic change, these communities will remain underserved, perpetuating cycles of exclusion and unmet mental health needs.

This paper is currently under review with BMJ Mental Health.

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Lead presenter biography

Dr Oladayo Bifarin is a clinical academic in mental health nursing, serving as Senior Lecturer at Liverpool John Moores University and Research Effectiveness Lead at Mersey Care NHS Foundation Trust. He focuses on mental health care pathways, cultural influences on caregiving, and tackling health inequalities. As an NIHR Senior Research Leader, he builds research capacity among under-represented disciplines, such as nurses and allied health professionals, while advancing global mental health and reducing inequities.

Exploring the barriers that may be preventing people from ethnic minorities becoming or progressing as Advanced Practitioners in the NHS within the East of England

Tuesday, 9th September - 14:20: 4.6 Inequalities in health - Oral (concurrent session0 - Abstract ID: 184

Dr. NM Cushen (University of Suffolk), Dr. Ella Malloy (Univesrity of Suffolk)

Abstract

Background: The NHS is increasingly employing advanced practitioners (APs) to reduce hospital admissions, improve service efficiencies, improve continuity of care and increase patient satisfaction. Evidence suggests that there has been a widening of disparities in the equality, diversity, and inclusivity (EDI) of health care professionals progressing into more advanced roles and leadership positions.

Aim: To obtain a greater understanding the barriers to practitioners from ethnic minorities becoming or progressing as APs.

Ethical Considerations: Ethical approval to complete this study was received from the University of Suffolk, Research Ethics Committee (REF: RETH(S)22/050).

Methods:

A qualitative phenomenological approach was used to explore these issues because it allowed for the exploration of the perceived barriers and experiences that were impacting the career progression of APs. A purposeful sample of stakeholders from different roles (APs from an ethnic minority, Organisational AP Leads (OAPL), and Higher Education Institution Advanced Clinical Practice Programme Leads (ACPPL)) completed semi-structured interviews.

Findings:

Sixteen participants completed this study: eight APs, five OAPL, and three ACPPL. Three overall themes emerged. The first related to the work experience of APs, with subthemes involving under recognition and unequal access to training, workplace harassment, and pay. Theme two related to unfair recruitment processes and career progression of APs (including underrepresentation in senior management roles). And the third theme included suggestions of how to address the identified issues, including support from line manages, access to higher education, self-motivation, and maintaining good work relationships. The need for more accurate information about the numbers of APs from ethnic minorities was highlighted.

Conclusion:

The participants described several barriers to people from ethnic minorities becoming or progressing as APs and several factors that could positively influence career development.

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Lead presenter biography

Dr Noreen Cushen-Brewster

Noreen is a registered nurse and she has held many senior clinical leadership and research roles in Ireland, Australia and across the East of England. Throughout her career she has worked strategically with national bodies as well as with charitable and voluntary organisations. She completed her Professional Clinical Doctorate in Nursing at the University of Essex in 2007. She is currently working as an Associate Dean for research and knowledge exchange at the University of Suffolk.

The intersection between ageing, domestic violence and abuse and rurality: scoping review

Tuesday, 9th September - 14:50: 4.6 Inequalities in health - Oral (concurrent session0 - Abstract ID: 185

Prof. Julie Taylor (University of Birmingham), Prof. Caroline Bradbury-Jones (University of Birmingham)

Abstract

The aim of this scoping review was to consider what the literature says about the intersection between ageing, domestic violence and abuse (DVA) and rurality. Seven databases (CINAHL, Embase, Google Scholar, APA PsycInfo, Scopus, Social Policy and Practice and MEDLINE) were searched, with results limited to English language and published since 2002. We used the updated Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) for transparency and rigour. To aid the reporting we focused on Patterns, Advances, Gaps, Evidence for practice and Research recommendations (PAGER).

A total of 49 articles representing 45 studies comprised the final dataset. Clear patterns were found in country distribution, with few European studies and none in the UK. The majority were quantitative, largely prevalence studies that varied in design and definition. There were four intervention studies, but effect was not measured in any.

The nature of domestic abuse in later life and in rural areas was found to be largely psychological, financial and neglectful, with physical and sexual abuse less reported than amongst younger groups. A key theme was the importance of culture and diversity in traditional rural communities. Many studies made recommendations about what might be helpful, but none were tested. We used a four-level socioecological model to describe the intersectionality of DVA, rurality and older age. Male dominance, traditional beliefs and geographic isolation create a complex interplay between these three factors.

Whilst DVA is always complex, both older age and rural communities can exacerbate difficult and challenging situations. Nurses are extremely well positioned to recognise and respond to the intersectional nature of this unique phenomenon.

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Lead presenter biography

Julie Taylor is a nurse scientist specialising in child maltreatment and has extensive research experience with vulnerable populations using a wide range of qualitative and participative methods. She is Professor of Child Protection and of Head Nursing and Midwifery at the University of Birmingham. Her research programme

is concentrated at the interface between health and social care and is largely underpinned by the discourse of cumulative harm and the exponential effects of living with multiple adversities (domestic abuse, parental mental ill health, substance misuse, disabilities etc.).

**4.7 Symposium |
Transforming Nursing
Research: Seeds, Roots
and Shoots**

Symposium Title: Transforming Nursing Research: Seeds, Roots and Shoots Paper 1. Paper Title: Setting the Landscape: Planting Seeds to grow strong Roots and Shoots in developing and leading Transformational Research

Tuesday, 9th September - 13:50: 4.7 Symposium | Transforming Nursing Research: Seeds, Roots and Shoots - Symposium - Abstract ID: 371

Prof. Jane Coad (University of Nottingham/Centre for Care Excellence), Ms. Ceri Jones (University Hospitals Coventry and Warwickshire NHS Trust), Mr. Nicolas Aldridge (University Hospitals Coventry and Warwickshire NHS Trust), Dr. Agnieszka Lewko (Coventry University), Prof. Liz Lees-Deutsch (Coventry University/Centre for Care Excellence), Prof. David McWilliams (Coventry University/Centre for Care Excellence), Dr. Emma Murphy (University Coventry/Centre for Care Excellence), Prof. Rosie Kneafsey (Coventry University/Centre for Care Excellence)

Abstract

Paper 1: *Setting the Landscape:* Planting Seeds to grow strong Roots and Shoots in developing and leading Transformational Research

Lead Author: Jane Coad **Co-authors:** Ceri Jones, Nicolas Alridge, Agnieszka Lewko, Liz-Lees Deutsch, David McWilliams, Emma Murphy, Rosie Kneafsey

Whilst research-active healthcare organisations have better patient outcomes and performance metrics, multiple barriers preclude effective staff engagement in research. Barriers include time constraints, competing priorities, managerial support, confidence, and difficulty accessing mentorship and supervision^{1,2}.

This paper will critically reflect on the application of a transformative organisational leadership theory³ within the Centre for Care Excellence for Nursing, Midwifery and Allied Health (CfCE). We will discuss how shared ownership was needed to stimulate and motivate research through an asset-based centre. It will critically discuss the process and culture change required to facilitate organisational readiness required for dedicated career pathways for clinical academics to thrive. Drawing on our workplace survey, which was designed to scope research capacity and culture², we illuminate how this information was used to *landscape* the developing the partnership and drive a range of interventions, including the dedicated iCAhRE programme, talent management, drop-in clinics, one-2-one meetings, Fellowship applications, PhD studentships and mentorship/supervision/coaching. During all activities, we have captured grants, outputs, impact, and case examples using smart metrics and dedicated impact tools. These will be shared with delegates in terms of success and overcoming challenges.

This partnership is enabled by leadership that transcends organisational barriers to support Nurses' and health care professionals' research careers and research. Papers 2, 3, and 4 will explore examples in detail to share with delegates how we have positively impacted Nursing careers and person-centred care. This jointly funded/led initiative has been transformational in developing *seeds to form strong roots and shoots* in supporting research and the generation of new knowledge to improve outcomes/experiences for patients and stakeholders.

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Lead presenter biography

Professor Jane Coad is Professor in Children and Family Nursing, Nottingham University & Co-Director in Centre for Care Excellence. University Hospitals Coventry and Warwickshire.

Jane has over 30 years in nursing. specifically focusing research on children, young people and young adults with complex needs and their families, using participatory and mixed methods to transform care and outcomes. Jane has also spent many years leading and supporting health professionals' careers specifically research. Jane is Chair of Clinical Academic Research Implementation Network (CARIN), Council of Deans of Health; is a lifetime RCN Fellow and Vice-Chair of the RCN Research Forum.

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Symposium Title: Transforming Nursing Research: Seeds, Roots and Shoots / Paper 2: Preparing the Ground to Bridge the Gap - 'Research Enriched Learning' to Develop Interconnections between Research, Best Evidence and Professional Practice

Tuesday, 9th September - 13:50: 4.7 Symposium | Transforming Nursing Research: Seeds, Roots and Shoots - Symposium - Abstract ID: 351

Ms. Elina Leiviska (Coventry University), Dr. Sally Pezaro (Coventry University), Dr. Luca Morini (Coventry University), Dr. Alun DeWinter (Loughborough University), Prof. Rosie Kneafsey (Coventry University)

Abstract

Evidence-based approaches in clinical practice lead to better patient outcomes, greater return on investment for healthcare systems, prevent unsafe and inefficient practices, and improves the quality of care^{1,2}. However, studies demonstrate that Nurses and Midwives frequently rely on experience-based knowledge and tradition instead of research-based evidence in clinical practice^{3,4} - a phenomenon often described as the 'theory-practice' gap.

Bridging the theory-practice gap requires multiple approaches. One essential component is effective teaching and learning about research and evidence-based practice (EBP) during pre-registration education. Another is investment in clinical academic roles to straddle research, education, and clinical sectors. In 2021, Coventry University (CU) launched a 'Research Enriched Learning' (REL) strategy. Simultaneously, it invested in clinical-academic careers and research capacity building via the Centre for Care Excellence for Nursing, Midwifery and Allied Health (CfCE).

In this paper, we introduce the Research Inspired Online/Offline Teaching (RIOT) Framework⁵ and critically discuss the importance of preparing the ground to enable the development of evidence-based practice and the organisational scaffolding needed to support the next generation of research-active clinicians. We refer to key CfCE capacity building activities and draw on two studies which examine strategies to bridge the theory-practice gap.

Study 1, a systematic review (*in press*) of 59 papers, explicates the interconnections between teaching, research, EBP, and practice through 4 themes: pedagogical approaches; models to bridge the theory-practice gap; collaborative partnership for knowledge acquisition; and capability development. In contrast, study 2, a qualitative study (*under review*), including 24 interviews, identifies significant barriers to REL but introduces the Four M's model for promoting research in Nursing and Midwifery education.

Our aim, through analysis of the Coventry context and by sharing our learning about REL, is to illuminate and critique the impact of organisational, educational, and collaborative strategies bridging the theory-practice gap.

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Lead presenter biography

Elina Leiviskä, RM, RN, is a postgraduate researcher at Coventry University. Her research focuses on Research Inspired Teaching in midwifery and nursing education, exploring how scientific knowledge and research evidence can be integrated into practice to improve health and education outcomes. Her academic background includes degrees in Human Evolutionary Biology, Midwifery and Nursing, and Global Health. With experience in clinical practice, research, health policy and global health, Elina brings a broad perspective to shaping the future of healthcare. Passionate about bridging research and practice, Elina aims to advance evidence-based education and healthcare improvements worldwide.

Symposium Title: Transforming Nursing Research: Seeds, Roots and Shoots. Paper 3. Developing Research Capability to Increase Capacity Across the Nursing Workforce.

Tuesday, 9th September - 13:50: 4.7 Symposium | Transforming Nursing Research: Seeds, Roots and Shoots - Symposium - Abstract ID: 399

Prof. Liz Lees-Deutsch (Coventry University), Mrs. Bridget O'Connell (University Hospitals Coventry and Warwickshire NHS Trust)

Abstract

Propagating seeds for Nurses to participate in research requires first an understanding of how to avail the best evidence.¹ While pre-registration preparation of Nurses plays a key role in developing capability for evidence-based care², to increase research capacity across the Nursing workforce, these skills must be successfully transitioned into everyday practice. This paper presents a potential solution while not pretending this is a panacea or quick fix.

In 2021, I embarked on establishing critically appraised topic (CAT) groups³ across a large university NHS hospital with information specialists, having learnt the fundamentals on my NIHR 70@70 programme. We began by scoping the level of interest and brokered our knowledge with six groups of multi-professional staff across the organisation. We soon learnt that facilitating CAT groups required a significant time investment, and our forward plan focused on how to increase pace and scale to foster independence and ensure sustainability of the model.

During 2024, we redeveloped the traditional CAT group approach, adding mentoring and access to resources, we re-launched and renamed as CATerPILLAR. This became a programme with the intervention being the CAT and agreed mentoring. We were also careful to align CATerPILLAR with Nursing standards, the pilot group focussed on patient safety. Outputs were agreed at the outset, which facilitated the ongoing commitment required, namely, to produce an abstract, poster, presentation, and final report.⁴ The group developed lateral roots connecting and learning from each other. A before and after survey of knowledge and skills showed a positive increase in both, on completion. During 2025, a group of advanced clinical practitioners will be enrolled to continue propagation of CATerPILLARs. (Ethics: GF0572).

Two CATerPILLAR members (2024) have secured places on the Interdisciplinary Clinical Academic Health Research Excellence programme (iCAhRE)⁵ demonstrating CATerPILLAR also has a positive role in developing pipeline of tomorrow's clinical academics.

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Lead presenter biography

Liz is a clinical academic nurse in the Centre for Care Excellence. Over her total 34-year nursing career, Liz spent 20 years as an acute medicine Consultant Nurse; published 130 professional and academic papers concerning clinical audits, QI, Research and Service Developments. Liz's research interests are broad and multi-faceted. Her publications aid career development, advancing practice, competency development. She is an enthusiastic facilitator for research knowledge mobilisation across a multidisciplinary workforce, by developing communities of practice. Liz is keen that clinicians with little exposure to research, QI and Audit can gain skills to embed lasting research capabilities in practice.

Symposium Title: Transforming Nursing Research: Seeds, Roots and Shoots. Paper Title: Preparing the Landscape for a Clinical Academic Career (Paper 4)

Tuesday, 9th September - 13:50: 4.7 Symposium | Transforming Nursing Research: Seeds, Roots and Shoots - Symposium - Abstract ID: 129

Dr. Emma Murphy (University Coventry/Centre for Care Excellence), Prof. Patrick Callaghan (London South Bank University), Prof. Jane Coad (University of Nottingham), Ms. Ceri Jones (University Hospitals Coventry and Warwickshire NHS Trust), Prof. Alison Richardson (University of Southampton)

Abstract

Over the past 15 years, health policies have identified and promoted the development of Clinical Academic (CA) roles in Nursing¹. Nurses are often the main point of contact with patients and are, therefore, in a unique position to lead clinically relevant research and improve the quality of care delivered^{2,3}. Whilst the benefits of CA Nurses in healthcare are widely recognised, there are challenges in establishing and progressing a CA career. Enablers of CA careers include the development of clearer career paths, integration, and alignment of NHS and University employment, with visible senior clinical academic role models in practice³.

This paper explores the enablers of CA Nursing career progression and developing a research identity, including People, Places, Projects, and Funders, drawing on both evidence and personal experience. There will be a focus on the Centre for Care Excellence (CfCE), a CA partnership model jointly led by Coventry University and University Hospitals Coventry and Warwickshire NHS Trust. The Centre is enabling Nurses, Midwives, and Allied Health Care Professionals to develop robust research skills alongside their clinical practice, providing support at various stages throughout their CA career trajectory to become leading researchers in their field.

The transition from a Predoctoral Researcher to Chief Investigator of scientific studies will be addressed. Reflections on National Institute for Health and Care Research (NIHR) funding streams through the lens of both an awardee of a Health Education England (HEE) NIHR Integrated Clinical Academic Clinical Lectureship and as an NIHR Selection Panel Committee member will be described. Examples of nationally clinically focussed research within Nephrology will be presented, including the QUALYCARE Kidney study (Funder, HEE/NIHR) and the Prepare for Kidney Care Study⁴ (Funder, NIHR HTA programme), demonstrating the synergy between clinical practice, research, and improved person-centred outcomes.

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Lead presenter biography

Dr Emma Murphy is an Associate Clinical Professor for Nephrology Nursing at the Centre for Care Excellence, University Hospitals Coventry and Warwickshire NHS Trust, and Coventry University. She has 29 years of clinical experience in Nephrology Nursing and graduated with a PhD in Palliative Medicine from the Cicely Saunders Institute of Palliative Care, Policy and Rehabilitation, King's College London. She leads research at the interface between nephrology and palliative care, focusing on improving outcomes for patients with chronic kidney disease. Emma is the Chief Investigator of the QUALYCARE Kidney Study and Co-Investigator of the Prepare for Kidney Care Study.

5.1 Under-represented groups

Knowledge, attitudes, and practices in mental health care amongst Muslims from Minoritised Ethnic Communities within the Liverpool City Region – A Qualitative Study.

Tuesday, 9th September - 15:45: 5.1 Under-represented groups - Oral (concurrent session0 - Abstract ID: 228)

Mr. Ashraf Tannerah (Alder Hey Children's Hospital), Dr. Oladayo Bifarin (Liverpool John Moores University)

Abstract

Background

The mental health recovery rate for the Muslim population is lower, in comparison to populations of other faiths such as Christianity and Judaism¹. As such, there is an urgent need to better understand perceptions and experiences of the Muslim population around mental health support and care from minoritised communities within the United Kingdom.

Aim

The overall aim is to explore the Muslim populations knowledge, understanding and perceptions towards mental health to better inform policy and practice.

Methods

A qualitative approach utilising semi-structured interviews with purposive sampling of female (n=6) and male (n=5) English speaking Muslims over the age of 18, that reside in the Liverpool City region. Data was collected between October 2024 to January 2025 and analysed using Reflexive Thematic Analysis². Ethics approval was sought from Liverpool John Moores University.

Results

Eleven interviews completed, lasting a maximum of one hour. Participants were from Yemeni, Somali, Egyptian, Algerian, Pakistani and Bangladeshi communities. Three key interlinked themes were identified: (1) Barriers to Access and Engagement; (2) Cultural and Religious Context in Mental Health; and (3) Systemic and Service Provision Challenges.

Discussion and Conclusion

It has been identified that cultural beliefs and religious practices do indeed shape perceptions of mental health within the Muslim population. However, the Muslim population has identified numerous barriers to accessing mental health support. As such, there is a need to resource activities that would aid deeper understanding of mental health support needs through sustainable and effective community initiatives. The need for services to be culturally responsive and an urgent need to integrate religious and medical approaches is suggested. Structural and organisational issues have been further highlighted to affect the delivery and effectiveness of mental health services. Without organisational change, systemic barriers will persist, causing iatrogenic harm and exacerbate unmet mental health needs in the Muslim population.

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Available at: <http://dx.doi.org/10.1191/1478088706qp063oa>

[Accessed: 7th March 2025]

Lead presenter biography

As a CAMHS specialist mental health practitioner with over 6 years' experience, I 'am passionate and possess the necessary skills to positively influence the clinical work of the team.

I take active Initiative towards my continuing professional development. In addition, I have engaged in various learning to expand my knowledge on numerous therapeutic modalities. My continuing professional development has further led me to embark on post graduate study, due to completing the MA Mental Health Nursing degree. This has also led me to heighten my research skills to exploring the barriers that ethnic minorities face to accessing mental health services.

Health needs of sex workers in Birmingham, UK: Qualitative arm of a multi-method study

Tuesday, 9th September - 16:15: 5.1 Under-represented groups - Oral (concurrent session0 - Abstract ID: 202

Prof. Julie Taylor (University of Birmingham), Prof. Caroline Bradbury-Jones (University of Birmingham)

Abstract

Sex workers are frequently regarded by health services as a homogenous group whose predominant health needs are related exclusively to their job role and the services they provide. Little research to date has fully explored how sex work impacts on the health needs of sex workers from their own perspectives. To address this gap, we undertook a multi-method study incorporating four phases. The study was co-produced with two co-researchers with lived experience as sex workers. This paper reports the findings from phase three, which was qualitative interviews with sex workers.

Following recruitment via partner organisations, personal networks, and social media, remote interviews were undertaken with a diverse group of sex workers (n=20). Audio files were transcribed, and clean transcripts were imported into NVivo to support data analysis.

Thematic findings were mapped against the Anderson Model in relation to healthcare need, enabling factors, service provision and barriers to access. A further category "In an Ideal World" was interpreted inductively reflecting the gaps in current healthcare service provision and access. The themes interpreted from interview analysis included: forced unsafe practices; mental health support; above and beyond service provision; fear of judgement and stigma; social taboo; feeling unheard and dismissed resulting in missed opportunities for engagement; judgmental service provision; lack of appropriate services; continuous provision; non-judgmental support and information; peer support; appropriately trained staff; increasing visibility and availability and tailored services. Recommendations include: creation of holistic services; non-judgmental staff with insight into the complexities of sex work; training to understand intersectionality of multiple marginalisations sex workers face; peer support; appropriate training for staff in standard statutory services, e.g., General Practitioner (GP); trained points of contact who act as advocates and educators within their services; integrated service pathways incorporating 'fast track' referral systems between partner organisations.

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Lead presenter biography

Caroline Bradbury-Jones is a Professor of Gender Based Violence and Health. She has a clinical background as a registered nurse, midwife and health visitor in the UK. Caroline has undertaken extensive research in the field of addressing inequalities in health. Her focus is on researching with people and communities who are largely excluded from research and society. She has a particular interest in co-production. has published widely about the issue. Caroline is the founder and lead of the Risk, Abuse and Violence (RAV) research programme at the

University of Birmingham: <http://www.birmingham.ac.uk/schools/nursing/research/rav.aspx>

5.2 Leadership in education and management

The influence of educational recruitment strategies on the retention of newly qualified nurses: a grounded theory study

Tuesday, 9th September - 15:45: 5.2 Leadership in education and management - Oral (concurrent session0 - Abstract ID: 159

Dr. Nasser Aldosari (King Abdullah Medical City), Prof. Steven Prymachuk (University of Manchester), Dr. Hannah Cooke (University of Manchester)

Abstract

Background The transition from student to registered nurse has long concerned nursing managers and policy-makers, often leading to stress, job dissatisfaction, and early attrition among newly qualified nurses. Despite initiatives like preceptorship and residency programs, this period remains challenging, especially in countries where nursing holds a traditionally low or ambiguous status. In such contexts, nursing students may not have made an informed choice to enter the profession, and research on their expectations and experiences during this transition is limited.

Objective: This study explores the experiences of newly qualified nurses in Saudi Arabia, offering insights applicable to similar contexts where nursing faces social and professional barriers.

Design: Using classic grounded theory, data were collected through interviews with 33 participants—19 newly qualified nurses and 14 informants—and supplemented with document analysis.

Findings: Newly qualified nurses struggled to accept bedside roles, traditionally seen as menial. They navigated this through a three-stage process of *Forward Escaping*: (1) temporarily accepting bedside nursing, (2) reconciling work demands with social expectations, and (3) developing an exit strategy toward roles with higher social recognition. Failure to achieve this often led to attrition.

Conclusion: *Forward Escaping* reflects broader challenges in nurse retention, particularly where professional identity and autonomy are weak. Existing recruitment and retention strategies fail to address systemic issues such as unclear roles, limited autonomy, and lack of professional respect, limiting workforce stability.

Implications: To improve retention globally, policies must go beyond awareness campaigns, focusing on structured career pathways, professional recognition, and improved workplace conditions. Addressing these structural issues is key to building a stable and well-motivated nursing workforce globally.

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Lead presenter biography

Dr. Nasser is a nursing lecturer and manager of Continuing Professional Development at Makkah Healthcare Cluster. He is an experienced qualitative researcher focusing on nursing education, leadership and the use of artificial intelligence in healthcare systems. He has published several articles and has successfully supervised several research projects.

