Connect
Discover
Inspire

RCN Events

RCN International Nursing Research Conference 2026

Research without boundaries: Innovation, collaboration and global impact

15 – 17 September 2026

Technology and Innovation Centre (TIC), Strathclyde University,
99 George Street, Glasgow, G1 1RD

Conference abstracts

Accrue up to 27 hours of CPD

Remember REVALIDATION

#RCNresearch26

Media partner

NURSE RESEARCHER

RCN International Nursing Research Conference 2026 is proudly supported by:

Publication code: 012 632

Keynotes and plenary sessions

Plenary session: Nursing as a global solution - Research that changes lives

Tuesday 15th September – 10.25am

Professor Jane Ball, Director of RCN Institute of Nursing Excellence

Biography

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

Keynote address 1: Leading from the front

Tuesday 15th September – 10.40am

Jill Douglas MBE, Sports Broadcaster, Journalist and Patron, My Name'5 Doddie Foundation

Biography

Jill Douglas MBE is a respected and experienced sports broadcaster and journalist who regularly appears on ITV and BBC in their coverage of major global sporting events.

Jill is best known for her work in rugby and cycling and began her career as a print news journalist in the Scottish Borders before moving into television.

She became the UK's first female rugby presenter when she fronted Rugby Special. Jill has covered a variety of major events including six Olympic Games, six Commonwealth Games, five Rugby World Cups, Lions Tours and every Six Nations Championship.

In addition, Jill is a regular host and facilitator and works with Gallagher Insurance brokers where she is involved in business development, marketing and communications and supporting the partnerships team. Jill was born in Hawick and grew up in the Borders and loves her horse racing and rugby and is a lifelong Hawick RFC supporter and serves as President of Cheltenham Tigers RFC.

A close friend of the Weir family, Jill was instrumental is the creation and success of the My Name'5 Doddie Foundation and its now Patron of the motor neuron disease charity.

She lives in Cheltenham with her husband Carl Hogg and their two children where she is able to indulge her love of rugby at Kingsholm and her appreciation of horse racing at the famous Prestbury course.

Presentation summary

Jill was a founding trustee, CEO and is now Patron of My Name'5 Doddie Foundation, a Motor Neuron Disease Charity which was established by the former Scotland and Lions rugby player Doddie Weir and friends in 2017.

Over the past nine years it has become an influential voice in the MND community, raising awareness and investing millions of pounds into MND research. Its strengths lie in its string storytelling, commercial approach, and ability to create strong and meaningful relationships between the charity and the research community and the Foundation's fundraisers and supporters. Jill will take us through the story of how the Foundation was created and has now evolved into a multi-million pounds respected research charity.

Learning outcomes

1. What inspires us to engage?
2. Learning at pace.

Keynote address 2: Public engagement in organ donation and transplantation nurses pioneering the journey

Wednesday 16 September – 11.45am

Professor Gurch Randhawa, Professor of Diversity in Public Health and Director, Institute for Health Research, University of Bedfordshire

Biography

Gurch Randhawa is Professor of Diversity in Public Health and Director of the Institute for Health Research at the University of Bedfordshire. He is a Fellow of the UK Faculty of Public Health. At international level, Gurch is an appointed Expert to the World Health Organisation's Expert Panel on Organ Donation and Transplantation.

In the UK, Gurch serves as an Expert Adviser to the National Institute for Clinical Excellence Centre for Guidelines, as well as being a Facilitator for the UK Faculty of Public Health's Accredited Practitioner Program. Gurch holds Honorary Public Health Academic Contracts with the UK Health Security Agency and the Office for Health Improvement & Disparities respectively.

His research is focused on the development of patient-centred care pathways, having undertaken research and consultancy on a range of issues along the life-course – ranging from COVID-19 & public engagement, consanguinity, maternal health, child health, diabetes, kidney disease, transplantation, mental health, tele-health, social prescription, cancer, organ donation, and end-of-life care amongst diverse communities - working in international settings such as European Union, World Health Organisation, Qatar, Nigeria, India, UAE, Saudi Arabia, and Canada.

Gurch has been contributing to work on developing culturally competent telehealth and Artificial Intelligence solutions for an ageing population. Prof Randhawa was previously commissioned by NHS Blood & Transplant to develop the Faith Engagement & Organ Donation Action Plan which was published in partnership with faith leaders across the UK. Gurch served on the UK Prime Minister's commissioned Organ Donation Taskforce; and on the UK Donation Ethics Committee; currently Expert Advisor to the All-Party Parliamentary Group on Ethnicity, Transplantation, and Transfusion.

Gurch is currently working with the Vatican's Pontifical Academy for Life on the DELIVER - Donation Ethnicity Liberation Inclusion Pontifical Academy for Life – Vatican-State led – Engagement of Religious Communities Project; as well as a Member, European Society of Transplantation (ESOT) - Health Equity Steering Committee.

Professor Randhawa holds a number of policy positions including being a Member of the Council of Europe's Group of Experts in the quality and safety of organs for transplantation at the European Directorate for the Quality of Medicines and Healthcare; and National Member, National Black and Minority Ethnic Transplant Alliance.

Gurch has over 30 years' experience of serving on boards setting strategy; also served for 12 years as Chairman of various NHS Boards, as well as being a Member of the Human Tissue Authority. He currently serves as a Non-Executive Director at Forestry England; and Deputy Chair at Central East Integrated Care Board respectively.

Gurch is privileged to serve as Vice Lord Lieutenant for Bedfordshire and support the Lord-Lieutenant in carrying out her functions as His Majesty The King's representative in the county.

Presentation summary

Transplantation benefits a wide range of people from different socio-economic, age, gender, educational, cultural, faith and ethnic backgrounds, Yet, just as in many other areas of health, the benefits are not evenly distributed in society and do not reflect the diversity of the UK's population. Effective and culturally competent public engagement is one of the evidence-based interventions that can improve rates of organ donation and transplantation. This requires tailored messaging and trusted messengers. These initiatives need sustainable resource commitment to maintain the trajectory of increasing living donors among all communities, and to build trust and confidence among minority ethnic communities in deceased organ donation. This presentation describes the integral role that nurses have contributed to ensuring the journey to equitable public engagement in organ donation and transplantation is translated from rhetoric to reality.

Learning outcomes

1. Participants should be able to explain the inequalities in organ donation and transplantation
2. Participants should be able to explain the drivers for inequalities in organ donation and transplantation
3. Participants should be able to explain the journey to creating culturally competent public engagement.

Keynote address 3: Recognising intrahepatic cholestasis of pregnancy - Why research matters

Thursday 17 September – 9:25am

Jenny Chambers, Senior Clinical Trial Coordinator - Imperial College London

Biography

Jenny Chambers is a patient advocate and clinical researcher whose work in intrahepatic cholestasis of pregnancy (ICP) began following her own diagnosis. In 1992, she founded a support and information service for women with ICP, which became the charity ICP Support. Jenny stepped down as CEO in 2024 to focus on research. She works at Imperial College London helping to design and implement ICP research studies. She is a named author on more than 45 publications and has developed educational resources on ICP for healthcare professionals, helping to improve awareness, training and care for anyone affected by ICP.

Presentation summary

This presentation will explore the etiology of intrahepatic cholestasis of pregnancy (ICP), how it came to prominence in the UK in the early 90s as well as how its diagnosed and treated today. It will include the lived experience of the presenter and how they have gone from taking part in research to becoming a researcher. It will highlight the value of research in ICP and how we can all make a difference in ensuring the safety of unborn ICP babies.

Learning outcomes

- Understand the importance of research into ICP and explain how it has benefitted those who experience it
- Recognise key features of the disease and how these may present in a clinical setting
- Describe to someone who has never heard of the condition what the itch can be likened to for many women and how it can impact on their emotional and physical health

Recommended reading

- www.icpsupport

Keynote address 4: The role of charities in supporting clinical research delivery and access to clinical trials

Thursday 17 September – 2:05pm

Anne Croudass, Lead Research Nurse, Cancer Research UK and
Laura Rooney, Head of Research Participation and Lead Research Nurse, Alzheimer's Society

Biographies

Anne Croudass, Lead Research Nurse, Cancer Research UK

Anne leads an established team of 15 Cancer Research UK Senior Research Nurses (CRUK SRN). Based at centres across the UK, the CRUK SRN team are embedded in local cancer service delivery, where they provide a patient facing, innovative and expert workforce and work across boundaries to drive improvements in patient care through research and pioneering service innovation.

Anne has been in her role at CRUK for 20 years and has extensive experience of patient centred care and strategic and operational leadership in research delivery. She has worked with many stakeholders including people affected by cancer, Universities, and NHS organisations as well as other third sector organisations to drive awareness of and access to cancer clinical trials. She is committed to mentoring and developing the next generation of research staff and articulating the impact and importance of clinical research as NHS core business.

Anne is passionate about driving innovation and improving care for all those affected by cancer through high-quality clinical research.

Laura Rooney, Head of Research Participation and Lead Research Nurse, Alzheimer's Society

Laura leads a growing network of dedicated dementia research nurses embedded within selected UK Dementia Trials Network (UKDTN) sites across the UK, alongside heading the Alzheimer's Society Research Participation and Engagement team. This portfolio includes oversight of the UKDTN-funded Trial Finder and the Society's partnership with Join Dementia Research, with a strong focus on raising awareness of, and expanding equitable access to, vital dementia research opportunities.

Working in partnership with NHS organisations, lived experience groups, academics, industry, and third sector partners, Laura is passionate about increasing participation in dementia research and ensuring inclusive access across the UK. With a background in early phase cancer research, including establishing Scotland's first cell and gene therapy research service for solid and haematological malignancies, Laura brings over 17 years' experience in leading innovations in clinical research delivery and is dedicated to ensuring potentially transformative new treatments are available through dementia clinical trials to all who may benefit.

Presentation summary

This presentation will resonate with clinical research professionals, charities, patient groups, and healthcare leaders. The presentation will focus on how embedding charity funded research nurses into NHS care delivery as enablers of research, advocates for patients, and partners in improving equitable access to clinical trials. The presentation will showcase an established CRUK funded network of senior research nurses and the more recently established dementia trials network.

Learning outcomes

- Describe the key role charities can play in supporting clinical research delivery, including funding, patient engagement, research infrastructure, and workforce support.
- Explain how charities help improve awareness, recruitment, and equitable access to clinical trials through patient awareness, education, and community outreach.
- Identify opportunities for collaboration between charities and healthcare organisations to improve awareness of and participation in research

Panel discussion: Clinical Research Nursing – Early challenges, present impact, future possibilities

Thursday 17 September – 2:50pm

Panellists:

Dr Ann McMahon, RCN Fellow and Honorary Senior Teaching Fellow, University of Glasgow
Veronica Bishop, Visiting Professor of Nursing at City University, London
Natalie Elliott, Clinical Research Nurse, NHS Lanarkshire

Biographies

Dr Veronica Bishop-Holder PhD. MPhil, RGN, FRSA

- Retired visiting professor, City University, London
- Inaugural editor in chief, Journal of Research in Nursing
- Founder of Clinical Research Nurses' Association

Veronica came late into nursing (as with many things) and when qualified, concentrated on ITU and cardio-thoracic care in London, before taking a temporary job as a research sister in the research department of anaesthetics in the Royal College of Surgeons. She stayed there for 11 years, obtaining a MPhil, a PhD and a son in that time. She then moved into the Department of Health as a Nursing Officer in the research department, commissioning and managing projects aligned with manpower for all health professionals. On leaving the DH she became the inaugural editor for NTResearch for 15 years, working with committed and talented academic nurses whose work built the foundation for the successful journal that it is today.

Dr Ann McMahon FRCN

Ann is an almost retired nurse who during her career has been involved in research and innovation in a range of clinical, management and policy roles. Her doctoral research examined the conditions where innovation in health care may flourish. As well as being the professional lead for research at the RCN, Ann led a programme of work developing practitioner's capability to demonstrate the value of the services they provided by applying the principles of economic assessment to their practice.

Ann was Co-editor in Chief of the Journal of Research in Nursing from 2011-2024 and Trustee of the Foundation of Nursing Studies from 2014-2023.

Ann is a Fellow of the Royal College of Nursing and currently holds honorary positions at the University of Glasgow and Plymouth University.

Natalie Elliot, Clinical Research Nurse, NHS Lanarkshire

Natalie is a Clinical Research Nurse with a background in cardiology and community nursing and is currently completing a Master of Research (MRes). Her research explores the use of artificial intelligence to support individualised exercise prescription in cardiac rehabilitation. Passionate about evidence-based practice and innovation, Natalie is committed to improving patient care through research and championing the role of research nurses as key contributors to healthcare improvement. She has a particular interest in fostering research engagement among nursing students and early-career nurses, encouraging them to view research not simply as published evidence, but as a means of improving patient

care, influencing practice, and shaping the future of the profession. Whilst relatively new to research, Natalie is delighted to share her experiences of working as a Clinical Research Nurse.

Workshops and networking events

Workshop 1: Nurse vs Accountant: we tried arguing but this worked better (A practical workshop in translation and influencing decision makers)

Wednesday 16 September – 8.15am

Claire Whitehouse, NMAHP Research, Jamie Hunter, Independent Financial Improvement Director

Workshop summary

If finance feels intimidating, dull, confusing or actively unhelpful this workshop is very much for you. It is for nurses in research including nurse researchers and research nurses across healthcare and academic settings who know their work makes a difference and who also know that even the best research goes nowhere without money behind it. Led by a nurse Clinical Director for Research and a Financial Improvement Director this interactive workshop treats finance not as a gatekeeping ritual reserved for other people but as a learnable, usable skill. The emphasis is not on becoming a financial expert but on understanding how different roles within organisations operate under different pressures, expectations and accountabilities and how this shapes decision making. The workshop has relevance across international systems where financial controls, audit cultures and funding pressures shape research decision making. Through short, interactive exercises based on real research and development (R&D) challenges, participants will explore how clinical value is often lost in translation, how assumptions about "other people's roles" limit productive conversations and how long-term clinical ambition collides with short term financial delivery. Participants will practise translating clinical impact, patient benefit and research ambition into language that decision makers recognise without losing the clinical purpose. This is not a lecture. No financial shaming. No expectation that you 'should already know this'. This workshop is about shifting perceptions, starting with your own. You will leave not only with a different conversation to have, but with the confidence to have it. It's about moving from arguing the case to achieving the outcome you need; from simply making the case to landing the result.

Key themes explored:

- Clinical value is often lost because it is not understood within financial and organisational roles and pressures.
- What happens when long-term clinical ideas and ambition meet short-term financial requirements
- Leadership behaviours shaped by financial scrutiny, including risk aversion and Boardroom politics.

Learning outcomes

1. Translate research value into financial and organisational language that decision makers recognise
2. Understand how the roles, responsibilities and pressures of finance and other corporate functions influence research decisions.
3. Recognise why document heavy business cases often fail to gain traction
4. Leave with practical, relational strategies to position research more effectively to secure organisational support without losing the clinical soul of the work.

Workshop 2: Managing the 'highs and lows' of a research career

Wednesday 16 September – 8.15am

Professor Vanessa Heaslip – Professor of Nursing and Healthcare Equity – University of Salford
Professor Heather Iles-Smith – Professor of Nursing, University of Salford
Professor Jane Coad, Professor in Children and Family Nursing, University of Nottingham
Dr Gordon Hill, Senior Lecturer and Lead for International, Glasgow Caledonian University

Workshop summary

This workshop is aimed at nurses at all stages of their research career, examining the 'highs and lows' of being a researcher. It recognises that nurses undertake research in many different settings for example universities, social care, public health, local authorities as well as in charity sectors. As such, whilst referring to the National Clinical Research Pathway we shall examine highs and lows of research for nurses wherever they work.

The session includes three presentations (10 mins each) followed by a 15-minute Q&A session for the panel.

- Building research networks including successful Patient and Public Engagement and Involvement
- Identifying research funding streams (Burdett, General Nursing Council, Burdett, RCN Foundation, NIHR etc) and tips for building a strong proposal
- Sharing research findings including developing a publication plan (writing for different audiences, choosing the right journals, writing for success, managing feedback), and creative based approaches for dissemination.

Learning outcomes

1) Understand the importance of building a strong research team and PPIE
2) Understand how to identify appropriate research funders
3) How to share research finding

Meet the Professors: Early career researcher and professoriate networking event

Wednesday 16 September 5.15pm

Chaired by: Professor Heather Iles-Smith – Professor of Nursing, University of Salford and Professor Jane Coad, Professor in Children and Family Nursing, University of Nottingham

Workshop summary

This event will include a workshop providing ECR's with an opportunity to 'speed meet' Professors of Nursing and have their burning questions answered. The session is designed to be informal, supportive, and genuinely useful, giving early career researchers the chance to speak openly about the realities of developing a research career.

Conversations might include addressing uncertainties about balancing clinical or teaching responsibilities with academic ambitions, navigating the complexities of research governance, or problem-solving challenges related to delivering high-quality studies in busy healthcare environments. Participants may also explore how to build influencing skills, strengthen professional networks, identifying funding and opportunities for collaboration.

The Professoriate brings a wealth of research leadership experience, spanning both the NHS and university settings. Their collective insight offers ECRs a rare opportunity to gain practical guidance from individuals who have successfully shaped and sustained impactful research careers.

This event provides a unique space to informally approach senior academics, ask candid questions, and gain a deeper understanding of the wider landscape of nursing research. By engaging in these conversations, ECRs can build confidence, broaden their perspective, and leave with clearer ideas about how to progress their own research journey.

Workshop 1: Inspiring excellence: Strategies for effective team leadership

Thursday 17 September – 8.15am

Naomi Hickey - Education and Quality Lead, NHS GGC

Workshop summary

This session will introduce participants to a Leadership Toolkit, providing a structured and practical foundation for developing effective leadership within clinical research settings. Attendees will explore core leadership principles, reflect on their own leadership style, and consider how different approaches influence communication, engagement, motivation, and overall team performance. Using examples from the clinical research environment, the session encourages participants to analyse their current behaviours, identify personal strengths, and recognise opportunities for improvement. Through guided discussion and practical tools, participants will leave with a set of realistic actions that can be implemented immediately to strengthen leadership within their teams, studies, and organisations. The session is aimed at clinical research staff at all levels, including team leaders, senior nurses, AHPs, supervisors, emerging leaders, and experienced practitioners seeking to enhance their leadership confidence. It is also highly relevant for Principal Investigators, or those leading research studies who often lead multidisciplinary research teams but may not have had formal leadership training. The session provides structured support to navigate influence without hierarchy, build credibility, enhance team cohesion, and lead high-quality research delivery through clarity, communication, and reflective practice.

Learning outcomes

1. To introduce the concept of a leadership toolkit.
2. To reflect on personal leadership styles and recognise how different approaches influence engagement and performance in clinical research settings.
3. To identify practical actions to strengthen leadership within their own teams and organisations

Workshop 2: Seeing the system differently: Participatory methods for mapping nurse retention, wellbeing and workplace experience

Thursday 17 September – 8.15am

Olivia Boulton - Postgraduate research student in Health Sciences, University of Stirling

Workshop summary

This 45-minute interactive workshop introduces participatory systems mapping as a structured and research-informed method for exploring nurse turnover, retention and wellbeing within participants' own clinical areas. Its purpose is to support delegates to identify workplace pressures and protective factors, interpret patterns in their setting, and translate these insights into practical next steps for improvement, leadership or research.

The workshop addresses a methodological issue by showing how participatory systems mapping can generate situated knowledge about workforce wellbeing and retention in ways that are collaborative, inclusive and relevant across different settings. Participants will move through three structured stages: experience - mapping day-to-day realities; interpretation - identifying patterns, hotspots and missing supports; and application - developing an improvement idea, research question or leadership action.

Relevant to nurses, clinical academics, researchers, educators, managers and workforce leads, the session offers a practical, practice-connected approach to workforce challenges and shared learning. Delegates will leave with a clear understanding of the method, a mapped output, and one concrete idea to take forward beyond the conference.

Workshop 3 - From Paper to digital

Thursday 17th September – 8.15am

Saja Yassin Taha Yassin, Nile University, Sudan

Workshop summary

Presentation from Nursing Now Challenge Global Solutions Initiative (NNCGSI) & RCN Research Excellence Award Winner

Nursing documentation is central to patient safety and continuity of care, yet most Sudanese public hospitals still rely on paper-based records, with little evidence on documentation quality or nurses' readiness for digital transition.

This proposed cross-sectional study addresses that gap by evaluating nursing documentation quality and assessing registered nurses' readiness to adopt electronic nursing documentation systems in selected public hospitals in Khartoum State, Sudan.

Using a structured documentation audit alongside a UTAUT-informed nurse survey, the study will examine documentation standards, technology-readiness, and the organisational and infrastructural factors affecting implementation. Findings will provide baseline evidence to inform policy, institutional planning, and nurse education, contributing to a phased roadmap for electronic documentation as part of health system strengthening in post-conflict Sudan.

Biography

Saja Yassin is a final-year BSc Nursing student at Nile University, Sudan, with a strong interest in nursing informatics, evidence-informed practice, and nursing research. She leads the Scientific Research and Training Office at the Nile University Students Association, where she promotes research skills and scientific engagement among students. Saja is also an emerging nurse leader committed to advancing nursing practice and improving healthcare in underserved communities through innovation and sustainable solutions.