Identifying the research priorities for nursing and midwifery at an identified Trust; a Delphi study involving staff and patients

Tuesday, 9th September - 16:15: 5.2 Leadership in education and management - Oral (concurrent session0 - Abstract ID: 188

Ms. Catherine Baker (Guy's and St Thomas' NHS Foundation Trust), Prof. Suzanne Bench (Guy's and St Thomas' NHS Foundation Trust), Dr. Verna Lavender (Guy's and St Thomas' NHS Foundation Trust), Mrs. Felicia Cox (Guy's and St Thomas' NHS Foundation Trust), Ms. Clair Harris (Guy's and St Thomas' NHS Foundation Trust), Ms. Louise Talisen (Guy's and St Thomas' NHS Foundation Trust), Ms. Sarah Allen (Guy's and St Thomas' NHS Foundation Trust), Ms. Holly Lovell (Guy's and St Thomas' NHS Foundation Trust), Ms. Rona Inniss (Guy's and St Thomas' NHS Foundation Trust)

Abstract

Background

The Chief Nurse and Midwife-England strategic plans for research highlight the importance of aligning research to public need (1,2). A scoping review of the literature ($n=35$) highlighted that whilst research priorities for specific specialisms of nursing are available, none detail the collective nursing, midwifery and patient/carer research priorities aligned with the operational care delivery priorities for a specific NHS organisation (3).

Methods

The aim of this study was to obtain consensus on the research priorities for nursing and midwifery at a large central London integrated NHS Foundation Trust in England. Using Delphi study methodology (4, 5), we invited all our nurses, midwives and adult patients/carers to participate in a three round online survey. In round one, participants submitted their ideas using free text. These ideas were integrated with data from patient experience feedback and ward accreditation data. Following content analysis and review by the stakeholder group. two further rounds followed, where participants ranked priorities, with a total of 235 people taking part. Data were analysed descriptively and the final list of priorities was agreed by a stakeholder group. The study was approved as a service evaluation.

Results

A final 10 research priorities were identified under three themes; patient reported priorities ($n=4$), clinical care delivery ($n=3$) and workforce, and education and development ($n=3$).

Conclusion and implications

The project has provided a Trust specific list of priorities for nurse and midwife led research which can underpin future research and improvement work. While the priorities have been identified for our Trust, findings may be transferable to other similar settings.

Listening to and supporting patient and staff feedback is crucial for providing a quality service (6). The findings of this study will inform future nurse and midwife led research that is relevant to both service users and staff.

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Lead presenter biography

Catherine is a midwife and registered nurse. She works as a coordinator on the labour ward. Alongside her clinical role, for the past year she has been a Research fellow with the ACORN (A centre of research for Nurses and Midwives) team. This has provided her with experience and insight into the role of the Chief Nurse's office and the operational and strategic aims of the Trust and the relationship with research and clinical practice. She has supported research activities within the Trust including the Delphi project and a NIHR INSIGHT Residents programme.

What's the progress in clinical academic roles and careers in the UK? Insights from the CARIN survey.

Tuesday, 9th September - 16:45: 5.2 Leadership in education and management - Oral (concurrent session0 - Abstract ID: 430

Prof. Mary Wells (Imperial College Healthcare NHS Trust), Prof. Jane Coad (University of Nottingham)

Abstract

Background: In 2016, the Association of UK University Hospitals (AUKUH) stated an ambition that 1% of nurses, midwives and allied health professionals (NMAHPs) are in Clinical Academic roles by 2030. Since then, there has been a positive shift in strategic support for NMAHP research across the UK. Numerous reports have advocated for NMAHP research and the NIHR has invested millions in supporting 'underserved' professional groups to become research active. The Clinical Academic Roles and career pathways Implementation Network (CARIN: Council of Deans for Health) was set up to advise, support and share innovation and best practice in this field.

Aim: To share insights from four years of CARIN benchmarking surveys.

Methods: An electronic survey was distributed to CARIN NHS members in 2021, 2022 and 2024. Leads for NMAHP research capacity and capability were asked to complete a series of questions on a) research environment b) clinical academic workforce and c) outputs and impact, for the previous calendar year. Data were entered into Excel and analysed descriptively (quantitative) and thematically (free-text).

Results: Responses to the CARIN survey have grown year on year. There is evidence of a steady increase in strategic support, leadership roles and research activity, however, organisations differ considerably. CARIN members report multiple successes (e.g. new roles, increased funding and support) but universal challenges persist in embedding a strong research culture. Devolved nations without access to NIHR funding have fewer career development opportunities.

Discussion: The CARIN survey provides important data to inform current debates on clinical academic roles and careers for UK NMAHPs. CARIN's ability to bring NMAHP research leaders together, discuss differences and share progress and challenges gives it an increasingly powerful voice.

Conclusion: Despite developments in and recognition of the importance of clinical academic NMAHPs, challenges remain in embedding these roles and careers across the NHS.

References

Transforming healthcare through clinical academic roles in nursing, midwifery and allied health professions AUKUH 2018

The impact of metrics – CARIN annual survey Jane Coad, Mary Wells and Robyn Cooke <https://www.councilofdeans.org.uk/2023/02/the-impact-of-metrics-carin-annual-survey-research-month-blog-2023/>

Lead presenter biography

Mary Wells is the Deputy Director of Nursing for Research at Imperial College Healthcare NHS Trust and a Professor of Practice in Cancer Nursing at Imperial College London. She leads research capability and capacity building for nurses and midwives across the Trust and supervises numerous NMAHPPs undertaking research fellowships. She is a Deputy Chair of the Clinical Academic Roles and career pathways Implementation Network (CARIN), leading the 'impact and metrics' subgroup.

5.3 Primary and community care / Public Health

Pharmacy Role In the proMOTION of continence (PRIME) - nurse-led research in the pharmacy sector

Tuesday, 9th September - 15:45: 5.3 Primary and community care / Public Health - Oral (concurrent session0 - Abstract ID: 339

Prof. Nikki Cotterill (University of the West of England), Dr. Alan Uren (North Bristol NHS Trust), Mr. Ade Williams (Bedminster Pharmacy), Mr. David Chandler (Patient partner), Dr. Hugh McLeod (NIHR ARC West), Dr. Shoba Dawson (The University of Sheffield), Prof. Margaret Watson (Watson Research and Training Limited)

Abstract

Background

Urinary and faecal incontinence affects up to one in three and people struggle to access evidence-based treatment strategies due to low disclosure of the condition. Pharmacies are 'closer to home' than most healthcare services and have expanding roles in health promotion.

Aim

To develop an evidence-based, co-produced Pharmacy Bladder and Bowel Service (PBBS)

Methods

Four studies formed the first phase of the Medical Research Council's (MRC) Framework for Developing Complex Interventions (1).

- Systematic review of international evidence.
- National Community Pharmacy Survey to establish current activity and possibilities for continence promotion.
- Stakeholder interviews to explore facilitators and barriers to PBBS development and implementation.
- Co-Production including consensus to derive a protocolised PBBS.

UWE Ethics approvals: HAS.22.06.117; HAS.23.02.074, NHS ethics approval: 22/PR/1114

Results

The systematic review identified a paucity of research; only four empirical studies were included, highlighting limited continence related activity with a desire to do more.

The national survey identified that current activity relates to product sales with an increased focus on urinary incontinence. Key determinants of future provision were access to a private consultation space, appropriate funding, as well as adequate staffing and training.

Twenty-seven stakeholder participants were interviewed (eight community pharmacists, eight bladder and bowel service staff, eight service users and three healthcare commissioners). Common themes identified were training, system integration, privacy, awareness raising, funding, and policy development to underpin implementation (2).

Sixteen stakeholders (aligned with the interview groups) participated in the co-production process to derive the underpinning requirements and scope of the PBBS (3).

Discussion

There is scope and a desire to expand continence promotion and care in the community pharmacy setting. Key challenges related to 'System' factors, e.g. funding models, 'Provider' factors e.g. training/facilities, and 'Service User' perspectives e.g. privacy and dignity.

Conclusions

The evidence-based protocolised PBBS specification is now ready for implementation and evaluation.

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Lead presenter biography

Dr Nikki Cotterill, Professor of Nursing in Continence Care at UWE Bristol, Director of the BABCON Health Integration Team, and Florence Nightingale Foundation Leadership Scholar (2019), is committed to changing the narrative around bladder and bowel leakage care, empowering people to self-help and improving continence education and training.

Qualifying as a registered nurse in 1999, Nikki has been a researcher in the field of Continence since 2003. Nikki is involved in developing and disseminating projects with a strong emphasis on the patient experience, self-help and continence promotion through qualitative and quantitative methodological approaches.

The Think Quit Study (Phase 1): A mixed methods approach to understand nurse barriers and facilitators to discussing smoking cessation with hospital patients in Wales.

Tuesday, 9th September - 16:15: 5.3 Primary and community care / Public Health - Oral (concurrent session0 - Abstract ID: 377)

Ms. Lauren Jones (University of South Wales), Dr. Megan Elliott (Cwm Taff University Health Board), Ms. Katy-May Price (Cwm Taff University Health Board), Dr. Rachael.M Hewitt (Cwm Taf Morgannwg), Dr. Jessica Baillie (Cwm Taf Morgannwg)

Abstract

Background

Smoking tobacco is a leading cause of preventable death worldwide, but smoking cessation services are only available in 23 countries worldwide. Admission to hospital presents an opportunity for nurses to identify smokers, deliver brief intervention and refer patients to smoking cessation services where available. However, nurses report barriers which make interventions difficult to implement, and referral rates to smoking cessation services are often low.

Method

This study aimed to apply a systematic approach to understanding experiences of nurses when discussing smoking cessation in hospital settings. A mixed-methods survey and qualitative semi-structured focus groups were used with nurses working in secondary care settings in a Welsh health board. Data collection and analysis were informed by the Theoretical Domains Framework (TDF) and COM-B Model of behaviour change.

Results

A total of 110 survey responses from 13 secondary care nursing specialities were analysed along with 22 nurses involved in five focus groups and two interviews. Facilitators included, nurses feeling comfortable having discussions about smoking, seeing it as part of their role and utilising prompts within their environment such as documentation or physical presence of advisors. There was a discrepancy between self-reported rates of asking about smoking status and subsequently delivering brief advice and making referrals. Nurses reported barriers including competing priorities, lack of time, limited knowledge and inconsistent referral procedures of smoking cessation services and found patient resistance was a barrier to referrals.

Conclusion

Nurses recognise the importance of their role in discussing smoking, but experience barriers which limit their ability to refer patients to services. Interventions to address barriers must account for competing priorities and time pressures, and co-development of interventions with nurses will ensure they are appropriate, practical and feasible for the varied settings they work within.

References

NA

Lead presenter biography

Senior Lecturer Advanced Clinical Practice, Academic Lead Professional Regulation

Co Lead Think Quit Study

Qualifications:

- LLB Law
- BN Nursing

- Msc Advanced Practice
- PGCELTHE – FHEA

Hidden Voices in Primary Care: recruitment and retention in the non-medical health professional general practice workforce

Tuesday, 9th September - 16:45: 5.3 Primary and community care / Public Health - Oral (concurrent session0 - Abstract ID: 369)

*Dr. Angela Clifford (Keele University), Mrs. Julia Yates (Keele University), Prof. Gwen Wynne-Jones (Keele University),
Dr. Andrew Finney (Keele University)*

Abstract

Background

The recruitment and retention of general practice non-medical clinical staff is an urgent challenge and has implications throughout service delivery. Nurses in non-hospital roles have dropped in number by 7.3% since 2019 (Hunter, 2023). There is limited research into the views and experiences of non-medical practitioners and studies have often failed to include them.

Aim

We aimed to survey the general practice non-medical clinical workforce in Staffordshire about their views of their working environment, pay and conditions, health and wellbeing, patient care, and future career intentions.

Methods

We co-designed and piloted a digital survey with stakeholders with experience in general practice. The final survey was shared with the target workforce via the local training hub, snowballing and social media. Data collection took place November 2024-January 2025. Favourable opinion was given by Keele University's Research Ethics Committee.

Results

In total, 170 staff returned the survey including practice nurses and advanced nurse practitioners, pharmacists, health care associates and first contact practitioners. Despite enjoying their job, around half of respondents expressed feelings of isolation, struggles to manage workload and to wind down after work, and three-quarters used coping strategies. Two thirds of respondents intend to leave general practice within 5 years with reasons ranging from pay and conditions to lack of career progression. Such intentions were consistent across role type. Pay and conditions were reported as the biggest barriers to recruitment, though support for education, training and better career opportunities were desired.

Discussion

The results highlight wellbeing concerns across this workforce, suggest that intentions to leave these professions are widespread, and indicate varied reasons for poor retention and recruitment.

Conclusions

This study gives a voice to this otherwise underrepresented group, improving understanding of their needs, the challenges they face working in general practice and their reasons for joining and leaving general practice.

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Lead presenter biography

Dr Angela Clifford is a Research Associate and Deputy Director for Research in the School of Nursing and Midwifery at Keele University. She is an experienced research methodologist with a focus on the delivery of effective

services in primary and community care, in particular around aging well, carer support and palliative care. Angela has an interest in impactful research that addresses the needs of underrepresented groups as well as staff health and wellbeing.

5.4 International nursing/midwifery education and workforce

Exploring Knowledge, Attitudes, and Career Intentions Towards Older People among Nursing Students in Sri Lanka: A National Survey

Tuesday, 9th September - 15:45: 5.4 International nursing/midwifery education and workforce - Oral (concurrent session0 - Abstract ID: 299)

Dr. Sarath Rathnayake (Centre for Digital Innovation in Health and Social Care, Faculty of Health Studies, University of Bradford, United Kingdom), Ms. Ramya Ekanayake (Department of Nursing, Faculty of Allied Health Sciences, University of Peradeniya), Mr. Iresh Senevirathna (Department of Nursing, Faculty of Allied Health Sciences, University of Peradeniya)

Abstract

Aims: This study evaluated nursing students' knowledge of ageing, attitudes toward, and intention to work with older people in Sri Lanka.

Methods: First, the Sinhala Version of Palmore's Ageing Quiz (Si-PFAQ) and the Sinhala Version of Kogan's Attitudes toward Older People Scale (Si-KAOP) were developed using Beaton et al.'s[1] cross-cultural adaptation method, followed by a cross-sectional survey among undergraduate nursing students to assess the psychometric properties. Second, a cross-sectional survey was conducted among diploma nursing students from six Schools of Nursing using a self-administered questionnaire. Descriptive statistics and Pearson's Chi-Square test were used in data analysis. The Research Ethics Committee of the Faculty of Allied Health Sciences, University of Peradeniya (UOP), approved the study.

Results: The internal consistency of Si-PFAQ and Si-KAOP was 0.608 and 0.744, respectively. Both tools showed acceptable test-retest reliability. In exploratory factor analysis, 10 and 11 factors were loaded for Si-PFAQ and Si-KAOP, respectively. Fourth-year students scored higher in knowledge and attitudes.

The response rate of main survey was 96% (n=864). The majority were females. Poor knowledge, slightly negative attitudes, and low intention to work with older people were found. Religion was associated with attitudes. Gender, academic year, and having an older person at home were associated with the work intention.

Discussion: While other psychometric properties were acceptable, the factor loading for both tools was unsatisfactory. As other validity and reliability measures were established, all items were retained to cover the domain of knowledge and attitudes [2]. Consistent with previous literature [3,4], nursing students' knowledge, attitudes, and intentions to work with older people were poor.

Conclusion: The Si-PFAQ and Si-KAOP are reliable and valid for assessing knowledge and attitudes towards older people among nursing students. A geriatric nursing module and expanded clinical experiences are recommended.

Acknowledgement: The University Research Grant of the UOP, Sri Lanka (URG/2021/05/AHS).

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4. Guo, Y., et al., *Willingness and associated factors of working with older people among undergraduate nursing students in China: a cross-sectional study*. BMC nursing, 2021. 20(1): p. 113.

Lead presenter biography

Sarath Rathnayake is a Senior Research Fellow in Health Informatics at University of Bradford, UK and a nurse in profession. His research interests encompass older people, dementia care, eHealth, and mHealth. Sarath is dedicated to integrating health informatics to enhance nursing care, aiming to improve outcomes for older adults and those with dementia. His work focuses on leveraging technology to provide innovative and effective healthcare solutions, ensuring better patient care and support.

Birds of a Feather: Exploring how a cohesive multicultural workforce can be created within nursing homes.

Tuesday, 9th September - 16:15: 5.4 International nursing/midwifery education and workforce - Oral
(concurrent session0 - Abstract ID: 465)

Mrs. Anita Astle (Wren Hall Nursing Home), Mrs. Oluwakemi Oladipupo (Wren Hall Nursing Home), Dr. Natalie Richardson (University of Nottingham)

Abstract

Background: The recruitment of international care staff has risen sharply since the Covid-19 pandemic, with over 105,000 recruited in 2023/24. They work predominately in caring roles and are less represented in senior management (Skills for Care 2024). Workforces, such as Wren Hall nursing home located in Nottingham, were decimated by the pandemic, which led to recruitment from overseas. Wren Hall nursing home is one of the sites involved in the NIHR 'Living Labs for Care' (LILAC) project at the University of Nottingham. 'Practice Linking Pins' are working collaboratively alongside a team of researchers and an engagement officer to explore how international staff can be supported in their work.

Aims: This paper will explore how international staff are supported within a care home located in the East Midlands, challenges that have arisen and how these have been overcome.

Methodological Discussions: A pilot study was carried out at Wren Hall nursing home in the East Midlands, wherein staff used fabrics and artistic tools to design 'wrens'. They were encouraged to draw on their backgrounds to share experiences. The use of creative methods within a workshop comprising of a multicultural team of nursing home staff allowed for in-depth reflections about how cultural and ethnic backgrounds shape work and care provision.

Conclusions: International recruits within nursing homes need to feel supported by management and accepted by their colleagues. Those at Wren Hall reported the key to a cohesive team was leadership that celebrates the things that unite staff, whilst respecting and valuing differences. Through this research, we have explored how engagement and cultural awareness activities are key in celebrating difference and creating a cohesive, multicultural workforce. In this paper we will review what we have learnt from Wren Hall nursing home about how care workforces can be supported as individuals within an organisational culture.

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Lead presenter biography

Anita Astle MBE is Managing Director of Wren Hall Nursing Home. She qualified as a Registered Nurse in 1984 and specialised in Burns & Plastic Surgery Nursing. Anita has 35 years' experience of working in the Social Care sector.

Anita has held positions as a Non-Executive Director for a Primary Care Trust and at a Healthcare Trust Governor. Anita has been a Board Member and Fellow for Skills for Care (SfC). She is currently a Trustee for My Homelife, Board Member for the National Care Association and the Midland's Social Care Nursing Advisory Council Chair.

5.5 Learning / intellectual disability

It's Not Just the Swallow: Exploring Mortality Risk Factors Beyond Swallowing: A Review of Aspiration Pneumonia in People with Learning Disabilities

Tuesday, 9th September - 15:45: 5.5 Learning / intellectual disability - Oral (concurrent session0 - Abstract ID: 401)

Mrs. Siouxie Nelson (Leicestershire Partnership NHS Trust), Mrs. Jennifer Roberts (Leicestershire Partnership NHS Trust), Mrs. Marianne Duffy (University Hospitals Leicester), Dr. Lizelle Bernhardt (Leicestershire Partnership NHS Trust)

Abstract

Background: People with learning disabilities (LD) have a life expectancy up to 20 years lower than the general population, with significant health disparities (White, A et al. 2023). The LeDeR programme, established in 2017, aims to review deaths of people with LDs and autistic people to improve care and reduce health inequalities. Studies show that people with LDs are significantly more likely to die from aspiration pneumonia compared to the general population.

Aim: To identify contributing factors, care patterns, and recurring themes associated with aspiration pneumonia-related deaths among individuals with learning disabilities, informing strategies for prevention.

Method: A retrospective review of LeDeR cases (2017–2022) was conducted, focusing on deaths where aspiration pneumonia was documented on the death certificate. A multidisciplinary team employed Braun and Clarke's thematic analysis to identify contributory factors and recurring themes.

Findings: Twenty-nine cases met the inclusion criteria. The median age at death was 53 years. A total of 55% (n = 16) of individuals died in hospital, while 45% (n = 13) died in the community. Sex distribution showed that 55% (n = 16) of individuals were male, and 45% (n = 13) were female. The analysis identified four primary factors contributing to the development of aspiration pneumonia including uncontrolled epilepsy, bowel concerns, syndrome-specific congenital conditions and cerebral palsy, and neurological conditions such as dementia and stroke. Cyclical patterns, such as delayed recognition of symptoms and excessive reliance on medication, were also observed.

Conclusion: Distinct risk factors, including uncontrolled epilepsy, constipation, and congenital conditions, contribute to aspiration pneumonia deaths in individuals with LDs. Targeted interventions and improved symptom recognition are essential to reduce mortality and address health disparities in this population.

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Lead presenter biography

A registered learning disability nurse for over 15 years, with MSc Nursing, working as the clinical lead for the local LeDeR programme, prior to this a Primary Care Liaison Nurse across a variety of regions in the East Midlands. A keen interest in learning disability nursing research, health inequalities, primary healthcare and deterioration in people with a learning disability.

“I am the only man in the room.” An Interpretative Phenomenological Analysis of the psycho-social experiences of fathers caring for autistic children.

Tuesday, 9th September - 16:15: 5.5 Learning / intellectual disability - Oral (concurrent session0 - Abstract ID: 71)

Dr. Louise Cooper (Northern Care Alliance NHS Foundation Trust)

Abstract

Background Fathers may often be perceived as secondary parents (Potter 2017), with their psycho-social needs being poorly understood. This is a significant barrier when working with families to support the needs of autistic children, especially in the context of facilitating the wellbeing of parents.

Aims To explore how fathers of autistic children make sense of their psycho-social experiences

Methodology An Interpretative Phenomenological Analysis provided deep level analysis with understandings perceived through a social constructionist perspective. and relational lens of focus. 12 fathers were interviewed to include a mixed demographic with some fathers diagnosed autistic themselves.

Ethics HRA NHS ethics approved IRAS project ID 317780

Results and discussion Analysis identified the theme of ‘alienation’ with subthemes highlighting disempowerment. These experiences were interpreted within a socio-political system that prioritizes the needs of mothers (Perzolli et al 2022). Furthermore some fathers sensed themselves as unworthy parents and this was reinforced at appointments when professionals often ignored fathers. The participants reflected upon feelings of alienation within mother dominated support groups. The peer supportive relationships were exclusively meeting the needs of mothers. Masculinity preservation in repressing emotions and remaining stoic further distanced fathers from attending parent support groups, which were perceived as intimidating, A few fathers sourced support through developing friendships with other fathers informally in the absence of professional support and services. There were however anxious fathers and this was especially the case for autistic fathers. These fathers preferred less formal support through an indirect activity.

Conclusion Creating supportive spaces for fathers was developed collaboratively following this research. A fathers ‘walk and talk’ group was set up locally in providing peer support for fathers offering a non-intimidating environment where conversations can flow naturally.

References

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- Potter, C.A. (2017) “I Received a Leaflet and that is all”: ‘Father Experiences of a Diagnosis of Autism.’ *British Journal of Learning Disabilities*, 45 pp. 95-105.

Lead presenter biography

I am a Children’s Learning Disability Nurse in Salford. Additionally I am a part-time PhD candidate at the University of Sheffield. My interest is in Interpretative Phenomenological (IPA) Research as this aligns with my philosophical perspective around the social construction of reality. The IPA methodology provides deep level analysis reflective of relational social fore structures.

I work with disabled children and families and my research interests are around fathers, parents, autism and ‘behaviours of concern.’ I hope to progress my future research career and combine with my practice.

5.6 Symposium - Revisioning nurse distress and suicidality

Symposium title: Revisioning nurse distress and suicidality through a feminist, critical suicidology lens.