Table of Contents

1.1 Acute and critical care

1.2 Children and young people

1.3 Nursing, midwifery or support worker education

1.4 Leadership, management and workforce

1.5 Workforce experience and wellbeing

1.6 Women's Health

1.7 SYMPOSIUM - A Centre of Research for Nurses and Midwives

Poster Tour A: Acute and critical care

Poster Tour B: Cancer and end of life care / education

Poster Tour C: Children and Young People

Poster Tour D: Education and workforce - pushing boundaries

2.1 Chronic illness

2.2 Cancer

2.3 Cardiovascular disease

2.4 Inequalities in health

2.5 Older people and dementia

2.6 Patient and public involvement and engagement (PPIE)

2.7 Workforce and partnerships

Flash talks

Best abstract presentation

3.1 Acute and critical care

3.2 Cancer

3.3 Workforce and employment (including health and wellbeing roles, research careers)

3.4 Women's Health

3.5 Under-represented groups (including black and ethnic minority)

3.6 Mental Health

3.7 SYMPOSIUM - Driving digital health leadership across Europe

Best student abstract

Poster Tour E: Workforce and Employment

Poster Tour F: Women's health and acute care

Poster Tour G: Chronic illness

Poster Tour H: Public Health, Primary and community care

4.1 Health informatics

4.2 Public health (including health promotion)

4.3 Patient safety (including human factors, infection prevention and control etc)

4.4 Health and social policy

4.5 Workshop: The Journal of Advanced Nursing at 50: Research Beyond Borders

4.6 SYMPOSIUM - Internationally educated nurses in the UK

4.7 SYMPOSIUM - Research and innovation as a driver for transformation and excellence in care

5.1 Acute and critical care

5.2 Children and young people

5.3 Inclusivity

5.4 Diabetes

5.5 Chronic illness

5.6 Management and Leadership

5.7 SYMPOSIUM - YARNS Transitions

6.1 CRN: Clinical Research Delivery

6.2 CRN: Supporting research inclusivity

6.3 CRN: Reaching underserved populations

6.4 Cancer

6.5 Under-represented groups (including black and ethnic minority)

6.6 Research policy and workforce

6.7 Mental Health

7.1 CRN: Career development and leadership

7.2 CRN: Education

7.3 CRN: Patient and public involvement and engagement (PPIE)

7.4 Acute and critical care

7.5 End of life care

7.6 Nursing, midwifery or support worker education

7.7 Workforce

Poster Tour I: CRN - Inclusivity

Poster Tour J: CRN - Leadership & workforce

Poster Tour K: Public and patient involvement

Poster Tour L: Patient experience / inequalities in health / CRN Workforce

1.1 Acute and critical care

Are Theatre Practitioners being effectively engaged and utilised to support the agile adaptive capacity of healthcare organisations during major incident response? Lessons for Policy and Practice

Tuesday, 15th September - 11:50: 1.1 Acute and critical care - Oral (concurrent session) - Abstract ID: 53

Dr. Jennifer Klunder-Rosser (University of Salford)

Abstract

Background: Major incidents are increasing globally. A cornerstone of major incident response and recovery in healthcare organisations are Operating Theatres. Theatre Practitioners are healthcare professionals who work in Operating Theatres. The aim of this research project is to identify barriers and enabling factors in the effective utilisation of theatre practitioners' skills during Major Incident response, and how this impacts organisational adaptive capacity.

Systematic Review: A systematic review of the literature, registered with PROSPERO, identified 17 relevant research papers. Themes identified were; workforce flexibility and adaptability; knowledge and skills; communication; training and experience. From this, the research question and objectives were derived.

Methods: Semi-structured qualitative interviews and inductive thematic analysis were conducted to answer the research objectives with 22 participants from five different hospitals. Two cohorts of staff were interviewed; senior managers with workforce responsibilities; and frontline theatre practitioners. Interviewees were purposively sampled to have experience of either mass casualty incidents, such as the Manchester Arena Bomb, and/or Covid.

Findings: Several barriers to effective utilisation of theatre practitioner skills are identified, including a lack of organisational learning, organisational disconnect, and the influence of major incident response on staff wellbeing. Several enabling factors are also identified, including the potential significant of deploying staff to skill or task-based teams, and the utilisation of debrief as a protective and learning tool.

Conclusions: Perceived organisational disconnect and lack of organisational learning post-major incident have potentially negative consequences for organisational recovery and resilience. Recommendations which could improve overall major incident response include supporting better utilisation of staff skills ,and improved pastoral and wellbeing for healthcare professionals. The most significant and practical of these is the role skills-based teams could have in supporting organisational adaptive capacity.

References

ANDERSON, J. E., ROSS, A. J., MACRAE, C. & WIIG, S. 2020b. Defining adaptive capacity in healthcare: A new framework for researching resilient performance. *Applied Ergonomics,* 87**,** 103111.

HARTLEY, H., DUNNING, A., DUNN, M., GRANGE, A., MURRAY, J., SIMMS-ELLIS, R., UNSWORTH, K., MARRAN, J. & LAWTON, R. 2024. Managing nurse redeployment during the Covid-19 pandemic, lessons for future redeployment: A qualitative study. *International journal of nursing studies,* 157**,** 104828.

VINDROLA-PADROS, et al. 2020. Perceptions and experiences of healthcare workers during the COVID-19 pandemic in the UK. *BMJ Open,* 10**,** e040503.

OAKLEY, C., et al. . 2020. Assembly Line ICU: what the Long Shops taught us about managing surge capacity for COVID-19. *BMJ Open Quality,* 9**,** e001117.

ZHANG, F., WELCH, E. W. & MIAO, Q. 2018. Public Organization Adaptation to Extreme Events: Mediating Role of Risk Perception. *Journal of Public Administration Research and Theory,* 28**,** 371-387.

Patients' experiences across the perioperative spinal surgery pathway: a qualitative descriptive study

Tuesday, 15th September - 12:20: 1.1 Acute and critical care - Oral (concurrent session) - Abstract ID: 579

Dr. Giorgia Petrucci (Fondazione Policlinico Campus Bio-Medico di Roma), Prof. Gianluca Vadalà (Fondazione Policlinico Campus Bio-Medico di Roma), Dr. Fabrizio Russo (Fondazione Policlinico Campus Bio-Medico di Roma), Prof. Rocco Papalia (Fondazione Policlinico Campus Bio-Medico di Roma)

Abstract

Background: Low back pain is one of the leading causes of disability worldwide and represents a major public health burden. For patients with degenerative spinal conditions who do not respond to conservative treatments, spinal surgery represents an effective therapeutic option. While surgical outcomes are often evaluated through clinical indicators and patient-reported outcome measures, less attention has been paid to patients' experiential perspectives throughout the perioperative pathway.

Aims: This study aimed to explore patients' lived experiences across the perioperative spinal surgery pathway.

Methods: A qualitative descriptive design was adopted. Participants were recruited using consecutive sampling among patients who had undergone elective lumbar spinal surgery and attended postoperative follow-up visits in an orthopedic department. Inclusion criteria were age $\geq$18 years and ability to provide informed consent. Semi-structured face-to-face interviews were conducted by a PhD-trained clinical research nurse experienced in qualitative methods. Data collection continued until thematic saturation was achieved. Interviews were audio-recorded, transcribed and analysed using qualitative descriptive thematic analysis supported by MAXQDA software.

Results: Twenty participants were included (mean age 54 years; 45% female – 55 % male). Analysis generated 123 initial codes grouped into 18 subcategories and four main categories representing the trajectory of the surgical experience: (1) preoperative experience characterised by severe pain, fear of disability and expectations regarding surgery; (2) trust in healthcare professionals and perceived reassurance from the multidisciplinary team; (3) immediate postoperative relief alongside early recovery challenges; and (4) reflections after surgery, including concerns about recurrence and advice regarding earlier surgical decision-making.

Discussion: Findings highlight the emotional and informational needs experienced by patients throughout the perioperative pathway. Trust in healthcare professionals and clear communication emerged as key elements supporting patient confidence and recovery engagement.

Conclusions: Integrating patients' experiential perspectives into perioperative care pathways may improve patient-centred care, communication strategies and multidisciplinary support in spinal surgery settings.

References

Ferreira, M. L., De Luca, K., Haile, L. M., Steinmetz, J. D., Culbreth, G. T., Cross, M., Kopec, J. A., Ferreira, P. H., Blyth, F. M., Buchbinder, R., Hartvigsen, J., Wu, A.-M., Safiri, S., Woolf, A. D., Collins, G. S., Ong, K. L., Vollset, S. E., Smith, A. E., Cruz, J. A., … March, L. M. (2023). Global, regional, and national burden of low back pain, 1990–2020, its attributable risk factors, and projections to 2050: A systematic analysis of the Global Burden of Disease Study 2021. *The Lancet Rheumatology*, *5*(6), e316–e329. https://doi.org/10.1016/S2665-9913(23)00098-X

Sandelowski, M. (2000). Whatever happened to qualitative description? *Research in Nursing & Health*, *23*(4), 334–340. https://doi.org/10.1002/1098-240X(200008)23:4%253C334::AID-NUR9%253E3.0.CO;2-G

Kerr, C., Nixon, A., & Wild, D. (2010). Assessing and demonstrating data saturation in qualitative inquiry supporting patient-reported outcomes research. *Expert Review of Pharmacoeconomics & Outcomes Research*, *10*(3), 269–281. https://doi.org/10.1586/erp.10.30

1.2 Children and young people

The emotional impact of living with severe asthma as a young adult - a narrative told through photo elicitation

Tuesday, 15th September - 11:50: 1.2 Children and young people - Oral (concurrent session) - Abstract ID: 168

Mrs. Leanne Jo Holmes (Manchester University NHS Foundation Trust (MFT)), Prof. Karina Lovell (Division of Nursing Midwifery and Social Work, Faculty of Biology, Medicine and Health, The University of Manchester, Manchester, UK), Dr. Marie Marshall (Manchester University NHS Foundation Trust (MFT)), Ms. Kerry Hince (Manchester University NHS Foundation Trust (MFT)), Dr. Gareth Jones (Liverpool University Hospitals NHS Foundation Trust), Dr. Nita Sehgal (Manchester University NHS Foundation Trust (MFT)), Prof. Stephen Fowler (University of Manchester)

Abstract

Background: Young adults with severe asthma, when compared with other age groups, experience worse outcomes[(1)] . Furthermore, a systematic review [(2)] highlighted a negative psychosocial impact of living with severe asthma in this group, however the literature was limited and outdated, underscoring the need to explore the lived experience in more detail.

Aim: To conduct a qualitative investigation into the lived experience of young adults with severe asthma.

Methods: After obtaining local ethical approval, purposive sampling was used to recruit participants, who took part in semi-structured interviews incorporating photo-elicitation techniques (using participant-selected images to describe the lived experience of severe asthma) between March & September 2025. Data were analysed using Interpretative Phenomenological Analysis.

Results: Thirteen participants were recruited from severe asthma centres, 11(84%) were female**,** with a median (IQR) age of 22(19-25)yrs. Questionnaire scores highlighted suboptimal asthma control & poor quality of life. Analysis of data highlighted a significant emotional burden upon the participants secondary to living with severe asthma (*"the biggest impact it's had on anything, more than physically. It's probably mentally")* including:

- Isolation
- A burden from masking feelings & symptoms
- Guilt due to asthma impacting on others
- Increased anxiety, uncertainty & lack of control of external triggers, secondary to disease unpredictability
- Fear, of death, exacerbation, hospitalisation, treatment dependence/failure
- The impact of severe asthma being dismissed or misunderstood
- Sadness, secondary to missed opportunities & watching others live their lives unrestricted
- Trauma from previous exacerbations & hospitalisations

However, support from family & specialist services were identified as a key coping factors.

Conclusion: We have produced a rich dataset from interviews and participant-selected images. This has highlighted that day-to-day living with severe asthma as a young adult carries both a physical & mental burden, with each compounding the other. Further research is needed to inform more tailored and effective support strategies

References

1. Holmes L-J, Redmond C, Heaney L, Busby J, Brown T, Burhan H, et al. Adverse outcomes in young adults with severe asthma; results from the UK-Severe Asthma Registry. ERJ Open Research. 2026:00527-2025.

2. Leanne-Jo H, Siobhan L, Stephen F, Marie M, Karina L. Psychosocial experience of living with severe and uncontrolled asthma as a young adult: a qualitative synthesis. BMJ Open Respiratory Research. 2025;12(1):e002541.

Paediatric Nurses' Attitudes Towards Children with Disability: Findings from the Qualitative Phase of an Exploratory Sequential Mixed-Methods Study in Kuwait.

Tuesday, 15th September - 12:20: 1.2 Children and young people - Oral (concurrent session) - Abstract ID: 176

Mrs. Entehaj Alhabshi (University of Nottingham), Dr. Dawn Ritchie (University of Nottingham), Dr. Pippa Hemingway (University of Nottingham)

Abstract

Background: Children with disabilities (CwDs) often experience disparities in healthcare access and quality. Paediatric nurses are in a pivotal position to influence care delivery and advocate for inclusion. This study is the first investigation of paediatric nurses' attitudes toward CwDs conducted in acute hospital settings in Kuwait.

Aims: To explore the attitudes of paediatric nurses towards CwDs in Kuwait's acute healthcare settings.

Methods: A diverse convenience sample of 16 paediatric nurses (recruited via purposive and snowballing sampling) working at a general teaching hospital were qualitatively interviewed (April-August 2024). All interviews were audio-recorded, transcribed verbatim, and analysed using Braun and Clarke's thematic analysis (1).

Results: Themes and sub-themes were presented using the "3M" (micro, meso, and macro) analysis framework (2). Micro themes were trust and emotional connection in nurses –child relationships, sympathetic and inclusive attitude, empathy in reaction to family absence, moral and spiritual impacts on paediatric nurses' attitude, and reflective practice and dedication to excellent care. Meso level themes included team collaboration and peer influence, healthcare professionals' and supervisory attitudes, family interactions and perceived support, organisational culture, and structural support. The macro level's final subtheme was structural and societal disability care influences.

Discussion: Paediatric nurses' attitudes toward CwDs are shaped by interconnected factors across 3M levels, including personal beliefs, organisational practices, and broader cultural and policy contexts, which collectively determine inclusive care delivery in a multi-layered attitudinal context.

Conclusion: Building on these findings, the next phase will involve designing and validating a structured questionnaire to statistically analyse these attitudinal themes across four Kuwaiti hospitals with a larger sample. This strategy aims to create a solid evidence base for disability-inclusive paediatric nursing interventions and policy development in Kuwait.

References

1. Braun, V & Clarke, V 2022, *Thematic Analysis: a Practical Guide*, Sage, London.
2. Bronfenbrenner, U 1977, 'Toward an Experimental Ecology of Human Development', *American Psychologist*, vol. 32, no. 7, pp. 513–531.

Understanding parental stress in neonatal units: insights from the Neo-SILT whole-country study

Tuesday, 15th September - 12:50: 1.2 Children and young people - Oral (concurrent session) - Abstract ID: 398

Mr. Colm Darby (Queen's University Belfast), Dr. Breidge Boyle (Queen's University Belfast), Prof. Olinda Santin (Queen's University Belfast), Dr. Derek McLaughlin (Queen's University Belfast)

Abstract

Background: Parents of infants admitted to neonatal units frequently experience high levels of psychological stress that may contribute to later post-traumatic stress disorder (PTSD) (Shaw et al., 2013). Previous research identifies loss of parental role, perceived infant illness and environmental stressors as key contributors to parental distress. The Parental Stress Scale: Neonatal Intensive Care Unit (PSS:NICU) provides a validated measure of parental stress within neonatal environments (Miles et al., 1993).

Aim: To quantify parental stress across domains of the Parental Stress Scale: Neonatal Intensive Care Unit (PSS:NICU) and identify the most distressing aspects of neonatal care.

Methods: As part of the Neo-SILT whole-country study, 409 parents completed the PSS:NICU during their infant's neonatal admission across neonatal units within all Health and Social Care Trusts in Northern Ireland between January 2025 and February 2026. Descriptive analyses examined stress across three domains: Sights and Sounds, Infant Behaviour and Appearance, and Parental Role Alteration, alongside frequently reported high-stress items.

Results: Parental Role Alteration generated the highest stress. Being separated from my baby was rated very or extremely stressful by 80.4% (n=329), while feeling helpless and unable to protect my baby from pain affected 75.1% (n=307). Similarly, 75.3% (n=308) reported high stress when feeling helpless about how to help their baby. Within Infant Behaviour and Appearance, my baby seemed in pain was rated very or extremely stressful by 60.6% (n=248). In the Sights and Sounds domain, sudden monitor alarms were reported as moderately to extremely stressful by 72.1% (n=295).

Conclusion: Parental stress was greatest when parents were unable to fulfil their caregiving role or perceived their infant to be in distress. These findings highlight the importance of neonatal nursing practices that promote parental involvement, proximity and shared caregiving. Trauma-informed and family-integrated care approaches may reduce parental stress during neonatal admission (Malouf et al., 2023).

References

Miles, M.S., Funk, S.G. and Carlson, J. (1993) *Parental Stressor Scale: Neonatal Intensive Care Unit.* Nursing Research.

Shaw, R.J., St. John, N., Lilo, E.A., et al. (2013) *Prevention of traumatic stress in mothers of preterm infants: a randomised controlled trial.* Pediatrics, 132(4), pp.e886–e894.

Malouf, R., Harrison, S., Burton, H.A., Gale, C. and Stein, A. (2023) *Prevalence of post-traumatic stress disorder in parents following neonatal intensive care unit admission: a systematic review and meta-analysis.* Journal of Perinatology.

1.3 Nursing, midwifery or support worker education

High-Fidelity Simulation for Basic Life Support Education in Undergraduate Nursing: Effects on Cognitive, Psychomotor and Affective Learning Outcomes – A Systematic Review

Tuesday, 15th September - 11:50: 1.3 Nursing, midwifery or support worker education - Oral (concurrent session) - Abstract ID: 203

Ms. Ibtisam AlSiyabi (Queens University Belfast), Prof. Joanne Reid (Queens University Belfast), Dr. Carolyn Blair (Queens University Belfast)

Abstract

Background: Competence in Basic Life Support (BLS) is critical for improving cardiac arrest outcomes; undergraduate nursing students frequently demonstrate deficits in knowledge, psychomotor performance and psychological readiness. Traditional teaching offers limited exposure to high-acuity scenarios. Although high-fidelity simulation (HFS) is increasingly used, its educational advantage over alternative approaches remains unclear.

Objective: To evaluate the impact of HFS on undergraduate nursing students' BLS learning outcomes across cognitive, psychomotor and affective domains.

Methods: Systematic review methods included structured searches of CINAHL, MEDLINE, Scopus, EMBASE, Web of Science, the Cochrane Library, and the British Nursing Index for studies published from January 2015–August 2025, with the final search conducted in September 2025. Randomised controlled trials (RCTs) involving undergraduate nursing students evaluating HFS in BLS education were included; non-RCTs and studies involving qualified healthcare professionals were excluded. Outcomes were organised using Bloom's taxonomy across cognitive, psychomotor and affective domains. Study selection, data extraction and risk-of-bias assessment followed PRISMA 2020 and Cochrane guidance, with narrative synthesis informed by SWiM. The protocol was registered in PROSPERO (CRD420251074413).

Results: Seven RCTs (eight publications; n = 704) were included. HFS produced superior cognitive (knowledge) and psychomotor (skill performance) outcomes compared with traditional teaching, case-based learning and low-fidelity simulation. Outcomes were comparable between HFS and medium-fidelity or haptic-virtual simulation. The most consistent benefit occurred in the affective domain, with improvements in confidence, self-efficacy and learner satisfaction. Across studies, structured pre-briefing, scenario design and guided debriefing appeared to influence learning more than simulator fidelity.

Conclusion: HFS improves undergraduate nursing students' BLS learning, particularly affective preparedness, and demonstrates superior cognitive and psychomotor outcomes compared with traditional approaches. However, increased technological fidelity offers limited benefit when robust pedagogical design is present. Educational investment should prioritise instructional design, facilitator expertise and structured simulation cycles. Further trials are needed to examine long-term retention and cost-effectiveness.

References

Demirtas, A., Guven, S.D., Aslan, O., Unver, V. and Basak, T. (2021) 'Effectiveness of simulation-based cardiopulmonary resuscitation training programs on fourth-year nursing students', *Australasian Emergency Care*, 24(1), pp. 4–10. Available at: https://doi.org/10.1016/j.auec.2020.08.005.

Dick-Smith, F., Dempsey, L., Bradley, H. and Fitzpatrick, F. (2021) 'Basic life support training for undergraduate nursing students: An integrative review', Nurse Education in Practice, 52, p. 102957. Available at: https://doi.org/10.1016/j.nepr.2020.102957.

Page, M.J., McKenzie, J.E., Bossuyt, P.M., Boutron, I., Hoffmann, T.C., Mulrow, C.D., Shamseer, L., Tetzlaff, J.M., Akl, E.A., Brennan, S.E., Chou, R., Glanville, J., Grimshaw, J.M., Hróbjartsson, A., Lalu, M.M., Li, T., Loder, E.W., Mayo-Wilson, E., McDonald, S., McGuinness, L.A., Stewart, L.A., Thomas, J., Tricco, A.C., Welch, V.A., Whiting,

P. and Moher, D. (2021) ‘The PRISMA 2020 statement: An updated guideline for reporting systematic reviews’, *BMJ*, 372, n71. Available at: https://doi.org/10.1136/bmj.n71

Learning in Practice: Supporting International Nursing Students in Clinical Placement.

Tuesday, 15th September - 12:20: 1.3 Nursing, midwifery or support worker education - Oral (concurrent session) - Abstract ID: 547

Mrs. Leema Philip Kuttiyil (Coventry University)

Abstract

Background: Universities in United Kingdom host large numbers of international nursing students (INS), who bring diverse cultural and linguistic perspectives to nursing education. However, the globalisation of the nursing workforce and internationalisation of higher education present challenges, particularly in clinical placements. Evidence indicates that INS often encounter communication challenges in healthcare interactions (Mikkonen et al., 2016) and that they may feel underprepared for clinical practice due to gaps in professional skills (Mikkonen, 2017). Despite this, there is limited UK based research on their specific experiences within clinical settings (Palmer et al., 2019).

Methods: A hermeneutic phenomenological (Dibley et al 2020) approach was adopted, to explore the challenges INS encounter and the assets they bring into nursing. Twenty-two purposively sampled participants took part in 45–60-minute semi-structured interviews conducted between September 2020 and September 2023. Interviews were transcribed via MS Teams, synthesised using interpretative profiles, and analysed using Van Manen's (2014) six-step thematic analysis.

Results: Three key themes generated are : cross-cultural adaptation, emotional resilience as a major asset that INS bring into nursing, and limited transition support during clinical placements. Based on these findings, a structured two-step transition support model for INS is proposed. Step 1 involves a pre-placement programme including communication workshops with simulated patients and training in cultural competence and adaptability. Step 2 focuses on support during placements through cultural mentoring and buddy programmes to promote integration within clinical teams.

Discussion: Drawing on the author's lived experience as an INS and nurse educator, the findings highlight the importance of culturally responsive support systems. Implementing structured transition strategies may enhance resilience, reduce burnout, and support INS integration into clinical practice. Reflexivity was maintained throughout the research.

Conclusion: This study contributes a novel two-step model of transition support aimed at strengthening retention, supporting sustainability, and helping address workforce shortages in nursing.

References

Dibley. L, Dickerson S, Duffy .M Vandermeulen R (2020) Doing Hermeneutic Phenomenological research. A practical guide Sage publications

Mikkonen K., Elso S, Tuomikoski A.M, Kaariainen M (2016.) 'Culturally and linguistically diverse healthcare student's experience of learning in a clinical environment: a systematic review of qualitative studies. International Journal of Nursing studies Elsevier Ltd.

Mikkonen K, Elso S, Tuomikoski A.M, Kaariainen M(2017) 'Development and testing of the CALDs and CLES+T scales for international nursing student's clinical learning environments. *Journal of Advanced Nursing*, John Wiley and sons Ltd

Palmer, C., *et al.* (2019). Supporting international nursing students during clinical placement: Challenges and strategies. *Nurse Education Today*, 74, 9–14.

van Manen, M. (2014). *Phenomenology of practice: Meaning-giving methods in phenomenological research and writing*. Walnut Creek, CA: Left Coast Press.

‘I nearly left’: A qualitative study exploring why pre-registration nursing students considered leaving their programme, but decided to stay

Tuesday, 15th September - 12:50: 1.3 Nursing, midwifery or support worker education - Oral (concurrent session) - Abstract ID: 336

Dr. Rosemary Godbold (University of Hertfordshire), Ms. Karen Sumpter (University of Hertfordshire), Ms. Camia Roye (University of Hertfordshire), Ms. Beverley Ramdeen (University of Hertfordshire), Ms. Holly Waterman (University of Hertfordshire)

Abstract

Background: Pre-registration student nurse retention is a key challenge (Health Education England, 2018). This study was part of a broader project funded by NHS England investigating attrition and retention of nursing students at the University of Hertfordshire.

Aim: To establish why students considered leaving their pre-registration nursing programme and why they decided to stay.

Methods: A qualitative approach was used, with a student co-researcher providing input at all phases of the study. 24 student nurses participated in online focus groups and interviews June-July 2025, which were analysed using framework analysis (Spencer et al, 2014).

Findings / Discussion: Reasons for participants wanting to leave their nursing programmes related to placements, the University, personal reasons and their emotional / psychological well-being. The biggest single issue was logistical difficulties of getting to placement on time. Staff were often unsympathetic and lateness commonly led to knock-on negative judgement about their character and professional values. Participants spoke of working with practice supervisors who didn’t want students and routinely being treated as health care assistants. Critical writing and timing of assessments were key issues relating to the University and personal challenges included ill health, financial constraints and relationships. International students had particular challenges related to transitioning to the UK and getting used to unfamiliar health environments. Participants demonstrated resilience, identifying family support as the most common reason for continuing their studies. Support from field tutors and practice educators, as well as their own personal goals, and not wanting to give up were the most commonly reported reasons for continuing.

Conclusion: This study has highlighted key areas requiring attention to reduce numbers of student nurses thinking about, or leaving nursing programmes. These include help with logistics of getting to placement, placement forums, critical writing support, enhanced induction for international students and greater empathy towards students encountering challenges.

References

Health Education England (2018). Reducing Pre-registration Attrition and Improving Retention. Available at https://www.hee.nhs.uk/our-work/reducing-pre-registration-attrition-improving-retention Accessed February 20th 2026.

Spencer L., Ritchie, J., Ormston, R., O’Connor W., Barnard, M. (2014). Analysis: Practices, Principles and Processes. In Ritchie, J., Lewis, J., Nicholls, C. M., & Ormston, R (Eds.). (2014). Qualitative research practice: A guide for social science students and researchers (2nd ed.) (pp. 269-343.) SAGE Publishing.

1.4 Leadership, management and workforce

International nurses' experiences of career progression and retention in the UK

Tuesday, 15th September - 11:50: 1.4 Leadership, management and workforce - Oral (concurrent session) - Abstract ID: 652

Mr. Ransford Akrong (University of Huddersfield), Dr. BIBHA SIMKHADA (University of Huddersfield), Prof. Padam Simkhada (University of Chester)

Abstract

International nurses make a substantial contribution to the UK health workforce, yet their career progression experiences remain insufficiently understood (Bayuo et al., 2023).

This study employs a mixed-methods approach of quantitative findings from a cross-sectional survey of 141 international nurses and 15 semi-structured interviews with 10 international nurses and 5 managers exploring the career progression experiences of international nurses in the UK, with attention to socio-ecological influences, workplace equality and safety, and retention intentions. The analysis draws on descriptive statistics and thematic analysis for quantitative and qualitative findings respectively.

Quantitative results show that despite reporting high confidence in their communication skills (82.5%) and job-search abilities (64.16%), international nurses did not experience strong progression outcomes, with fewer than half agreeing their organisation provided good career progression opportunities (41.66%). Systemic barriers were prominent, with low recognition of international qualifications (Mean = 2.50), most respondents disagreeing that equal opportunities existed compared to domestic counterparts (59.17%), and over half reporting experiences of discrimination (54.46%) and bullying (58.03%). Career progression was identified as a key retention factor, with 45.05% agreeing it encouraged them to remain in the UK. Thematic analysis of qualitative findings shows that career progression was constrained less by capability than by intersecting barriers including unclear career pathways, poor recognition of prior experience, bullying and discrimination, weak access to progression information and training, financial and family trade-offs, and restrictive immigration policies that together undermined confidence, mobility, and advancement.

Overall, the findings suggest that the career progression experiences of international nurses in the UK are shaped less by individual deficits than by organisational, structural, and policy-related barriers, with important implications for equity, workforce development, and retention. Policy and practice should prioritise addressing structural and systemic barriers to career progression including embedding culturally inclusive workforce development strategies to support equitable progression and long-term retention

References

Bayuo, J., Abboah-Offei, M., Duodu, P. A., & Salifu, Y. (2023). A meta-synthesis of the transitioning experiences and career progression of migrant African nurses. *BMC nursing*, *22*(1), 104.

Assessing Organisational Research Maturity and Readiness in a Mental Health and Community NHS Trust in England: A Consolidated Framework for Implementation Research-Informed Mixed-Methods Service Evaluation

Tuesday, 15th September - 12:20: 1.4 Leadership, management and workforce - Oral (concurrent session) - Abstract ID: 350

Dr. Oladayo Bifarin (Liverpool John Moores University), Mr. Ndukwe Walter Ugwuocha (Mental Health Research for Innovation Centre), Mrs. Shruti Sharma (Mersey Care NHS Foundation Trust), Ms. Sheree Deesson (Mersey Care NHS Foundation Trust), Mrs. Feyisope Fagade (Mersey Care NHS Foundation Trust), Ms. Paula Wynne (Mersey Care NHS Foundation Trust), Mrs. Nicky Fearon (Mersey Care NHS Foundation Trust), Prof. Dan W. Joyce (University of Liverpool), Prof. Gillian Hutcheon (Liverpool John Moores University)

Abstract

Background: Research-active healthcare organisations achieve better clinical outcomes, yet converting staff research participation into sustained organisational capability remains difficult, particularly in UK mental health and community services. Implementation science frameworks such as CFIR can identify barriers and facilitators to embedding research as organisational infrastructure.

Aim: Assess organisational research capability, readiness and maturity within a large mental health and community NHS trust and identify priorities for sustainable research integration across the workforce.

Methods: A mixed-methods (organisational gap analysis) was conducted between January-December 2025. Guided by CFIR, we examined the inner setting (leadership, implementation climate, resources, learning systems), individuals/teams (knowledge, beliefs, collective efficacy), and implementation process (planning, engaging, embedding). Three data sources were triangulated using a convergence-divergence approach: (1) a structured maturity assessment using the IDEA framework (Implementation, Delivery, Engagement, Academia) on a five-level scale; (2) staff-reported readiness using an adapted NHS England SORT (n=98); and (3) secondary analysis of 2,006 workforce appraisal records (PACE 365) capturing research engagement and capability. Priority gaps were identified by penetration and consistency across datasets.

Results: Across IDEA domains, maturity ranged from early to developing, with occasional areas of maturity. Moderate-to-high gaps (mainly 3-4/5) indicated enabling infrastructure exists but is not consistently embedded. Implementation showed variable integration of research into quality improvement. Delivery highlighted capability but weak workflow integration (gap score 4), reinforcing perceptions of research as additive. Engagement suggested latent motivation but limited coherence, role clarity and visibility, with inconsistent pathways for involvement. Academia posed the highest risk, reflecting fragmented clinical academic pathways and limited mentorship. Readiness findings indicated variable collective efficacy and uncertainty, suggesting misalignment of systems and processes rather than attitudinal resistance.

Discussion and conclusion: Embedding research as organisational infrastructure requires coordinated integration across governance, workforce and clinical systems. This combined maturity-readiness approach offers a transferable framework for strengthening research capability at scale.

References

Cooke, J. (2005) A framework to evaluate research capacity building in health care. *BMC Family Practice*, 6, 44. https://doi.org/10.1186/1471-2296-6-44

Damschroder, L.J. et al. (2009) Fostering implementation of health services research findings into practice: a consolidated framework for advancing implementation science. *Implementation Science*, 4, 50. https://doi.org/10.1186/1748-5908-4-50

Downing, A., Morris, E.J.A., Corrigan, N., Sebag-Montefiore, D., Finan, P.J., Thomas, J.D. and Gilthorpe, M.S. (2017) High hospital research participation and improved colorectal cancer survival outcomes. *BMJ Open*, 7, e016512. https://doi.org/10.1136/bmjopen-2017-016512

Greenhalgh, T. et al. (2004) Diffusion of innovations in service organizations: systematic review and recommendations. *The Milbank Quarterly*, 82(4), pp. 581–629. https://doi.org/10.1111/j.0887-378X.2004.00325.x

Weiner, B.J. (2009) A theory of organizational readiness for change. *Implementation Science*, 4, 67. https://doi.org/10.1186/1748-5908-4-67

Wenke, R. & Mickan, S. (2016). The role and impact of research positions within health care settings in allied health: a systematic review. *BMC Health Services Research*, 16, 355. https://doi.org/10.1186/s12913-016-1606-0

Healthcare Workforce Shortages in High-Income Countries: Implications for Nursing from a Systematic Review

Tuesday, 15th September - 12:50: 1.4 Leadership, management and workforce - Oral (concurrent session) - Abstract ID: 435

Dr. MAHDI FARAJI (Fairfield school of Bussiness)

Abstract

Background: High-income countries face nursing and healthcare workforce shortages driven by rising demand, ageing populations and uneven distribution. This affects care quality, staff wellbeing and system sustainability.

Aims: To synthesise determinants of workforce instability and interventions that improve recruitment, retention and wellbeing, focusing on implications for nursing.

Methods: A systematic review followed PRISMA 2020. MEDLINE (Ovid), Embase, CINAHL, Scopus and Web of Science were searched for primary empirical studies (1 January 2000–15 December 2023) and updated (15 July 2025). Studies examined drivers of shortages or interventions/policies targeting recruitment, retention, distribution or wellbeing in high-income settings. Data were extracted using a standardised framework, appraised with CASP tools and synthesised narratively across structural, organisational and individual levels.

Results: Thirty-five studies were included across Europe, North America and Oceania. Key challenges were high workload and inadequate staffing, burnout, limited occupational health integration and migration-related instability; rural and remote areas reported the highest turnover. Interventions clustered into education/training pipelines, financial and employment policies, regulatory levers and organisational/psychosocial supports. Nursing-focused evidence showed strongest signals for structured transition and mentoring: a 10-year longitudinal nurse residency study reported 1-year retention of 86%; an externship plus residency programme reported ~94% retention compared with ~83% without a programme. A randomised controlled trial in nurses aged $\geq$45 years (n=115) reduced depression and stress. National pay reform was associated with improved recruitment/retention indicators and fewer vacancies.

Discussion: Multi-component retention packages appear most promising, but evidence is limited by heterogeneous designs, non-standardised outcomes and short follow-up; implementation and fidelity are inconsistently reported. This presentation will highlight transferable nursing strategies and evaluation priorities.

Conclusions: Sustainable nursing workforce solutions require integrated action on early-career transition, supportive leadership and mentoring, fair employment conditions, and practical wellbeing infrastructure, alongside policies addressing rural distribution and migration pressures.

References

Page, M.J., McKenzie, J.E., Bossuyt, P.M., et al. (2021) The PRISMA 2020 statement: an updated guideline for reporting systematic reviews. *BMJ*, 372, n71.

Popay, J., Roberts, H., Sowden, A., et al. (2006) *Guidance on the Conduct of Narrative Synthesis in Systematic Reviews*. London: ESRC Methods Programme.

Critical Appraisal Skills Programme (CASP) (2018) *CASP Checklists*. Oxford: CASP.

1.5 Workforce experience and wellbeing

An exploration of the experiences of Haemodialysis nurses during Covid-19: An interpretative phenomenological study.

Tuesday, 15th September - 11:50: 1.5 Workforce experience and wellbeing - Oral (concurrent session) - Abstract ID: 174

Ms. Chantelle Waite (Birmingham City University), Mrs. Caroline Stevens (Birmingham City University), Mrs. Alice Hepzibah Cheepulla (Birmingham City University)

Abstract

Background: Haemodialysis patients make up less than 0.1% of the population but accounted for 1.7% of COVID-19 deaths in the UK (Caplin et al, 2021). Nurses caring for patients with COVID experienced physical and psychological exhaustion (Doo et al, 2021). Tranter, Josland and Turner (2016) highlight that due to haemodialysis nurses' close relationships with their patients, the impact of patient deaths can result in difficulty with acceptance requiring additional support. The lived experiences of the Haemodialysis staff during the pandemic remains unacknowledged.

Aim: The aim of the study is to explore the experiences of haemodialysis nurses during the COVID-19 pandemic.

Method: An interpretive phenomenological approach. Haemodialysis nurses (n= 8), participated in a semi-structured audio-recorded interview between October 2022 and June 2023, which was transcribed verbatim and interpretive phenomenological analysis (IPA) applied as described by Smith, Flowers and Larkin (2009).

Results: Four themes were identified: '*death, dying and loss*' which captured the negative impact on nurses due to patient deaths. '*Patient relationship*' which included the loss of trust and negative changes within patient relationships; '*The COVID-19 effect*' as nurses expressed the emotional impact of working during that time and the '*expectation of the employer*' which gave perception that nurses lacked choice.

Discussion: Experiences of haemodialysis nurses during COVID-19 exposed the detrimental effects on their relationships with patients. Nurses expressed feelings of loss after patient deaths, a lack of closure due to the close patient relationships they have established. Fear and a perception that they lacked choice in the workplace, which impacted staff professionally and personally.

Conclusions: Covid-19 affected haemodialysis in several areas personal, professionally. With negative impacts noted in patient-staff relationships and how nurses managed patient deaths. Future implications of this study indicates that dialysis staff need additional support around death of patients and re-building patient trust after Covid-19.

References

References:

Citation (APA 7th edition):

Caplin, B., Ashby, D., Baker, K., Hull, R., Griffith, M., McCafferty, K., … & on behalf of the Pan-London COVID-19 Renal Audit Group. (2021). *Risk factors for COVID-19 in patients on maintenance haemodialysis: An observational cohort study in the London region. Clinical Journal of the American Society of Nephrology, 16*(5), 881–888. https://doi.org/10.2215/CJN.13420820

Doo, E., Kim, M., Lee, S., Lee, S. Y., & Lee, K. Y. (2021). Influence of anxiety and resilience on depression among hospital nurses: A comparison of nurses working with confirmed and suspected patients in the COVID‐19 and non‐COVID‐19 units. *Journal of Clinical Nursing*, *30*(13–14), 1990–2000. https://doi.org/10.1111/jocn.15752

Tranter, S., Josland, E., & Turner, K. (2016). Nurses' bereavement needs and attitudes towards patient death: a qualitative descriptive study of nurses in a dialysis unit. Journal of Renal Care, 42(2), 101–106. https://doi.org/10.1111/jorc.12147

Realist Evaluation of the Implementation of Multi-professional Advanced Practice in Primary Care (REMAP): a qualitative study of policy leads

Tuesday, 15th September - 12:20: 1.5 Workforce experience and wellbeing - Oral (concurrent session) - Abstract ID: 468

Dr. Rachel King (The University of Sheffield), Dr. Pauline Nelson (The University of Sheffield), Dr. Stef Williamson (The University of Sheffield), Prof. Damian Hodgson (Manchester Metropolitan University), Prof. Rachael Finn (The University of Sheffield), Prof. Caroline Mitchell (Keele University), Prof. Michelle Horspool (Sheffield Health Partnership University NHS Foundation Trust), Prof. Julian Barratt (The University of Sheffield), Mrs. Tabassum Aaishah Javeed-Aslam (The University of Sheffield), Dr. Emily Wood (The University of Sheffield)

Abstract

Background: Advanced practice is well-established in UK primary care but uptake is variable and evolving. Although most advanced practitioners are nurses the roles are increasingly multi-professional. This makes implementation and clarity of the roles increasingly challenging. Advanced practice continues to be an important aspect of the NHS 'Fit for the Future' strategy (1). This research provides a timely evaluation of the mechanisms and contexts supporting its successful implementation.

Aim: This qualitative study funded by the NIHR HSDR aims to identify contexts that impact on advanced practice outcomes, and explore how these contexts shape specific mechanisms, informing the initial programme theory (IPT) (2).

Methods: Qualitative interviews were undertaken with a purposive sample of 22 regional and national advanced practice leads between Dec 2025 and Feb 2026. Ethical and HRA approval was granted. The Consolidated Framework for Implementation Research (CFIR) (3) was utilised to understand the complexities of introducing multi-professional advanced practice in primary care. A realist-informed thematic analysis identified the contexts, mechanisms, and outcomes (CMOs) for successful implementation of advanced practice.

Findings: The analysis produced an understanding of key issues around advanced practice implementation. Themes informed the IPT which will be tested and modified in later phases of the research. This presentation will focus on the IPT and the key themes that informed it, including workforce planning, the four pillars, training and development, and role clarity.

Discussion: The IPT will be the starting point for a theory on successful implementation of advanced practice in primary care, focusing on the multi-professional nature. It will inform the development of a survey and case study site selection.

Conclusion: The findings will provide important insights to multi-professional advanced practice which will be applicable to the implementation of new roles and workforce changes in wider health and social care settings nationally and internationally.

References

1. NHS (2025) 10 year health plan for England: Fit for the Future. Available from: https://www.gov.uk/government/publications/10-year-health-plan-for-england-fit-for-the-future
2. King, R., Williamson, S., Nelson, P.A., Finn, R., Hodgson, D., Mitchell, C., Barratt, J., Horspool, M., Aslam, A. and Wood, E., (2026). Realist evaluation of multi-professional advanced practice in primary care (REMAP): study protocol. BJGP open.
3. Damschroder, L.J., Reardon, C.M., Widerquist, M.A.O. et al. (2022) The updated Consolidated Framework for Implementation Research based on user feedback. Implementation Sci 17, 75. https://doi.org/10.1186/s13012-022-01245-0

Non-technical Competence for British Military Nurses in Their UK and Operational Roles: A Grounded Theory Investigation.

Tuesday, 15th September - 12:50: 1.5 Workforce experience and wellbeing - Oral (concurrent session) - Abstract ID: 381

Dr. Adam Hughes (UK Defence Medical Services)

Abstract

Background: British military nurses work across increasingly sophisticated civilian, operational, and multinational settings requiring reconciliation of diverse roles, knowledge, and skills in delivering high-quality care. While technical competence is widely supported through procedural guidelines and training, non-technical competence (NTC) receives comparatively limited attention. This creates challenges for military nurses in understanding role expectations and difficulties for both Defence and NHS organisations in providing appropriate development and assurance.

Aim: To describe how NTC is constructed for British military nurses in their UK and operational roles.

Method: Using a Straussian Grounded Theory methodology, data were collected through 4 focus groups involving 26 military nurses of varied experience. Analysis employed an iterative coding process supported by NVivo.

Results: 76 open codes were refined into 8 axial categories and 3 overarching selective codes: conditions, construct, and conduct. These were unified by context as the core theme. NTC was characterised through three key domains: leadership, communication, and emotional intelligence, underpinned by experience.

Discussion: Most clinical practice for military nurses occurs in the NHS, yet operational readiness requires the ability to apply NTC across civilian, multinational, and deployed environments. Context shaped how NTC components interact, influence professional relationships, and reinforce a strong sense of identity. Transitioning between organisations highlighted the challenges of consistency, exposure, assurance, and preparation faced by military nurses.

Conclusion: The resulting NTC model highlighted the complexities British military nurses encounter when transitioning between organisations and clinical settings. Identifying core NTC components enabled emergence of a substantive theoretical model supporting military nursing practice while illuminating adaptive demands of civilian environments. The concurrent emergence of a formal theoretical model demonstrated broader relevance of NTC across the nursing profession, suggesting value beyond the military context. Continued work is required to refine this framework into a consistent and assured program suitable across all settings.