Tuesday, 9th September - 15:45: 5.6 Symposium - Revisioning nurse distress and suicidality - Symposium - Abstract ID: 196

Prof. Ruth Riley (University of Surrey), Dr. Anna Conolly (University of Surrey), Dr. Hilary Causer (University of Surrey)

Abstract

Revisioning nurse distress and suicidality / An innovative methodology for revisioning nurse distress and suicidality through a feminist, critical suicidology lens / Paper 1

Background

There are 30 million nurses worldwide, 90% of whom are women and a significant proportion from the global ethnic majority. In the UK, the suicide rate among women nurses is 23% higher than women in other occupational groups. Likewise, suicide rates among women nurses are elevated in other high-income countries too. Current suicide research and policy on nurses is gender- and colour-blind. Research paradigms and positions exploring elevated suicide rates in women nurses are limited, obscuring potential solutions by focusing on individual risk factors and pathology and privileging quantitative methodologies and positivism.

Aims

To provide an overview of the project methodology and to identify and characterise existing critical policy-research gaps and their political, social and personal consequences. To understand the contexts and experiences which contribute to personal distress and suicidality within a diverse nursing population.

Methodology

This ground-breaking project employs qualitative, philosophical positions which provide representation and visibility for diverse voices in women nurses across the UK. It will also illuminate experiences and factors of relevance. This is the first study worldwide to employ a critical suicidology lens with a feminist methodology to identify contexts contributing to distress and suicidality in nurses. This innovative, novel and timely project addresses critical knowledge gaps, aiming to elucidate under-researched work contexts and under-represented experiences. This paper reports on the methodological underpinnings of the project, why this is needed and important in revisioning our understanding of distress and suicidality in women nurses.

Conclusion

By employing critical-feminist theory and methods, we can transform the research landscape and trends in suicidology and significantly shift our understanding of the contexts contributing to distress and suicidality in women nurses across continents.

References

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- White, J., Marsh, I., Kral, M. J., & Morris, J. (Eds.). (2015). *Critical suicidology: Transforming suicide research and prevention for the 21st century*. UBC Press.

Lead presenter biography

Dr. Ruth Riley, Associate Professor, University of Surrey, is a sociologist and qualitative researcher and the holder of a Wellcome Discovery Award for a project titled: 'Revisioning distress and nurse suicidality through a feminist, critical suicidology lens', to explore contexts contributing to the higher rates of suicide in women nurses. This 5+-year project, for nurses, with nurses, will provide a space and a voice for the 750,000 nurses working in the UK, including internationally qualified nurses and nurses from the global ethnic majority. Ruth previously developed postvention guidance for NHS staff impacted by a colleague's death by suicide.

Revisoning nurse distress and suicidality / Nurse suicide in policy: A critical policy analysis of suicide prevention policy across the United Kingdom and within the NHS / Paper 2

Tuesday, 9th September - 15:45: 5.6 Symposium - Revisoning nurse distress and suicidality - Symposium - Abstract ID: 229

Dr. Hilary Causer (University of Surrey), Dr. Anna Conolly (University of Surrey), Ms. Chinenye Anetekhai (Birmingham City University), Ms. Carrie-Ann Black (South London and Maudsley NHS Foundation Trust), Ms. Elaine Scott (Nottinghamshire Healthcare NHS Foundation Trust), Prof. Ruth Riley (University of Surrey)

Abstract

Background

Women nurses are 23% more likely to die by suicide than women in other occupations (NCISH, 2020). In the United Kingdom (UK) suicide prevention policy at national and organisational level identifies 'at risk' or 'high priority' groups of people who are more likely to die by suicide. Policy documents set out strategies that centre on surveillance of these groups to reduce suicide rates.

Aims

In this critical policy analysis, we aim to identify and characterise existing policy gaps and their political, social and personal consequences.

Methods

We utilised online searches and professional networks to conduct purposive searches for suicide prevention policy documents from across the four nations of the UK and organisations which support or employ women nurses. Ten documents met our inclusion criteria. Data pertaining to suicide prevention in health workers and nurses was extracted from the documents for analysis.

We employed Bacchi's 'What's the Problem Represented to Be?' framework of six questions to critically analyse our data (Bacchi, 2009). Guided by these questions we focused on problem constructions, underlying assumptions and gaps and silences in the data.

Three nurse members of our Nurse Advisory Group contributed alongside our academic colleagues, to contribute to the design, data analysis and reporting of this review.

Results

We have organised our findings thematically to report on the construction of problems; the reliance on dominant narrative; the silencing of alternate narratives; and the effects of current UK suicide prevention policy for health workers and women nurses.

Discussion

Current suicide prevention policy that relates to UK women nurses is saturated by dominant individualised and pathological narratives that largely ignore occupational and broader contextual factors in their constructions of suicidality.

Conclusion

Strategies and actions that might seek to address the heightened rate of suicide among women nurses are starkly absent in current policy documents.

References

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Lead presenter biography

Dr Hilary Causer is a Research Fellow at the University of Surrey. She is a social scientist and suicidologist who employs qualitative and critical research methods to explore workplace experiences related to suicide. Her research has contributed to three sets of Postvention Guidance for Higher Education and the NHS. She previously worked in child protection and young people's mental health teams in the third and public sectors.

Revisioning nurse distress and suicidality / A critical interpretative synthesis (CIS) of nurse suicide research: Applying a critical feminist lens to women nurse suicidality research / Paper 3

Tuesday, 9th September - 15:45: 5.6 Symposium - Revisioning nurse distress and suicidality - Symposium - Abstract ID: 208

Dr. Anna Conolly (University of Surrey), Dr. Hilary Causer (University of Surrey), Dr. Jenny Oates (University of Surrey), Dr. Pauline Milne (University of Surrey), Ms. Emily Knight (University of Surrey), Ms. Cathy Shannon (University of Surrey), Ms. Chinenye Anetekhai (Birmingham city university), Prof. Ruth Riley (University of Surrey)

Abstract

Background

The suicide rate among women nurses is significantly higher than women in other occupations (1). Much evidence on women nurse suicidality derives from quantitative research (e.g. 2).

Aims

This review aimed to develop a theoretical understanding of current research discourses surrounding nurse suicidality.

Methods and analysis

Critical Interpretative Synthesis (CIS) principles were followed (3;4). A structured search strategy of texts in seven online databases on nurse suicidality was conducted. Collaborative and meaningful co-production was incorporated with nurses who iteratively informed data extraction, critical interpretation, theme formation and synthesis.

Results

Findings explored the individualisation and responsabilisation of suicidality, the repetition and elevation of biomedical models and the effects and consequences for nurses.

Discussion

The review found that quantitative data, which tends to be overwhelmingly based on biomedical models, has dominated current discourses surrounding women nurse suicide and suicidality. These discourses attribute causation through 'risk factors' which place blame on individual nurses, effectively diverting attention away from environmental factors such as poor working cultures and harassment. Nurses were blamed in varying ways e.g. entering the profession with pre-existing mental health problems, having a perfectionist personality type and misusing drugs. Consequently, women nurses are forced to inhabit the position of being at fault for suicidality. The function of these dominating discourses is to exclude alternative accounts which may incorporate broader environmental and contextual issues.

Conclusion

Much nurse suicide literature attributes blame to nurses through discursive practices (underpinned by the biomedical model) which individualise and pathologize nurses. This consequently minimises and silences diverse women nurses' experiences and contexts contributing to distress. Individualisation, responsabilisation and pathologisation are the cause while minimisation, institutional gaslighting and silencing are the effect. The consequence is the reproduction of poor-quality and unrepresentative evidence which leads to the development of policies and practices which are failing to prevent suicide.

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Lead presenter biography

Dr Anna Conolly is a Lecturer and Research Fellow in the School of Health Sciences at the University of Surrey where she teaches MSc students. As a sociologist with a background in qualitative social research, she has spent the last 4 years working on issues surrounding nurse workforce wellbeing, for example undertaking longitudinal research as part of the Impact of COVID on Nurses study. Anna previously conducted research with young people exploring how they conceptualised risk and risky behaviours.

**5.7 Symposium |
Recruiting to studies
involving children and
young people**

Recruiting to studies involving children and young people: when a mental health crisis is part of the study

Tuesday, 9th September - 15:45: 5.7 Symposium | Recruiting to studies involving children and young people - Symposium - Abstract ID: 358

Dr. Isabella Nizza (University College London), Dr. Gemma Bryan (University of Surrey), Ms. Kirsty Phillips (University College London), Ms. Isabelle Pomfret (University College London), Ms. Rachel James (University College London), Prof. Helen Roberts (University College London), Prof. Francesca Cornaglia (Queen Mary University of London), Dr. Adriana del Pilar Vazquez Vazquez (University College London), Prof. Lee Hudson (University College London), Dr. Gabrielle Mathews (University College London), Prof. Dasha Nicholls (Imperial College London), Prof. Damian Roland (University of Leicester), Ms. Kate Settle (University College London), Prof. Russell M. Viner (University College London), Dr. Joseph Ward (University College London), Prof. Faith Gibson (Great Ormond Street Hospital)

Abstract

Aims of the paper

Without participants able and willing to engage in depth there is no data. In our Mental health Admissions in Paediatric wards Study (MAPS) study, recruitment was challenging. Here we try to understand possible causes and discuss attempted solutions.

The study

Since the pandemic, the number and severity of children and young people (CYP) admissions in a mental health crisis have increased and paediatric teams describe delivery of safe care as more challenging [1]. As part of the wider MAPS study [2], we sought to understand the experience of CYP admitted to a general paediatric ward during a mental health crisis, their parents/carers, and the experiences of ward staff. The most common reasons for CYP admission were self-harm/overdose and eating disorder [3].

Approach to recruitment

CYP were recruited from seven paediatric wards across England, identified and approached by local research teams, and then contacted by the MAPS team. The initial approach had CYP at the centre: we wanted to recruit CYP and through them, identify parents/carers and health care professionals to interview.

Discussion

The referral/completed interviews ratio was very low for CYP (43/9).

Barriers to recruitment included the research governance context and reliance on hard-pressed site staff. The mental health difficulties of CYP and the complicated lives of their families were major obstacles. Our plan to use CYPs as gatekeepers for other participants also proved a problem, eventually bypassed by recruiting families and healthcare providers directly.

What worked well was having greater flexibility in interviewing approaches and logistics. Having semi-structured interviews, on-line and conducted by specialised qualitative researchers for interviewing CYP helped. So once recruited, CYP were able to recount their experiences.

Conclusion

Compared to other CYP participating in research, those who have had a mental health crisis require an extremely flexible, well-planned approach to recruitment.

References

- [1] Admissions to paediatric medical wards with a primary mental health diagnosis: a systematic review of the literature Archives of Disease in Childhood 2024;109:707-716. Vázquez-Vázquez A, Smith A, Gibson F, et al.
- [2] Mental Health Admissions to Paediatric Wards Study (MAPS): protocol of a prospective study of mental health admissions to paediatric wards in England using surveillance and qualitative methods BMJ Paediatrics Open 2024; Hudson LD, Vázquez-Vázquez A, Gibson F, et al.

[3] Admissions to Acute Medical Wards Due to Mental Health Problems Amongst Children and Young People in England, 2012 to 2022 Preprints with The Lancet 2024 Ward J. L., del Pilar Vazquez Vazquez A., Phillips, K., Settle, K., Pilvar, H., Cornaglia, F., Gibson, F., Nicholls, D., Roland, D., Mathews, G., Roberts, H., Viner, R., Hudson, L. D.

Lead presenter biography

Isabella Nizza is a Research Fellow at University College London and an Honorary Research Fellow at Birkbeck University of London, where she is part of the interpretative phenomenological analysis research group (IPARG). She teaches IPA as a research method at different academic levels. Her research experience is mostly in the fields of physical and mental health, with qualitative studies on chronic pain, childhood epilepsy and paediatric hospitalisation. She is co-author of *Essentials of Interpretative Phenomenological Analysis* (Smith & Nizza, 2021), part of the Essentials of Qualitative Methods Series published by the American Psychological Association.

Recruiting to studies involving children and young people- A longitudinal approach to exploring the experiences of siblings when their brother or sister is diagnosed with cancer.

Tuesday, 9th September - 15:45: 5.7 Symposium | Recruiting to studies involving children and young people - Symposium - Abstract ID: 340

Mrs. Zoe Polly (University of Surrey), Dr. Anna Cox (University of Surrey), Dr. Lisa McCann (University of Strathclyde), Prof. Faith Gibson (Great Ormond Street Hospital)

Abstract

Aims of the paper

Recruiting siblings for a longitudinal study presented several challenges. Recognising the importance of the initial engagement, we anticipated that maintaining participation over time would require a structured and sustained approach. Here we will examine the strategies implemented to foster ongoing engagement with siblings and their families.

The study

Significant improvements in childhood cancer treatment have increased survival rates, with 85% now expected to survive beyond five years [1]. However, prolonged and intensive treatments create disruption beyond the diagnosed child, impacting the entire family. Few studies have considered siblings' needs from their perspective [2, 3]. The Time 4 Siblings study aims to inform the development of an experience-based intervention to support siblings aged 6–12 following a brother or sister's acute lymphoblastic leukaemia diagnosis.

Approach to recruitment

Following ethical approval, a longitudinal recruitment approach was used, employing Participant Identification Centres (PIC). Cancer nurse specialists at tertiary centres introduced the study to families, forwarding details to the principal researcher if they expressed interest. Twelve families were approached, with eight consenting to participate. Interview points were aligned with key transition periods in the family's experience rather than focusing solely on treatment, offering flexibility.

Discussion

Opening PIC sites varied due to rigorous NHS Trust ethical approvals, requiring sustained effort. Once established, nurse specialists played a key role in recruitment. Ongoing engagement strategies, including co-developed interactive resources (YouTube videos, comic strips, and infographics), enhanced understanding and participation. While flexible scheduling empowered families, coordinating interviews at transition points added to their existing commitments. Proactive follow-up may have helped maintain participation, with four families completing all three interview points.

Conclusion

To fully understand siblings' experiences, direct engagement is essential. Longitudinal approaches provide deeper insights, informing tailored support interventions. While maintaining recruitment was challenging, ongoing communication, flexible participation options, and strong clinical partnerships enhanced retention.

References

- [1] National Health Service Digital (2022) *Cancer Survival in England*. At: <https://digital.nhs.uk/data-and-information/publications/statistical/cancer-survival-in-england/cancers-diagnosed-2015-to-2019-followed-up-to-2020#>. Accessed March 2022.
- [2] Yang, H.C., Mu, P.F., Sheng, C.C., Chen, Y.W. and Hung, G.Y. (2016) 'A systematic review of the experiences of siblings of children with cancer', *Cancer nursing*, 39 (3), pp.12-21.
- [3] Long, KA., Lehmann, V., Gerhardt., CA., Carpenter, AL., Marsland, A.L, and Alderfer, M. A. (2018) 'Psychosocial

functioning and risk factors among siblings of children with cancer: an updated systematic review,' *Psycho-oncology*, 27 (6) pp.1467- 1479.

Lead presenter biography

Zoe Polly is a Senior Lecturer in Children and Young People's Nursing at the University of Surrey and a Senior Fellow of the Higher Education Academy (HEA). She is currently undertaking a PhD, focusing on developing tailored support interventions for siblings when their brother or sister has a cancer diagnosis. Her research explores the experiences of these siblings to inform effective support strategies. Passionate about education and research, Zoe is dedicated to improving the experiences of children, young people, and their families, ensuring their voices are heard and their needs are met through evidence-based practice and innovation.

Recruiting to studies involving children and young people: across a multi-centre study on young people's healthcare transition from children's into adult services.

Tuesday, 9th September - 15:45: 5.7 Symposium | Recruiting to studies involving children and young people -
Symposium - Abstract ID: 370

Dr. Pippa Sipanoun (Great Ormond Street Hospital for Children NHS Foundation Trust), Mrs. Susie Aldiss (University of Surrey), Prof. Faith Gibson (Great Ormond Street Hospital)

Abstract

Aims

Young people's voices need to be at the forefront of designing and improving healthcare transition services to ensure they meet the needs of young people with long-term conditions (1, 2). Inclusion of young people, and therefore being able to amplify their voices in our study was challenging. Here we consider possible causes and present attempted remedies.

The study

The National Transition Evaluation study was a multi-centre ($n=9$), mixed methods evaluation of the Burdett National Transition Nursing Network (BNTNN) and their Model for Improvement for Transition implementation between 2020-2023. The BNTNN mapped young people's healthcare transition into adult services across England, working with key stakeholders, coaching them through making sustainable quality improvement change to service provision.

Approach to recruitment

Young people were recruited from study sites by members of their healthcare team at their hospital/service/place of care.

Discussion

Significant barriers to recruitment were experienced including:

- Challenges for Principal Investigators (PI) in participating study sites to disseminate study information when already working over-capacity;
- Difficulties with capacity of clinical teams to highlight the study to young people/families when they have limited clinic time.

Remedies to increase recruitment included:

- Addition of posters/digital posters about the study with survey QR code links in prominent places within outpatient areas in both children's and adults' health services in participating sites;
- Advocating for those 16 years of age or older to consent for themselves, under the Mental Capacity Act; (2)
- Monthly check-ins with the PIs;
- Extended recruitment period;
- Member of research team presented study information via virtual meetings across all study sites to increase visibility of the study.

Conclusion

A total of 14 young people completed the survey across all study sites, making it difficult to fully understand the experiences of young people due to a lack of data, inhibiting our ability to inform policy and practice.

References

- Porter, L., Gibson, F., Aldiss, S., Morgan, S., Stanton, A., Carney, S., Farooq, A., Barlow, I., Sultan, H. and Sipanoun, P. (2025), Bringing Young People, Health and Social Care Professionals, Transition Champions and Policymakers Together Through Hybrid Methods of Participation: Creating a Space for Shared Understanding of What Is Required to Improve Young People’s Healthcare Transition. *Health Expectations*, 28: e70136. <https://doi.org/10.1111/hex.70136>
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Lead presenter biography

Dr Pippa Sipanoun is registered Children’s and Adult nurse, Lead Practice Educator for Health Inequalities at Great Ormond Street Hospital for Children NHS Foundation Trust (GOSH), a member of the Clinical Academic Faculty at the Centre for Outcomes and Experience Research in Children’s Health, Illness and Disability, and completed her PhD in Child Health at UCL in 2022. Pippa was also Research Fellow in Transition at the University of Surrey until the end of 2024, is a Nurse Ethicist, and has gained recognition as a Senior Fellow of the Higher Education Academy for her contribution to teaching.

Recruiting to studies involving children and young people: success of novel approaches to recruitment

Tuesday, 9th September - 15:45: 5.7 Symposium | Recruiting to studies involving children and young people - Symposium - Abstract ID: 386

Dr. Polly Livermore (Great Ormond Street Children's Hospital), Ms. Klaudia Kupiec (Great Ormond Street Children's Hospital), Prof. Faith Gibson (Great Ormond Street Hospital)

Abstract

Aims

For qualitative researchers, estimating data saturation from interview or focus group data is challenging. Predicting sample sizes that consider potential ethical delays, limitations with site set-ups, recruitment challenges and allow for drop-outs, is sensible. However, when interest is much higher than expected and researchers need to return to ethics boards to request permission to increase participation, reflection on what went well, is useful for future learning.

The study

The IMPACT study is an NIHR multi-centre UK-wide study to design and test a rheumatology chatbot (1). The initial phase was to conduct 8 focus groups with children (8-18years), parents and healthcare professionals to understand where there are gaps in current well-being support.

Approach to recruitment

The recruitment strategy was designed to minimise local workload, and encourage families to self sign-up by 1) not requiring local staff to consent, 2) producing posters/flyers with QR codes, 3) making UK-wide nurses (who often know families best) Principal Investigators (PI), 4) encouraging local centres to sign-up, 5) enlisting support from charities to mailshot and advertise on social media, 6) easy-access website, 7) meeting every participant individually prior to consenting, 8) local PI drop-ins with competitions, 9) Steering-Group PPIE members support, 10) enticing younger children with creative research methods.

Discussion

We received so many requests to join the study, that we felt it was important to offer opportunity to all, so we returned to the ethics board to request permission to increase our recruitment to 27 focus groups, now including young adult and sibling opportunities due to demand.

Conclusion

Our biggest recruitment facilitators were: meeting each participant prior to involvement, working with charities, a self-referral website and increasing local centres (especially the smaller, often research neglected centres). Children and parents also highly valued the topic and were keen to share their experiences.

References

1. Livermore P, Kupiec K, Wedderburn LR, Knight A, Solebo AL, Shafran R, ... IMPACT Steering Group. (2024). Designing, Developing, and Testing a Chatbot for Parents and Caregivers of Children and Young People With Rheumatological Conditions (the IMPACT Study): Protocol for a Co-Designed Proof-of-Concept Study. *JMIR research protocols*, 13, pp. e57238. doi: 10.2196/57238

Lead presenter biography

Polly is a Senior Nurse at Great Ormond Street Children's Hospital and an Honorary Associate Professor at University College London (UCL). Polly is one of the GOSH NIHR BRC PPIE Co-leads and the first nurse on a post-doctoral Advanced Clinical Academic Fellowship (ACAF) funded by the NIHR, resulting in the IMPACT study (www.theimpactstudy.co.uk). Polly is the Lead Health Professional for a Consortium of UK Charities collaborating on improving mental health in children with rheumatological conditions, the Health Professional Lead

for the Paediatric Rheumatology European Society (PREs) and Associate Editor for Rheumatology Advances in Practice (RAIP).

Fringe 4 | Demystifying writing for Publication

Demystifying writing for publication

Wednesday, 10th September - 08:15: Workshop 4 | Demystifying writing for Publication - Oral (concurrent session0 - Abstract ID: 361)

Prof. Elizabeth Halcomb (RCNi / University of Wollongong), Dr. Catherine Stephen (University of Wollongong)

Abstract

Background: For many doctoral students, research nurses and even nurse academics, the task of assembling words on a page to tell an engaging and coherent story can invoke fear and anxiety¹. Yet, telling the story of the research we do, and its findings is a key step in the research process. Without quality dissemination, research will not have optimal impact. Although many people experience challenges in writing for publication, often this topic is not openly discussed.

Aim: This presentation will highlight the challenges faced by nurses when writing for publication and discuss key strategies to support nurse researchers to succeed in publishing their writing.

Presentation: Strategies around planning the writing, identifying a mentor, putting words on the page and developing writing will be discussed. This presentation will enhance participants' understanding of the challenges faced by researchers around writing for publication and it will increase their confidence in submitting a manuscript for publication. The session will also encourage ongoing conversations about writing for publication and related issues.

Conclusion: Writing for publication need not be dreaded by researchers or a source of anxiety and fear. With time, support and the right strategies all researchers can develop their writing skills and turn the words on a page into an engaging story that disseminates their work.

References

- 1 Chargualaf, K. A., Nichols, M., & Klakovich, M. (2024). Expanding capacity for publication in nursing: Experiences from a writing for publication group. *Journal of Professional Nursing*, 51, 45-50.
- 2 Arshabayeva, G. A., Kumar, A. B., Yessirkepov, M., Zimba, O., & Kocyigit, B. F. (2024). Advancing research, writing, and publishing in nursing: addressing challenges and improving standards. *Journal of Korean Medical Science*, 39(38).

Lead presenter biography

Professor Elizabeth Halcomb is the Editor, Nurse Researcher and inaugural Professor of Primary Health Care Nursing at the University of Wollongong. She leads a strong research program in primary care nursing, with particular emphasis on nursing in general practice, chronic disease and nursing workforce issues. Liz has been a chief investigator in teams awarded over AUD\$20 million in competitive research funding. She has a strong track record of publication, with over 255 peer reviewed papers, and 23 book chapters.

6.1 Sponsor led session from NIHR

Achieving research impact through teamwork and collaboration

Wednesday, 10th September - 10:35: 6.1 Sponsor led session from NIHR - Oral (concurrent session0 - Abstract ID: 489

Dr. Roxanne Crosby-Nwaobi (University College London), Dr. Frazer Underwood (Royal Cornwall Hospitals NHS Trust / University of Plymouth)

Abstract

This session will showcase the importance of nurses working in collaboration with interdisciplinary teams to achieve research impact. We will explore the advantages of collaborative team working, drawing on experiences from research delivery, leadership and practice. This will illustrate how research led by collaborations of NMAHPs can impact on global healthcare, through novel and transformative designs.