References

NA

1.6 Women’s Health

Attitude Of Healthcare Professionals Towards The Victims Of Female Genital Mutilation (FGM) And Breast Ironing (BI) In Healthcare Settings

Tuesday, 15th September - 11:50: 1.6 Women's health - Oral (concurrent session) - Abstract ID: 34

Ms. Ify Nwiwu (University of Sunderland in London)

Abstract

Background: Female Genital Mutilation (FGM) and Breast Ironing (BI) are harmful cultural practices with severe physical and psychological consequences. Healthcare professionals (HCPs) often serve as the first point of contact for victims, making their attitudes critical to care quality. However, gaps in training and cultural competence can lead to stigma, inadequate care, and systemic barriers.

Objective: This study explored the attitudes of HCPs toward victims of FGM and BI, identified systemic barriers to culturally sensitive care, and examined strategies to improve professional responses.

Methods: A mixed-methods design was employed, combining quantitative surveys (n=250) and qualitative semi-structured interviews (n=40) with HCPs across urban and rural healthcare settings. Quantitative data were analyzed using SPSS (mean and standard deviation), while qualitative responses underwent thematic analysis.

Results: Findings revealed that 76% of HCPs acknowledged the need for trauma-informed care, yet 42% felt unprepared to manage FGM/BI cases. Approximately 33% disclosed implicit moral judgments, and systemic barriers included inadequate time for culturally sensitive communication, lack of mental health support, and unclear institutional policies. Specialized training significantly improved empathy and cultural competence. Geographic location and professional role influenced attitudes, with midwives and urban practitioners demonstrating greater empathy and preparedness.

Implications for Practice: Healthcare systems must prioritize cultural competency and trauma-informed care through structured training, clear institutional guidelines, and interdisciplinary support teams. Creating safe spaces for dialogue, mentorship programs, and collaboration with community organizations can foster empathy and reduce stigma. These measures are essential for improving clinical outcomes and promoting equitable, respectful care for victims of FGM and BI.

Keywords: Female Genital Mutilation; Breast Ironing; Healthcare Professionals; Cultural Competence; Trauma-Informed Care.

References

Min, M., Wong, T. and Akinsulure-Smith, A.M. (2021) Exploring Beliefs and Attitudes toward Female Genital Mutilation/Cutting among Healthcare Providers in New York City. Violence Against Women, 28, 3174-3193.[CrossRef] [PubMed]

European Parliament (2022) Female Genital Mutilating: Where, Why and Consequences, 2020. https://www.europarl.europa.eu/news/it/headlines/society/20200206STO72031/female-genital-mutilation-where-why-and-consequences

Cappon, S., L'Ecluse, C., Clays, E., Tency, I. and Leye, E. (2015) Female Genital Mutilation: Knowledge, Attitude and Practices of Flemish Midwives. Midwifery, 31, e29-e35.

Jackson, C. (2017) Counselling Professionals' Awareness and Understanding of Female Genital Mutilation/Cutting: Training Needs for Working Therapeutically with Survivors. Counselling and Psychotherapy Research, 17, 309-319.

Falana, T.C. (2022) Breast Ironing: A Rape of the Girl-Child'S Personality Integrity and Sexual Autonomy. Social Sciences, Humanities and Education Journal (SHE Journal), 1, 93-102.

Fotabong, M., Obajimi, G., Lawal, T. and Morhason-Bello, I. (2023) Prevalence, Awareness and Adverse Outcomes

of Breast Ironing among Cameroonian Women in Buea Health District. Medical Journal of Zambia, 49, 328-336.

Understanding if a woman's intention to breastfeed translates to practice – a qualitative longitudinal research study in the Northwest of England

Tuesday, 15th September - 12:20: 1.6 Women's health - Oral (concurrent session) - Abstract ID: 75

Ms. Seóna Dunne (University of Chester), Prof. Kate Knight (University of Chester), Prof. Paul Bissell (University of Chester)

Abstract

This qualitative longitudinal study, investigated the intentions of 15 women aged 18 – 40 years living in North West (NW) England to breastfeed. It explored factors, including personal and social, through semi-structured interviews, that motivated and encouraged these women to continue to breastfeed their child; looking at how their intention translated to practice. These women were interviewed at three time points, 28 & 36 weeks gestation & eight to ten weeks post partum via MS Teams.

This study follows a qualitative research design using an interpretative paradigm including the Interpretative Phenomenological Approach (IPA), which in qualitative methodology, allows researchers to explore participant's experiences and understandings and for that data to uncover participant's reality; adding a unique insight to understanding a phenomenon. Highlighting the suitability of this approach to understanding meanings and experiences of breastfeeding to women and mothers in this study.

There is limited guidance in the literature using IPA over a period of time (known as Longitudinal IPA (LIPA)) to capture participant's experiences and meanings (Farr & Nizza, 2019); thus an opportunity for this study to contribute to the limited literature.

Data from the 2023/2024 year, shows 62% of babies in NW of England received breastmilk as their first feed in comparison to 72% nationally (NHS England, 2025). At the six-to-eight-week health check, only 46% of these babies received breastmilk versus the England average of 53% (NHS England, 2025).

Data collection commenced in March 2025 with anticipated completion in March 2026 and will follow an IPA method of analysis. Thus, further adding to the limited evidence. Ethical approval was granted by the University of Chester and NHS Research Ethics Committee.

Following this study any recommendations aim to provide further understanding of the infant feeding needs of pregnant and post-natal women and how they can be appropriately supported.

References

Reference List

Farr, J. & Nizz, I. E., 2019. Longitudinal Interpretative Phenomenological Analysis (LIPA): A review of studies and methodological considerations. *Qualitative Research in Psychology,* pp. 199-217.

NHS, 2025. *Better Health Start for Life.* [Online]

Available at: https://www.nhs.uk/start -for-life/pregnancy/week-by-week-guide to pregnancy/3rd-trimester/week-28/

[Accessed 19 August 2025].

Efficacy of a digital health tool (Interactive voice response) in increasing modern contraceptive uptake among women of reproductive age in low-prevalence areas of Oyo state, Nigeria

Tuesday, 15th September - 12:50: 1.6 Women's health - Oral (concurrent session) - Abstract ID: 690

Dr. Florence Opatunji (University College Hospital, Ibadan)

Abstract

Background: Nigeria faces a persistently low modern contraceptive prevalence rate, with national figures around 15% among women of reproductive age in recent surveys, contributing to high rates of unintended pregnancies, maternal morbidity, and unmet family planning needs (National Population Commission (Nigeria) 2024). In southwestern Nigeria, including Oyo State, uptake remains suboptimal despite somewhat higher regional averages compared to northern zones (Performance Monitoring for Action 2017; Adeyemi et al. 2016). Prior evidence from northern Nigeria shows Interactive Voice Response (IVR)-based Digital Health Tools (DHTs) effectively boost modern contraceptive (Babalola et al. 2019).

Aims: This study assessed the efficacy of mobile IVR-based DHT in improving modern contraceptive uptake among women in Oyo State.

Methods: A quasi-experimental one-group pretest-posttest design was used, targeting three Local Government Areas with the lowest contraceptive prevalence rate from a population of 58,214 women. Using the Leslie Kish formula, 356 participants were selected via proportionate and convenience sampling across wards. The intervention involved four calls per week for four weeks with 98% response rate. Data collected via calls and quizzes at facility tracking with identification tags at 4 weeks (P1) and 8 weeks (P2) post-intervention, were analysed using descriptive and inferential statistics at $p<0.05$

Results: Participants showed high engagement: 96.6% made informed choices, 86.7% found the DHT accessible, 83.6% preferred it, and 95.7% accepted it for information dissemination. Modern contraceptive uptake rose significantly from 27% at P1 to 73% at P2 post-intervention.

Conclusions: The IVR-based tool demonstrated strong efficacy in enhancing informed decision-making, acceptability, and uptake in this low-prevalence context. These results extend northern Nigerian findings to the southwest and highlight the potential of scalable, mobile technology to overcome barriers. Integrating DHTs into national and global reproductive health programs could accelerate progress toward universal family planning access and Sustainable Development Goal 3.7 targets.

DIGITAL HEALTH TOOL.

References

Adewale S. Adeyemi, Adenike I. Olugbenga-Bello, Oladimeji A. Adeoye, Moshood O. Salawu, Adefemi A. Aderinoye, Muftau A. Agbaje. Contraceptive prevalence and determinants among women of reproductive age group in Ogbomoso, Oyo State, Nigeria. *Open Access Journal of Contraception*, 7, pp. 33–41. doi:10.2147/OAJC.S94826.

Stella Babalola, Caitlin Loehr, Olamide Oyenubi, AkinsewaAkiode, Allison Mobley. (2019) Efficacy of a Digital Health Tool on Contraceptive Ideation and Use in Nigeria: Results of a Cluster-Randomized Control Trial. *Global Health: Science and Practice*, 7(2), pp. 273–288. doi:10.9745/GHSP-D-19-00066.

National Population Commission (Nigeria) and ICF (2024) *Nigeria Demographic and Health Survey 2023-24: Key Indicators Report*. Abuja, Nigeria, and Rockville, Maryland, USA: National Population Commission and ICF.

Performance Monitoring for Action (2017) *PMA2020/Nigeria Oyo State Round 1 Family Planning Brief*. Baltimore, MD: Johns Hopkins Bloomberg School of Public Health.

1.7 SYMPOSIUM - A Centre of Research for Nurses and Midwives

A Centre of Research for Nurses and Midwives (ACORN): Building research capacity and capability in nursing and midwifery from ward to board and back again (0)

Tuesday, 15th September - 11:50: 1.7 SYMPOSIUM - A Centre of Research for Nurses and Midwives - Symposium - Abstract ID: 279

Prof. Mary Wells (Guy's and St Thomas' NHS Foundation Trust), Mrs. Holly Lovell (Guy's and St Thomas' NHS Foundation Trust), Mrs. Naomi Hare (Guy's and St Thomas' NHS Foundation Trust), Dr. Joanne Cull (Guys and St Thomas' NHS trust), Mr. Anbhu Kasiappan Balasubramanian (Guys and St Thomas' NHS trust), Ms. Daisy Hubble (Guy's and St Thomas' NHS Foundation Trust)

Abstract

This symposium will outline the development, mission and activities of ACORN at Guy's and St Thomas' NHS Foundation Trust, illustrating the impact that investment from a visionary Executive Chief Nurse can have on research capacity and capability across a large NHS Trust.

Seizing the chance to achieve the ambitions of the CNO Research Strategic Plan (2021), ACORN was set up in 2022 to build a research active workforce who would be able to pioneer and inspire innovative improvements in patient care and safety. Since that time, ACORN has developed a range of initiatives to build research capacity and capability from ward to board, embracing the Trust values of caring, ambitious and inclusive.

The symposium chair will introduce ACORN and provide a short overview of how the centre's workstreams aim to reach and influence nurses and midwives across the Trust and at all levels.

Paper 1 will describe the implementation of a research link practitioner programme to develop the research culture across the Trust, from initial pilot work to roll out.

Paper 2 will present insights from a successful ACORN internship programme, now in its fifth cohort, illustrating how this has grown and influenced nurses, midwives and AHPs in the development of their research careers.

Paper 3 will showcase the development and impact of a pre-doctoral fellowship development programme which equips staff to prepare a competitive fellowship application.

Paper 4 will demonstrate how the development of an Inclusive research tool has enabled nurses and midwives developing their own research to build meaningful inclusion into all aspects of their work.

Paper 5 will outline ACORN's approach to gathering research metrics to illustrate the reach and impact of our work.

References

CNO-England (2021). Making Research Happen. Chief Nursing Officer for England's strategic plan for research. Available at: https://www.england.nhs.uk/publication/making-research-matter-chief-nursing-officer-for-englands-strategic-plan-for-research/

A Centre of Research for Nurses and Midwives: Building research capacity and capability in nursing and midwifery from ward to board and back again. Developing research culture through implementation of a Trust-wide Research Link Practitioner programme (1)

Tuesday, 15th September - 11:50: 1.7 SYMPOSIUM - A Centre of Research for Nurses and Midwives - Symposium - Abstract ID: 383

Mrs. Holly Lovell (Guy's and St Thomas' NHS Foundation Trust), Dr. Joanne Cull (Guys and St Thomas' NHS trust)

Abstract

Background: The ambitions of the NHS Long Term Plan can only be met by embedding research and innovation into everyday clinical practice (Wellcome 2025). It is not feasible for a centralised model of research support, like the one provided by ACORN, to reach over 9000 nurses and midwives employed across a large Trust. We have implemented a Research Link Practitioner (RLP) programme across our five sites, with the aim of engaging nurses and midwives on the floor to help build the research culture from the bottom up and to empower them to lead, use and apply evidence to improve care.

Methods: An initial pilot was undertaken in one directorate, and evaluated using quality improvement methodology. Identified barriers, alongside further engagement with key stakeholders informed the Trust-wide RLP programme, implemented earlier this year. Nurses, midwives and clinical support workers were invited to apply. A rolling programme of orientation sessions has enabled new RLPs to join as they are able. Sessions cover the foundations of research in clinical practice and practical resources for undertaking the role. Monthly online networking and education sessions provide further research-related training and a forum for peer support and learning. Mixed methods approaches enable ongoing evaluation of the programme.

Results: Baseline data have helped us identify demographic groups and clinical areas which are underrepresented. Qualitative group discussions have revealed barriers and facilitators to undertaking the RLP role, and these have supported the iterative development of the programme. Mapping of RLP activities to research metrics collected within the Ward Accreditation programme have assisted in assessing the impact of the role.

Conclusion: Embedding a research culture is a priority for the NHS, and the Research Link Practitioner programme promotes engagement across the Trust, providing nurses, midwives and clinical support workers the skills and support needed to contribute to this ambition.

References

Wellcome (2025). From research to reality: A vision for a research and innovation-powered NHS. [online]. Accessed 24th February 2026. Available: https://wellcome.org/insights/reports/from-research-to-reality?gad_source=1&gad_campaignid=19566624689&gclid=CjwKCAiAzZ_NBhAEEiwAMtqKy5hYbLkQW5K3kWxvz-VdfxUItdxzT4xrcz-KsUWc1Joc2sRFZ_LrZRoCQMoQAvD_BwE

A Centre of Research for Nurses and Midwives (ACORN): Building research capacity and capability in nursing and midwifery from ward to board and back again - Supporting early research careers: development and impact of a research internship for NMAHPs (2)

Tuesday, 15th September - 11:50: 1.7 SYMPOSIUM - A Centre of Research for Nurses and Midwives - Symposium - Abstract ID: 462

Dr. Joanne Cull (Guys and St Thomas' NHS trust), Mrs. Naomi Hare (Guy's and St Thomas' NHS Foundation Trust), Mrs. Holly Lovell (Guy's and St Thomas' NHS Foundation Trust)

Abstract

Background: Healthcare staff often face barriers related to knowledge, skills, and confidence that limit their ability to develop research and apply evidence to clinical practice. Limited access to research training and a lack of protected time further exacerbate these challenges (Henshall et al., 2021).

Methods: We established the 'ACORN Internship', a nine-month, part-time programme that provides foundational research training, ring-fenced time, and mentorship for nurses (including dental nurses), midwives, and allied health professionals (Agenda for Change bands 4–8a) who are new to research. During the programme, interns develop a research proposal based on an area of clinical interest. Each intern works with an experienced research mentor to create a personalised development plan and receives structured teaching on core research skills. Following completion, alumni act as research link practitioners within their clinical areas and are supported to continue their clinical academic development.

Results: The fifth cohort of 20 NMAHP interns has just commenced. Among the 42 alumni, two have secured NIHR-funded doctorates, six have been awarded predoctoral funding, and a further application was deemed fundable. Formal evaluation of the first three cohorts demonstrates increased research confidence, skill development, and career progression. Interns report greater confidence in engaging with research, mentoring colleagues, and pursuing research pathways. Several alumni have submitted, or are preparing, applications for further research training, funding, or fellowships.

Conclusion: The ACORN Internship provides a structured and accessible route for nurses, midwives, and allied health professionals to develop early research capability. By combining protected time, mentorship, and practical proposal development, the programme supports participants to engage with research and begin to build sustainable clinical academic pathways within a large NHS trust.

References

Henshall, C., Kozlowska, O., Walthall, H., Heinen, A., Smith, R., & Carding, P. (2021). Interventions and strategies aimed at clinical academic pathway development for nurses in the United Kingdom: A systematised review of the literature. Journal of Clinical Nursing, 30(11-12), 1502-1518.

A Centre of Research for Nurses and Midwives: Building research capacity and capability in nursing and midwifery from ward to board and back again: Development and impact of a pre-doctoral fellowship development programme for NMAHPs (3)

Tuesday, 15th September - 11:50: 1.7 SYMPOSIUM - A Centre of Research for Nurses and Midwives - Symposium - Abstract ID: 220

Dr. Joanne Cull (Guys and St Thomas' NHS trust)

Abstract

Background: Inequities in access to research development opportunities for nurses, midwives and allied health professionals are well documented (UK Research and Innovation, 2025). Predoctoral fellowships require applicants to demonstrate academic potential, career planning, and a coherent research narrative. These expectations often privilege those with existing academic capital, creating structural barriers for clinicians whose training has been primarily practice-based. Structured support at the predoctoral stage may represent a critical equity intervention.

Methods: We established a Predoctoral Award Development Programme at Guy's and St Thomas' NHS Foundation Trust to prepare nurses, midwives and allied health professionals for NIHR and equivalent predoctoral funding schemes. Expert-led teaching sessions were delivered online to maximise accessibility and recorded to accommodate clinical shift patterns. We evaluated outcomes through application tracking and participant feedback.

Results: The programme is currently delivering its second cohort. In the first cohort (2025), eleven external fellowship applications were submitted; ten met the NIHR quality threshold and were deemed fundable following peer review. Participants reported increased confidence, clarity of academic trajectory, and improved understanding of funding expectations. One participant noted: "The application itself is very complicated and without the support of the sessions I would have given up, as I had in other years."

However, challenges included the high demand for practical and emotional support, which placed pressure on limited capacity within the ACORN team. In addition, not all participants received support from their line managers to submit applications, reflecting wider organisational tensions between service delivery priorities and clinical academic development.

Conclusion: Structured, cohort-based support at the predoctoral stage can mitigate inequities in access to academic capital and enable clinicians to submit competitive applications. Investment at this early career point may widen participation in clinical academia and, over time, improve the inclusivity and quality of health research.

References

UK Research and Innovation. (2025). Clinical researchers in the United Kingdom: Building capacity to improve population health and promote economic growth: Report by the Nursing, Midwifery and Allied Health Professions Task and Finish group (Task and Finish Group sub-report). Medical Research Council. https://www.ukri.org/wp-content/uploads/2025/07/MRC-250605-250515-MRC_Clincial-Researcher-Nursing_8.pdf

A Centre of Research for Nurses and Midwives (ACORN): Building research capacity and capability in nursing and midwifery from ward to board and back again-Development of Guy's and St Thomas's NHS Foundation Trust (GSTT) Inclusive Research Tool (4)

Tuesday, 15th September - 11:50: 1.7 SYMPOSIUM - A Centre of Research for Nurses and Midwives - Symposium - Abstract ID: 338

Mr. Anbhu Kasiappan Balasubramanian (Guys and St Thomas' NHS trust), Dr. Joanne Cull (Guys and St Thomas' NHS trust)

Abstract

Background: This paper outlines the development and evaluation of the GSTT Inclusive Research Tool used in the ACORN Research Internship and support provided to Predoctoral Award applicants.

Inclusive research is essential for identifying health inequalities and reducing the risk of future disparities. Many UK funders now require researchers to demonstrate inclusion embedded within study design, however achieving this consistently across the research cycle can be challenging. To support this need, we created a tool as part of sponsorship application process to assist researchers systematically thread inclusion into their proposals.

Methods : The tool is grounded in the NIHR INCLUDE framework (NIHR, 2024) and consists of 13 structured prompt questions. Developed and refined through a review of published guidance and peer review. During a 12-month pilot of the tool, applicants were offered tailored recommendations on improving the inclusivity of their research proposals, and asked to provide feedback on the usability and effectiveness of the tool.

Results : Researchers (n = 10) reported that the tool was clear, easy to use and helpful in strengthening their understanding of embedding inclusion within research proposal. Four researchers described making changes to their study design as a result, including broadening inclusion criteria by removing age limits, producing easy-read materials and improving accessibility of participant information. Key challenges included short turnaround times, which limited researchers' ability to implement recommendations, and feedback that was at times viewed as too generic or insufficiently tailored to individual study contexts.

Conclusion: This Tool provides nurses, midwives and allied health professionals with a structured and reflective mechanism to assess the inclusivity of research proposals. Embedding it within the ACORN internship and Predoctoral Award support not only offers a sustainable approach to strengthening inclusive research capability, but also ensures structured guidance is provided to early career researchers.

References

NIHR. (2024, Aug). *Improving inclusion of under-served groups in clinical research: Guidance from INCLUDE project.* https://www.nihr.ac.uk/improving-inclusion-under-served-groups-clinical-research-guidance-include-project.

Health Research Authority (HRA). (2025, 13 May). Inclusion and Diversity Plan and supporting guidance. https://www.hra.nhs.uk/. Retrieved 23 Jun 2025, from https://www.hra.nhs.uk/planning-and-improving-research/best-practice/increasing-diversity-people-taking-part-research/developing-our-inclusion-and-diversity-plan-and-supporting-guidance/

A Centre of Research for Nurses and Midwives: Building research capacity and capability in nursing and midwifery from ward to board and back again: Using digital innovation to support the collection of research metrics (5)

Tuesday, 15th September - 11:50: 1.7 SYMPOSIUM - A Centre of Research for Nurses and Midwives - Symposium - Abstract ID: 91

Ms. Daisy Hubble (Guy's and St Thomas' NHS Foundation Trust), Dr. Joanne Cull (Guys and St Thomas' NHS trust)

Abstract

Background: Collating data on nursing and midwifery research and clinical academic activity is essential for demonstrating impact, developing the profession and informing policy and workforce planning. However, current reporting is fragmented and inconsistent, limiting Trust-level visibility of nurse- and midwife-led research. The NHS Long Term Plan (2019), Chief Nursing Officer's Strategic Plan for Research (2021), and OSCHR report (2025), emphasise the importance of embedding robust-context specific research data as well as shifting towards digital, data-driven systems to enable safer, more efficient and integrated care. A 6-month fellowship aimed to develop a system to better collect, track and analyse data on nursing and midwifery research activity across GSTT. Our goal was to measure the reach, impact and sustainability of ACORN's (A Centre of Research for Nurses and Midwives) research capacity building initiatives.