Using examples from NMAHPs working in different specialties, the session will enable colleagues to explore how to achieve measurable impacts in practice, enhancing health and care outcomes. We will incorporate an interactive Q&A session with attendees.

Learning outcomes

- 1: Highlight the benefits of interdisciplinary research collaboration with regards to maximising the impact of research nursing at an International level, through identifying key facilitators and enablers for best practice.
- 2: Showcase best practice across a range of research contexts including research delivery, leadership and support, to enhance capability and capacity building initiatives in these areas within realistic and achievable time frames.
- 3: Reinforce how research impact can be maximised through successful team working and networking, drawing on collaborative interdisciplinary processes and relationships to enable International reach in research nursing.

References

N/A

Lead presenter biography

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.

6.2 End of life care

“It’s not counselling, it’s conversations and that’s usually all that’s needed” An Evaluation of a Hospital Based, Volunteer Led, Bereavement Comfort Call Service.

Wednesday, 10th September - 10:35: 6.2 End of life care - Oral (concurrent session0 - Abstract ID: 410)

Dr. Julie Wilson (Ulster University), Mr. Brian Mc Enteggart (Ulster University)

Abstract

Background: The death of a loved one can be a devastating experience and can lead to isolation and loneliness (UKBC, 2022). In Northern Ireland almost half (47%) of deaths occurred in hospital (NISRA, 2023), yet there is a lack of guidance regarding the role of acute hospitals in bereavement support provision following a death. The Bereavement Comfort Call (BCC) Volunteer Service is unique, as it is the only hospital based, post-bereavement, telephone support service provided by a team of trained volunteers in Northern Ireland.

Rationale: To explore expectations and perceived impact of the BCC Volunteer Service from a volunteer and key stakeholder perspective.

Design: Following ethical approval, a purposive sample of the BCC volunteers and stakeholders consented to individual, online, in-depth, semi-structured interviews. Interviews were transcribed, anonymised and thematically analysed (Braun & Clarke 2022).

Results: Nine volunteers (36%) and ten stakeholders were interviewed between March-July 2024. Five broad themes were identified: Wonderful Team, Grief is Hard, Gift of Listening, Bridging the Gap and Small Pot of Money.

Discussion: All participants believed the service aligned to Hospital’ values. Signposting the bereaved person to further support and services was considered a central part of the call. The volunteers were able to identify calls that required additional support. All participants believed the service was an effective use of resources and permitted trained staff to follow-up with those struggling with their grief.

Conclusion: Most people experiencing bereavement require emotional support in the form of conversations and practical advice, as opposed to professional support. The level of support provided aligned with level 2 bereavement care (IHF, 2020). Best practice suggests the service is dependent on the presence of a good support team to supervise and escalate concerns. The development of a regional strategy, accompanied with funding is required for the service to flourish and expand.

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Lead presenter biography

Julie Wilson is a lecturer in the School of Nursing and Paramedic Science at Ulster University. She is a general nurse with over 30 years experience. She has held a number of roles clinical research roles, including Programme Manager in the R&D Office and was the Staff Manager of the NICRE. Her post-doctoral work has focused on chronic illness. This study was support by the Martha McMenamin Scholarship Fund.

6.3 Womens health

Co-producing a women's health programme across an integrated care system

Wednesday, 10th September - 10:35: 6.3 Womens health - Oral (concurrent session0 - Abstract ID: 123

Prof. Camille Cronin (University of Essex), Ms. Su Conquer (Suffolk and North East Essex ICB), Ms. Lizzie Mapplebeck (Suffolk and North East Essex ICB), Ms. Lisa Nobes (Suffolk and North East Essex ICB), Ms. Anetta Bradshaw (Suffolk Healthwatch)

Abstract

The Women's Health Insight and Oversight Group (I&O Group) within the Suffolk and North East Essex (SNEE) Integrated Care Board (ICB) was established to enhance women's health services through a co-production model. This initiative aligns with the Women's Health Strategy for England (2022), which emphasizes patient-centred care and the Women's Health Hubs. These hubs address critical health needs, including contraception, menopause management, and screening services.

Method

SNEE's approach included a multidisciplinary advisory group of over 170 members representing diverse community organizations. The co-production process involved six phases: initial stakeholder engagement, mapping services, co-developing engagement questions, conducting a comprehensive community survey, and refining service specifications.

Results

The survey garnered 1,238 responses, highlighting significant gaps in access and integration of women's health services. These insights led to the identification and implementation of five prioritized service models. Ongoing task and finish groups are now co-producing evaluation frameworks to ensure sustainability and quality improvement.

Discussion

Strengths of this initiative include a robust evidence-based co-production model and comprehensive community representation. However, challenges remain, including limited long-term funding and the need for broader engagement. This work emphasizes the importance of integrating lived experiences with professional expertise to create equitable, accessible, and sustainable health services for women.

Conclusion

Future evaluations will assess the effectiveness of the implemented services, ensuring they align with the Women's Health Strategy for England. SNEE's pioneering co-production efforts provide a replicable framework for advancing women's health equity across diverse populations.

Patient or Public Contribution: The purpose of this programme was to explore the most important issues around women's health services in a local region and involve them in the solutions to access services and improve outcomes. The Women Health Insight and Oversight Group was set up to co-design and co-produce a programme of services for women, and involved people with lived experience throughout.

References

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Lead presenter biography

Camille Cronin is Professor of Nursing and Director of Partnerships at the School of Health and Social Care, University of Essex, UK 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.

6.4 Leadership and management

Leader identity construction and role modelling in nursing

Wednesday, 10th September - 10:35: 6.4 Leadership and management - Oral (concurrent session0 - Abstract ID: 441)

Dr. Rachel Heathershaw (University of Suffolk)

Abstract

Background

The social collective element of leadership is rooted in the notion of leaders and followers, roles which can be interchangeable and dependent on any given time and space (Ladkin 2010, Haslam et al. 2011, Barr and Dowding 2016). A role model is followed in the most basic sense if, as Bandura (1977) suggests, the modelled behaviour has relevance and captures the attention of the observer. Essentially, acting as a role model can be seen as leading in the sense of leading by example. This study critically examined how role modelling influenced leadership in nursing in the National Health Service (NHS) in the United Kingdom.

Methodology

A constructivist case study approach was used to conduct this study.

Methods

Nonparticipant observation and semi structured interviews were used to collect the data.

Inductive and deductive approaches to analyse the data were used, within and across the cases using a socially constructed lens.

Ethical considerations

Approval gained through the University of Brighton and HRA

Findings

The care context influenced how the Ward Managers enacted their roles and impacted on leader location: 'I am in front of you', 'I am beside you' and 'I am behind you'. This formed the basis for the social situatedness of the working groups and co-construction of leader and role model identity. The co-construction of leader and role model identities were considered through social identity theory and the work of Hogg (2001), Lord and Hall (2005) and DeRue and Ashford (2010). Nurses were conversely viewed as role models regardless, and as a result, of their formal positions.

Conclusion

The path of nurse/leader development in each of the cases displayed an increasing awareness of individual everyday operational leadership, to the wider strategic perspective demonstrated by the established nurse leader.

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Lead presenter biography

Dr Rachel Heathershaw : Associate Professor – School of Nursing, Midwifery and Public Health, RN, PhD, MA, PGC, Bsc (Hons) FHEA - Rachel is a member of the Adult nursing course team, contributes to the delivery of the Masters programmes and is course leader for the MA Professional Practice - Integrated Care. Her teaching expertise focuses on leadership, change, coaching, supporting practice learning, integrated care and self-development. Rachel's doctoral study focused on role modelling as a leadership behaviour in nursing.

6.5 Older people

Restoring Equilibrium: A Grounded Theory of Homeostasing in Response to Frailty-Related Disruptors

Wednesday, 10th September - 10:35: 6.5 Older people - Oral (concurrent session0 - Abstract ID: 172)

Mrs. Sarah Small (HIOW NHS Foundation Trust)

Abstract

Frailty-related concerns disrupt older adults' emotional and psychological stability, prompting adaptive responses to restore equilibrium. While research has traditionally emphasised frailty's biomedical dimensions, less attention has been given to how older adults cognitively and emotionally process these disruptions. This study develops a substantive grounded theory of 'homeostasing', a dynamic, ongoing process of restoring balance, and cognising the disruptor, the mechanism through which individuals interpret and respond to frailty-related concerns.

Aims

This presentation will outline the grounded theory of homeostasing, detailing its key processes and practical applications in the care of older adults. It will demonstrate how these insights inform international healthcare practice.

Methods

Classic Grounded Theory (Glaser and Strauss, 1967) was used to develop the theory from empirical data. Fifteen in-depth interviews were conducted between December 2022 and October 2023, with participants describing actual and hypothetical frailty-related concerns. Data collection and analysis proceeded iteratively, employing open, selective, and theoretical coding (Glaser, 1978, 1998). The constant comparative method ensured theoretical saturation, with all core processes emerging from the data.

Results

Homeostasing consists of interrelated strategies, such as emotional responses and behavioural adaptations (vitalising) and positioning disruptors as external (othering) to manage disequilibrium. These non-value-laden strategies reflect different ways of sustaining stability. For instance, older adults may describe initial frustration at increasing dependency, followed by practical adjustments to restore equilibrium.

Discussion and Conclusions

This study shifts the focus from static models of frailty to an explanatory framework capturing the fluidity of adaptive responses. The findings offer internationally relevant insights for designing care approaches that align with individuals' diverse strategies for sustaining balance. Future research will examine how these responses are framed within care settings and their implications for intervention design.

Keywords: Older adults, Frailty, Grounded theory, Patient experience, Interviewing.

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Lead presenter biography

Sarah Small is a Senior Research Associate and a Consultant Practitioner (Nurse) in Urgent Response. She is currently finalising her PhD, which develops a grounded theory on how older adults cognitively and emotionally process frailty-related disruptors. Her professional interests include ageing, dementia, and ensuring that the voices of those she works with remain central to research and practice. She is committed to bridging research

and clinical practice to improve care for older adults, with a particular focus on patient-centred responses to frailty and urgent care needs.

6.6 Qualitative approaches

Letters from Home – an interpretive exploration of the experiences of children during WWII

Wednesday, 10th September - 10:35: 6.6 Qualitative approaches - Oral (concurrent session0 - Abstract ID: 417

Dr. Julie Longson (Keele University)

Abstract

Background

World War Two (WWII) brought upheaval on a global scale. Fathers were conscripted; mothers supported the war effort. Separation for some extended beyond the end of the war. People turning 80 in the 2010's were the first generation to become octogenarians having experienced WWII as children.

Studies have established the potential impact of wartime experiences on psychological health across the life-course (Waugh et. al., 2007), but little phenomenological research has been carried out, asking the question “what was it like...?”.

Aim

To investigate the nature of the wartime experience for children, including separation and reunion, and its impact across the life course.

Methods

Methodology - Interpretive Phenomenological Analysis (IPA).

Data was collected between August 2019 and March 2021 via interviews and written accounts from eight participants, members of the “silent generation”, whose voices risked being stifled by a global pandemic, the challenges of technology and the need to be shielded from harm. Participants were recruited via local organisations such as the University of the Third Age.

Results

Four themes tell stories of everyday life, of missing fathers and hard-working mothers, but analysis reveals a much deeper meaning for these wartime experiences. A key theme is “purposeful remembering”, participants are engaging with their memories in an active way, illuminating how those early experiences are shaping relationships, expectations, hopes and fears as they move forward into older, older age.

Discussion

Remembering is an active, ongoing process and the whole narrative of people's lives is significant in understanding how they have navigated their life experiences.

Conclusion

Findings – in order to fully understand those for whom we care, clinical history must encompass the whole lifecourse.

Methodology - Development of written accounts as a method of data collection will open up new possibilities where participants might be considered “hard to reach”.

References

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Lead presenter biography

I trained as a Registered Mental Health Nurse and worked in clinical practice for 32 years before moving into education as a nursing lecturer (now retired).

My clinical expertise lies in the care of older people experiencing mental health issues and/or frailty. I took on extended roles such as prescribing and am a specialist practitioner in the care of older people.

My research interests lie in the area of older people and how early life experiences impact across the lifecourse, influencing people's sense of self and expectations as they move into older age. I completed my PhD in 2024.

7.1 | CRN - Improving and embedding research delivery across clinical practice

Enhancing research opportunities in the Emergency Department - the role of the embedded research nurse

Wednesday, 10th September - 11:30: 7.1 | CRN - Improving and embedding research delivery across clinical practice / ACP's in research - Oral (concurrent session0 - Abstract ID: 100

Prof. Heather Jarman (St Georges University Hospitals NHS Trust), Ms. Lyndsay Drumm (St Georges University Hospitals NHS Trust), Ms. Louise Young (Imperial College Healthcare NHS Trust), Dr. Phil Moss (St Georges University Hospitals NHS Trust)

Abstract

Developing a strategic approach to research capacity building in nursing has become a recent national aim with the role of nurses in leading and delivering research key to improving and advancing practice (DHSC 2021). To achieve this alongside UK ambitions to develop a sustainable and supported research workforce it is essential to make research roles more appealing, particularly in areas where there are additional clinical pressures such as Emergency Departments (ED). ED poses a unique challenge for research delivery in the volume of patients and urgent and emergency condition presentation; the physical environment, interruptions and incomplete patient follow up (Graham 2019).

To aid the recruitment of research delivery nurses in the ED we instigated embedded structured opportunities for clinical staff to work on secondment as research nurses to support career progression and develop emergency care specific expertise in research delivery. The research team are a core component of the ED Collaborative Research Group which integrates clinical academics, ED clinicians and research delivery to promote cross over between research and clinical roles. Since this approach was first introduced in 2016, 55 nurses have undertaken secondments and the number of patients recruited to studies in ED has gone from less than 20/yr to more than 3000.

A rolling evaluation of the role carried out at the end of each nurse's secondment period shows that satisfaction amongst nurses is high. They are attracted to the post as an opportunity to develop new skills and to take on a new challenge. They use the time in role to increase their autonomy in decision-making and to learn more about clinical research.

The embedded clinical research nurse model in ED has resulted in sustained levels of nurse engagement and an increase in study recruitment. It can be easily replicated in other settings.

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Lead presenter biography

Heather Jarman is an emergency nurse and has been works as a clinical academic. She leads the Emergency Department Collaborative Research Group at St George's Hospital, London – a group integrated into the ED structure combining research delivery and clinical academic practice. She has been Principal Investigator on more than 15 studies and hold a number of research grants. Heather is a Professor of Emergency Care at City St George's, University of London.

A Real-Time Dashboard Supporting Clinical Trial Delivery: A Mixed-Methods Service Improvement Project

Wednesday, 10th September - 12:00: 7.1 | CRN - Improving and embedding research delivery across clinical practice / ACP's in research - Oral (concurrent session0 - Abstract ID: 232

Mrs. Catherine Pitman (University Hospitals Plymouth NHS Trust), Dr. Olusola Solanke (University Hospitals Plymouth NHS Trust)

Abstract

Delays in clinical trials remain a challenge, with data spread across disconnected systems. In the UK, 30–45% of trials struggle to meet recruitment targets, leading to delays and increased costs¹⁻³. At University Hospitals Plymouth NHS Trust (UHP), where more than 700 trials are managed across multiple teams, how do clinical trial delivery leads track this data easily and flex priorities day to day.

This project aimed to design, implement, and assess the impact of a user-centred, real-time dashboard to improve trial monitoring and collaboration across teams.

A mixed-methods approach (March 2023–February 2025) spanned three-phases. First, Microsoft Power BI was integrated with EDGE (Clinical Project Management System) to automate data analysis and provide real-time visibility into trial progress. Second, iterative feedback across the department, shaped user-centred interface customizations. Thirdly, quantitative data (recruitment trends, time-to-target metrics) and qualitative insights from user satisfaction surveys were used to evaluate impact.

The introduction of the dashboard led to improvements, reducing underperforming commercial and non-commercial trials by 9% and 16%, respectively. Participant recruitment increased by 57% in the 2024/25 financial year compared to the previous year. Additionally, 92% of Clinical Delivery Team Leads (n=12) reported better oversight and smoother trial management. Its scalability was evidenced by adoption across two additional research sites locally, demonstrating adaptability beyond the local setting.

The dashboard addresses critical gaps in clinical research delivery by providing real-time data, fostering proactive interventions, and aligning with national key performance indicators for clinical research. This underscores the importance of empowering Clinical Delivery Team Leads with technology that enhances efficiency and transparency.

This innovation demonstrates how user-centred digital tools can transform research delivery, offering a replicable model for healthcare systems globally.

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Lead presenter biography

Catherine Pitman has worked in the field of research delivery nursing for over 22 years and has been a qualified

nurse for 30 years. She has worked in both commercial and NHS research settings holding different roles during this time. She is currently the Lead Research Nurse at University Hospitals Plymouth NHS Trust and is also a Senior Research Leader with the NIHR (cohort 2) as well as an honorary clinical fellow with the University of Plymouth and Clinical lead for the South West Clinical Schools at her trust.

What is Advanced Clinical Practitioner's current engagement with clinical research and what are the barriers and facilitators to increasing this engagement?

Wednesday, 10th September - 12:30: 7.1 | CRN - Improving and embedding research delivery across clinical practice / ACP's in research - Oral (concurrent session0 - Abstract ID: 251

Mrs. Elizabeth Wedge (University Hospital Southampton)

Abstract

Introduction

The NHS strives for research to be part of everyday practice to improve the way we prevent, diagnose and treat conditions. A potential workforce that could bridge research and clinical care is Advanced Clinical Practitioners (ACPs) as research is one of the four pillars of advanced practice.

Aim

To describe ACP's current engagement in research and explore the key barriers and facilitators to increasing this engagement, to offer methods to increase ACP's engagement with research.

Methods

A descriptive survey was completed using a secure online questionnaire platform (Qualtrics). An invitation was distributed to all ACPs working at University Hospital Southampton (UHS) via their workplace email which included a link to the questionnaire. It was open to responses between 10/09/2024 and 12/11/2024.

Results

A response rate of 16.8% was achieved, totalling 38 responses. Most participants (92%) reported that research is a part of their job description however 18.4% said they had no involvement in research.

The main barrier was lack of time for research (n=33, 86.8%) and the main facilitator was to develop skills (n=33, 86.8%). A thematic review of the comments showed ACPs were keen to be involved in research but had a lack of time, support and knowledge about research, all of which caused barriers. The facilitators were either wanting to improve care or experience for patients or wanting career development and to fulfil the ACP role.

Conclusion

This service evaluations showed there is engagement from ACPs with research and an enthusiasm for more, driven by the facilitators of wanting to improve outcomes for patients and for personal development. The key barriers are lack of time, support and knowledge about research. Support and knowledge on research skills can be provided however releasing time from clinical commitments will require a change in the way ACP's workload is prioritized.

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Lead presenter biography

I am currently Cancer Research Matron at University Hospital Southampton and I have worked in Cancer research since March 2021. Prior to this role I was Matron for medicine, during this role I started my masters pathway in Advanced Practice at University of Southampton. I am passionate about engaging all healthcare

professionals in research and I currently have a focus on engaging ACP's in research by exploring the barriers and facilitators to the research pillar of advanced practice. I am working closely with the ACP workforce within the trust.

7.2 Workforce and employment

Making Nursing a Better Place: A Discrete Choice Experiment to Elicit the Job Preferences of Early-career Nurses

Wednesday, 10th September - 11:30: 7.2 Workforce and employment - Oral (concurrent session0 - Abstract ID: 197

Dr. Ourega-Zoé Ejebu (University of Southampton), Dr. Joanne Turnbull (University of Southampton), Prof. Jane Ball (Royal College of Nursing)

Abstract

Background: In England, disproportionate numbers of nurses leave the National Health Services (NHS) early in their careers. Retaining early-career nurses could ease supply challenges. Research is needed to understand their job preferences to develop tailored retention policies.

Aims: To identify the job preferences of early-career NHS nurses via a Discrete Choice Experiment (DCE) and estimate the financial compensation for the least favourable job characteristics.

Design: A DCE is a survey technique enabling preferences to be elicited by presenting alternative job package options. Nurses then choose their preferred job package.

Ethics: Ethics approval from Southampton University (ERGO: 93164).

Methods: Following established practice, we used both qualitative (i.e. literature review, focus groups, discussion with academic experts and stakeholders, including retention leaders) and quantitative research methods to identify the job characteristics. The DCE included 8 job characteristics, including an 'income' characteristic to estimate financial compensations. The DCE was administered through online surveys and distributed by the Nursing and Midwifery Council.

Results: 5,696 early-career nurses responded to the DCE. The majority were female (83%) and the mean age was 52.5 years. 36% were White, 35% were Asian and 21 % were Black. These figures reflect the workforce diversity in the NHS, as well as the recruitment campaign (from international countries in particular) to increase the nursing workforce by 50,000 by 2024 (pledge by the UK Government in 2019). Results indicate that early-career nurses valued teams with good collaboration ($\beta=1.055$) and supportive and accessible managers ($\beta=0.730$). In contrast, they would need an annual increase of £9092.3 to work in teams with poor collaboration and £6289.6 to work with unsupportive and inaccessible managers.

Conclusions: Good teamwork and collaboration, and supportive and accessible managers are important characteristics for early-career nurses. Healthcare managers should provide a workplace culture reflecting these preferred job characteristics to retain their current workforce.

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- **Ejebu O**, Ball J et al (2024) What might make nurses stay? A protocol for discrete choice experiments to understand NHS nurses' preferences at early- and late-career stages, *BMJ Open*
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Lead presenter biography

Zoé is a Senior Research Fellow within the Health Workforce and Systems research group (University of Southampton).

She is leading and collaborating on a large research portfolio exploring the role of working conditions on the retention and performance of the nursing workforce. As an economist by training, she uses various Applied Economics methods and theories to robustly quantify and provide empirical content for these relationships. Her expertise lies in independently analysing large cross-sectional and longitudinal workforce datasets. She has also designed and conducted discrete choice experiments (DCE) to elicit the job preferences of the health workforce and estimate potential trade-offs.

Late-career Nurses Matter: A Discrete Choice Experiment to Understand Preferences to Delay Retirement

Wednesday, 10th September - 12:00: 7.2 Workforce and employment - Oral (concurrent session0 - Abstract ID: 198

Dr. Ourega-Zoé Ejebu (University of Southampton), Dr. Joanne Turnbull (University of Southampton), Prof. Jane Ball (Royal College of Nursing)

Abstract

Background: In England, disproportionate numbers of registered nurses leave the National Health Services (NHS) as they approach retirement age. Extending their working lives would retain valuable experience. Research is needed to understand the retirement preferences of late-career NHS nurses to develop tailored retention policies.

Aims: To identify the retirement preferences of late-career NHS nurses via a Discrete Choice Experiment (DCE) and estimate the compensation for the least favourable job characteristics.

Design: A DCE is a survey technique enabling preferences to be elicited by presenting alternative job package options. Nurses then choose their preferred job package.

Methods: Following established practice, we used both qualitative (i.e. literature review, focus groups, discussion with academic experts and stakeholders, including retention leaders) and quantitative methods to identify and select the job characteristics for late-career nurses. The DCE included 8 job characteristics, including a 'year' characteristic to estimate 'willingness-to-delay' retirement. The DCE was administered through online surveys and distributed by the Nursing and Midwifery Council.

Ethics: Ethics approval was obtained from the University of Southampton to conduct this study (ERGO: 92393).

Results: 6,888 late-career nurses responded to the DCE. The majority were female (90.2%), White (91.3%) and were on average 60.8 years. Late-career nurses value teams with good collaboration (Relative Importance RI: 19.6%). The number of extra years beyond nurses' intended retirement age was the second most important job characteristic (RI: 18.8%), followed by being valued and recognition of skills (RI:13.7%). If all job characteristics were at the best levels, late-career nurses would be willing to delay retirement by 2.7 years beyond their intended retirement age (mean=65.2 years).