Methods: Resources within shared network folders were systematically standardised to facilitate reliable extraction of key performance metrics, including funding applications and 1:1 research clinics. A centralised digital repository was established using Microsoft Lists to collate and manage publication data. Aligned with the CARIN survey and informed by internal and external benchmarking discussions, a MS Forms research activity survey was designed and disseminated Trust-wide. To enhance data interrogation and reporting capability, an interactive dashboard was developed in Power BI allowing extraction, analysis, and visualisation of data.

Results: The ACORN survey collected 128 NMAHP responses. Combined with existing research activity data, Trust-wide visibility and longitudinal tracking methods were improved. This paper illustrates our reporting, documentation, and modelling processes, enabling other organisations to replicate the approach and strengthen their research capacity and impact.

Conclusion: By strengthening the capturing and reporting of nurse and midwife-led research, we can further support the translation of frontline clinical insight into the evidence required to improve patient care and shape healthcare policy.

References

NHS England (2019). *The NHS Long Term Plan*. NHS England. https://www.longtermplan.nhs.uk/publication/nhs-long-term-plan/

NHS England (2021). *Making research matter: Chief Nursing Officer for England's strategic plan for research*. NHS England. https://www.england.nhs.uk/wp-content/uploads/2021/11/B0880-cno-for-englands-strategic-plan-fo-research.pdf

Medical Research Council (2025). *Clinical researchers in the United Kingdom: Building capacity to improve population health and promote economic growth Report by the Nursing, Midwifery and Allied Health Professions Task and Finish group*. Commissioned by the Office for the Strategic Co-ordination of Health Research (OSCHR). UK Research and Innovation. Clinical researchers in the United Kingdom: Building capacity to improve population health and promote economic growth

Poster Tour A: Acute and critical care

Poster 1 - Patient Perceptions of Taking Part In Research

Tuesday, 15th September - 13:40: Poster Tour A: Acute and critical care - Poster - Abstract ID: 84

Ms. Shona McDonald (NHS Lothian), Ms. Loren Hunt (NHS Lothian)

Abstract

Background: Conducting research in the Emergency Department (ED) presents unique challenges, including time-critical decision-making, acute illness, high patient turnover, and limited opportunity for reflection prior to consent (Health Research Authority, 2024), (Brown *et al*., 2019). These factors may influence patients' motivations and experiences of research participation. Understanding how patients perceive research involvement in this environment is essential to optimise study design, recruitment, and retention.

Aims: To gather patient feedback on research experiences, explore motivations for participation, and identify suggestions to enhance future involvement. This pilot aimed to inform development of a standardised feedback tool.

Methods: A structured questionnaire was distributed using convenience sampling to participants enrolled in ED studies between June and August 2025. Responses from Likert-scale and multiple-response questions were entered into Microsoft Excel and summarised using frequencies and percentages. Free-text responses were reviewed thematically, with key themes identified and comments categorised. Conclusions were drawn from the overall findings and shared within local meetings and newsletters.

Results: A total of 120 questionnaires were returned. Overall, 99% of participants agreed that research is important within the NHS, and 91% reported a positive experience. Most felt valued by the research team (92%) and well-prepared by the information provided (95%). Eighty-three percent would consider future participation, and 82% would recommend research involvement to others. Common motivations for participation were to '*advance medical research*' (96%) and '*help other people*' (88%), with additional motivations being to '*understand ill health*' (76%) and '*help me personally*' (46%). Free-text responses (72%) highlighted positivity, professionalism, and ease of participation.

Discussion & Conclusions: Findings show overwhelmingly positive patient experiences and strong support for research within the NHS ED. Minor limitations included minimal missing data (<2% for Likert-scale items) and potential response bias. This pilot demonstrates that a structured feedback tool is feasible and valuable for informing future research practice.

References

Health Research Authority. (2024). Research in emergency settings. [online] Available at: https://www.hra.nhs.uk/planning-and-improving-research/policies-standards-legislation/research-emergency-settings/. (accessed 11 January 2026)

Brown, P., Hewison, A. and Newham, R. (2019). What are research nurses' experiences of obtaining consent from or for patients participating in emergency care research? A qualitative review. Journal of Clinical Nursing, 28(23-24), pp.4155–4165. doi:https://doi.org/10.1111/jocn.14984.

Poster 2 - Effectiveness of a Standardized Nursing-Led Targeted Temperature Management Protocol for Refractory Increased Intracranial Pressure: A Retrospective Comparative Study

Tuesday, 15th September - 13:40: Poster Tour A: Acute and critical care - Poster - Abstract ID: 323

Ms. Yi-Jiun Chou (China Medical University Hospital), Ms. Ching-Pei Hsu (China Medical University Hospital), Ms. YI-JHEN CHEN (China Medical University Hospital), Ms. Da-Yin Liu (China Medical University Hospital)

Abstract

Background: Refractory increased intracranial pressure (ICP) is associated with high mortality in neurocritical care. Although targeted temperature management (TTM) has demonstrated efficacy in reducing ICP, variability in protocol implementation may compromise clinical outcomes. Evidence on standardized nursing-led TTM models remains limited.

Aim: To evaluate the clinical outcomes of a standardized nursing-led TTM protocol in adults with refractory increased ICP managed in a neurosurgical ICU in Taiwan.

Methods: A retrospective comparative cohort study was conducted in a neurosurgical ICU in Taiwan. Adults with refractory increased ICP receiving TTM were included: those admitted July 2023–April 2024 formed the pre-implementation group and May 2024–March 2025 the post-implementation group. Primary outcomes included ICP control, discharge survival, neurological recovery, and complications. Multivariable logistic regression identified independent predictors of survival, with GCS and APACHE II scores adjusted as covariates (p<0.05).

Results: Seventy-four patients were included (40 pre-, 34 post-implementation). Baseline characteristics were broadly comparable; however, severe neurological impairment (GCS$\leq$3) was more frequent in the post-implementation group (60.0% vs 82.4%). Despite this, discharge survival improved from 62.5% to 79.4%, and neurological recovery (GCS>9) from 32.5% to 47.1%. ICP decreased significantly across TTM phases, while hemodynamic stability was maintained. TTM protocol completion improved from 68.4% to 93.7%, with a reduction in procedure-related complications. On multivariable analysis, admission GCS (OR=1.36, p=0.004) and APACHE II score (OR=0.82, p=0.008) independently predicted discharge survival.

Conclusions: A standardized nursing-led TTM protocol was associated with improved survival, neurological recovery, and care consistency, even among patients with more severe baseline impairment. This model offers a transferable framework for neurocritical care quality improvement internationally. Prospective multicentre studies are warranted to confirm causal effectiveness.

References

Chou, Y.-J., Hsieh, M.-L., & Hsu, Y.-M. (2022). Critical Care Nursing in Targeted Temperature Management (TTM) After Cardiac Arrest. *The Journal of Nursing, 69*(6), 93-100. http://doi.org/10.6224/JN.202212_69(6).12

Christopher-Dwyer, K., Scanlon, K. G., & Crimlisk, J. T. (2022). Critical care resource nurse team: A patient safety and quality outcomes model. *Dimensions of Critical Care Nursing: DCCN, 41*(1), 46–53. https://doi.org/10.1097/DCC.0000000000000501

Jo K. W. (2022). Target temperature management in traumatic brain injury with a focus on adverse events, recognition, and prevention. A*cute and Critical Care, 37*(4), 483–490. https://doi.org/10.4266/acc.2022.01291

Wang, Y., Huang, C., Tian, R., & Yang, X. (2023). Target temperature management and therapeutic hypothermia in sever neuroprotection for traumatic brain injury: Clinic value and effect on oxidative stress. *Medicine, 102*(10), e32921. https://doi.org/10.1097/MD.0000000000032921

Poster 3 - Understanding experiences of suicidality care in the Emergency Department: The ExSEED Study results & retention challenges

Tuesday, 15th September - 13:40: Poster Tour A: Acute and critical care - Poster - Abstract ID: 464

Ms. Anna Miell (NHS Lothian)

Abstract

Background: Emergency departments (EDs) are critical points of contact for individuals experiencing suicidality, however both patients and healthcare staff often report negative experiences related to care in this context (Navas et al., 2022). Developing effective interventions begins by engaging with stakeholders (Wight et al., 2016); however, there was no available research exploring experiences of ED patients and staff within Scotland, despite it having the highest suicide rates in the UK.

Aims: This study aimed to understand the problems of suicidality care through the experiences of both patients and clinical staff from a Scottish city-based ED.

Methods: Semi-structured interviews with adult participants recruited by convenience sampling within four weeks of an ED episode related to suicidality in April – June 2025. One patient and five clinical staff participated, with several patients lost to follow-up despite initial consent and enhanced distress response protocols and recruitment support. Interviews were conducted either in-person, via telephone, or video-call, and analysed using reflexive thematic analysis.

Results: People's experiences of suicidality care in the ED were presented in four main themes: 1) prioritising what's important; 2) coping with suicidality care; 3) dependency on collaborative teamworking; and 4) the capacity of the ED to intervene.

Discussion: Within the wider literature, these themes formed understanding of the problems in ED suicidality care to be related to disconnections between 1) available networks of support; 2) the interpersonal relations of those involved; and 3) people's physical and mental health. Limitations of patient representation reflect a wider issue of how mutually beneficial research participation can be supported.

Conclusions: This study contributes new findings to the field of suicidality research by understanding people's experiences of ED suicidality care in NHS Scotland, informing future developments of interventions to improve care and prevent suicide, and highlighting the need to support patient participation in future research.

References

Navas C., Wells L., Bartels S.A. and Walker M. (2022). Patient and provider perspectives on emergency department care experiences among people with mental health concerns. *Healthcare, 10(7):1297.* Available at: https://doi.org/10.3390/healthcare10071297

Wight D., Wimbush E., Jepson R. and Doi L. (2016). Six steps in quality intervention development (6SQuID). *Journal of Epidemiology and Community Health, 70(5):520-525.* Available at: https://doi.org/10.1136/jech-2015-205952

Poster 4 - Comparing the Manchester Triage System with Nurses' Clinical Judgement for Recognising Adults with Suspected Acute Coronary Syndrome: A Literature Review.

Tuesday, 15th September - 13:40: Poster Tour A: Acute and critical care - Poster - Abstract ID: 514

Ms. Freya McEvoy (University of Glasgow - School of Medicine, Dentistry & Nursing)

Abstract

Background: Worldwide, cardiovascular disease caused 19.8 million deaths in 2022, highlighting the burden of acute coronary syndrome (World Health Organization, 2025). As a time-critical condition, particularly during emergency department overcrowding, effective triage is essential. Nurses must make informed decisions to prioritise patients, yet comparative literature evaluating these two approaches remains limited.

Aim: To critically analyse how the Manchester Triage System compares with nurses' clinical judgement in accurately recognising acute coronary syndrome in the emergency department.

Methods: This narrative literature review used a systematic approach to search MEDLINE, CINAHL, and EMBASE (2011-present). Quantitative studies were identified using a predefined eligibility criterion and critically appraised using the JBI checklists. Findings were synthesised narratively and supported by data visualisation to enhance comparability.

Results: 12 studies were included. The sensitivity of the Manchester Triage System ranged from 44.6-80.1%, with under-triage rates of 19.9-55.4%. High-priority patients received an electrocardiogram quicker, while low-priority patients faced delays. Older age and female gender were associated with under-triage in both approaches. In clinical judgement, accuracy ranged from 50-82%, with under-triage rates of 18-50%. Predictors of accuracy included chest pain presentation and nurse age.

Discussion: Accurate recognition of acute coronary syndrome varied across the included studies and appeared sensitive to patient presentation at triage. The findings indicated that the observed variability may be attributed to reduced recognition in non-cardiac presentations, regardless of the approach used. Across both approaches, this pattern was associated with under-triage and delays in care (Gillis et al., 2014).

Conclusion: Neither approach consistently demonstrated superior accuracy in recognising acute coronary syndrome. A hybrid approach combining the Manchester Triage System with nurses' clinical judgement may protect against cardiac and non-cardiac presentations of acute coronary syndrome. Further recommendations include nurse education, informative posters, and conducting larger prospective multi-centre studies.

References

Gillis NK, Arslanian-Engoren C and Struble LM (2014) Acute coronary syndromes in older adults: A review of literature, *Journal of Emergency Nursing*, 40(3), pp.270–275. doi.org/10.1016/j.jen.2013.03.003.

World Health Organization (2025) *Cardiovascular diseases* (CVDs). Available at: https://www.who.int/news-room/fact-sheets/detail/cardiovascular-diseases-(cvds) (Accessed 26 February 2026).

Poster 5 - Challenges in caring for patients with Mental Health Issues in the ED: A qualitative study of Emergency Department Nurses

Tuesday, 15th September - 13:40: Poster Tour A: Acute and critical care - Poster - Abstract ID: 599

Ms. Amy Webster (Sheffield Teaching hospitals NHS Foundation Trust), Dr. Rachel King (The University of Sheffield), Dr. Tony Ryan (University of Sheffield)

Abstract

Background: Mental health presentations to emergency departments are increasing, with already stretched resources and studies that suggest this cohort of patients are more likely to spend over 12 hours in the Emergency Department (RCEM, 2022) than patients presenting for other reasons. As nurses at the forefront of care delivery, it is important to understand their perspective , to enhance care for patients and support for nursing staff.

Aim: This research sought to gain an insight to the nursing experiences of managing the increase in mental health presentations to the Emergency Department.

Method: This study used an exploratory qualitative design. Semi structured interviews were undertaken with 13 nurses at a Major Trauma Centre in the North of England. Interviews were transcribed and thematic analysis was supported using Quirkos software. Reporting followed the COREQ guidelines. Ethical approval was granted from The University of Sheffield for this study.

Results: Themes identified key challenges for nurses in the Emergency Department, including; Limited education, scarce resources and unsuitable environment, Lack of Communication and the impact on the wellbeing of the nurses. Strategies of improving care for patients presenting with mental health issues were also put forward.

Implications: Further education for nurses and resources such as dedicated mental health nurses within the ED to support this cohort of patients are vital to improve the care for patients presenting to the ED with mental health conditions and improve the wellbeing of ED nursing staff.

References

Bull C, Goh JY, Warren N, Kisely S. (2024). Experiences of individuals presenting to the emergency department for mental health reasons: A systematic mixed studies review. *Aust N Z J Psychiatry. 58*(10):839-856. doi: 10.1177/00048674241259918. Epub 2024 Jun 16. PMID: 38880783; PMCID: PMC11420598.

RCEM. (2022). *RCEM Acute Insight Series: Mental Health Emergency Care*.

Rudberg I, Olsson A, Thunborg C, Salzmann-Erikson M. Interprofessional communication in a psychiatric outpatient unit - an ethnographic study. BMC Nurs. 2023 Aug 25;22(1):286. doi: 10.1186/s12912-023-01446-y. PMID: 37626326; PMCID: PMC10463438.

Poster 6 - Bridging Evidence and Practice: Acceptability and Feasibility of the WHO 6-Step Hand Rubbing Technique

Tuesday, 15th September - 13:40: Poster Tour A: Acute and critical care - Poster - Abstract ID: 529

Dr. Lucyna Gozdzielewska (Department of Nursing, Community and Public Health, School of Health and Life Sciences, Glasgow Caledonian University), Dr. Kareena McAloney-Kocaman (Department of Psychology, School of Health and Life Sciences, Glasgow Caledonian University), Dr. Sue Lang (Biomedical Sciences, School of Health, Leeds Beckett University), Dr. Valerie Ness (Department of Nursing, Community and Public Health, School of Health and Life Sciences, Glasgow Caledonian University), Prof. Jacqui Reilly (Department of Nursing, Community and Public Health, School of Health and Life Sciences, Glasgow Caledonian University)

Abstract

Background: Nurses perform hand hygiene frequently during routine patient care, making it a fundamental to safe practice. The World Health Organization's 6-step hand rubbing technique is recommended to ensure effective hand hygiene. However, compliance with this technique remains suboptimal, which may relate to its acceptability and feasibility in busy clinical environments.

Aim: To investigate the perceptions of the acceptability and feasibility of using the standard 6-step hand rubbing technique in clinical practice.

Methods: A cross-sectional online survey was conducted between February and March 2020. Participants were adults who perform hand hygiene in clinical practice or teach others to do so (n=78). Perceived acceptability and feasibility of the full 6-step technique and individual steps were assessed using seven-point rating scales with high internal consistency (Cronbach's alpha >0.8). Scores were compared across the six steps to identify the most and least acceptable and feasible steps.

Results: The 6-step technique was generally perceived as acceptable and feasible (median 6.29 and 5.00 on a 1–7 scale, respectively). However, respondents expressed uncertainty about sustaining full compliance in practice (median 4.0). Step 1 (palms) had the highest scores, while step 6 (fingertips) scored lowest. Step 1 was rated significantly higher than all other steps ($P<0.001$). Steps 2 (backs of hands) and 3 (palms with interlaced fingers) were rated more acceptable and feasible than steps 4 (backs of fingers) and 6 ($P\leq0.001$).

Discussion and conclusion: Perceptions reflect published compliance patterns, with compliance being high for steps 1 and 2 and low for steps 4 and 6. This is clinically important, as step 4 contributes most to reducing bacteria on the hands, and step 6 targets fingertips, a key contact area. Findings highlight the need to strengthen hand hygiene training and reinforcement. Future research should explore barriers and facilitators to compliance with the 6-step technique in clinical practice.

References

Recommended Reading Titles

1. Gozdzielewska, L., McAloney-Kocaman, K., Lang, S., Ness, V., Lacey, G. and Reilly, J., 2025. Deconstructing the 6-Step Handrubbing Technique for Healthcare Staff: A Mixed-Methods Investigation of Efficacy, Acceptability and Feasibility. Journal of Hospital Infection.
2. Price, L., Gozdzielewska, L., Matuluko, A., Pittet, D., Allegranzi, B. and Reilly, J., 2022. Comparing the effectiveness of hand hygiene techniques in reducing the microbial load and covering hand surfaces in healthcare workers: Updated systematic review. American journal of infection control, 50(10), pp.1079-1090.
3. Tschudin-Sutter, S., Sepulcri, D., Dangel, M., Schuhmacher, H. and Widmer, A.F., 2015. Compliance with the World Health Organization hand hygiene technique: a prospective observational study. infection control & hospital epidemiology, 36(4), pp.482-483.

Poster 7 - Pain Behavior and Pain Management Practices among Mechanically Ventilated Critically Ill Patients: A cross-sectional study from a tertiary care center in Western India.

Tuesday, 15th September - 13:40: Poster Tour A: Acute and critical care - Poster - Abstract ID: 571

Ms. Nimarta Rana (ALL INDIA INSTITUTE OF MEDICAL SCIENCES JODHPUR), Dr. Irasangappa Mudakavi (AIIMS , JODHPUR)

Abstract

Background: Mechanically ventilated critically ill (MVCI) patients experience varying intensities of pain before and during care-related procedures in the ICU. Self-expression of pain is considered a reliable method of pain assessment. However, the majority of patients' inability to express their pain verbally is a significant barrier to accurate pain assessment and management, increasing the likelihood that pain will go unnoticed and untreated.

Aim: To explore pain behaviour and pain management practices among MVCI before and during routine nursing interventions in a tertiary care centre.

Methods: A cross-sectional research design was adopted to assess pain behaviour and pain management practices among MVCI patients. A total of 101 eligible participants were recruited through a consecutive sampling technique. Two independent observers assessed pain behaviour before and during nursing interventions using the Behavioural Pain Scale. A self-structured, reliable observation checklist was used to assess pain management practices. Quantitative data were analysed using descriptive and inferential statistics.

Results: The mean pain level before the intervention was 3.64 (SD = 0.90) and during the intervention was 6.30 (SD = 1.60). A paired sample t-test showed a statistically significant increase in the mean pain behaviour score during nursing interventions ($t_{(100)}$ = -16.836, p < .001), with a mean difference of -2.653 (95% CI: -2.966, -2.341). A visual analogue scale was used for regular pain assessment. Both pharmacological and nonpharmacological pain management practices were employed for effective pain control. Reassessment of pain and dosage adjustment of nonopioid analgesics and sedatives were also performed to manage pain behavior among MVCI patients.

Conclusion: MVCI patients experience significant pain during various nursing interventions. The appropriate and regular use of pain assessment tools and protocol is crucial. Implementing multimodal pain management approaches, including pharmacological and nonpharmacological methods, is essential to manage pain, enhance patient comfort, and improve overall outcomes.

References

1. Damico, V., Macchi, G., Murano, L., & Forastieri Molinari, A. (2020). Incidence of pain at rest and during nursing procedures in ICU patients: a longitudinal observational study. *Annali di igiene : medicina preventiva e di comunita*, *32*(4), 407–418.
2. Fekede, L., Temesgen, W. A., Gedamu, H., Kindie, S., Bekele, T. G., Abebaw, A., Baymot, A., & Difer, M. (2023). Nurses' pain management practices for admitted patients at the Comprehensive specialized hospitals and its associated factors, a multi-center study. *BMC nursing*, *22*(1), 366.
3. Deldar, K., Froutan, R., Sedaghat, A., & Mazlom, S. R. (2020). Continuing nursing education: use of observational pain assessment tool for diagnosis and management of pain in critically ill patients following training through a social networking app versus lectures. *BMC medical education*, *20*(1), 247.