Conclusion: Good teamwork and collaboration, recognition of skills and being valued are key for late-career nurses when considering retirement. Healthcare managers should provide a workplace culture that reflects these preferred job characteristics to retain their current workforce.

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Lead presenter biography

Zoé is a Senior Research Fellow within the Health Workforce and Systems research group (University of Southampton). She is leading and collaborating on a large research portfolio exploring the role of working conditions on the retention and performance of the nursing workforce. As an economist by training, she uses various Applied Economics methods and theories to robustly quantify and provide empirical content for these relationships. Her expertise lies in independently analysing large cross-sectional and longitudinal workforce datasets. She has also designed and conducted discrete choice experiments (DCE) to elicit the job preferences of the health workforce and estimate potential trade-offs.

Exploring post-event strategies for violence against hospital staff: A scoping review

Wednesday, 10th September - 12:30: 7.2 Workforce and employment - Oral (concurrent session0 - Abstract ID: 458

Ms. Dana Sammut (Coventry University), Prof. Lorna O'Doherty (Coventry University), Dr. Nutmeg Hallett (University of Birmingham), Prof. Liz Lees-Deutsch (Coventry University)

Abstract

Background

Violence against healthcare workers is a pervasive global issue that endangers care delivery and staff wellbeing. While this issue has been gaining traction in health research and policy for decades, the translation of knowledge into effective protective measures is inconsistent, and the evidence base for tertiary prevention strategies (focusing on the post-violence stage) is particularly sparse.

Aims

This scoping review aimed to map the available evidence on post-violence strategies in global hospital settings, identify gaps in the literature, and provide direction for future research.

Methods

In January 2024, searches were conducted using MEDLINE, Embase, Web of Science, CINAHL, PsycINFO, and Health Management Information Consortium, supplemented by Google Scholar. A narrative synthesis guided by the Haddon Matrix (Haddon, 1980) categorised strategies by focus on staff (victims), aggressors (vectors), or the physical and social environment. A summary of the articles' data relevance and methodological rigour was undertaken.

Results

Twenty-seven articles met the inclusion criteria, with most reporting quality improvement projects. Post-violence strategies included: (1) staff support via debriefs and psychological, clinical, and procedural assistance; (2) behaviour management, individualised plans, alerts, and accountability measures for aggressors; and (3) incident investigation and review procedures, structured feedback processes, and systems-level monitoring and risk management. Few articles examined post-violence strategies as standalone interventions.

Discussion

Most articles equated success with violence reduction, reflecting a traditional (Safety-I) focus on risk mitigation. Little attention was given to other variables such as staff perceptions of safety, violence climate, and job-related affect. Incorporating a Safety-II perspective—which emphasises resilience and adaptive performance—could enable hospitals to both learn from adverse events and strengthen ongoing operational capabilities.

Conclusions

Post-event strategies are typically embedded within broader workplace violence programmes, with limited disaggregation of their specific effects. This gap highlights a valuable avenue for future research to explore the distinct impact of post-violence interventions.

References

Haddon, W. (1980). Advances in the epidemiology of injuries as a basis for public policy. *Public Health Reports*, 95(5), 411–421.

Lead presenter biography

Dana Sammut is a registered nurse and PhD student in the Centre for Healthcare and Communities at Coventry University. Her research interests include gender-based and workplace violence, and her doctoral research explores violence against healthcare workers. Alongside her studies, she holds a part-time role at a domestic

abuse service.

7.3 Nursing, midwifery or support worker education

Learner Led Nursing Placements in England: Evaluating Impact and Implementation Opportunities

Wednesday, 10th September - 11:30: 7.3 Nursing, midwifery or support worker education - Oral (concurrent session0 - Abstract ID: 409

Prof. Rosie Kneafsey (Coventry University), Dr. Laura Wilde (Coventry University), Prof. Liz Deutsch (Centre for Care Excellence UHCW), Dr. Kayden Schumacher (Coventry University), Ms. Joanne Guy (Coventry University), Dr. Aimee Walker-Clarke (Coventry University), Dr. Hesam Ghiasvand (Coventry University), Prof. Deanne Clouder (Coventry University)

Abstract

Introduction: ‘Learner-led’ placement models in nursing, such as ‘Collaborative Learning in Practice’ and coaching seek to improve learner experience, competence, and retention as well as increasing placement capacity (Hill et al 2020). Whilst there is appetite within UK NHS Trusts to adopt learner-led models, there are gaps in understanding how best to do this.

Aim: To provide insight into the organisational and socio-cultural conditions needed for successful implementation of learner-led placements.

Methods: Mixed methods evaluation, underpinned by Appreciative Enquiry (Whitney & Cooperrider 2011) and Kirkpatrick’s Evaluation Framework (Kirkpatrick 1998), commissioned in 2024 by NHS England. Work-packages included i) scoping review; ii) five organisational case studies in England; iii) semi-structured interviews with nurses, students and academics. Qualitative data analysed thematically (Braun & Clark 2022). (CU Ethics Ref P183633, 23/01/2025)

Results: The review included 32 papers and case studies yielded 52 interviews. Learner-led typologies include; collaborative models; coaching approaches; learner-led dyads, triads, clinics; and interprofessional approaches. Student benefits derived from learner led models can be framed using Self Determination Theory (Deci & Ryan 2000). Nurses were pro-active in implementing early interventions to prepare students for the transition to registration. Contextual factors within the learning milieu, including the culture; nursing team maturity; and acuity and activity levels, impacted learning. The prevailing perception was that learner-led models resulted in better patient care.

Discussion: Based on evaluation findings, methods of embedding and optimising learner-led placements are presented. Rather than a ‘one-size-fits-all’ approach, case study sites adapted typologies along a continuum to suit the clinical context and varying student needs. Learner-led placements can contribute to improved outcomes for student, patient and nurses.

Conclusion: Understanding typical barriers and facilitators to learner-led placements provides a framework for successful implementation. Continued evaluation and adaptation of learner-led models will be crucial in responding to evolving needs of healthcare education.

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Lead presenter biography

Professor Rosie Kneafsey is Director of the Research Centre for Healthcare and Communities at Coventry University and strategic lead for the Centre for Care Excellence for Nursing, Midwifery and Allied Health, in collaboration with University Hospitals Coventry and Warwickshire (UHCW). In her current role, Rosie leads numerous research and evaluation projects and is currently supervising a number of PhD candidates. She is a nurse by background and has spent her career working in relation to the NHS in a range of senior roles. Professor Kneafsey is an Associate Non-Executive Director and Well-being Guardian at George Elliot Hospital,

What indicators predict numeracy performance in undergraduate nursing students?

Wednesday, 10th September - 12:00: 7.3 Nursing, midwifery or support worker education - Oral (concurrent session0 - Abstract ID: 165

Dr. Clare Carpenter (University of Plymouth)

Abstract

Aim: To identify indicators that predict numeracy performance in undergraduate nursing students

Method: Cohort study looked to identify indicators that predict nursing numeracy performance collecting data on variables gender, age, field of nursing, Mathematics anxiety, mathematics qualification, current ability with general numeracy and performance in a nursing numeracy testing. Participants involved a cohort of first year Adult, Child, and Mental Health pre-registration nursing students (n=286). Completing demographic data sheets, MAS-UK mathematics anxiety screening tool, Basic and Key Skill Builder (BKSB) initial and diagnostic self-marking assessment tool, and a nursing numeracy test.

Results: No significant contribution to the prediction of nursing numeracy was made by gender, age, nursing field and mathematics qualification with small beta values ($\beta=-.029, .076, -.040, -.057$ respectively).

However overall BKSB score makes a 11.9% partial correlation (.345) with an 11.9% (.345 squared) total contribution to R squared contribution to the predictor of numeracy performance. The study identified that achieving higher marks in the BKSB screening led to higher achievement in the nursing numeracy exam (p value ($\beta=.361$), (t(228)=5.96, p=.000) ($\beta=.361$), (t(228)=5.96, p=.000)

Mathematics anxiety Beta coefficient score of ($\beta=-.254$) suggests that Mathematics anxiety has a negative impact on the exam total (t(288)=-4.17, p=.000) anxious students attained lower marks in the nursing numeracy exam, each point higher in the anxiety score, resulting in a decrease of .203 mark in the total exam score (B=-.203, 95%CI=-.299 to -.107). Maths anxiety contributed 5.8% (-.241) to R squared and unique contribution to the explanation of variance in total exams scores. Identifying as female affected mathematics anxiety scores with males scoring lower on the MAS-UK scale (M=44.37, SD 13.64), females (M=54.65, SD 18.27) (ANOVA .017) F value of (5.77).

Conclusion: Current numeracy ability, as measured by a diagnostic tool, and mathematics anxiety score provide effective indicators that predict nursing students' numeracy performance.

References

Carpenter, C (2024) What indicators predict numeracy performance in undergraduate nursing students?

Lead presenter biography

Clare Carpenter is the BSc Nursing programme lead at the University of Plymouth.

Clare has a keen interest in accessibility to pre registration nursing programmes and the potential adaptations that can be made to meet the local community applicant. Clare has been in the higher education setting for the last 15 years and been involved in developing new curriculums and leading projects around literacy and numeracy entry requirements and continued learning development. Recognising the need for educational institutes to contribute to this development and not assume competency on entry to pre registration programmes.

“Breaking the plastic mould” Exploring the experiences among university academics regarding high-fidelity simulation within a nursing curriculum- A qualitative research study.

Wednesday, 10th September - 12:30: 7.3 Nursing, midwifery or support worker education - Oral (concurrent session0 - Abstract ID: 387

Mr. Brian Mc Enteggart (Ulster University), Prof. Neal Cook (Ulster University)

Abstract

Background

There are over 300 million people worldwide trained using simulated products Ahmed (2014), and extensive research exists around simulation in nursing education. Gaps exist around the competence of nursing academics regarding technological fidelity associated with a simulation-based curriculum.

Aims

To explore university academic's perceived enablers and barriers to incorporating high-fidelity simulation (HFS) and its associated technologies within pre and post-registration nursing curriculum development.

Methods

Lecturing staff from a leading UK university were invited to participate in two focus groups conducted between June and July 2022. Analysed using reflexive thematic analysis, the results for the study were derived using the 6-stage approach as set out by Braun and Clarke (2022) to develop themes.

Results

14 staff members participated in the study (17.5%), (11 female and 3 male)

Four main themes emerged:

- Associated anxiety with high-fidelity simulation technology,
- The importance of realism,
- Identity of self and others in High fidelity simulations.
- A pedagogy of opportunity.

Discussion

The findings of this study indicate that nursing academics are supportive in the use of high-fidelity simulated teaching practices as part of a nursing curriculum and see it as a potential for expanding reputation while having the probability of enhancing the student experience by bridging the practice – theory gap.

There are associated barriers to its use, particularly high-fidelity technology. Low and medium-fidelity simulation is commonly used, but the advanced skills and training to use higher spec technology appears to cause apprehensions and uncertainty among the faculty.

Conclusions

The preferences and experiences of most academics within the study appeared around low and medium fidelity use to reduce technology burdens and unfamiliarity associated with high-fidelity. With the correct support and training a willingness was evident to embrace the ever changing and technological advances of modern-day healthcare education.

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Lead presenter biography

Brian Mc Entegart is a lecturer of Nursing at Ulster University , Belfast . Brian leads on the emergency care programs at postgraduate level and is simulation champion for the school of nursing and paramedic science. He recognises the benefits of a simulation based educational approach in life and health sciences and promotes it's use at an interprofessional educational level whenever possible.

Brian has been an active RCN member for 15 years and is enjoying the transition from a clinical career to one of education and research.

7.4 CRN | Improving patient experience / perceptions of research participation

Supporting research equity through cancer clinical research participation.

Wednesday, 10th September - 11:30: 7.4 CRN | Improving patient experience / perceptions of research participation - Oral (concurrent session0 - Abstract ID: 347

Dr. Dr Sally Anne Pearson (The Christie NHS Foundation Trust), Ms. Opeyemi Godis (The Christie NHS Foundation Trust), Ms. Andrea Ingham (The Christie NHS Foundation Trust), Mrs. Evelyn Dolan (The Christie NHS Foundation Trust)

Abstract

Background:

Patients who take part in clinical research often benefit from earlier access to new treatments and technologies and their perception and experience of care is higher (1). This is particularly important for patients with a cancer diagnosis as earlier access to innovative therapies may only be available through participation in a clinical trial. Patients may also benefit from the opportunity to help others, whilst contributing to future scientific discovery. However, unwarranted differences in cancer clinical trial participation have been reported (2). This highlights the need for a consistent and sustained approach to achieving research equity through cancer clinical research participation. Clinical research nurses are uniquely placed to support this. This is particularly important for cancer clinical trial participation across the Greater Manchester region as the population is growing, is diverse and is currently the third most deprived in England (3).

Session aim:

Our submission presents our approaches to supporting greater research equity through cancer clinical research participation. This will include;

- Exploring the impact of socioeconomic factors on participation of Black, Asian, and Minority Ethnic (BAME) women in cancer clinical trials.
- Bringing cancer clinical research ‘closer to home’: The Christie Clinical Research Outreach programme.
- Geographical disparities in access to systemic anti cancer therapies for advanced breast cancer.

Summary:

Our session will present different perspectives associated with research equity in cancer clinical trial participation. It will address key priority areas at a global level with the need to reduce inequalities in cancer (4), reduce health inequalities at a regional level, with a focus on the social determinants of health and address ambitions to move care closer to home (5). Our work is underpinned by our strategic aim to enable every patient to participate in research and ensure our research is inclusive and serves the needs of our diverse patient population.

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Lead presenter biography

Dr Sally Anne Pearson is Lead Clinical Research Nurse within the Division of Research & Innovation with an Honorary Clinical Lectureship in Nursing and Midwifery at the University of Manchester and has recently been jointly appointed as Senior Research Nurse for Cancer Research UK (CRUK) Manchester.

Sally has a PhD in Cancer Clinical Science from the University of Manchester, was an NIHR 70@70 Senior Research Leader and one of the first nurses in the Northwest to be awarded the prestigious NIHR Research Scholarship. Sally works as a clinical academic to support and develop world leading, nurse led, cancer clinical research.

Patient Leaflet Co-developed as a Companion to the Patient Information Sheet to Improve Informed Consent and Attrition Rates in Early Phase Cancer Trials

Wednesday, 10th September - 12:00: 7.4 CRN | Improving patient experience / perceptions of research participation - Oral (concurrent session0 - Abstract ID: 41

Mrs. Kerry Fitzpatrick (University of Southampton), Ms. Elise Harbord (University of Southampton)

Abstract

Early phase clinical trials are one of the disease management options available to patients who's standard of care options are exhausted. Trial sponsors provide a patient information sheet to explain the trial in lay terms, but these are complex and many pages long. Compounded by the fact that patients are also processing the news that their disease has progressed at this appointment, this is a significant amount of information to digest. We understood that it was important to develop tools to support patients and their loved ones to make informed decisions about their care.

We have co-developed a leaflet with the Southern Cancer Trials Public Involvement Group, several of whom have been involved in clinical trials themselves. The leaflet considers the patient as an individual, encompassing all aspects of the patient's life. A nurse will then invite them to another appointment before they consent to discuss any queries.

The leaflet and the pre-consent appointment have had positive feedback via questionnaire, showing that they have enabled patients and their families to make informed decisions about their future care by informing them of all their options, including options that might not include a clinical trial if it will not suit them, their lifestyle, or what is important to them. This ensures that patients are giving their full and informed consent, and they are more likely to adhere to trial protocol if they understand it fully.

The positive feedback has allowed us to confidently pass the use of the leaflet to other trusts running complex clinical trials. Based on the success of this leaflet and a successful grant application we are now working with UK charity OUTpatients to create a supplemental leaflet for the LGBTIQ+ patients. Further supplemental leaflets will be produced for teen & young adults and neurodiverse patient groups.

References

None

Lead presenter biography

I am the CRUK Senior Research Nurse (SRN) in Southampton. I take an active lead in the facilitation and delivery of cancer clinical trials by managing the early phase oncology/ATIMP team. I play a key role in managing the local trial portfolio, including workforce development, and pro-actively identify and support strategies to embed research in the wider NHS setting and improve patient care and experience. As part of the wider CRUK SRN network, my role involves acting as an expert in the field of cancer clinical trials to inform initiatives locally and nationally.

Improving Patient Safety and Quality in Cancer Clinical Research – Implementing the National Patient Safety Incident Response Framework

Wednesday, 10th September - 12:30: 7.4 CRN | Improving patient experience / perceptions of research participation - Oral (concurrent session0 - Abstract ID: 345)

Dr. Dr Sally Anne Pearson (The Christie NHS Foundation Trust), Ms. Katerina Pearson (The Christie NHS Foundation Trust), Ms. Andrea Ingham (The Christie NHS Foundation Trust), Mrs. Evelyn Dolan (The Christie NHS Foundation Trust)

Abstract

Background:

Providing a safe clinical research environment is a fundamental component of safe, high quality clinical research delivery which protects patient wellbeing and promotes patient safety (1). Clinical research nurses are uniquely placed to support the creation of a safe, high quality experience for patients taking part in clinical trials. A core element of patient safety is the new National Patient Safety Incident Response Framework (PSIRF) (2). The framework sets out the NHS's approach to developing and maintaining effective systems and processes for responding to patient safety incidents to create shared learning and improve patient safety.

Aim:

The aim of our submission is to present our approach to implementing PSIRF by highlighting shared learning and improvements in patient safety, led by clinical research nurses, in clinical research delivery.

Method:

Presenters will share their perspectives, reflections and shared learning gained from the implementation of PSIRF. This will include;

- Local implementation of the national programme
- Overview of clinical research related patient safety incident themes and trends, and
- A summary of learning responses for shared learning

Main findings:

Applying a range of systems-based approaches for learning from patient safety incidents we will share themed reviews for;

- Improving medicines management and administration safety in clinical research
- Improving confidentiality in clinical research delivery, and
- Improving communication in clinical research delivery

Conclusion:

Our submission will present opportunities for shared learning and improvements in safety and quality in clinical research delivery which have resulted from the implementation of PSIRF at The Christie NHS Foundation Trust.

References

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Lead presenter biography

Dr Sally Anne Pearson is Lead Clinical Research Nurse within the Division of Research & Innovation with an Honorary Clinical Lectureship in Nursing and Midwifery at the University of Manchester and has recently been jointly appointed as Senior Research Nurse for Cancer Research UK (CRUK) Manchester.

Sally has a PhD in Cancer Clinical Science from the University of Manchester, was an NIHR 70@70 Senior Research Leader and one of the first nurses in the Northwest to be awarded the prestigious NIHR Research Scholarship. Sally works as a clinical academic to support and develop world leading, nurse led, cancer clinical research.

7.5 CRN | ACP's in research

Critical Reflection on Positionality: Ethical Considerations when Researching with Diverse Groups

Wednesday, 10th September - 11:30: 7.5 Inclusive research methods / inequalities in health - Oral (concurrent session0 - Abstract ID: 415)

Mrs. Lorna Hollowood (University of Birmingham), Dr. Marie Clancy (University of Exeter)

Abstract

As nursing research increasingly focuses on addressing health inequities and fostering global health resilience, researchers must critically examine their positionality when engaging with diverse populations. Positionality—the recognition of how a researcher’s identity, cultural background, and social positioning influence the research process—plays a pivotal role in ensuring ethical and equitable practices. This critical reflection piece will examine the ethical considerations inherent in conducting research with underrepresented and culturally diverse groups, particularly within the context of global nursing challenges by exploring the experiences of two researchers in this field.

Drawing on our experiences as nurse-researchers, we will critically examine the complexities of power dynamics, implicit biases, self-awareness and cultural diversity that shape interactions with participants and offer direction for others to follow. The discussion draws upon our own personal PhD journeys working with two different groups: forced migrant families experiencing children’s palliative care and elders of the Windrush Generation living in UK care homes. We will critically examine the importance of cultural humility, reflexivity, and co-creation in the research process to build trust, reduce disparities, and uphold the principles of beneficence and justice. We will share experiences of employing culturally sensitive theoretical framework and methodologies, such as Serrant-Green’s (2011) Silences framework, which can be used as tools to help uncover and marginalised discourses in research.

Key ethical considerations are explored, including informed consent within cultural contexts, recruitment, and the balance between researcher neutrality, insider and outsider positionality and advocacy. Practical strategies are offered to navigate these challenges, emphasising the need for a reflexive approach and collaboration with the communities we want to partner with, to ensure that nursing research translates into meaningful, culturally appropriate healthcare interventions.

By embracing ethical and inclusive research practices, nurse researchers can more effectively tackle critical global health challenges and promote a fairer and more resilient healthcare system.

References

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Lead presenter biography

Marie is a senior lecturer at the University of Exeter in the Academy of Nursing. Marie is a children’s nurse, who studied at the University of Birmingham and worked at Birmingham Children’s Hospital.

Marie’s PhD focused on the experiences of asylum seeker and refugee families in children’s palliative care services, utilising arts-based research approaches. Her research used Interpretative Phenomenological Analysis methodology to explore the experiences of families and the staff who care for them. Marie utilised creative approaches including creating poetic works with family members and advisory groups to aid expres-

sion and enhance understanding of their experiences. See: <https://www.artsandcultureexeter.co.uk/online-exhibitions/fighting-imaginary-dragons-and-battles-with-arrow-snakes-and-octopuses>

ViPER | A qualitative analysis of West African voices, living in London, regarding improving timely utilisation of health services.

Wednesday, 10th September - 12:00: 7.5 Inclusive research methods / inequalities in health - ViPER - Abstract ID: 439

Mrs. Elizabeth Ujah Mba (University of Westminster), Dr. Regina Keith (University of Westminster)

Abstract

Introduction: Timely access to and utilisation of healthcare services are essential for promoting the health and well-being of individuals and communities. Research consistently demonstrates that ethnic minority (EM) populations, including West Africans, encounter significant inequalities in utilising healthcare services, which, ultimately lead to poorer health outcomes. Despite government pledges to foster equity and inclusivity, through new laws and standards, ethnic minorities, including West African healthcare workers, still face barriers to accessing timely healthcare. This has resulted in marked health disparities compared to the white population, with the COVID-19 pandemic further exacerbating these inequities. This study explored the perceptions and practices experienced by West Africans using health services in London.

Methodology: A qualitative methodology and an interpretive epistemology were used to carry out this research using semi structured interviews and a mixed method survey. To date, 38 participants have been involved (26 completing the survey and 12 participants were interviewed) to investigate the lived experiences of West African communities in London in accessing health care. Participants were recruited through purposeful, snow-ball and random sampling. Posters, social media and gatekeepers supported the recruitment. Ethical consent was obtained and ethical rules adhered to. Thematic analysis was utilised to identify 3 themes and 11 sub themes/codes. Findings are presently being viewed through a power and race lens to develop interventions.

Findings: Three themes were identified: Challenges to timely utilisation (lack of availability of services, time off work, fear of findings and discrimination) ; Need for increased West African Voices in planning (lack of leadership roles, lack of community engagement, lack of culturally sensitive services), Flexible community based services (time of service, link to community social occasions, increased information and preventive services)

Conclusion: These results will feed into NHS policy and practice, reducing health inequalities.

Key words: Qualitative research, London, Healthcare Utilisation, West Africa.

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Lead presenter biography

I am a Doctoral Researcher at the University of Westminster, focusing on qualitative analysis of West African

voices in London to enhance healthcare access. My research addresses the challenges faced by West African communities in utilising health services and seeks to identify effective solutions.

I am a nurse and midwife with over 30 years of experience in public health. My academic credentials include a Master of Science in International Public Health Nutrition, a Bachelor of Arts in Community Health Nursing, and a Postgraduate Diploma in Occupational Health and Safety. I have conducted and led various research projects in diverse environments.

Creative Reflexivity – Exploration, Examination and Examples from PhD research

Wednesday, 10th September - 12:30: 7.5 Inclusive research methods / inequalities in health - Oral (concurrent session0 - Abstract ID: 23

Dr. Marie Clancy (University of Exeter)

Abstract

Background and debate

The importance of the participant-researcher relationship and the potential that this creates for partiality is well documented. Reflexivity aims to take researchers away from privileged authoritative claims to knowledge and towards a transparent account of research methods which acknowledge the difficulties of interpretation. Reflexivity is essential in qualitative studies as it enables researchers to become aware of their impact upon their research participants and study findings (1). Reflexive methods can help to identify subjectivity in data analysis and increase the congruency and credibility of findings (2,3,4). Whilst the importance of reflexivity is clear, the details of techniques taken by researchers within qualitative studies are often vague, with little direction for early career researchers.

Aims

This presentation aims to highlight five concepts of reflexivity as termed by Finlay (5). Each concept will be explored with creative arts-based examples such as poetic writing to highlight how each concept might be utilised in qualitative research by healthcare professionals.

Methodological debate

The concepts (5) will be detailed with PhD research examples and personal learning from a nurse researchers work with refugee families. The navigation of sensitive insider and outsider positionality will also be explored. Details of introspection, inter-subjective reflection, discursive deconstruction and mutual collaboration, reflection and social critique will be detailed. The importance of Cultural Humility will also be included through reflexive dialogue discussion.

Conclusion

This presentation focuses on methods of including reflexivity within qualitative research studies to enable researchers to demonstrate understanding of their impact upon their data collection, analysis and interpretation. Methods of creating a positionality statement and showcasing reflexive practice through creative methods have been showcased to help early career researchers to navigate the complexity of including clear and transparent reflexive approaches in qualitative healthcare research projects.

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Lead presenter biography

Marie is a senior lecturer at the University of Exeter in the Academy of Nursing. Marie is a children's nurse by background and studied at the University of Birmingham with many of her initial clinical roles at Birmingham Children's Hospital. Marie has worked internationally in Australia, Trinidad, Malawi, Afghanistan and New Zealand.

Marie's PhD focused on the experiences of asylum seeker and refugee families in children's palliative care services, utilising arts-based research approaches.

Marie's research interests include child health inequalities, migration and improving the sensitivity of cross-cultural communication, palliative and bereavement care for neonates, children, young people and their families.

**Poster tour L -
Inequalities in health**

Poster 1 | The care of people near the end of life in the Southwest Peninsula: A qualitative study

Wednesday, 10th September - 13:25: Poster tour L - Inequalities in health - Poster - Abstract ID: 309

Dr. Gina Kallis (University of Plymouth), Dr. Gary Hodge (University of Plymouth), Dr. Susie Pearce (University of Plymouth)

Abstract

Background

Globally, the population is ageing (Patel et al., 2021) and providing equitable access to dignified and compassionate palliative care is a pressing global challenge. In the UK, concerns about the quality of palliative care are growing. This is pronounced in Southwest (SW) England due to its ageing population (Cornwall Council, 2024) and geographical challenges which contribute to disparities in care.

Aims

To identify the challenges faced by patients, families and professionals receiving and providing palliative and end-of-life (EoL) care and to develop a set of priorities for future research.

Methods

13 qualitative focus groups were held across the SW Peninsula in 2023. There were 63 participants; 45 professionals, and 18 people toward EoL and their family. A knowledge exchange event was held in July 2024 with professionals and patients, and a survey to rank research priorities was conducted in February 2025. Data were analysed using reflexive thematic analysis and descriptive statistics.

Results

Challenges identified included developing and maintaining the workforce; co-ordinating care and communication between providers; equality and inclusivity in the provision of care; a lack of out-of-hours care; patients not always feeling 'heard' by professionals; and a lack of awareness about what palliative and EoL care is. Based on these findings and following wider stakeholder engagement, 10 research priorities have been identified and ranked.

Discussion

This study highlights significant challenges for palliative and EoL care in the SW Peninsula, many of which reflect broader national and global concerns. It illustrates the need for workforce development, improved care co-ordination, and greater inclusivity, particularly across rural and coastal communities.

Conclusion

This work has been integral to help direct funding and drive debate. By engaging stakeholders in a collaborative research prioritisation process, this work ensures that future research aligns with real-world needs in an area of increasing national and international importance.

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Lead presenter biography

Gina Kallis has over 10 years of experience in academic and commercial research, as well as the charity sector. She specialises in qualitative research methods and has worked with diverse groups of people, including those considered to be vulnerable, spanning from children and the elderly to migrant communities. She has worked on a range of academic research projects, the most recent of which explores the experiences and challenges people near the end of life and their families face in relation to palliative and EoL care.

Poster 2 | The impact of an Alcohol Specialist Nurse Clinic in Liver Research: Improving Inclusivity and Enhancing Outcomes for People with Alcohol Use Disorders.

Wednesday, 10th September - 13:25: Poster tour L - Inequalities in health - Poster - Abstract ID: 356

Ms. Lisa Barrington (Manchester University NHS Foundation Trust), Dr. Stephanie Landi (Manchester University NHS Foundation Trust / University of Manchester), Dr. Varinder Athwal (Manchester University NHS Foundation Trust / University of Manchester)

Abstract

Introduction

Alcohol Related Liver Disease (ARLD) is a leading cause of mortality for people with Alcohol Use Disorders (AUD). It is often diagnosed in late stages which is associated with an increased mortality (OHID, 2024). Although early diagnosis of liver disease is a national research priority, people with AUD are underrepresented (Subhani et al. 2024). Alcohol Specialist Nurses (ASNs) provide in-patient and out-patient clinical and therapeutic support to people with AUD.

Integrated Diagnostics for Early Detection of Liver Disease (ID-LIVER) is an innovation and research project seeking to improve diagnosis of early liver disease (ID LIVER, 2024, IRAS: 273633). By embedding ID-LIVER pathways within an ASN clinic, the project has enhanced research inclusion and outcomes for people with AUD.

Aim

To collaboratively improve outcomes and inclusion for people with AUD within a research and innovation project.

Method

A new clinic was developed between the alcohol care and ID-LIVER team to meet the specific needs of patients with AUD. The clinic combined previously separate fibroscan and study recruitment appointments, which often lost patients to follow-up. Patients attending fibroscan are now offered a concurrent appointment for research inclusion, non-invasive liver tests and tailored health advice with weekly hepatology oversight.

Results

Over the first 5 months, the clinic has shown a 53% increase in people with AUD recruited to the project and non-invasive liver test results have been efficiently reviewed and actioned. The collaboration has also led to vital interdisciplinary knowledge sharing and upskilling.

Conclusion

The collaborative ID-LIVER-ASN clinic has demonstrated improved patient experience by streamlining the care pathway for people with AUD. Moreover it has increased patient access to research in a priority area.

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Lead presenter biography

Lisa Jane Barrington is a clinical nurse specialist and early career researcher specialising in alcohol care. She was recently awarded an NIHR-funded pre-doctoral research fellowship following publication of her master's research, which seeks to address health inequalities in alcohol care. Lisa is currently collaborating with the Innovate-UK funded Integrated Diagnostics for the early diagnosis of liver disease (ID-LIVER) research project to improve health-related outcomes for patients at risk of alcohol-related liver disease. Promoting a compassionate and trauma-informed approach, Lisa contributes specialist knowledge to publications, conferences, workshops, cohort studies and as a university associate lecturer, helping to bridge the theory-practice gap

Poster 3 | Quality of nursing work life among nurses in Saudi Arabia hospitals

Wednesday, 10th September - 13:25: Poster tour L - Inequalities in health - Poster - Abstract ID: 131

Dr. Bader Alrasheadi (Bader Alrasheadi Nursing Administration Department, College of Nursing, Majmaah University, Majmaah, 11952, Saudi Arabia b.alrasheadi@mu.edu.sa)

Abstract

Background: Quality of life is one key aim of the Saudi Vision 2030, Saudi Arabia's current strategic vision guiding its development. One measure to improve quality of life is to improve quality of work life. The Kingdom of Saudi Arabia currently suffers from a shortage of nursing staff, especially Saudi nurses. The existence of a high-quality and supportive work environment is one of the most important ways to reduce the shortage of nurses in Saudi Arabia, especially Saudi nurses, and simultaneously attract new generations to the nursing profession. **Method:** The current study utilized a descriptive cross-sectional design via an online survey distributed to nurses working in different hospitals in the Kingdom of Saudi Arabia. **Result:** In the current study, the total mean score of quality of nursing work life (QNWL) was 156.42 ± 38.939 , which indicates a moderate QNWL. The QNWL levels among the study respondents were classified as high level (264, 19.8%), moderate level (914, 68.6%), and low level (154, 11.6%). Regarding individual items on the Brooks' QNWL scale, nurses most highly agreed that they were able to provide good patient care (mean score: 4.16 ± 1.423), followed by their belief that their work impacts the lives of patients and families (mean score: 4.04 ± 1.308), and the importance of friendships with their co-workers (mean score: 4.03 ± 1.433).

Conclusion: Quality of work life plays an important role in the quality of life for every worker, with poor quality of work life usually negatively affecting quality of life in general. Low QNWL may negatively impact nurses' personal lives, which could lead to inappropriate nursing care. The data in the current research revealed that Saudi nurses had moderate levels of QNWL.

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Lead presenter biography

I am Bader Alrasheadi, an Associate Professor in Nursing Education at the College of Nursing, Majmaah University, Saudi Arabia. I currently work as the Vice Dean for Postgraduate and Scientific Research at nursing college, where I oversee the development and implementation of postgraduate programs and research initiatives.

I am deeply committed to advancing nursing education by integrating innovative teaching strategies and promoting evidence-based practices. My role includes fostering collaborative research, enhancing academic programs, and supporting faculty and student development to achieve academic and professional excellence.

Poster 4 | Perspectives on sustainable healthcare practices in the context of climate change

Wednesday, 10th September - 13:25: Poster tour L - Inequalities in health - Poster - Abstract ID: 135

Mr. Ebenezer Akore Yeboah (Coventry University), Prof. Rosie Kneafsey (Coventry University), Prof. Amanda R A Adegboye (Coventry University), Dr. Laura Wilde (Coventry University), Dr. Om Kurmi (Coventry University)

Abstract

The healthcare system, guided by the Hippocratic Oath, 'Do good and Do no harm' prioritizes the health and well-being of humanity (Wabnitz et al., 2020). Acknowledging the impacts of climate change, the healthcare sector is responding by both providing care to those affected and adopting green initiatives, such as renewable energy and digitalization, to reduce sector emissions (WHO, 2021). Nurses play a crucial role in sustainable healthcare, and this study explores the perspectives of UK healthcare leaders and nurses on sustainability practices related to climate change.

Using an exploratory qualitative design, 15 participants were interviewed individually. Participants included nurses, sustainability nursing fellows, Chief Officers, infection control leads, and ward managers. The study employed purposive, snowball, and non-probability quota sampling. Ethical approval was granted by Coventry University and HRA, UK, with local approval from various NHS Trusts. Data were transcribed via Microsoft Teams and analyzed using Reflexive thematic analysis in NVIVO.

Five main themes emerged: (i) recognising anthropogenic climate impact (ii) developing sustainability instinct, (iii) sustainability hurdles, (iv) the nursing power and (v) the utopian vision. Participants acknowledged the existential threat posed by human carbon footprints and highlighted the need for effective communication about climate change. They identified various green actions and emphasized the importance of public trust in the nursing workforce to overcome barriers to sustainability.

The findings underscore the potential of nursing in advancing sustainability knowledge and practice. It calls for greater involvement of nurses and nursing leadership in sustainability initiatives, and advocates for the inclusion of sustainability in nursing curricula and placements.

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<https://www.who.int/news-room/fact-sheets/detail/climate-change-and-health>, 2023, last accessed 18 February 2025

Lead presenter biography

Ebenezer Akore Yeboah is a PhD candidate at Coventry University, UK. He is researching on the topic: Nursing in the context of climate change and sustainability. 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 and Birmingham Newman University. Ebenezer is a sustainability subject expert group member, Florence Nightingale Foundation. His clinical interest is accident and emergency care.

Poster 5 | Paternalistic Approaches to care in Intensive Care and its Potential Effects on Securing Consent for Organ Donation

Wednesday, 10th September - 13:25: Poster tour L - Inequalities in health - Poster - Abstract ID: 248

Mr. Brian Tierney (NHS Blood and Transplant), Dr. Matt Carey (University of Plymouth)

Abstract

Background: Organ Donation saved the lives of 1510 transplant recipients in the United Kingdom (UK) last year (NHS Blood and Transplant (NHSBT), 2024). Although over 28 million people in the UK have registered a decision to 'opt-In' on the Organ Donor Register (ODR) (NHSBT, 2024), and a soft opt-out system has been adopted across all parts of the UK, securing next of kin agreement remains essential to proceed with organ donation (Rees et al., 2024).

Research Aims: Data from the UK's Potential Donor Audit continues to highlight instances of limited engagement with organ donation services teams (O'Neill et al, 2024; NHSBT, 2024). This qualitative phenomenological study explores the lived experiences of Specialist Requestors (SRs), focusing on paternalistic approaches to care within ICU and their potential influences on the organ donation referral process.

Methods: This study focused on SR experiences, with all 55 SRs from across the UK invited to participate, 15 accepted the invitation. Purposive sampling ensured representation from nine of the twelve regional organ donation services. Data was collected through Focus Groups (FG). Recordings and transcripts were then thematically analysed to identify emerging themes.

Findings: From the data collected from all 15 participants, six themes were identified as potential obstacles to SR engagement in securing organ donation consent – paternalistic approaches to care; control/power struggles; person bias; trust and communication; ethical considerations and additional workload.

Conclusion: This study highlights how SR's who, as the cohort of specialist nurses are deployed to ICUs at the point of potential donor referral, are exposed directly to barriers from within ICU that hinder the progression of organ donation exploration. This position give SRs valuable insight into ICU culture, which fundamentally challenges consent. Wider challenges of patient autonomy and critical care culture was also uncovered.

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Lead presenter biography

Brian Tierney is a Lead Nurse in Organ Donation for the South West Organ Donation Regional Services Team. Prior to moving to the South West, he was a Recipient Transplant Coordinator in Harefield Hospital for 7 years. He has a keen interest in Nurse empowerment and his study into paternalistic approaches to care in ICU and its impact on securing organ donation consent has uncovered some existing challenges to nurses in their role as patient advocate and the challenges to patient autonomy.

**Poster tour M - Public and
patient involvement /
Patient education**

Poster 6 | Symptom Experiences and Management in Thai People with Acute COVID-19

Wednesday, 10th September - 13:25: Poster tour M - Public and patient involvement / Patient education - Poster
- Abstract ID: 45

Ms. Putthiphorn Keskamol (Ramathibodi Chakri Naruebodindra Hospital), Prof. Apinya Siripitayakunkit (Ramathibodi School of Nursing, Faculty of Medicine Ramathibodi Hospital Mahidol University), Prof. Bualuang Sumdaengrit (Ramathibodi School of Nursing, Faculty of Medicine Ramathibodi Hospital Mahidol University)

Abstract

As the symptoms of acute COVID vary individually, this research aimed to study the experiences of symptoms, symptom management, and outcomes after managing acute COVID-19. The conceptual framework of Symptom Management Model (Dodd et al., 2001) was used. 140 participants were selected purposively for this study between October 2022 to February 2023. The study sample consisted of patients diagnosed with COVID-19 who received treatment under the systems of a hospital at Samut Prakan province. The tools used for data collection include the personal and health information questionnaire and the symptom experience record form. The data were analysed using descriptive statistics. The study found that the sample in acute COVID mostly ranged between 18-35 years old, with 74 people (52.9%). All participants had received the COVID-19 vaccination. The majority had an average body mass index (BMI=18.5-22.9), with 60 people (42.9%). Most participants did not have underlying diseases, with 90 people (64.3%). The most common comorbidity among the sample group was hypertension, affecting 20 people (14.3%). The majority of the sample reported experiencing one symptom, with 112 people (80.0%). The top three acute-phase symptoms were cough (44.3%), sore throat (29.3%), and nasal congestion/runny nose (14.3%). The most prevalent management for each of these symptoms, respectively, were the use of lozenges (29.0%), lozenges (41.5%), and antihistamine medication (70.0%). The study found that symptom management involved both pharmacological and non-pharmacological methods. The respiratory symptoms were primarily managed with pharmacological methods. The outcomes demonstrated a significant improvement following management, which may be attributable to a condition that has the potential to resolve independently. This study offers insights into the symptom experiences of COVID-19 patients. The data obtained can be utilized to create improved guidelines for managing the symptoms of these patients.

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Lead presenter biography

Putthiphorn Keskamol, born in 1987 in Bangkok, is a registered nurse. She graduated from Assumption University with a Bachelor's degree in Nursing Science. Currently, she is pursuing a Master's degree in Adult and Gerontology Nursing at Mahidol University. She has experience working in surgical ICU and operating rooms. At present, she works in the Health Prevention and Health Promotion unit, Ramathibodi Chakri Naruebodindra Hospital at Samut Prakan Province.

Poster 7 | Dysphagia Research... that is easy to swallow

Wednesday, 10th September - 13:25: Poster tour M - Public and patient involvement / Patient education - Poster
- Abstract ID: 62

Ms. Holly Maguire (Mid Cheshire Hospital Trust), Mrs. Alison Seiler (Mid Cheshire Hospital Trust)

Abstract

Background - Dysphagia (swallowing difficulties) is common following stroke. The PhEAST trial (Pharyngeal Electrical Stimulation for Acute Stroke dysphagia Trial) is seeking to discover if Pharyngeal Electrical Stimulation (PES) is safe and effective in improving post-stroke dysphagia. Within this trial locally and nationally patient identification was difficult and recruitment was slow.

Aim - To improve local patient identification and recruitment by expanding the research team to include speech and language therapists.

Methods - The speech and language team were trained in trial procedures, recruitment and providing the study intervention. The lead speech and language therapist spent time shadowing the local principal investigator (PI) and research nurses to fully understand the whole patient's journey throughout the trial. They were involved in trial investigator meetings, monitoring visits and trial recruitment and treatment and follow up until confident and competent.

Results - Patient recruitment dramatically increased as every stroke patient screened by the speech and language team was also assessed for suitability for the trial. Patient and family satisfaction improved as every eligible patient was offered the opportunity to participate in the study. Interest from the extended clinical team grew as they could see the enthusiasm within the speech and language team. When the existing local PI left the trust our lead speech and language therapist was eager and ready to step into the role, making her the first speech therapist PI for the study and meaning local recruitment was unaffected.

Conclusion - Expanding the research team beyond the traditional boundaries improved recruitment, patient satisfaction and wider research engagement. Having a speech and language therapist on the team, and ready to step into the PI role showed resilience against change and maintained the pathway locally.

References

PhEAST - Pharyngeal Electrical Stimulation for Acute Stroke dysphagia Trial ongoing <https://stroke.nottingham.ac.uk/pheast/>

Lead presenter biography

Holly Maguire - Advanced Nurse Practitioner for Stroke - University Hospitals of North Midlands NHS Trust

Poster 8 | Patients' Experiences of Nurse-Led Lifestyle Modification or Behavioural Interventions: A Systematic Literature Review

Wednesday, 10th September - 13:25: Poster tour M - Public and patient involvement / Patient education - Poster
- Abstract ID: 16

Ms. Faith Aidamoisa (RCN), Dr. Lyn Brierley-Jones (University of Leeds), Mrs. Jane Woods (Teesside University)

Abstract

Background: Patients' perspectives of lifestyle modification interventions provide opportunities to identify and anticipate their needs and expectations of healthcare service delivery in fostering healthier behaviours, yet this topic remains under-researched (Dailah, 2024; Westland *et al.*, 2019).

Objective: To explore the experiences, feelings, and perceptions of patients who have been involved in nurse-led lifestyle modification interventions.

Methods: Four databases were searched to identify qualitative papers exploring patients' experiences of nurse-led lifestyle modification interventions. The selection process then followed a rigorous three-stage step-by-step approach. Methodological quality was assessed using the CASP qualitative checklist tool. Braun and Clark's (2006) thematic synthesis approach was used for data analysis.

Results: Four studies were included, revealing three main themes: promoting independence and self-development among patients, perception of service delivery, and loss of patients' individuality. Based on the outcome of the CASP quality appraisal, the studies included in this review were of high quality.

Conclusions: This systematic review highlights the role of nurse-led patient education and counselling in improving patient motivation to change. The review also highlights multifaceted factors associated with the adoption of healthier behaviours among different patients with varying needs. Patients showed satisfaction with nurse-led behavioural programmes, especially in instances where good knowledge, competence, and the humanistic aspect of nursing care were shown within practice. For nurse-led lifestyle behavioural modification interventions to be more effective, nurses might need to tailor health messages to meet the comprehensive health needs of the patients. The findings further indicate that whilst some nurse-led lifestyle modification interventions help establish motivation to change, ongoing social and professional support may be necessary to reduce relapse and sustain long-lasting behavioural change among patients.

Implications for practice: The findings may inform nursing strategies that drive effective implementation of health education programmes and foster increased patient engagement in behaviour and lifestyle change.

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Lead presenter biography

Faith Aidamoisa (MSN, MSPH, BSc., RN)

Poster 9 | Developing a Children's Research Advisory Group (CRAG)

Wednesday, 10th September - 13:25: Poster tour M - Public and patient involvement / Patient education - Poster
- Abstract ID: 117

*Mrs. Danielle Edge (University of Plymouth), Prof. Lucy Bray (Edge Hill University), Dr. Martha Paisi (University of Plymouth),
Prof. Sarah Neill (University of Plymouth)*

Abstract

Background

Patient and Public Involvement (PPI) is an active partnership between researchers, patients, and the public, empowering them to influence and shape research (NIHR 2024). The participation of children in the research process is continuously evolving and involving them at all stages can lead to better research (Preston et al 2023). This can address ethical considerations by consulting children and implementing methods that are age-appropriate for the participant group (Brady et al., 2023).

Aims of paper

This case study outlines the creation of a Children's Research Advisory Group (CRAG) that will be consulted to help develop child-appropriate methods for a research project.

Methodological discussion

Developing the CRAG required careful planning to ensure meaningful participation. Ethical considerations were prioritised, and the university's ethics committee confirmed that formal approval was not needed. Nonetheless, ethical considerations remained important, encompassing a thorough understanding of all relevant policies and procedures, as well as factors such as consent, safeguarding, and confidentiality throughout the engagement process. Local schools were contacted through headteachers (gatekeeper), and one school expressed interest. Initial sessions were designed with the children's ages and developmental stages in mind, to include creative methods of engagement through the use of books and a Playmobil hospital. Parent information and consent forms were developed through discussions with the gatekeeper and then distributed via the school communication platforms.

Conclusion

This case study emphasises the importance of thorough planning and ethical considerations in PPI with young children. Creative engagement methods are essential for meaningful participation, ensuring that children's voices are effectively incorporated into research development.

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Lead presenter biography

Danielle is a registered Children's Nurse with a background in general paediatrics. She has nine years of experience in higher education and currently works as a Lecturer in Child Health Nursing. Throughout her career, Danielle has worked within the NHS, private healthcare, and in international settings. She completed her Mas-

ter's degree in Practice Education, focusing her research on student experiences and support strategies in higher education. Currently in her second year of PhD studies, Danielle is developing her research that will explore the experiences of children and parents in urgent treatment centres.

Poster 10 | Application Research Of Discharge Preparation Intervention Plan Based On Goal Management Theory In Primary Caregivers Of Premature Infants

Wednesday, 10th September - 13:25: Poster tour M - Public and patient involvement / Patient education - Poster
- Abstract ID: 287

Mrs. Wenxiao Xiong (Wansheng people's hospital)

Abstract

Abstract: Objective: The aim of this study is to explore the effectiveness of a discharge preparation intervention plan based on goal management (MBO) theory for primary caregivers of premature infants.

Methods: Using a prospective controlled design and goal management theory as a framework, the primary caregivers of premature infants were randomly divided into an experimental group and a control group. The experimental group received discharge preparation intervention based on MBO theory, while the control group received routine discharge guidance. Intervention measures include setting personalized care goals, regularly assessing progress, providing customized educational materials, and psychological support.