Poster 8 - A collaboration between Mersey Care and NW RRDN on the GOTHIC2 Clinical Trial.

Tuesday, 15th September - 13:40: Poster Tour A: Acute and critical care - Poster - Abstract ID: 25

Mrs. Andrea Young (National Institute of Health and Care Research (NIHR)), Ms. Elizabeth Harris (Mersey Care NHS Foundation Trust)

Abstract

Introduction: 'GOTHIC2 is a 12-week, double blind, placebo controlled clinical trial, investigating whether glycopyrrolate, hyoscine hydrobromide or placebo is effective for treating Clozapine induced hypersalivation (CIH). Eligible recruits include patients that are prescribed clozapine, a medication used in treatment-resistant schizophrenia.'

'CIH can cause serious physical health problems, including pneumonia, and psychological problems such as reduced self-esteem. Without treatment, CIH can lead patients to stop clozapine which may worsen schizophrenia symptoms and increase the risk of suicide and admission to a psychiatric hospital. Currently, there is no proven treatment for CIH.'

The NW Regional Research Delivery Network (RRDN) Agile team, successfully supports research delivery of portfolio adopted studies and collaborates with partner organisations.

Objectives: Opened opportunities for potential mental health patients to engage in research

Engagement in clinics; ARDT member supported clinics to screen and consent Participants whilst research assistant completed follow ups and linked in with CI/PI; resulting in increase in randomisations.

To overcoming capacity constraints to optimise trial delivery across a wider geographical area of Clozapine clinics and pharmacy's

1)To increase team capacity to optimise research delivery across a wider geographical area and offering opportunities for mental health patients to engage in research

Overcoming Pharmacy challenges Increase capacity to overcome challenges of wide geographical area to include pharmacy

3) Demonstrate the ability to share knowledge and resources across between teams to enhance skills and support continuous improvement in trial delivery

Results: Prior to collaboration Merseycare's monthly recruitment rate averaged 1.5 participants (Sept-Dec 2024). During collaboration (Jan-Aug 2025), recruitment increased by 83.3% to 2.75 participants per month. This is more than double the study target of 1.25 participants per month. Benefits of collaboration: home visits, pharmacy deliveries, more study visits, ran two clinics, screening more patients, efficient, lead site recruited to target, geographical area

References

Discussion/Conclusion:

We led recruitment efforts for the study.

This collaborative model has led to measurable improvements in the delivery of the GOTHIC2 Clinical Trial, including accelerated randomisation rates, improved patient engagement and overall trial efficiency.

This partnership addressed recruitment challenges and has overcome service integration barriers, fostering a stronger research culture across Mersey Care NHS Foundation Trust.

The initiative demonstrates meaningful impact by offering a reproducible model, aimed at enriching the quality of mental health research.

Chief Investigator

Dr Inti Qurashi
Consultant Forensic Psychiatrist
Mersey Care NHS Trust
Parkbourn
Liverpool
L31 1HW
Telephone Number: 0151 472 4045
E-mail: Inti.Qurashi@merseycare.nhs.uk

Clinical queries relating to this trial should be referred to the Chief Investigator, Dr Inti Qurashi, via the LCTC: gothic2@liverpool.ac.uk

Poster Tour B: Cancer and end of life care / education

Poster 9 - Living with and beyond a breast cancer diagnosis:

Tuesday, 15th September - 13:40: Poster Tour B: Cancer and end of life care / education - Poster - Abstract ID: 137

Ms. Fiona Milligan (University West of Scotland)

Abstract

Statement of the Problem: Incidence and prevalence in breast cancer has exponentially risen over the last two decades on a global stage, promisingly associated mortality specifically in countries with established healthcare systems has declined (International Agency for Research on Cancer (IARC), 2023).With the increasing longevity attached to breast cancer and favourable prognostic outcomes it is anticipated that people will live longer following diagnosis. The purpose of the research study was to look beyond the well-established evidence base in pre diagnostic and treatment phases of the journey to further along the trajectory.

Methodology: A narrative art-based design incorporating informal conversations and researcher reflexivity was used to explore the lived experiences of 3 women living beyond a breast cancer diagnosis. A schemata of liminality emerged from the literature (Little et al.,1998) From this a theoretical framework on liminality scaffolded the research design (Naeem et al., 2023)

Findings: Poetry, drawing and photography were analysis adopting a thematic approach (Braun and Clarke, 2022). Four main themes were identified, identity fear, journey and resilience

Conclusion & Significance: Vehling and Kissane (2018) propose that as a cancer diagnosis changes individuals in multiple ways ultimately it challenges the very expectations of longevity and the future. The existential distress that results as a combination of fear, anxiety, grief, hopelessness may be unrelenting and unrecognised and as such the effects of conventional and contemporary interventions are negated. Based on the theory of liminality, individuals existing within liminal spaces are unable to move forward.

Recommendations: Include recognition and supportive management of this concept by healthcare professions as occurring at any point on the trajectory from diagnosis to end of life. This is key to enabling transition to a state whereby life is meaningful. It is not merely living that is important but living well beyond a breast cancer diagnosis

References

1.Braun, V. and Clarke, V. (2022) Thematic Analysis A Practical Guide. Sage. Thousand Oakes California

2.Internation Agency for Research on Cancer (IARC) (2025). Breast cancer cases and deaths are projected to rise globally. Available https://www.iarc.who.int/news-events/breast-cancer-cases-and-deaths-are-projected-to-rise-globally/ [Accessed January 15th 2026]

3.Little, M., Jordens, C. F., Paul, K., Montgomery, K., & Philipson, B. (1998). Liminality: a major category of the experience of cancer illness. Social science & medicine (1982), 47(10), 1485–1494. https://doi.org/10.1016/s0277-9536(98)00248-2

4.Naeem, M., Ozuem, W., Howell, K., & Ranfagni, S. (2023). A Step-by-Step Process of Thematic Analysis to Develop a Conceptual Model in Qualitative Research. International Journal of Qualitative Methods, 22. https://doi.org/10.1177/16094069231205789 (Original work published 2023)

5.Vehling, S and Kissane, DW (2018). Existential distress in cancer; Alleviating suffering from fundamental loss and change. Psychooncology 27 (11):2525-2530. Doi10.1002/pon.4872

Poster 10 - The Effect of Nurse-Led Palliative Care Interventions on Quality of Life of Adult Cancer Patients: A Systematic Review of Literature

Tuesday, 15th September - 13:40: Poster Tour B: Cancer and end of life care / education - Poster - Abstract ID: 548

Ms. Rafiat Akinokun (The University of Sheffield)

Abstract

Introduction: Nursing-led oncology practices have evolved significantly, with innovative interventions, particularly in palliative care, aimed at enhancing the quality of life (QoL) for cancer patients. Despite the increasing adoption of nurse-led interventions, there remains a gap in understanding their impact on QoL outcomes. This systematic review seeks to evaluate the effectiveness of nurse-led palliative care interventions in improving the QoL of adult cancer patients.

Method: A systematic review of randomized controlled trials (RCTs) of primary quantitative studies was conducted, focusing on nurse-led palliative interventions and their impact on QoL in adult cancer patients. Studies written in English were sourced from Medline, CINAHL, Scopus, Cochrane Library, and Web of Science. The methodological quality of the included studies was assessed using the Cochrane Risk of Bias assessment tool for Randomised Controlled Trials.

Results: Nineteen studies met the inclusion criteria, revealing three distinct categories of nurse-led palliative interventions which were based on: emotional support, advance care planning, and care coordination. Twelve studies reported no significant improvements in QoL, while those that did observe positive changes incorporated nurse-led interventions alongside other palliative care.

Conclusion: The review highlights that nurse-led palliative care interventions, when delivered independently, did not consistently improve the QoL of cancer patients. Variations in nurse qualifications and training across studies may have influenced the outcomes. Further investigation is warranted into the potential benefits of utilizing advanced practice nurses to deliver these interventions more effectively.

References

Chung, V., Sun, V., Ruel, N., Smith, T. J., & Ferrell, B. R. (2022). Improving Palliative Care and Quality of Life in Pancreatic Cancer Patients. *Journal of Palliative Medicine*, *25*(5), 720–727. https://doi.org/10.1089/jpm.2021.0187

Reinke, L. F., Sullivan, D. R., Slatore, C., Dransfield, M. T., Ruedebusch, S., Smith, P., Rise, P. J., Tartaglione, E. V., Vig, E. K., & Au, D. H. (2022). A Randomized Trial of a Nurse-Led Palliative Care Intervention for Patients with Newly Diagnosed Lung Cancer. *Journal of Palliative Medicine*, *25*(11), 1668–1676. https://doi.org/10.1089/jpm.2022.0008

Schenker, Y., Althouse, A. D., Rosenzweig, M., White, D. B., Chu, E., Smith, K. J., Resick, J. M., Belin, S., Park, S. Y., Smith, T. J., Bakitas, M. A., & Arnold, R. M. (2021). Effect of an Oncology Nurse–Led Primary Palliative Care Intervention on Patients With Advanced Cancer: The CONNECT Cluster Randomized Clinical Trial. *JAMA Internal Medicine*, *181*(11), 1451–1460. https://doi.org/10.1001/jamainternmed.2021.5185

Poster 11 - “You feel hopeless” Healthcare professionals’ experiences of supporting patients with cancer-related pain and their families: A qualitative study.

Tuesday, 15th September - 13:40: Poster Tour B: Cancer and end of life care / education - Poster - Abstract ID: 465

Mr. Martin Galligan (The Royal Marsden NHS Foundation Trust), Dr. Rebecca Verity (The Royal Marsden NHS Foundation Trust), Prof. Ruth Harris (King’s College London), Prof. Theresa Wiseman (The Royal Marsden NHS Foundation Trust), Dr. Emma Briggs (King’s College London)

Abstract

Introduction: Cancer pain remains a significant and growing concern as survival rates improve, with more people experiencing the long-term effects of cancer and its treatment. Cancer-related pain continues to be the most frequently reported symptom, yet healthcare professionals often report low confidence and knowledge in assessment and treatment.

Method: This qualitative study employed an interpretive phenomenological approach to explore healthcare professionals’ (HCPs) experiences of supporting those affected by cancer-related pain and their families. HCPs across the UK were recruited via social media platforms to participate in online semi-structured interviews. Reflexive thematic analysis was conducted using NVivo to identify themes.

Results: Eighteen participants were interviewed: five nurses, five physiotherapists, four physicians, and four therapeutic radiographers. Five themes were identified in the data: *Navigating Complex Interactions with Patients and Families, Emotional Labour of Cancer-Related Pain, Knowledge and Confidence in Cancer-Related Pain, Working with Other Professionals, and Professionals Working within Organisations*. Healthcare professionals were exposed to highly complex and emotionally demanding clinical situations concerning cancer-related pain. They received little support for both their professional development and their mental well-being.

Conclusion: This study provides a unique insight into the healthcare professional experience of cancer-related pain through the lens of a multi-professional group of participants. The study introduces a new concept of healthcare professionals’ total pain experience. It highlights the growing need to ensure that healthcare professionals have access to psychological support, education and interprofessional collaboration. This will empower them to address the distress and uncertainty of cancer-related pain. It calls for a change in organisational culture to improve the experience of cancer-related pain for patients, family members, and healthcare professionals.

References

- Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. Qualitative Research in Psychology, 3(2), 77–101. https://doi.org/10.1191/1478088706qp063oa
- Braun, V., & Clarke, V. (2021). Thematic analysis: A practical guide. SAGE Publications.

Poster 12 - Violence and Cancer: A Systematic Review of Experiences of Domestic Violence in Cancer Patients

Tuesday, 15th September - 13:40: Poster Tour B: Cancer and end of life care / education - Poster - Abstract ID: 619

Mrs. Cherry May Sanchez (Cambridge University NHS Foundation Trust), Dr. Claire Goodchild (University of Cambridge), Ms. Justine Kane (University of Cambridge)

Abstract

A cancer diagnosis can rapidly alter an individual's life, triggering stress, anxiety, depression, and functional decline (Ostovar et al., 2022). When cancer occurs alongside domestic violence, these pressures intensify and influence behaviours around screening, diagnosis, and treatment adherence. This review examined risks of violence among patients with cancer, experiences of violence across screening, diagnosis, treatment, and survivorship, and the impact of violence on the cancer pathway.

Methods: A systematic review with narrative synthesis was undertaken. Empirical studies published involving participants with both cancer and experiences of violence were included. Seventy-one records were screened, forty-two met inclusion criteria. Three reviewers independently screened full texts.

Results: Experience of violence in cancer populations was associated with low income, limited education, minority identity, frailty, chronic illness, rural residence, and was found to be prevalent in certain types of cancer. Abuse patterns were sudden, unpredictable, often originating before diagnosis and intensifying after diagnosis, and involving multiple forms. A distinct pattern of access-to-healthcare abuse emerged, characterised by deliberate interference in health-related care. This included restrictions on clinic attendance, refusal of transport, coercion in treatment decisions, denial of diagnosis, imposition of personal health beliefs, and aggression towards healthcare team. Such behaviours directly affected screening uptake, timely diagnosis and treatment initiation.

Across the cancer trajectory, victims moved through the stages of grief, each intensified by abuse. Denial was reinforced through partner minimisation; anger and bargaining were constrained by dependence to abuser; while depression was worsened by isolation and disrupted treatment. Acceptance involved self-evaluation, recognition of the health impact of violence, and a shift toward inner strength, self-prioritisation, and in some cases intentional separation from the abuser.

Implications for nursing: Routine trauma- and violence-informed screening to identify healthcare-access abuse, along with coordinated support services, and culturally responsive, cross-disciplinary care pathways are essential to reduce re-victimisation and improve outcomes.

References

Bagwell-Gray, M.E., Ramaswamy, M., 2022. Cervical Cancer Screening and Prevention among Survivors of Intimate Partner Violence. Health Soc. Work 47, 102–112. https://doi.org/10.1093/hsw/hlac009

Coker, A.L., Follingstad, D., Garcia, L.S., Williams, C.M., Crawford, T.N., 2012. Association of Intimate Partner Violence and Childhood Sexual Abuse with Cancer-Related Well-Being in Women. J. Womens Health 21, 1180–1188. https://doi.org/10.1089/jwh.2012.3708

Leite, F.M.C., Oliveira, A.G., Barbosa, B.L.F. de A., Ambrosim, M.Z., Vasconcellos, N.A.V., Maciel, P.M.A., 2022. Intimate Partner Violence against Mastectomized Women: Victims' Experiences. Curr. Oncol. 29, 8556–8564. https://doi.org/10.3390/curroncol29110674

Levinson, K.L., Jernigan, A.M., Flocke, S.A., Tergas, A.I., Gunderson, C.C., Huh, W.K., Wilkinson-Ryan, I., 2016. Intimate Partner Violence and Barriers to Cervical Cancer Screening: A Gynecologic Oncology Fellow Research Network Study. J. Low. Genit. Tract Dis. 20, 47. https://doi.org/10.1097/LGT.0000000000000153

Ostovar, S., Modarresi Chahardehi, A., , 2022. Prevalence of psychological distress among cancer pa-

tients in Southeast Asian countries: A systematic review. Eur. J. Cancer Care (Engl.) 31, e13669. https://doi.org/10.1111/ecc.13669

Poster 13 - Enhancing Nursing Implementation of Standardized Targeted Temperature Management Through Education and Simulation: A Pre–Post Quality Improvement Study in Neurocritical Care

Tuesday, 15th September - 13:40: Poster Tour B: Cancer and end of life care / education - Poster - Abstract ID: 225

Ms. YI-JHEN CHEN (China Medical University Hospital), Ms. Yi-Jiun Chou (China Medical University Hospital), Ms. Ching-Pei Hsu (China Medical University Hospital), Ms. Da-Yin Liu (China Medical University Hospital)

Abstract

Background: Targeted Temperature Management (TTM) is an evidence-based intervention for controlling intracranial hypertension in neurocritical care. Its four phases-induction, maintenance, rewarming, and normothermia-demand precise and consistent nursing execution. Internationally, inconsistent adherence to complex critical care protocols remains a persistent challenge with direct implications for patient safety and nursing workforce development. However, evidence on structured educational interventions to improve TTM protocol adherence remains limited.

Aim: To evaluate the effects of a structured education and simulation-based training programme on nurses' TTM knowledge and protocol adherence in a neurocritical care setting.

Methods: A single-group pretest–posttest quality improvement study was conducted in a surgical ICU from July 2024 to March 2025. A census sample of 30 eligible ICU nurses participated. Patient outcomes were examined across two consecutive periods: 42 TTM patients pre-intervention and 35 post-intervention. The intervention comprised a 60-minute theoretical session and two 30-minute simulation workshops. Nursing knowledge was assessed using a researcher-developed 25-item TTM test, and protocol adherence was measured using a standardized TTM checklist. Paired-sample t-tests were used for pre–post comparisons.

Results: Mean knowledge scores increased significantly from 64.3% to 89.6% ($p < 0.001$). Overall TTM protocol adherence improved from 82.7% to 92.4% ($p < 0.05$). Descriptive analysis of patient outcomes showed an increase in survival rate (69.0% to 88.6%) and the proportion of patients achieving stable ICP (33.3% to 57.1%) in the post-intervention period; however, these findings are observational and should be interpreted with caution.

Conclusions: A structured education and simulation-based programme was associated with significant improvements in nursing knowledge and protocol adherence in neurocritical TTM care. This scalable, nursing-led model offers a transferable framework for quality improvement in complex critical care settings internationally. Findings should be interpreted in light of the single-group design; future controlled studies are warranted to establish causal effectiveness.

References

- Addis, A., Baggiani, M., & Citerio, G. (2023). Intracranial pressure monitoring and management in aneurysmal subarachnoid hemorrhage. *Neurocritical Care, 39*(1), 59–69. https://doi.org/10.1007/s12028-023-01752-y
- Chang, M.-Y., & Chen M.-J. (2023). Holistic care in interprofessional collaborative practice.*Leadership Nursing, 24*(4), 11-17. http://doi.org/*10.29494/LN.202312_24(4).0002*
- Hsu, Y.-Y., & Shu, B.-C. (2021). Cross-disciplinary research in nursing: Competency and practice. *The Journal of Nursing, 68*(3), 90–96.] https://doi.org/10.6224/JN.202106_68(3).12
- Jo K. W. (2022). Target temperature management in traumatic brain injury with a focus on adverse events, recognition, and prevention. *Acute and Critical Care, 37*(4), 483–490. https://doi.org/10.4266/acc.2022.01291

- Wang, Y., Huang, C., Tian, R., & Yang, X. (2023). Target temperature management and therapeutic hypothermia in sever neuroprotection for traumatic brain injury: Clinic value and effect on oxidative stress. *Medicine, 102*(10), e32921. https://doi.org/10.1097/MD.0000000000032921

Poster 14 - Enhancing Nurses' Knowledge and Psychomotor Skills in Cardiopulmonary Resuscitation Using Structured-Simulation Learning with Real-Life Scenarios: Quasi-Experimental Study

Tuesday, 15th September - 13:40: Poster Tour B: Cancer and end of life care / education - Poster - Abstract ID: 354

Ms. Nusaiba Al Salti (ministry of Oman,), Mrs. Zainab Saud Al Shukri (Ministry of Oman), Mrs. Fatma Abdullah Al Sinaidi (Ministry of Oman), Mr. Ibrahim Said Al Wahaibi (Ministry of Oman), Mrs. Shaima Ahmed Al Muqaimi (Ministry of Oman)

Abstract

Background: In-hospital cardiac arrest remains a critical emergency. Nurses, as first responders, require high-level cardiopulmonary resuscitation competence to improve patient outcomes. Studies indicate significant gaps in nurses' CPR knowledge and psychomotor skills.

Objective: This study aimed to assess the effectiveness of structured-simulation learning with real-life scenarios on nurses' knowledge and psychomotor skills.

Methods: A quasi-experimental, pre-post design was employed with 46 nurses from Al Nahdha Hospital, Oman. Participants were selected using stratified random sampling from medical, surgical, operation theatre, and emergency departments. The intervention consisted of a comprehensive simulation-based training program incorporating high-fidelity scenarios, hands-on practice, team dynamic and structured debriefing conducted by certified Basic Life Support instructors. Data were collected at three time points: baseline (pre-test), immediately post-intervention, and six weeks post-intervention using a 25-item knowledge assessment tool and a 30-item CPR practical competency assessment tool. Repeated measures ANOVA was used for analysis.

Results: A total of 46 nurses participated in this study. Baseline mean scores were 71.50 (SD = 12.14) for knowledge and 62.29 (SD = 13.45) for psychomotor skills. Significant improvements were observed immediately post-intervention for both knowledge (Mean Difference = 13.98, $p < .001$) and psychomotor skills (Mean Difference = 33.59, $p < .001$). At six weeks, knowledge scores remained significantly elevated compared to baseline (Mean Difference = 11.98, $p < .001$) with no significant decline from immediate post-test ($p = .160$). Psychomotor skills also remained significantly higher than baseline (Mean Difference = 29.30, $p < .001$), despite a small but significant decline from immediate post-test (Mean Difference = 4.29, $p < .001$).

Conclusion: Structured simulation-based training using real-life scenarios improves nurses' CPR knowledge and psychomotor skills, with strong retention after six weeks. Healthcare organizations should adopt comprehensive simulation programs to enhance CPR competency among nursing staff.

Keywords: cardiopulmonary resuscitation, simulation-based learning, psychomotor skills, knowledge retention

References

1. Alkhaqani, A. L. (2022). Nurses' knowledge and skills concerning cardiopulmonary resuscitation: A descriptive study. Nursing Communications, 6. https://doi.org/10.53388/NC20220002

2. Penketh, J., & Nolan, J. P. (2022). In-hospital cardiac arrest: The state of the art. Critical Care, 26(1), 376. https://doi.org/10.1186/s13054-022-04247-y

3. Andersen, L. W., Holmberg, M. J., Berg, K. M., Donnino, M. W., & Granfeldt, A. (2019). In-hospital cardiac arrest: A review. JAMA, 321(12), 1200-1210. https://doi.org/10.1001/jama.2019.1696

4. Abu-Wardeh, Y., Ahmad, W. M. A. W., Hamzah, M. S. S. C., Najjar, Y. W., & Hassan, I. I. (2024). Enriching nursing knowledge and practice in Jordanian government hospitals through basic life support simulation training: A randomized controlled trial. Belitung Nursing Journal, 10(3), 261-269. https://doi.org/10.33546/bnj.3135
5. Alkhaqani, A. L. (2023). Exploring nurses' knowledge and attitudes concerning basic life support: A questionnaire survey study. Al-Rafidain Journal of Medical Sciences, 5, 40-47. https://doi.org/10.54133/ajms.v5i.259

Poster 15 - Dynamic Changes of Symptom Networks in Patients with Nasopharyngeal Carcinoma Undergoing Radiotherapy: A Longitudinal Network Analysis

Tuesday, 15th September - 13:40: Poster Tour B: Cancer and end of life care / education - Poster - Abstract ID: 360

Ms. Yunhuan Li (Department of Nursing, West China Hospital, Sichuan University/West China School of Nursing, Sichuan University, Chengdu, Sichuan, China), Prof. Xiaolin Hu (Department of Nursing, West China Hospital, Sichuan University/West China School of Nursing, Sichuan University, Chengdu, Sichuan, China)

Abstract

Background: Radiotherapy is the primary treatment for nasopharyngeal carcinoma (NPC), but radiotherapy-induced toxic reactions present as symptom clusters, causing impaired quality of life, unplanned treatment interruption and even poor prognosis. Limited research quantifies the dynamic evolution of these symptom networks throughout treatment.

Aims: To explore longitudinal changes of symptom networks during radiotherapy among NPC patients, identify core symptoms, and provide evidence for tailored symptom management.

Methods: A longitudinal study was conducted from May 2024-August 2025 at a tertiary hospital in Southwestern China. The MD Anderson Symptom Inventory-Head and Neck Module assessed symptoms weekly during radiotherapy (T1-T7). Symptom networks were estimated using EBICglasso, and core symptoms were identified via node strength centrality. Mixed-effects models were used to examine trends in global network strength, and permutation tests evaluated differences in global connectivity across weeks. Ethical approval was obtained from West China Hospital, Sichuan University (No.20231685).

Results: A total of 16 symptoms with incidence >15% across the whole treatment were included, based on 2119 records from 306 participants. Core symptoms shifted from nausea and lack of appetite (T1–T2) to pain and distressed (T3–T7). Distress and pain each appeared five times among the top three symptoms by node strength, whereas fatigue appeared four times. Global strength showed a significant “rise-then-fall” quadratic curve (p<0.001), peaking at T4 (p=0.052 vs T1), then declining slightly and rebounding at T7 (p=0.088 vs T1).

Discussion: Shifting core symptoms reflect evolving treatment toxicities, from chemotherapy-related appetite loss to radiotherapy-induced oral pain. Persistent emotional distress highlights its central role in the symptom network, and the significant quadratic trend of global strength underscores the need for stage-tailored interventions.

Conclusions: Symptom networks evolve dynamically during radiotherapy, with stage-specific core symptoms. Real-time, core symptom-targeted managements are needed to enable proactive intervention, alleviate burden and improve outcomes for NPC patients.

References

Freichel, R. (2025) Symptom network analysis tools for applied researchers with cross-sectional and panel data - a brief overview and multiverse analysis. Psychological Reports , 128(6), pp. 4740–4759. https://doi.org/10.1177/00332941231213649

Miaskowski, C., Barsevick, A., Berger, A., Casagrande, R., Grady, P. A., Jacobsen, P., Kutner, J., Patrick, D., Zimmerman, L., Xiao, C., Matocha, M., & Marden, S. (2017). Advancing Symptom Science Through Symptom Cluster Research: Expert Panel Proceedings and Recommendations. Journal of the National Cancer Institute, 109(4), djw253. https://doi.org/10.1093/jnci/djw253

Poster Tour C: Children and Young People

Poster 16 - Barriers and enablers to antiseizure medication adherence in children with epilepsy: a qualitative study.

Tuesday, 15th September - 13:40: Poster Tour C: Children and young people - Poster - Abstract ID: 327

Mr. Eric Amankona Abrefa Kyeremaa (University of Leicester), Mr. Andy Stewart (Desitin Pharma Ltd.), Dr. Caroline Smith (University of East Anglia), Prof. Charlotte Lawthom (Aneurin Bevan University Health Board), Mr. Majed Alorabi (University of Leicester), Ms. Meera Naran (Patient and Public Involvement Lead), Dr. Sion Scott (University of East Anglia), Prof. David Wright (University of Leicester)

Abstract

Background: Antiseizure medications (ASMs) help to control seizures in about 70% of people with epilepsy [1]; however, up to 79% of children with epilepsy do not take their ASMs as prescribed [2]. Poor adherence can impact seizure control and quality of life [3].

Aim: The aim of this study is to explore the barriers and enablers to ASM adherence in children with epilepsy and their carers to inform the development of a tailored intervention.

Method: A qualitative study was conducted between November 2025 and February 2026 using semi-structured interviews with children with epilepsy aged 5 to 12 years and their carers. Participants were recruited using maximum variation sampling through epilepsy charities. Interviews were conducted on Microsoft Teams lasting 35 to 84 minutes. The study followed COREQ guidelines. Data were analysed using reflective thematic analysis in NVivo 14, with attention to both child and carer perspectives.

Results: Ten interviews were conducted; three with carers only and seven with children and their carers. The results show barriers such as unpalatable taste, colourant, access to medicine, side effects, volume of liquid formulations and limited availability of ketogenic-friendly liquid ASMs. Enablers identified include smaller tablet size, structured routines and the use of remainders. Children expressed varied preferences regarding their ideal ASM formulation.

Discussion/Conclusion: The findings highlight key formulation and system determinants of ASM adherence in children with epilepsy. Findings also identified the need for healthcare professionals to emphasis medication formulation related challenges and inform theory-based intervention development in childhood epilepsy care. Actively involving children and their carers in prescribing decisions may improve adherence.

References

World Health Organization. *Epilepsy*. 2024; Available from: https://www.who.int/news-room/fact-sheets/detail/epilepsy.

Malek, N., C.A. Heath, and J. Greene, *A review of medication adherence in people with epilepsy.* Acta Neurol Scand, 2017. **135**(5): p. 507-515.

Faught, E., et al., *Nonadherence to antiepileptic drugs and increased mortality: findings from the RANSOM Study.* Neurology, 2008. **71**(20): p. 1572-1578.

Poster 17 - National prevalence of parental PTSD and complex PTSD following neonatal admission: findings from a whole-country cohort study

Tuesday, 15th September - 13:40: Poster Tour C: Children and young people - Poster - Abstract ID: 391

Mr. Colm Darby (Queen's University Belfast), Dr. Breidge Boyle (Queen's University Belfast), Prof. Olinda Santin (Queen's University Belfast), Dr. Derek McLaughlin (Queen's University Belfast)

Abstract

Background: Neonatal admission is a potentially traumatic event for parents. International evidence suggests lower pooled prevalence of post-traumatic stress disorder (PTSD) than is often observed clinically, highlighting the need for robust population-level estimates and early identification strategies for parents experiencing trauma following neonatal admission (Malouf et al., 2023).

Aim: To estimate national prevalence of PTSD and complex PTSD (CPTSD) at 10 days and 6 weeks following neonatal admission and explore patterns by parent gender.

Methods: A longitudinal cohort study was conducted across all neonatal and special care baby units within a single national healthcare provider. Parents of infants of all gestations and birthweights admitted to neonatal care were eligible. Data were collected between January 2025 and February 2026. PTSD and CPTSD were measured using the International Trauma Questionnaire (ITQ), a validated measure aligned with ICD-11 diagnostic criteria (Cloitre et al., 2018). At 10 days, 409 parents contributed baseline data (62.6% mothers; 37.4% fathers). Descriptive statistical analyses were undertaken.

Results: At 10 days, overall PTSD prevalence was 41.8% (171/409) and CPTSD 23.7% (97/409). PTSD prevalence was higher among mothers than fathers (45.3% [116/256] vs 35.9% [55/153]). CPTSD prevalence was also higher among mothers (27.0% [69/256] vs 18.3% [28/153]). At 6 weeks (n=201), PTSD prevalence increased to 47.3% (95/201) and CPTSD was 22.9% (46/201). PTSD remained slightly higher among mothers (48.6% [67/138]) than fathers (44.4% [28/63]), while CPTSD prevalence was similar between mothers and fathers (22.5% [31/138] vs 23.8% [15/63]).

Conclusion: Early PTSD and CPTSD following neonatal admission appear substantially higher than commonly cited international estimates, highlighting an urgent need for systematic recognition of parental trauma within neonatal care. These findings emphasise the critical role of neonatal nurses in recognising early parental trauma, supporting trauma-informed care, and embedding psychological awareness within family-integrated neonatal practice (Shaw et al., 2013).

References

Malouf, R., Harrison, S., Burton, H.A., Gale, C. and Stein, A. (2023) *Prevalence of post-traumatic stress disorder in parents following neonatal intensive care unit admission: A systematic review and meta-analysis.* Journal of Perinatology.

Cloitre, M., Shevlin, M., Brewin, C.R., et al. (2018) *The International Trauma Questionnaire: development of a self-report measure of ICD-11 PTSD and complex PTSD.* Acta Psychiatrica Scandinavica, 138(6), pp.536–546.

Shaw, R.J., St. John, N., Lilo, E.A., et al. (2013) *Prevention of traumatic stress in mothers of preterm infants: a randomized controlled trial.* Pediatrics, 132(4), pp.e886–e894.

Poster 18 - Defining Children with Medical Complexity in England: Implications for Nursing Assessment, Care Planning and Coordination

Tuesday, 15th September - 13:40: Poster Tour C: Children and young people - Poster - Abstract ID: 393

Mrs. Michelle Kukielka (Roald Dahl's Marvellous Children's Charity, Buckinghamshire, UK), Mrs. Eleanor Willis (East and North Hertfordshire Teaching NHS Trust), Ms. Joanne Martin (Royal Manchester Children's Hospital,), Mr. Sam Levy (Manchester University NHS Foundation Trust (MFT)), Ms. Manya Mirchandani (Costello Medical), Ms. Anna Willis (Costello Medical), Ms. Audrey Artignan (Costello Medical)

Abstract

Background: Babies, children, and young people with medical complexity (CMC) are a growing cohort with substantial healthcare needs, requiring frequent nursing contact across acute, community, and specialist services. In England, variation in CMC recognition makes consistent identification challenging, complicating nursing service planning and equitable access to specialist care. A shared, clinically meaningful definition can support nursing practice, multidisciplinary collaboration, and accurate patient data capture.

Aim: To achieve expert consensus on criteria for identifying CMC in England, supporting nursing assessment, care planning, service coordination, and patient cohort data collection, with the aim of applying the definition to obtain a SNOMED CT code.

Methods: We conducted a modified Delphi study with three online survey rounds (data collected 2024–2025). Participants were healthcare professionals in England with ≥5 years' clinical experience and experience caring for ≥20 CMC. Survey design was informed by a targeted literature review and a clinically experienced steering committee. Questions included free-text, categorical, and Likert-scale items. Consensus was defined as ≥70% agreement.

Results: Fifty-five participants completed Round 1, identifying 13 criteria across four domains: clinical conditions; healthcare use; functional limitations/technology dependence; and broader disease/family needs. In Round 2, nine criteria reached consensus and were retained. Round 3 achieved near-total agreement on the final case definition (96.2%; 51/53 participants). The flexible threshold for the number of criteria across domains allows identification of this heterogeneous population across care settings. The definition was subsequently used to obtain a SNOMED CT code, enabling accurate and consistent patient data capture.

Discussion/Conclusions: This study provides the first practice-informed definition of CMC in England. The findings will guide nursing assessment, care planning, and coordination, helping to improve equity of care and support service design. Consistent identification of CMC will foster multidisciplinary collaboration, inform workforce planning, and enable reliable patient cohort data collection for clinical and research purposes.

References

Cohen E, Kuo DZ, Agrawal R, et al. Children with medical complexity: an emerging population for clinical and research initiatives. Pediatrics 2011;127(3):529-538

Oliveira PV, Enes CC and Nucci LB. How are children with medical complexity being identified in epidemiological studies? A systematic review. World Journal of Pediatrics 2023;19(10):928-938

Hayman L, Hughes H, Corley A, et al. G519(P) Creating a tool for measuring health complexity in uk community paediatric caseloads. Archives of Disease in Childhood 2019;104(Suppl 2):A210.

Millar K, Rodd C, Rempel G, et al. The Clinical Definition of Children With Medical Complexity: A Modified Delphi Study. Pediatrics 2024;153(6):e2023064556.

Note: A related version of this work was previously presented as a poster at ISPOR Europe 2025.

Poster 19 - Neonatal nurses' perceptions of parental trauma following neonatal admission: a mixed-methods national survey

Tuesday, 15th September - 13:40: Poster Tour C: Children and young people - Poster - Abstract ID: 394

Mr. Colm Darby (Queen's University Belfast), Dr. Victoria Craig (Parent), Dr. Breidge Boyle (Queen's University Belfast), Prof. Olinda Santin (Queen's University Belfast), Dr. Derek McLaughlin (Queen's University Belfast)

Abstract

Background: Parents frequently experience psychological trauma following neonatal admission. Neonatal nurses play a central role in recognising parental distress and supporting families during neonatal care. Understanding nurses' perceptions of parental trauma may inform trauma-informed and family-integrated care approaches. This study forms part of the wider Neo-SILT research programme examining parental trauma following neonatal admission in Northern Ireland.

Aim: To explore neonatal nurses' perceptions of parental trauma and PTSD following neonatal admission and identify perceived triggers of parental distress.

Methods: A cross-sectional mixed-methods digital survey was conducted among neonatal nurses attending a regional Neonatal Nurses Association conference in June 2025, with delegates representing neonatal units across all Health and Social Care Trusts in Northern Ireland. Quantitative items explored perceived prevalence of parental PTSD among mothers and fathers following neonatal admission. Free-text responses were analysed using content analysis to identify perceived trauma triggers. Findings were reviewed with a parent member of the Neo-SILT Study Advisory Group to incorporate patient and public involvement perspectives.

Results: Between 42 (68.9%) and 51 (83.6%) nurses responded to survey items. All respondents (100%) agreed that parents experience trauma following neonatal admission. Most participants estimated maternal PTSD prevalence between 71–80% and paternal PTSD between 61–70%, substantially higher than pooled international estimates (Malouf et al., 2023).

To contextualise these estimates, content analysis of 121 free-text responses identified five trauma triggers: separation from the baby (35%), clinical procedures (27%), unexpected critical situations (19%), emotional responses to parenting (12%), and neonatal environment stimuli (7%). Additionally, 88% (45/51) perceived perinatal mental health provision as inadequate.

Conclusion: Neonatal nurses perceive parental PTSD risk as substantially higher than international estimates (Malouf et al., 2023). The identified triggers highlight opportunities to mitigate trauma through improved communication, parental involvement and supportive environments. These findings complement emerging Neo-SILT parent-reported outcomes and support developing trauma-informed, family-integrated neonatal care.

References

Malouf, R., Harrison, S., Burton, H.A., Gale, C. and Stein, A. (2023) *Prevalence of post-traumatic stress disorder in parents following neonatal intensive care unit admission: a systematic review and meta-analysis.* Journal of Perinatology.

Poster 20 - Mental Health School Team Practitioners' Approaches to Self-Harm in Schools: A Qualitative Study

Tuesday, 15th September - 13:40: Poster Tour C: Children and young people - Poster - Abstract ID: 586

Mr. Andy Sweetmore (Bournemouth University)

Abstract

Background: Self-harm in children and young people represents a significant public health concern. Mental Health Support Teams (MHSTs) are embedded within UK schools to provide early intervention for emotional and mental health difficulties (DoH 2017; Ellins et al 2024; NHS England, 2019). Despite their expanding remit, evidence regarding MHST practitioners' specific approaches to self-harm remains limited.

Aims: This study examined how MHST practitioners approach self-harm in UK schools, with three objectives: to identify the specific interventions employed; to investigate practitioners' experiences, and to evaluate practitioners' perspectives on the effectiveness of their approaches.

Methods: A qualitative design was employed. 11 MHST practitioners were recruited. Semi-structured interviews were conducted between January and February 2026. Data were analysed using Reflexive Thematic Analysis an inductive, constructivist stance with attention to both semantic and latent levels of meaning.

Results: Initial coding across the full dataset generated 1,208 codes. Preliminary analysis indicates several candidate thematic areas, including: the adequacy of practitioner training and the role of supplementary specialist learning; the navigation of structured brief intervention models in relation to individual clinical complexity; supervision as a multi-functional professional resource; therapeutic relationship as a primary mechanism of change; and, systemic gaps at the MHST–CAMHS interface.

Discussion: These preliminary findings suggest that MHST practitioners operate within a system of competing demands, encompassing relational imperatives, brief model constraints, and significant system-level pressures. The tension between manualised intervention frameworks and the clinical complexity of self-harm presentations has particular relevance for practitioner training, service design, and policy.

Conclusions: This study addresses a gap in practitioner-level evidence: how MHST staff manage self-harm in schools. Findings have direct relevance to training, risk formulation, and practice guidance for a workforce routinely managing presentations that exceed brief intervention parameters.

References

Department of Health and Social Care and Department for Education (2017) Transforming Children and Young People's Mental Health Provision: A Green Paper. London: Her Majesty's Stationery Office.

Ellins, J., Hocking, L., Al-Haboubi, M., Newbould, J., Fenton, S-J., Daniel, K., Stockwell, S., Leach, B., Sidhu, M., Bousfield, J., McKenna, G., Saunders, C., O'Neill, S. and Mays, N. (2024) 'Implementing mental health support teams in schools and colleges: the perspectives of programme implementers and service providers', Journal of Mental Health, 33(6), pp. 714–720.

NHS England (2019) The NHS Long Term Plan. London: NHS England.

Poster 21 - Nurses' experiences of caring for critically ill children on Paediatric Intensive Care Units: a scoping review

Tuesday, 15th September - 13:40: Poster Tour C: Children and young people - Poster - Abstract ID: 324

Ms. Alexandra Ingham (Bournemouth University), Dr. Ursula Rolfe (Bournemouth University), Dr. Heidi Singleton (Bournemouth University), Dr. Donna Austin (University Hospital Southampton NHS Foundation Trust), Dr. Leslie Gelling (Bournemouth University)

Abstract

Background: Nurses caring for critically ill children in Paediatric Intensive Care Units (PICUs) experience high levels of work-related stress. Global concerns, including staff shortages and skill mix continue to intensify work pressures. The number of PICU admissions over the last ten years has risen, with increasing complexity of the children, which all impact well-being. There is a need to understand the lived experiences of the nurses in these specialised environments to ensure their well-being needs are met and in the delivery of high-quality care.

Aim: To explore nurses' lived experiences of caring for critically ill children in PICUs

Method: A scoping review was conducted using the Arksey and O'Malley (2005) methodological framework and was reported according to the PRISMA-ScR checklist. Methodological quality was assessed using the Critical Appraisal Skills Programme (CASP) checklist, and extracted data was meta-summarised and meta-synthesised using Braun and Clarke (2022) reflexive thematic analysis. Six databases (PubMed, CINAHL, Cochrane Library, MEDLINE complete, Academic Search Ultimate and PsychInfo) were searched for papers published between August 2014 to September 2025.

Results: A total of 5,960 studies were retrieved, and eight studies were included. Four themes were identified: (1) Emotional and psychological impacts (2) Organisational and structural challenges (3) Team dynamics and (4) Recognition and value.

Discussion: The eight studies included were conducted across fourteen different countries. Reported experiences encompassed feelings of sadness, depression, anger and feeling undervalued contributing to a reduced level of job satisfaction and reduced social drive outside of the workplace. Differences within the studies were associated with contextual factors, including poor staffing levels, the structure of the unit and the extent of support provided.

Conclusion: Nurses' experiences across all studies were comparable, with variation noted in relation to specific unit-level requirements. Further qualitative research in the UK is needed to target individual staff needs.

References

Arksey H and O'Malley L (2005) Scoping studies: Towards a methodological framework, *International Journal of Social Research Methodology*, 8(1), pp. 19–32. doi.org/10.1080/1364557032000119616.

Braun V and Clarke V (2022) Conceptual and design thinking for thematic analysis, *Qualitative Psychology*, 9(1), pp. 3–26. doi.org/10.1037/qup0000196.

Poster Tour D: Education and workforce - pushing boundaries

Poster 22 - From Arrival to Belonging: Internationally Educated Nurses' Experiences of settling into the Scottish Workforce

Tuesday, 15th September - 13:40: Poster Tour D: Education and workforce - pushing boundaries - Poster - Abstract ID: 688

Mrs. Gillian Gamble (University of the West of Scotland)

Abstract

Background: Internationally educated nurses (IENs) are essential to the UK nursing workforce and play a vital role in maintaining safe staffing levels. Although recruitment programmes help IENs prepare for registration requirements such as the OSCE, far less attention is given to their wellbeing and lived experiences once they enter practice.

Transition into UK nursing requires adapting to new clinical systems, professional expectations, communication norms and workplace cultures. Evidence shows that IENs may face challenges with professional integration, confidence, discrimination, and social belonging during this period (Bond et al., 2020; Royal College of Nursing, 2025). In Scotland, as elsewhere, these experiences can directly influence retention and the quality of patient care. Supportive workplace cultures, meaningful mentorship, and strong social networks are known to enhance IEN wellbeing and foster successful adaptation (Omiyi et al., 2024). Prioritising the holistic wellbeing of IENs is therefore both an ethical imperative and a workforce necessity.