Results: After intervention, the total score of discharge readiness, as well as the scores of various dimensions including parental personal condition, infant personal condition, knowledge, and coping ability in the experimental group were higher than those in the control group, and the differences were statistically significant ($P < 0.05$). In addition, after intervention, the length and weight of premature infants in the experimental group were higher than those in the control group in the first, second, and third months after discharge, and the difference was statistically significant ($P < 0.05$). **Conclusions:** This study confirms the effectiveness of goal management theory in the discharge preparation of premature infant caregivers, providing new perspectives and methods for clinical practice.

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Lead presenter biography

2009, medical nursing, 2009 in pediatric nursing in 2011, as a department nursing quality control, won hospital outstanding nurses, excellent staff, the district most beautiful nurse honorary title, study in the children's hospital affiliated to Chongqing medical university neonatal specialized subject, learning children lung function detection, COVID-19 during support, high highly of patients in the clinical.

**Poster tour N - Health and
social policy / Public
Health**

Poster 11 | How do staff and patients experience the built environment of a contemporary outpatient department? A systematic review of qualitative evidence

Wednesday, 10th September - 13:25: Poster tour N - Health and social policy / Public Health - Poster - Abstract ID: 200

Mx. Rona Inness (King's College London), Ms. Daryia Paltyka (University College London), Dr. Susie Henley (Guy's and St Thomas' NHS Foundation Trust), Dr. Evangelia Chrysikou (University College London), Dr. Susan Woodward (King's College London)

Abstract

Background

Evidence on experience of outpatient departments is limited. This review synthesizes evidence about patient and staff experiences of the built environment of contemporary outpatient departments.

Methods

Avery Index, MEDLINE, PsycINFO, Scopus, Web of Science, and The RIBA Catalogue were searched for qualitative studies (published 2012–2023). No limits on language were applied. Primary studies on adults were included where studies used qualitative data collection and analysis methods.

Studies were not excluded through a quality threshold but limitations in study design were noted. Two reviewers independently screened studies and extracted data; disagreements were resolved through team discussion/review of guidance. A modified biopsychosocial model provided a scaffold for analysis and reflective thematic analysis connected text and synthesize findings¹⁻².

Findings

843 studies were screened and 48 studies included for broad overview. Of these, six (n=461) explicitly investigated either patient or staff experiences of outpatient departments, meeting criteria for full analysis.

22 themes and 10 subthemes were explicitly described by study authors, and three further presumed. Line-by-line coding generated 38 initial codes before key concepts, secondary themes and final interpretations were synthesised.

Themes derived from the synthesis underscored the complex and multifaceted nature of healthcare environments:

Outpatient environments provoke anxiety and frustration around physical and emotional safety. Physical safety concerns arise from presence of sickness, spatial configuration, and access to care. This is exacerbated by inherent tensions between needs and perceptions of individuals seeking care, and healthcare process. Emotional safety centres around privacy and dignity, communication, and autonomy.

Healthcare spaces can be experienced positively, holding symbolic meaning, facilitating social interactions, positive distractions, and fostering supportive memories.

Conclusion

This review confirmed that experience of outpatient departments is underexplored; this is particularly pronounced for people with additional needs. While outpatient departments can provoke anxiety and reduce perceived safety, they have potential to provide positive experiences.

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EPOC's Protocol and Review Template for Qualitative Evidence Synthesis was used in protocol preparation.³

Rona Inniss, Pre-doctoral Clinical and Practitioner Academic Fellow, NIHR302673 is funded by Health Education England (HEE)/NIHR for this project. The views expressed in this work are those of the author(s) and not necessarily those of the NIHR, KCL, NHS or the UK Department of Health and Social Care.

Lead presenter biography

Rona Inniss is a Clinical Nurse Specialist at Guy's and St Thomas' NHS Foundation Trust. She completed a PGDip in nursing with registration as an adult nurse and a MSc in nursing at King's College University. She recently completed a HEE/NIHR ICA Pre-doctoral Clinical and Practitioner Academic Fellowship (PCAF) and an internal ACORN Clinical Nurse/Midwife Fellowship.

Before becoming a nurse, she studied and worked in architecture, completing a BA Hons in architecture and PGDip in architecture at Oxford Brookes University School of Architecture and her personal area of interest is in investigating patient and staff experiences of healthcare environments.

www.ronainniss.co.uk

Poster 12 | A taste for our own medicine? - Drivers of uptake for seasonal vaccination among healthcare workers.

Wednesday, 10th September - 13:25: Poster tour N - Health and social policy / Public Health - Poster - Abstract ID: 252

Mrs. Lizzie Stafford (University of Oxford), Prof. Samantha Vanderslott (University of Oxford)

Abstract

During 4 months of the winter in 2024/25 over 38,000 positive Covid tests were performed in the UK's hospitals¹, representing those seeking medical support in secondary care with Covid-19 illness, in addition to very high cases of influenza seen over this period. Adding huge pressure to an already stretched NHS. However, vaccine uptake in healthcare workers (HCWs) is on the decline in the UK, and during the same winter months only 21% of eligible frontline HCWs in England accepted a Covid Booster². Following on from initial studies conducted at the height of the pandemic by Manby, Dowrick and Karia et al (2022) the author hypothesises identifying drivers and motivators in those who do receive the vaccines could aid understanding that can be further explored to improve enablers, dissemination of information sharing and improve future HCW vaccine campaigns, including influenza vaccination campaigns, both within the NHS and globally.

Questionnaires and semi structured interviews were offered to HCWs already enrolled in PITCH-2 (a healthcare worker covid immunology study). The anonymous questionnaires addressed social media influence, colleagues' attitudes, and cultural influences, and were online to allow HCWs the confidence to speak freely. The interview follow-up of 22 volunteers was for enrolled participants who had received at least 3 covid vaccines. The interviews were conducted via MS teams and recorded audibly for transcription during Spring 2025.

The Interviews focused on participants' drivers and motivations and their feelings about advocating and recommending vaccination to the patients they care for and friends and family. Following the coding of transcripts, thematic analysis was utilised.

Initial findings suggest emerging themes may be; altruistic sentiments; concerns for vulnerable patients; inherited behaviours from culture and family; and comprehending the science behind the recommended uptake. Full findings following completion of thematic analyses will be presented at the conference.

References

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Lead presenter biography

Lizzie Stafford, Research nurse lead, Oxford University

I worked in acute nursing and midwifery for 11 years before taking a research delivery role in Hepatology in Oxford. During the Covid pandemic, an opportunity to lead delivery of an academic Covid research project beckoned. 5 years later I am now leading the mixed methods qualitative element to this project, whilst completing my Masters in Clinical Research with Newcastle University.

Poster 13 | Barriers, Challenges and Factors affecting Mental Capacity Documentation

Wednesday, 10th September - 13:25: Poster tour N - Health and social policy / Public Health - Poster - Abstract ID: 374

Mrs. Brenda Parker (NMC)

Abstract

The Mental Capacity Act (2005)¹ is a legal framework to determine whether a person lacks the “mental capacity” to make a particular decision. A review by the House of Lords in 2014² found that clinicians are not aware of the Mental Capacity Act and are failing to implement it, causing the act which is designed to protect vulnerable adults to fail them.

This Service Improvement Project aimed to identify the quality of Mental Capacity documentation within our hospital setting and support healthcare professionals to document assessments to a standard that meets clinical guidelines.

The mixed - methods approach had 3 phases –

1 - an audit of 6 wards within the hospital.

2 - A survey for clinicians (including nurses) to gain their perspective of the barriers and challenges standing in the way of good quality documentation.

3 - to implement an education package and templates for clinicians on the wards

100 patient notes were audited (January – May 2025) and analysis of the data indicated that although Mental Capacity was being assessed, it was not meeting the standard required when documented. Mental Capacity Act training is now being provided for clinicians and a Mental Capacity Act template is available online.

The project addressed a lack of documentation around Mental Capacity in our hospital setting, although this is not just a local issue, other trusts in England also report that documentation is poor.

Limited research has been done in this area; however, evidence shows concerns nationally and internationally. NICE guidelines³ sets out the need for research, to evaluate the effectiveness of training on improving mental capacity assessment practice. This is required to provide a standardised national training package, to improve the patient experience and legal implications.

References

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Lead presenter biography

Registered Mental health Nurse currently working in the Mental Capacity/Mental health Act and Deprivation of Liberty Safeguards Team as a Clinical Officer at UHP. Qualified 7 years (as a mature student), during which time has worked in an Older Adult Mental Health Acute Unit, Psychiatric Liaison and the Complex Discharge Team (within UHP).

Passionate about mental capacity and research so applied for the Chief Nurse Fellowship in 2024 and was accepted. Have been working with the Research team 2 days a month on documentation of mental capacity, alongside my current job role.

Poster 14 | Recruiting Nursing Staff to the Think Quit Research Study – The Challenges of Research Participation

Wednesday, 10th September - 13:25: Poster tour N - Health and social policy / Public Health - Poster - Abstract ID: 372

Ms. Lauren Jones (University of South Wales), Dr. Megan Elliott (Cwm Taff University Health Board), Ms. Katy-May Price (Cwm Taff University Health Board), Dr. Rachael.M Hewitt (Cwm Taf Morgannwg), Dr. Jessica Baillie (Cwm Taf Morgannwg)

Abstract

Background

Nurse involvement in health and care research can improve patient outcomes and foster a research-positive culture within healthcare organisations. However, recruiting nurses to research is a long-standing challenge. Here, we reflect on the challenges of recruiting nurses to a study in Wales, report anecdotal barriers to research participation and describe strategies employed to improve recruitment.

Method

This critical reflection draws on experiences of the Think Quit study, which aims to co-develop and test a behaviour change intervention to empower nurses to address smoking and promote smoking cessation with hospital patients. Phase 1 employed a convergent mixed methods design, including qualitative, semi-structured focus groups or individual interviews, and a mixed-methods survey both accessible digitally/virtually and in-person, with nurses working in secondary care settings in a Welsh health board.

Results

A range of recruitment methods were employed; however, engagement was lower than anticipated. Barriers to participation included; lack of time due to competing job demands and staffing shortages, limited/no access to computers whilst on shift and inconsistent use of various communication channels across nursing teams and wards. These barriers meant that research opportunities did not consistently reach staff. Face-to-face interactions were preferable in increasing interest and a combination of approaches was also beneficial. Senior nurses participated more frequently, potentially due to the administrative nature of their role, allowing screen time.

Conclusions

Experiences highlight challenges with recruiting nurses to research. Collective action from nursing staff, leaders and health policy makers is needed to establish increased opportunities to involve and engage nurses in research. Improved communications about the research processes, benefits of participation, relevance of studies and clear dissemination channels within and across teams would maximise chances of achieving recruitment targets. Involving nurses in research, whether as partners or participants, could help to facilitate evidence-based practice and the delivery of high-quality patient care.

References

NA

Lead presenter biography

Lauren Jones - Senior Lecturer Advanced Practice and Academic Lead for Professional Regulation - University of South Wales

Co-Lead - Think Quit Study

- LLB Law
- BN Nursing

- Msc Advanced Practice
- PGCELTHE – FHEA

Poster tour O - Clinical research nursing

Poster 15 | Enhancing Participant Feedback Collection in Rheumatology Research: A Quality Improvement Initiative to Increase PRES Response Rates

Wednesday, 10th September - 13:25: Poster tour O - Clinical research nursing - Poster - Abstract ID: 136

Ms. Shilpa Shaji (Manchester University NHS Foundation Trust / University of Manchester)

Abstract

Background

The Participant in Research Experience Survey (PRES) is a standardized national tool used to collect feedback from individuals participating in research funded by the National Institute of Health and Care Research (NIHR). This feedback helps the rheumatology research team assess participant experiences, identify challenges, and improve research delivery. Despite meeting recruitment targets and conducting timely follow-up visits, PRES response rates declined significantly.

Objective

To increase PRES survey response rates by 60% by February 2025 by improving staff compliance in offering and obtaining PRES feedback from rheumatology research participants.

Methods

Using the Plan-Do-Study-Act (PDSA) framework, the team conducted a root cause analysis with a fishbone diagram to identify barriers. Staff-related challenges included forgetting to offer PRES, undervaluing its importance, and prioritizing other tasks. Participant-related barriers included lack of preparation, time constraints, low motivation, and uncertainty about the impact of their feedback. Interventions focused on increasing staff engagement, integrating PRES into workflows, and emphasizing the value of participant feedback. PRES response rates were measured as the proportion of completed surveys relative to research visits.

Results

Before interventions, PRES compliance was 4% in August, 6% in September and October, and 0% in November. After implementing targeted strategies in December, compliance improved to 23%, peaked at 56% in January, but declined again to 32% in February.

Conclusion

This quality improvement initiative successfully increased PRES response rates, demonstrating that targeted interventions can enhance feedback collection. However, fluctuations indicate the need for sustained staff engagement and process reinforcement. Future efforts should focus on embedding PRES collection as standard practice, utilizing automated reminders, and reinforcing the value of patient feedback to ensure long-term improvement.

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3. Healthcare Quality Improvement Partnership- *A guide for clinical audit, research and service review- An educational toolkit designed to help staff differentiate between clinical audit, research and service review activities*. HQIP, 2011.

Lead presenter biography

Shilpa Shaji is a Clinical Research Nurse at the Kellgren Centre for Rheumatology and the Manchester Clinical Research Facility, Manchester University NHS Foundation Trust. She began her NHS career as a Renal Nurse

before transitioning into clinical research. Prior to this, she worked as an Epidemiologist at GlobalData Plc in India, contributing to forecasting epidemiology projects. Her research journey started as a Research Assistant at the National Centre for Disease Informatics and Research under the Indian Council of Medical Research (NCDIR-ICMR). Shilpa holds a Bachelor's degree in Nursing and a Master's in Public Health.

Poster 17 | Inclusivity; Are we meeting participants expectations in the service we provide from the research delivery team?

Wednesday, 10th September - 13:25: Poster tour O - Clinical research nursing - Poster - Abstract ID: 310

Mrs. Delyth Ann Braim (Cardiff and Vale University Health Board)

Abstract

Background:

Cardiff & Vale University Health Board (CVUHB) has a mixed model of research delivery structure which includes a Research Delivery Team (RDT) under the direct line management of R&D.

The RDT are an expert workforce delivering high quality participant care, however the service provided has not been evaluated from a participant perspective. Therefore, we needed to ensure participant inclusivity and experience is recognised within the provision of research delivery and a decision was made to create a research participant feedback questionnaire.

CVUHB have a continuous programme for patient satisfaction questionnaires, that can be sent electronically or in paper form. The RDT developed the research participant satisfaction questionnaire in collaboration with the UHB's Patient Experience Team utilising their knowledge and expertise.

Objectives

- Create a paper only research participant satisfaction questionnaire and run a pilot for 3 months from September 2023 to December 2023
- Evaluate what participants think of the service we provide
- Disseminate results within the RDT and identify any areas for improvement

Method

The questionnaire was offered to all participants that attended research visits at outpatient clinics, inpatients on ward, participants in the Clinical Research Facility (CRF) and those in their own homes.

Conclusion

Overall results were positive; however, a number of actions were identified. A patient satisfaction group was convened comprising of staff representatives from all the teams within the RDT to review the results and agree actions:

- Establish future dates for survey delivery - 3-month survey Aug-Nov 2024, and then annually
- Rollout to include wider research delivery teams in CVUHB
- Reformat questions based on SPSS analysis
- Explore other modes of questionnaire delivery
- Action participants suggestions where possible to include Public and Patient Involvement
- Raise the profile of research within CVUHB

Key words:

Topic; Inclusivity

Clinical topic : Research Delivery

Research approach: research delivery - other

References

None yet

Lead presenter biography

Delyth Braim

Senior Nurse for Research Delivery

Cardiff and Vale University Health Board

Poster 18 | Overcoming Barriers: Enhancing Recruitment for Vaccine Research in the Older Population

Wednesday, 10th September - 13:25: Poster tour O - Clinical research nursing - Poster - Abstract ID: 315

Mrs. Amy Shepherd (NHS Lothian), Ms. Louise Sharp (NHS Lothian), Ms. Susie Ferguson (NHS IOTHAIN), Mrs. Anne Saunderson (NHS IOTHAIN), Ms. Jacqueline Henderson (NHS IOTHAIN), Ms. Tallulah Armstrong (NHS IOTHAIN)

Abstract

Background

The UK has an aging population with diverse care needs, recruiting a fair representation of this group into clinical trials is crucial for developing safe, effective vaccines tailored to their needs. Additionally, the COVID-19 pandemic highlighted the importance of including care home residents in clinical trials, this has historically posed significant challenges. As vaccine development progresses, addressing barriers to recruitment of vulnerable older individuals is essential.

Aim

To explore recruitment barriers by reflecting on a 2024 vaccine trial targeting individuals aged 65 and older, in which our research group acted as a site.

Discussion

While recruitment at our site was successful, all participants lived independently with no additional care needs. The trial protocol, requiring participants to have the capacity to consent and be independent in daily activities, excluded many older individuals. We partnered with the Enabling Research in Care Homes team to explore recruitment opportunities in local care homes. However, despite initial interest from one care home, no residents were recruited as none met the inclusion criteria. Our collaboration revealed challenges in recruiting care home residents, such as mistrust of the NHS, lack of protocol adaptation, and logistical issues such as the need to travel to the site for vaccine administration. These same issues may also prove barriers to many individuals living in the community with additional care needs.

Conclusion

Reflection on our experience highlights key lessons around recruitment of a representatively diverse range of older people into vaccine trials. Sponsors and researchers must consider the needs of these individuals and adapt trial protocols to make clinical trials more accessible and inclusive. Involvement of older people, care home residents, and both paid and unpaid carers in the trial design process would help address these barriers and ensure a better representation of this population group in future vaccine clinical research.

References

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Lead presenter biography

Louise M Sharp - Senior Research Nurse within the Clinical Infection Research Group (CIRG) Louise has coordinated a number vaccine trials over the years. Including vaccine trials of Covid, Influenza and Norovirus.

Poster 19 | Embedding research into critical care-the hybrid research nurse model

Wednesday, 10th September - 13:25: Poster tour O - Clinical research nursing - Poster - Abstract ID: 191

Ms. Liana Stapleton (University Plymouth Hospitals NHS Trust)

Abstract

Background-

In 2018, recruitment to intensive care studies had significantly dropped from its peak. For the financial year 2018/2019 we recruited a total of 11 patients to 2 trials.

Method-

The most significant change is the development of an embedded hybrid clinical and research nurse model. Previously we used a centralised research and development model providing 8am-4pm, Monday-Friday cover by non-critical care nurses. This resulted in missed opportunities to recruit due to out of hours admissions and clinical workload. In October 2019, two intensive care units nursing staff were appointed to the 50: 50 research: clinical hybrid post which allowed research to become embedded and part of everyday practice.

In March 2020, due to the pandemic, both research nurses were pulled back into the unit. June 2020 there was no pandemic research being conducted in the department therefore; the multidisciplinary team recognised the only way to safely conduct research on intensive care patients during these challenging times was to restart the research nurse hybrid model.

We are now a team of 6 hybrid research nurses. This enables a strong culture with research now an integral part of patient care.

Results (Recruitment)-

2018/2019- 11

2019/2020- 20

2020/2021- 175

2021/2022- 262

2022/2023- 189

2023/2024- 178

2024/Jan 2025- 224

Conclusion/ discussion-

Our hybrid model enables us to be an embedded member of the multi disciplinary team, enabling research to be part of 24-hour care of patients requiring intensive care. This has given other nurses and members of the team the confidence and training to recruit out of hour. We, regularly recruit using deferred consent to emergency trials. In addition to this, it has also enabled members of the larger team to develop home-grown research bringing notable attention to the trust and the unit.

References

No references for abstract as new model.

Lead presenter biography

Liana Stapleton-

I am a senior research nurse within the intensive care unit. I started the hybrid role as a trial in October 2019. Since becoming a research nurse I have participated in many trial, helped grow the research team to 6 hybrid research nurses. We also have two PhD students on the unit who I frequently help with their research. I have also become the patient and public involvement lead for intensive care research, helping towards a recent grant success for a trial starting in November.

Poster 20 | Research Nurse to Principal Investigator

Wednesday, 10th September - 13:25: Poster tour O - Clinical research nursing - Poster - Abstract ID: 375

Mrs. karyn wright (The Royal Marsden Hospital), Ms. Molly O'Sullivan (The Royal Marsden Hospital)

Abstract

Background

Working as a Haematology research nurse, I experience first-hand the difficulties faced by patients with AML (Acute Myeloid Leukaemia). The outlook is poor and treatment can be long and arduous. Prehabilitation aims to improve fatigue, emotional wellbeing, quality of life, increase resilience and improve survival, however this is not routinely offered to people with AML in the UK (1).

The Propel trial aims to establish the clinical impact and cost-effectiveness of prehabilitation in patients with AML by offering a personalised prehabilitation care package (PPCP) compared to best practice usual care (BPUC).

Purpose

Working directly with this patient group, my experience as a research nurse and my passion for this trial meant I was in the unique position to be the Principal Investigator (PI). This means I have overall responsibility for the conduct, reporting and integrity of the trial locally.

Method

I gained support from other Allied Health Professionals (AHP's) and devised a plan to run this trial at our site. Once in remission, identified patients are approached, consented, screened, enrolled and a local key-worker is assigned. Multidisciplinary team meetings (MDT's) and prehabilitation planning are carried out centrally, and locally we attend the MDT's, carryout weekly check-ins and complete reports. We have regular 'catch up' sessions to discuss patient progress and I support the team with queries.

Results

The trial is running well and we are one of the top recruiters nationally. I have received great feedback from the team and from patients on the prehabilitation arm. Excellent organisation and communication are key to the success of this trial.

Conclusion

Being a PI is a really rewarding experience, coordinating and overseeing the whole trial process. I have introduced AHP's to research for the first time and can see first-hand the impact this trial has on patients.

References

1. Macmillan Cancer Support Prehabilitation for People with Cancer. 2020.

Lead presenter biography

I have worked as a nurse in Haematology Oncology in both in and outpatient settings for a number of years and as a Haematology research nurse for almost 5 years. I currently manage the leukaemia portfolio of clinical trials at the Royal Marsden and support the patients on these trials.

Poster 21 | Harnessing peer support in clinical research delivery leadership: Insights from the Association of UK Lead Research Nurses (AUKLRN)

Wednesday, 10th September - 13:25: Poster tour O - Clinical research nursing - Poster - Abstract ID: 389

Ms. Karen Palmer (Lancashire and South Cumbria NHS Foundation Trust), Ms. Janette Dunkerley (Manchester University NHS Foundation Trust), Ms. Christine Adamson (Chelsea & Westminster Hospital NHS Foundation Trust), Ms. Fiona Kinnaird (The Royal Marsden Hospital), Ms. Lorraine Hodsdon (Great Ormond Street Children's Hospital), Ms. Miranda Odam (NHS Lothian), Ms. Sonia McKenna (Belfast Health & Social Care Trust), Mrs. Delyth Ann Braim (Cardiff and Vale university Health Board), Ms. Gail Williams (Cardiff and Vale Health Board), Dr. Helen Jones (Imperial College Healthcare NHS Trust)

Abstract

Background

Strategic research plans developed by the Chief Nursing Office (2021) and Chief Midwifery Office (2023) highlight the role nurses and midwives play in creating an outstanding UK clinical base for research, acknowledging the importance of promoting collaboration to enhance research delivery. This presentation outlines how the AUKLRN support the strategy and lead research nurses across the UK.

Aims

To present an overview of the resources AUKLRN, illustrating how the association aligns with the CNO strategic plan, and sharing members' insights.

Discussion

The adage 'it can be lonely at the top' holds a degree of truth, particularly for research delivery leaders. These leaders, by virtue of being the only one in their organisation, often face isolation due to the unique burdens they bear, such as maintaining personal confidences, deciding and justifying controversial organisational decisions, and handling confidential business intelligence. The AUKLRN was established over 13 years ago to provide support to lead research nurses and midwives across the UK as they navigate these challenges in their professional environments.

The role of such leaders is crucial to the implementation of the five key themes outlined in the CNO's strategic plan for research (2021). Through the support of the AUKLRN, these leaders are empowered to enhance and lead clinical research delivery staff in an environment that facilitate timely access to, delivery and adoption of, research findings.

The AUKLRN is set to conduct a survey of its members. The survey results will be presented to provide insights into the association from the members' perspectives

Conclusion

The AUKLRN have a crucial role in supporting research nurse and midwife leaders across the UK, this mode of support could be replicated in other countries, providing a mechanism of directly influencing the standards and quality of practice of delivery staff involved in the care of research participants.

References

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Lead presenter biography

Karen Palmer, DPSN, BSc, MRes

Deputy Chair of the AUKLRN

Research Nurse Manager/NIHR Senior Research Leader

Poster 22 | The Role of Clinical Research Nurses in Italian Research Hospitals: Findings from a National Survey

Wednesday, 10th September - 13:25: Poster tour O - Clinical research nursing - Poster - Abstract ID: 359

Mrs. Silvia Elettra Revere (Department of Cardiovascular, Neural and Metabolic Sciences, Istituto Auxologico Italiano, IRCCS, San Luca Hospital, Milan, Italy), Mr. Giordano Francesco Avanzi (Istituto Auxologico Italiano, IRCCS), Mrs. Stefania Fiorini (Department of Cardiovascular, Neural and Metabolic Sciences, Istituto Auxologico Italiano, IRCCS, San Luca Hospital, Milan, Italy), Mr. Enrico Maria Gianfranceschi (Department of Cardiovascular, Neural and Metabolic Sciences, Istituto Auxologico Italiano, IRCCS, San Luca Hospital, Milan, Italy), Mrs. Mara Migliozi (Department of Cardiovascular, Neural and Metabolic Sciences, Istituto Auxologico Italiano, IRCCS, San Luca Hospital, Milan, Italy), Mrs. Elisa Nardin (Department of Cardiovascular, Neural and Metabolic Sciences, Istituto Auxologico Italiano, IRCCS, San Luca Hospital, Milan, Italy), Dr. Davide Soranna (Istituto Auxologico Italiano, IRCCS), Dr. Daniele Privitera (Department of Cardiovascular, Neural and Metabolic Sciences, Istituto Auxologico Italiano, IRCCS, San Luca Hospital, Milan, Italy)

Abstract

Background: Clinical Research Nurses (CRNs) play a crucial role in enhancing the quality of clinical studies by managing protocols and ensuring participant protection. However, in Italy, their role remains poorly defined and unexplored¹.

Aim: This study aimed to assess the presence and role of CRNs in Italian research hospitals by analysing the frequency of their activities within clinical studies and the perceived importance of these tasks.

Methods: Between January and April 2025, the *Clinical Trial Nursing Questionnaire* (CTNQ) was used to distribute a national survey to CRNs working in 53 Italian research hospitals. The CTNQ, validated in Italian, measures the *frequency* (FR) and perceived *importance* (IM) of clinical trial nursing activities using a Likert scale from 1 to 5. It comprises 12 sections with a total of 149 items² and was administered via REDCap.

Results: The questionnaire was sent to 286 CRNs, with 152(53%) providing complete responses. The average experience in the CRN role was 5.59 years. Among respondents, 88% reported involvement in randomised controlled trials. The most frequently researched topics were nursing research (57%), oncology (36%), cardiology (20%), and neurology (15%). The activities considered most important and frequently performed were the informed consent process (ICP) (mean IM: 4.55; mean FR: 3.77), management of investigational medicinal product (IMP) (4.65 – 4.08), and protocol implementation/evaluation (4.52 – 3.85). All sections received mean IM scores above 4. Protocol assessment (mean=2.9) and protocol planning (mean=2.98) were the least frequently performed activities.

Conclusion: CRNs in Italian research hospitals seem to be more involved in the operational phases of clinical studies, such as the ICP,IMP management, and protocol implementation, than in the preparatory phases, such as protocol assessment and planning. Compared to previous findings, the overall frequency of CRN activities has increased³. Similar to the broader European context, heterogeneity in CRN roles and responsibilities persists⁴.

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ways and key tasks for research nurses in Europe, results from a VACCELERATE online survey. *Nurse Educ Pract.* **2024**;77:103953. doi:10.1016/j.nepr.2024.103953

Lead presenter biography

I am a Clinical Research Nurse at the Istituto Auxologico Italiano Research Hospital. I completed my Master's degree in Nursing at the University of Milan in 2021, and I completed in 2025 a post-graduated in Management at Carlo Cattaneo University (LIUC) in Castellanza.

Before my current role, I worked as registered nurse at Policlinico di Milano, a renowned university research hospital. I worked in Internal Medicine and Nephrology, Dialysis and kidney transplant.

With a solid background in both clinical nursing and research, I bring a comprehensive perspective to clinical trials and patient care in the research setting.

Poster 23 | Leading Research in Critical Care

Wednesday, 10th September - 13:25: Poster tour O - Clinical research nursing - Poster - Abstract ID: 133

Mrs. Aayesha Kazi (East Lancashire Hospitals NHS)

Abstract

Being a Clinical Research Nurse presents its own challenges. These challenges are far greater when the clinical area you are working in happens to be one of the busiest areas in the hospital. How do you ensure that a significant post in research yields significant results?

Taking on the role of a clinical research nurse I realised that there was more to this role than met the eye. There were several barriers to establishing myself in the role. From being unable to find a platform to share trial information to the reluctance of the nursing staff who believed if their patient was recruited to a trial their work load would increase. Clinical research has its own language its own processes and they are so far removed from traditional nursing.

The poster I have developed takes you through a journey starting in 2020 to the current time. It's a journey that gains momentum by using technology and simple ideas to embed research in to the heart of critical care. During this time we have been able to encourage more professionals to take interest in research and the success of this speaks volumes.

Increasing my availability and visibility on critical care has allowed me to successfully integrate in the team. All the small changes and adaptations made such as the introduction of monthly research meeting and the yearly research week have allowed research to become the stand alone speciality it needed to become.

Overall an environment is being fostered to promote research, eliminate bias and adapt practices.

References

Nil

Lead presenter biography

In 2007 my journey in to nursing started with a substantive post in Critical Care. For the next 14 years my knowledge base expanded significantly and I gained insight in to research and education in critical care.

In 2020 I held a small research post along side the above role and immersed myself in Critical care and Covid 19 trials. This allowed me to learn the role of a clinical research nurse

In 2021 I became the clinical research nurse for critical care

Poster tour P - Clinical research nursing

Poster 24 | Unified Risk Assessments within Research Delivery (Cardiff) a Model for Improving Practice

Wednesday, 10th September - 13:25: Poster tour P - Clinical research nursing - Poster - Abstract ID: 266

Ms. Emma Norling (Cardiff and Vale Health Board)

Abstract

Background

In the UK, Phase 1 Clinical Trial Units must document a risk assessment process for all trials (GOV.UK, 2022). Historically, our Clinical Research Facility (CRF), Cardiff predominantly conducted early-phase trials, robust risk assessments were completed and documented prior to study commencement. These assessments estimated the overall risk significance of the study, along with identifying key risks that required further review and or action(s).’ UKCRFNETWORK 2025

Since Covid19, our workforce has expanded and grown to incorporate additional research teams, who each manage a portfolio of early and late phase studies within their speciality (Research Delivery Team). Some of these teams are now based within the footprint of Cardiff Clinical Research Facility.

A need emerged to unify risk assessment documentation across all studies, aligning with GOV.UK recommendations for all clinical trials.

Aims

To develop a standardised, unified risk assessment process for Cardiff’s Research Delivery Team, ensuring regulatory compliance across early and late-phase trials.

Methods

A task and finish group, comprising staff from various teams, reviewed existing risk assessment documents, updated materials, and internal processes. Feedback identified gaps, and best practices were explored to develop unified documentation.

Results

The process took longer than expected due to:

1. **Existing Documentation** – Requiring review by several staff.
2. **Engagement** – Coordinating feedback from staff required extensive discussions.
3. **Refinements** – Multiple feedback rounds extended timelines.
4. **Competing Priorities** – Staff members balanced project work with ongoing trial responsibilities.

Discussion

Risk assessments are a ‘live document’, requiring continuous updates throughout a trial’s lifecycle to address emerging risks and evolving regulations.

Conclusion

Our revised risk assessment process is not yet fully implemented. Further steps including: staff training, final refinements, and full integration are required. However, once completed, internal audits will ensure consistency, compliance, and effectiveness across all of our clinical trials.

References

GOV.UK, 2022

UKCRFNETWORK 2025

Lead presenter biography

Emma Norling, Team Lead, Cardiff Research Delivery Team.

Poster 25 | The Impact of Professional Nurse Advocates to Clinical Research Nursing: The Importance of Reintroducing Clinical Supervision.

Wednesday, 10th September - 13:25: Poster tour P - Clinical research nursing - Poster - Abstract ID: 342

Mrs. Sarra Blackman (Berkshire Healthcare NHS Foundation Trust), Mrs. Cate Laven (York Teaching Hospital NHS Foundation Trust)

Abstract

The importance of clinical supervision in nursing has been widely recognised and recommended for the last 40 years. So much so, that it has been deemed a measure of quality by the Care Quality Commission. Despite this recognition it is also acknowledged that nurses continue to find it challenging to prioritise engagement with clinical supervision and continue to find it hard to prioritise their own self-care. Alongside this, the ever-increasing pressure on the nursing workforce has increased vulnerabilities, stressors and moral distress resulting in physical and mental illness (Rouse, 2019)

The clinical research nursing workforce fares no differently. Sadly, however, clinical supervision remains poorly adhered to. With the advent of the Professional Nurse Advocate in 2021, adapted from the Professional Midwifery Advocate and rolled out by Health Education England (NHS England, 2023), the research workforce was left behind. The nuances in research result in increased pressures. The difficulties of navigating a work environment where autonomous individuals are required to work as part of diverse teams consequently leads to challenges around pulling together and recognising the surrounding support structures.

The resultant need has been recognised and utilising Quality Improvement methodologies, Restorative Clinical Supervision delivered by a Professional Nurse Advocate has been introduced to a research team. This structure of implementation has been demonstrated to ensure sustainability of the change (Smythe, Flatt, Mahachi, and Whatley, 2023). The project is in early stages at the current time. Promisingly, anecdotal evidence has shown that team cohesion and team culture has improved since the supervision sessions began. The Clinical Research Nurse feedback is very positive. By the time of the conference, concrete data will be available to provide more factual results, which it is hoped will demonstrate the importance of clinical supervision delivered using this new evidence based format.

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Lead presenter biography

As a Registered Mental Health Nurse, Sarra has always engaged with and facilitated clinical supervision. Research was always a passion and when a Clinical Research Nurse became available in the Trust she jumped at the opportunity. Research provides the excitement and diversity of a wide range of opportunities. As part of her role, Sarra was given the opportunity to train as a Professional Nurse Advocate, which has been such an amazing opportunity. This gave time to reflect on the research clinical supervision provision which was recognised as lacking. Sarra has championed Professional Nurse Advocacy in the research community ever since.

Poster 26 | Being Dynamic: The Evolution of an Agile Research Team.

Wednesday, 10th September - 13:25: Poster tour P - Clinical research nursing - Poster - Abstract ID: 368

Mr. Chris Gordon (University Hospitals Plymouth NHS Trust), Mrs. Katie Byrne (University Hospitals Plymouth NHS Trust)

Abstract

Introduction

In 2022, University Hospitals Plymouth created an Agile Research Team. This was to manage large vaccine studies and enable the wider department to concentrate on specialities and studies that had lost traction due to the Covid 19 pandemic.

Aims

The Agile Research Team has concentrated on developing and moving beyond its conceptual inception, becoming a truly dynamic team. The multidisciplinary team of eight, undertake studies where capacity is limited, working within and supporting any clinical specialities, whilst maintaining the role of effectively managing large commercial vaccine studies.

Methodology

To effectively mobilise between specialities and co-ordinate large commercial vaccine studies there has been focus in developing the team in several areas:

Team **culture** – Underpinned by civility. Utilising aspects of participative leadership models with team members confidently offering ideas and feeling heard.

Utilising **metrics** – Working closely with a projects and analytics manager, assessing data points that measure staffing, productivity and study delivery to effectively map capacity and capability.

Improving **competency** – The clinical educator sits within the Agile Team and supports with skills required for working clinically throughout different specialities.

Being **adaptable** – Utilising Agile project management models to continuously problem solve and develop strategies.

Results

Over the last 12 months the Agile Research team has led studies that have recruited over 1000 participants. They have coordinated large high recruiting vaccine studies and attained significant departmental income. They continuously support other clinical teams with multiple studies.

Conclusion

The Agile Research Team initially took on existing vaccine studies and assisting other teams with their workload. This has now developed from being a supportive role, to the Agile Team undertaking studies that would not have been viable for the wider team. This includes successfully undertaking consecutive large recruiting vaccine studies, and accomplishments in participant accrual and financial viability.

References

N/A

Lead presenter biography

Chris Gordon is a Senior Clinical Research Nurse at University Hospitals Plymouth NHS Trust and is a member of their Agile research team. He has coordinated several large commercial vaccine studies and has worked at UHP for over ten years.

Poster 27 | “Securing future generations of Clinical Research Nurses”

Wednesday, 10th September - 13:25: Poster tour P - Clinical research nursing - Poster - Abstract ID: 328

Ms. Amparo Domingo Lacasa (UNIVERSITY COLLEGE LONDON HOSPITALS NHS FOUNDATION TRUST), Mrs. Egla Aitkens (UNIVERSITY COLLEGE LONDON HOSPITALS NHS FOUNDATION TRUST)

Abstract

Background

Clinical Research Nurses (CRNs) play a vital role coordinating care for patients participating in clinical trials, providing advocacy and ensuring good clinical practice is followed. However, literature highlights a lack of awareness of the CRN role among students (Hood et al., 2021) and nurses (Adan, 2023). This unawareness leads to poor integration of research in clinical practice, obstructing development of new treatments needed to improve future patient care.

Aims

This study explores CRNs' perceptions of their role before and after becoming CRNs and their views on research delivery educational initiatives to demystify this area of nursing.

Methods

A survey was conducted among CRNs in United Kingdom (June-September 2024) and analysed using a mixed-methods approach.

Results

From the 137 CRNs completing survey, 75% learned about the role through job adverts (31.3%), colleagues (26%), or workplace interactions with CRNs (21.9%). Before becoming CRNs, 88.3% had little or no understanding of the role. Emerging themes from their perceptions post-employment included lack of awareness of the role, career opportunity, diverse and clinical role, contribution to science and autonomy.

Regarding research delivery, 83% reported receiving no training during nursing education. Most (91%) believed the CRN role should be promoted as a career option, while 93% supported adding a research delivery module to nursing curriculum. Additionally, 77.3% recommended introducing student placements in research settings.

Discussion

CRNs perceptions from survey confirm findings from literature about lack of awareness and misconceptions surrounding the CRN role and the relevance and complexity of role. Including research delivery and offering student placements in research are interventions that would enhance awareness about CRN role and research integration in clinical practice.

Conclusion

Findings from this work highlight the need for major interventions to include research delivery in nursing curriculum and student placements in research delivery settings to secure future generations of CRNs.

References

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- Hood, B., Wilson, V. and Croudass, A. (2021) 'Enhancing nursing students' awareness of the role of cancer research nurses to improve future recruitment', *Cancer Nursing Practice, RCN Journal*. Available at: www.cancernursingpractice.com (Accessed: June 2024).

Lead presenter biography

I graduated in Adult Nursing from the University of Valencia in 2001. I began my career as a cancer Clinical Research Nurse in 2002 .

I completed my MSc in Cancer Nursing in 2013, and that same year, I moved to the UK to join the Early Phase Cancer Trials Unit at Oxford University Hospital.

In 2017, I became a Nurse Educator in the Cancer Clinical Trials Unit (CCTU) at UCLH, and in 2020, I started in my current role as Cancer Research UK Senior Research Nurse in UCLH.

I'm passionate about research delivery and the CRN role

Poster 28 | Two Interventions to Raise Awareness About the Clinical Research Nurse Role and Research Delivery

Wednesday, 10th September - 13:25: Poster tour P - Clinical research nursing - Poster - Abstract ID: 329

Mrs. Eglá Aitkens (UNIVERSITY COLLEGE LONDON HOSPITALS NHS FOUNDATION TRUST), Ms. Amparo Domingo Lacasa (UNIVERSITY COLLEGE LONDON HOSPITALS NHS FOUNDATION TRUST), Ms. On Yi Tai (UNIVERSITY COLLEGE LONDON HOSPITALS NHS FOUNDATION TRUST)

Abstract

Background:

Clinical Research Nurses (CRNs) are essential to research delivery, yet misconceptions persist regarding their clinical responsibilities. A literature review identified a lack of awareness among student nurses (Hood et al., 2021), worsened by limited training in research delivery (Alsleben et al., 2018; Capili et al., 2022). To address this, two interventions were implemented at a large NHS research hospital.

Aim:

To increase awareness of the Clinical Research Nurse role and research delivery among student nurses through a clinical placement and a student nurses' open day event

Method:

The first intervention established a clinical placement for student nurses in a cancer clinical trials unit. Post-placement surveys assessed their perceptions about the CRN role and research delivery before and after having this experience.

The second intervention was an open day for student nurses at the same hospital with student drawn from six universities. The event included presentations from former students on placement, discussing the role and responsibilities of the CRN and distinguishing myths and facts about clinical trials. Students gave feedback about their knowledge of the CRN role and research delivery before and after attending the event.

Results

For the first intervention, the survey completed by 24 student nurses after their placement revealed the knowledge of CRN role, before (2.9/10) and after placement (8.12/10) and their knowledge of research delivery before (3.16/10) and after placement (8.75/10). Post-placement, 87.5% of them would consider a career in research delivery.

There were 41 attendees at the open day event. Pre event understanding showed a confusion between academic research and research delivery. Post event feedback indicated increased awareness and a clearer distinction between clinical and academic research.

Conclusion

Both interventions successfully improved awareness of the CRN role. Future efforts should refine engagement strategies and enhance learning opportunities to stimulate more interest in clinical research nursing.

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Lead presenter biography

I qualified as a registered nurse in Jamaica in 1986 and moved to the UK in 2001. My academic journey includes a BSc in Cancer Nursing (2004), MSc in Health Management (2012), and PGCert in Higher Education (2023). I have over 25 years of experience as a research nurse in both Jamaica and the UK. Currently, I work as a Clinical Practice Facilitator and Student Nurse Lead in the Cancer Clinical Trials Unit. I am passionate about promoting the role of the research nurse and supporting staff development through coaching and mentoring, which aligns with my dedication to student engagement.

Poster 29 | A Critically Appraised Topic (CAT) Group approach to supporting evidence-based inclusive and representative research participation

Wednesday, 10th September - 13:25: Poster tour P - Clinical research nursing - Poster - Abstract ID: 379

Dr. Nicola Anderson (University Hospitals Birmingham NHS Foundation Trust), Ms. Leila Baghdadi (University Hospitals Birmingham NHS Foundation Trust), Mr. Colin Bergin (University Hospitals Birmingham NHS Foundation Trust), Mr. Connor Jones (University Hospitals Birmingham NHS Foundation Trust), Mrs. Faye Moore (University Hospitals Birmingham NHS Foundation Trust), Mrs. Eleanor Reeves (University Hospitals Birmingham NHS Foundation Trust), Mrs. Joanna Gray (University Hospitals Birmingham NHS Foundation Trust)

Abstract

A critically appraised topic (CAT) allows a group to summarise and share information to support evidence-based practice (EBP). A CAT is a standardized summary of research evidence organized around a clinical question, which provides a critique of the research and a statement of the relevance of results presented as a 'clinical bottom line'.

A Research Delivery CAT group was formed to enable members of the multi-disciplinary research delivery team to facilitate evidence sharing: to support provision of effective and safe clinical research.

Method:

Using the CAT method¹, the group met to discuss research delivery practice and to identify research delivery issues/dilemmas or variations in care. Using an adapted PICO approach, a research question was generated: 'What tools/frameworks are available to support equitable, diverse and inclusive research participation'. Supported by library services, a search for evidence was undertaken and appraisal of this evidence was used to extract data and identify implications for practice.

Results:

The search strategy identified 37 papers, all group members assessed papers for eligibility and group consensus methods were used to agree texts for full text review. There are no directly applicable critical appraisal tools: but the Joanna Briggs Institute (JBI) Textual Evidence: Policy checklist³ was chosen as best fit. As a 'bottom line' the group recommended that the *REP-EQUITY toolkit for capturing a representative and equitable sample in health research*² be recommended for use by our organisational Research Application Service (RAS) and Sponsorship Oversight Committee, to support hosted researchers. The REP-EQUITY toolkit is a priority group agnostic toolkit which describes seven steps for investigators to consider in facilitating representative and equitable sample selection.

Discussion:

The CAT approach offers a supportive structure and environment for staff to develop their knowledge of research methodology/design, and to enhance critical thinking and appraisal skills to support the delivery of high-quality research.

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Lead presenter biography

Nicola Anderson RN, MSc, PhD is a Clinical Director and Clinical Academic Lead Nurse in RD & I at University Hospitals Birmingham NHS Foundation Trust. She is also a post doctoral researcher at University of Birmingham undertaking her own research on the use and implementation of patient-reported outcomes in research and routine care settings. With over 20 years as a clinical research nurse, Nicola is currently an NIHR Senior Research Leader for nursing and midwifery, with a passion for leveraging the expertise and clinical skills of the research delivery nurse workforce to build overall nursing research capability and capacity.

Poster 30 | Establishing standardised documentation practices to ensure safe delivery of research

Wednesday, 10th September - 13:25: Poster tour P - Clinical research nursing - Poster - Abstract ID: 461

Ms. Louise Young (Imperial College Healthcare NHS Trust)

Abstract

Background and significance:

With research nursing evolving and becoming increasingly integrated into clinical practice, it is expected that documentation standards within research mirror that of clinical practice. Research documentation currently adheres to the ICH-GCP, NMC code of conduct and ALCOA principles, but there is limited guidance for staff on what information should be included. Left to individuals, staff struggle to find consistency. Sponsors, CRAs and monitors provide limited guidance and focus on data collection points from clinical notes only. Lack of clear guidance along with limited Quality Assurance officers amongst research delivery teams at a large NHS teaching hospital, has made it challenging to introduce universal standards applicable for research documentation. This is especially important in the ever-changing landscape and staffing of research teams and institutions, as there is a significant gap in literature to guide staff. Locally, auditing has identified errors as well as difficulties with retrospective data collection. This has led to inconsistencies of documentation and a practice that falls short of standards from clinical practice.

Methods/objectives:

The objective is to increase consistency in research documentation across all specialities of research, decrease errors and minimise lost data points. In addition, it is expected standards within research will be upheld and staff will provide clear information of participant involvement to their respective clinical teams.

Implementation:

Senior research nurses developed a SOP for research documentation, with the intent for broad research application. Initially the SOP was implemented in a few teams. Feedback provided by staff, before wider application across the institution.

Conclusions:

Outcomes locally include improved standards across research specialties, clearer information for clinicians, with consistency of information provided. Recommendations following the development and implementation of this guideline demonstrate a need for research bodies to produce formal guidance for staff, filtering through their research Networks.

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Lead presenter biography

Louise Young is currently the Lead Research Nurse for Neurosciences at Imperial College Healthcare NHS Trust. Upon completing her Nursing BSc at the University of Hertfordshire in 2009, Louise formally began her nursing career at St George's Hospital, London. She worked for almost 7 years in the Emergency Department, where she completed a research secondment, peaking her research interest. Continuing her research

journey, she worked briefly with the Ministry of Defence before moving to Imperial in 2017. Louise completed her Masters in Public Health in 2022, has Principal Investigator and research delivery experience and helps guide research delivery practise.

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