Aim: To explore the experiences of IENs during their first 1-2 years working in Scotland, focusing on challenges encountered, sources of resilience and factors that support successful integration.

Method: This proposed qualitative study will adopt a narrative enquiry approach to capture participants' lived experiences of transition and adaptation. IENs who have completed 1-2 years of practice in Scotland will be invited to participate in semi-structured narrative interviews. After approval as a service evaluation, participants will be invited through NHS email system with sample aim of 8-12 participants. Narrative thematic analysis will be used to explore patterns of meaning within stories, attending to how IENs describe their experiences, identities and transitions into UK practice.

Implications for Practice: Understanding the experiences of IENs during early years of practice may inform development of more effective induction programmes, mentorship initiatives and workplace support structures. Ultimately, this may improve integration, wellbeing and retention of IENs.

References

Bond, S., Merriman, C. and Walthall, H. (2020) *The experiences of international nurses and midwives transitioning to work in the UK: a qualitative synthesis of the literature from 2010 to 2019. International Journal of Nursing Studies*, 110, p.103693.

Omiyi, D., Wilkinson, E. and Snaith, B. (2024) *Exploring the motivations, challenges, and integration of internationally educated healthcare workers in the UK: a scoping review.* Policy, Politics, & Nursing Practice, pp.1–19.

Royal College of Nursing (2025) *Unreciprocated Care: why internationally educated nursing staff are leaving the UK*. London: Royal College of Nursing. Available at: https://www.rcn.org.uk/Professional-Development/publications/RCN-Unreciprocated-Care-why-internationally-educated-nursing-staff-are-leaving-UK-pub-012-109 (Accessed: 9 March 2026).

Poster 23 - Concept-Based Learning for Nursing Students: A Scoping Review Using the ADDIE Model

Tuesday, 15th September - 13:40: Poster Tour D: Education and workforce - pushing boundaries - Poster - Abstract ID: 319

Dr. Ai Katsuyama (Osaka Metropolitan University, Graduate School of Nursing), Dr. Yayoi Nagano (Osaka Metropolitan University, Graduate School of Nursing), Dr. Aimi Furukawa (Sonoda University), Dr. Yasuko Hosoda (Osaka Metropolitan University, Graduate School of Nursing), Dr. Yukari Katayama (Doshisha Women's University)

Abstract

Background: Clinical judgment is a core competency in nursing practice globally. concept-based learning (CBL) enhances clinical judgment through nursing concepts, but evidence regarding its implementation and practice-related implications remains limited.

Purpose: This scoping review aimed to clarify how CBL has been designed, implemented, and evaluated in undergraduate nursing education using the Analysis–Design–Development–Implementation–Evaluation (ADDIE) model.

Methods: Following the Arksey and O'Malley framework and PRISMA-ScR guidelines, we searched major databases through September 2024. Eligible studies were those that described CBL implementation for undergraduate nursing students. Two reviewers independently screened the studies and extracted data, employing the ADDIE model as the analytical framework.

Results: Nineteen studies met the eligibility criteria. Most were descriptive, with Tanner's Clinical Judgment Model (Tanner, 2006) frequently serving as the theoretical foundation. Most studies were conducted in the United States, with additional reports from Jordan, Qatar, New Zealand, and Japan. In the Analysis phase of the ADDIE model, learning was tailored to students' academic levels, prior knowledge, and clinical experience. In the Design/Development phase, concept-based materials and scenarios were created to align with theoretical frameworks and learning objectives. The Implementation phase emphasize self-directed learning through peer discussion and simulation. In the Evaluation phase, the Lasater Clinical Judgment Rubric (Lasater, 2007), portfolios, and pre- and post-testing were utilized.

Discussion: CBL is a systematic educational approach characterized by a structured process, from planning to evaluation. Within this approach, learner-responsive material design, self-directed learning, and multifaceted evaluation are interrelated and grounded in theoretical perspectives. Although the literature primarily originates from the United States, reports from other regions demonstrate applicability across different educational contexts. Future research should examine measurable educational effects and institutional implementation while considering regional differences.

Conclusion: CBL is an educational approach that fosters clinical judgment in nursing students, with international applicability. Further longitudinal research and cultural adaptation are needed.

References

Arksey, H., & O'Malley, L. (2005). Scoping studies: Towards a methodological framework. International Journal of Social Research Methodology, 8(1), 19–32.

Giddens, J. F., Brady, D. P. (2007). Rescuing nursing education from content saturation: the case for a concept-based curriculum. *Journal of Nursing Education*, 46(2), 65-69.

Nielsen, A. (2009). Concept-based learning activities using the clinical judgment model as a foundation for clinical learning. *Journal of Nursing Education*, 48(6), 350–354.

Tanner, C. A. (2006). Thinking like a nurse: A research-based model of clinical judgment in nursing.*Journal of Nursing Education*, 45(6), 204–211.

Poster 24 - Transitions from Nursing Education to Employment: A Longitudinal Analysis Using Linked Education Employment Data in Scotland

Tuesday, 15th September - 13:40: Poster Tour D: Education and workforce - pushing boundaries - Poster - Abstract ID: 642

Ms. Alice Pearsons (Edinburgh Napier University), Dr. Michelle Jamieson (Edinburgh Napier University), Mr. Jan Savinc (Edinburgh Napier University), Prof. Iain Atherton (Edinburgh Napier University, School of Health and Social Care, UK)

Abstract

Background: Global nursing workforce shortages require robust evidence on how students progress from education into clinical practice. Scotland has experienced declining nursing applications and persistent vacancies, mirroring international pressures on nursing supply. However, little population-level evidence exists on completion patterns or early career outcomes among nursing graduates.

Aim: This study uses the Scottish Longitudinal Educational Outcomes (LEO) dataset to provide the first national analysis of educational completion and one year employment outcomes for preregistration nursing students qualifying from Scottish universities.

Methods: This quantitative study linked Higher Education Statistics Agency (HESA) records for all entrants to Scottish preregistration nursing programmes (N=37,343) employment data drawn from taxation data. Data covered entrants from 2004/05 to 2015/16, with employment outcomes assessed one-year post completion. Descriptive analyses examined completion, demographic characteristics and speciality. Employment was classified using Standard Industrial Classification (SIC) codes.

Results: Completion was 93.0% (n=34,723). Completers were predominantly female (89.5%) and white (92.1%), with 34.1% aged under 21 at entry. Adult nursing comprised the largest speciality (48.8%). One year after completion, 91.2% (n=31,656) were in sustained employment. Of those employed, 66.7% worked in 'Hospital Activities', 7.6% in 'Other human health activities' and 6.2% in 'Residential nursing care facilities'. A smaller proportion were working in non-nursing sectors such as social work, education, general practice, or retail, while 2.6% had missing SIC information. Overall, over 80% of employed graduates were working in NHS or care aligned health sectors.

Discussion & Conclusions: This study represents an early analysis of longitudinal evidence on Scottish nursing graduates' progression from education into employment. It highlights high rates of movement into employment though with some notable variation. The study illustrates how linked administrative data can strengthen workforce data with potential to inform future policy, planning and global nursing workforce strategies.

References

World Health Organization (2025). State of the World's Nursing 2025: Nursing workforce grows, but inequities threaten global health goals.
https://www.who.int/news/item/12-05-2025-nursing-workforce-grows–but-inequities-threaten-global-health-goals

Royal College of Nursing (2024). The Nursing Workforce in Scotland 2024.
https://www.rcn.org.uk/-/media/Royal-College-Of-Nursing/Documents/Countries-and-regions/Scotland/2024/The-Nursing-Workforce-in-Scotland-2024.pdf

Poster 25 - “With a Little Help from My Friends”: Understanding The Value of Peer Support Workers in Addictions Healthcare

Tuesday, 15th September - 13:40: Poster Tour D: Education and workforce - pushing boundaries - Poster - Abstract ID: 638

Ms. Samantha Perry (University of Calgary), Ms. Jinny Choi (University of Calgary), Dr. Jennifer Jackson (University of Calgary)

Abstract

Background: Nurses working in addictions healthcare increasingly collaborate with Peer Support Workers (PSWs). The definition of PSW vary by setting; however, their role in clinical addictions is typically characterised as someone with lived experience of substance use, who supports patient care through mentorship. Despite increasing collaboration between nurses and PSWs, PSWs’ scope of practice, mechanism of positive impact for clients, and professional development needs remains ill-defined.

Aim: In this programme of research, we aimed to further understanding of how nurses and PSWs can strengthen collaboration in interprofessional addictions teams. These studies focus on how PSWs navigate their scope of practice, the process by which PSWs create positive impact for clients, and professional recommendations for the role.

Methods: We conducted semi-structured interviews via Zoom with 17 PSWs across Alberta, Canada. Participants worked in healthcare services and non-profit organisations.

We analysed these data in two parts – one with grounded theory (Corbin and Strauss, 2014) and one with reflexive thematic analysis (Braun and Clarke, 2021).

Findings: Our first study identified five themes in PSW practice, Building Connections with Clients, Therapeutic Engagement with Clients, Navigating Systems, Providing Supplies and Professional Development. These findings informed a preliminary scope of practice model for PSWs to move towards fully defined roles. Our grounded theory study identified a four-step process of “Creating Connection” that PSWs use to build connections and create positive impact for clients. Lastly, our study participants emphasised the need for continued professional support, including further education opportunities and mentorship.

Discussion/Conclusion: Our findings highlight the importance of clarifying PSWs’ roles to improve the efficacy of multidisciplinary teams. While participants were recruited from a single region, these findings reflect challenges for the PSW role within addictions settings internationally. Clarifying and supporting the role of PSWs is integral to collaboration across multidisciplinary teams within addictions healthcare.

References

Braun, V., & Clarke, V. 2021, Thematic analysis: A practical guide, Sage, London.

Corbin, J. and Strauss, A. 2014, Basics of qualitative research: Techniques and procedures for developing grounded theory, 4th edn, Sage, Thousand Oaks, CA.

Poster 26 - Embedding Lived Experience in Nursing Education: An Evaluation of an Education Session for Undergraduate Nursing Students on Myalgic Encephalomyelitis

Tuesday, 15th September - 13:40: Poster Tour D: Education and workforce - pushing boundaries - Poster - Abstract ID: 172

Mrs. Johanna McMullan (Queens University Belfast)

Abstract

Background: Myalgic encephalomyelitis remains poorly understood and often minimised by healthcare professionals. Research highlights a lack of knowledge, confidence, and formal teaching on ME within nursing education, with experts calling for increased training .

Methods: The study employed a quasi-experimental pre-test-post-test design to investigate the impacts of an educational session for UG nursing students on their knowledge of ME and empathy for those living with condition. The educational session included material on clinical guidelines and the role of a nurse in ME care, a lived experience speaker, and video on varying experiences of people living with ME. Participants completed measures of knowledge of ME and empathy before and after.

Results: 81 participants were recruited to evaluate the impacts of the educational session. Paired t-test analyses were possible for 49 of these due to missing data. A statistically significant increase was found for levels of knowledge ($p < .001$, $d = 1.45$) and empathy ($p < .001$, $d = 1.70$) from pre- to post-test levels. Open-text responses overwhelmingly highlighted the value of hearing firsthand, lived experience within the session, and many noted that they felt the session had increased their awareness, empathy, and understanding of ME and its impacts.

Discussion: Findings suggest that an educational session, embedding lived experience, shows promise in increasing knowledge of ME and empathy for those living with the condition with UG students. Baseline findings provide further evidence of the previously established lack of ME knowledge within healthcare professionals, but such education shows promise in addressing this.

Conclusion: Findings underscore the value of integrating lived experience into nursing education to enhance understanding and empathy toward people living with ME. This study supports the implementation of targeted, experience-informed education as an effective approach to addressing knowledge gaps and improving future nursing practice in ME care.

References

Anderson, V. R., Jason, L. A., Hlavaty, L. E., Porter, N., & Cudia, J. (2012). A review and meta-synthesis of qualitative studies on myalgic encephalomyelitis/chronic fatigue syndrome. *Patient education and counseling*, *86*(2), 147-155. DOI: 10.1016/j.pec.2011.04.016

Blease, C., Carel, H., & Geraghty, K. (2017). Epistemic injustice in healthcare encounters: evidence from chronic fatigue syndrome. *Journal of Medical Ethics*, *43*(8), 549-557. doi:10.1136/medethics-2016-103691

Hannans, J. A., Nevins, C. M., & Jordan, K. (2021). See it, hear it, feel it: embodying a patient experience through immersive virtual reality. *Information and Learning Sciences*. https://doi.org/10.1108/ils-10-2020-0233

Lim, E. J., & Son, C. G. (2020). Review of case definitions for myalgic encephalomyelitis/chronic fatigue syndrome (ME/CFS). *Journal of translational medicine*, *18*(1), 1-10. https://doi.org/10.1186/s12967-020-02455-0

National Institute for Health and Care Excellence (NICE) (2021). Myalgic encephalomyelitis (or encephalopathy)/chronic fatigue syndrome: diagnosis and management. *Methods*. https://www.nice.org.uk/guidance/ng206 (Accessed 10/10/2022)

Poster 27 - Uniforms for advanced nurse practitioners in Scotland: A mixed methods evaluation and policy recommendation

Tuesday, 15th September - 13:40: Poster Tour D: Education and workforce - pushing boundaries - Poster - Abstract ID: 682

Dr. Mark Cooper (NHS Greater Glasgow and Clyde), Ms. Karen Kindness (NHS Grampian), Ms. Margot McCulloch (NHS Lothian), Dr. Chris McParland (University of Glasgow - School of Medicine, Dentistry & Nursing)

Abstract

Background

Uniforms shape perceptions of professionalism, authority, and role clarity—issues particularly relevant for Advanced Nurse Practitioners (ANPs), whose uniforms in Scotland are currently indistinguishable from registered nurses.

Aims

This programme of work aimed to (1) synthesise existing evidence on perceptions of healthcare uniforms and (2) explore views on ANP uniform preferences among patients, carers, and healthcare staff in Scotland.

Methods

A two-phase project supported by the Scottish Government Health Workforce Directorate and Scotland's Advance Practice Academies. Phase 1 was a mixed-methods scoping review following JBI methodology, identifying studies examining perceptions of healthcare uniforms. Phase 2 was a mixed-methods cross-sectional survey (May–June 2024) across all NHS Scotland boards operating the national uniform policy. Participants ranked six uniform options shown in standardised photographs and provided qualitative comments. Data were integrated using a convergent design. Multinomial logistic regression was used to perform a series of sensitivity analyses.

Results

The scoping review (46 studies) showed that uniform perceptions are shaped by cultural context, clinical setting, and symbolic associations with hierarchy and competence. Role identification, professionalism, and trust were recurrent themes.

The national survey (n=835) found strong preference for ANPs to have a distinct uniform. The navy tunic with red trim was most preferred (51.5% ranked first), consistently linked with seniority and advanced clinical expertise. Lighter colours and polo shirts were generally viewed as less professional. Qualitative insights highlighted confusion caused by ANPs wearing the same uniform as registered nurses and emphasised the need for clearer visual differentiation.

Conclusion

Evidence from both phases demonstrates that uniforms strongly influence role recognition and perceptions of clinical authority. Introducing a distinct national ANP uniform—particularly navy with red trim—may enhance role clarity, strengthen professional identity, and improve public and staff understanding of advanced practice. These findings are currently under consideration by the Scottish Government Health Workforce Directorate.

References

No references

Poster 28 - Clinical Research Nurses in a Private Hospital Setting: Expanding Research Access

Tuesday, 15th September - 13:40: Poster Tour D: Education and workforce - pushing boundaries - Poster - Abstract ID: 655

Ms. Anna Reyes (Cleveland Clinic London), Ms. Fiona Makia (Cleveland Clinic London)

Abstract

Introduction

Private healthcare hospitals have historically been less involved in clinical research delivery, which limits opportunities to research participation for certain patient groups (Rossier et al., 2026). Clinical research nurses (CRNs) play a vital role in the safe and effective delivery of clinical studies, supporting participant care, protocol adherence, and regulatory compliance (Hernon et al., 2020). However, CRNs' role in private healthcare remains underexplored, particularly in relation to collaboration with NHS organisations.

Aim

To explore the role and contribution of CRNs in supporting research delivery within a private hospital.

Methods

A descriptive service evaluation was conducted within the research department at Cleveland Clinic London (CCL). Research delivery activity was reviewed, including study portfolios, participant recruitment, specialty engagement, governance arrangements, and collaboration with the NHS. The evaluation focused on the CRNs' practice and operational aspects of research delivery.

Results

CRNs supported both the set-up and delivery of NHS portfolio trials, commercial studies, and international research. Their responsibilities included facilitating study procedures and informed consent processes, protocol adherence, and maintaining safe care for participants. Between 2022 and 2025, the department recruited 1,550 participants across 20 studies across multiple clinical specialties. Collaboration with NHS partners enabled referral pathways into specialist research studies.

Discussion

The findings demonstrate the CRN's contribution to high-quality clinical research delivery while strengthening collaboration across healthcare sectors. Additionally, it highlights the potential for private healthcare organisations to work alongside NHS partners and contribute to a more inclusive research ecosystem.

Conclusion

Private hospital research departments can play an important role in promoting inclusive and sustainable research delivery when supported by skilled CRNs, structured training, and cross-sector collaboration. The CRNs expertise within private healthcare settings can contribute to expanding research capacity and improving patient access to clinical studies across healthcare sectors.

References

Hernon, O., Dalton, R. and Dowling, M. (2020) 'Clinical research nurses' expectations and realities of their role: a qualitative evidence synthesis', *Journal of Clinical Nursing*, 29(5–6), pp. 667–683. https://doi.org/10.1111/jocn.15128

Rossier, L., Snäkä, T., Graciotti, M., et al. (2026) 'Clinical research in private hospitals: a perspective', *Journal of Translational Medicine*, 24, p. 151. https://doi.org/10.1186/s12967-025-07542-8

2.1 Chronic illness

Experiences of parents and staff caring for children with chronic critical illness in paediatric intensive care: A scoping review

Tuesday, 15th September - 14:30: 2.1 Chronic illness - Oral (concurrent session) - Abstract ID: 541

Dr. Donna Austin (University Hospital Southampton NHS Foundation Trust), Mrs. Ruth Oxley (University of Southampton), Dr. Anna Finnemore (University Hospital Southampton NHS FT), Dr. Josie Bradford (University Hospital Southampton NHS Foundation Trust)

Abstract

Background: Children with chronic critical illness are an increasing population, reshaping care delivery and communication within Paediatric Intensive Care Units (PICU)[1]. Parents often have expertise in managing complex care at home and are familiar with PICU due to repeated admissions[2]. These children experience higher rates of prolonged admission and mortality, meaning their families' needs and expectations of staff differ from those with a single acute episode[2]. Despite this, they remain underrepresented in the literature. Understanding their experiences is essential to inform innovative, collaborative PICU care with potential global impact.

Method: A scoping review was conducted following Joanna Briggs Institute (JBI) methodology. Searches in January and October 2025 across CINAHL, Ovid MEDLINE, AMED, PsycINFO, PubMed, and Embase identified studies on the experiences of staff and parents of children with chronic critical illness in PICU. Screening and selection used predefined criteria, with data extracted, critically appraised, and synthesised thematically. In total, 28 studies were included.

Results: Database searches identified 955 papers, with 638 after duplicates. Following screening, 28 studies met inclusion criteria. The evidence base is dominated by high-income countries, particularly the United States, Canada, and the United Kingdom. Five themes emerged: (1) parents as expert caregivers, (2) prolonged uncertainty and psychological burden, (3) navigating complex decision-making, (4) the importance of relationships, communication, and continuity, and (5) emotional and ethical impact on clinicians.

Discussion: Despite recognition of chronic critical illness in PICU, gaps remain in acknowledging parental expertise, supporting decision-making, and addressing emotional burdens for families and clinicians. Addressing these requires innovative, collaborative approaches that strengthen partnerships and respond to the complex needs of this population.

Conclusions: Collaborative, family-centred care models that recognise parental expertise can transform PICU practice, improve outcomes for children with chronic critical illness, and help reduce staff burnout and stress.

References

1. Cuevas-Asturias, S., Arambepola, D., Cunningham, H. & Fraser, J. (2024) A national survey of current practice on patients with long term and additional needs in paediatric intensive care units. *Nursing in Critical Care,* 29 (5), pp 880-886. doi: 10.1111/nicc.13021.

2. Gallegos, C. & Cachillo, N. (2023) Experiences of Parents of Children With Medical Complexity in the Pediatric Intensive Care Unit: A Scoping Review, *Crit Care Nurse,* 43 (4), pp 20–28.

3. Rennick, J.E., St Saveur, I., Knox, A. M. & Ruddy, M. (2019) Exploring the experiences of parent caregivers of children with chronic medical complexity during pediatric intensive care unit hospitalization: an interpretive descriptive study. *BMC Pediatrics,* 19 (1), doi: 10.1186/s12887-019-1634-0.

Transition from paediatric to adult healthcare services for adolescences with chronic diseases and/or disability in Oman: Perceptions of adolescents, caregivers and healthcare providers

Tuesday, 15th September - 15:00: 2.1 Chronic illness - Oral (concurrent session) - Abstract ID: 553

Dr. salha Al Bloushi (Oman College of Health Sceinces)

Abstract

Background: Transition from paediatric to adult healthcare services could be challenging process for adolescents with chronic illnesses and disability, their caregivers and healthcare providers.

Aim: This study aimed to explore the perceptions of adolescents with chronic illnesses and/or disability, their caregivers and healthcare providers in the transition process from paediatric to adult care services in healthcare institutions in Oman.

Methods: Exploratory qualitative design using semi-structured interviews guided by interview topic guide was employed in this study. The participants were 86 healthcare providers, 42 adolescents and 36 caregivers, who were recruited from 5 secondary care hospitals and a tertiary care hospital in Oman using purposive and theoretical sampling. Data were analysed using the principles of constructivist grounded theory as described by Charmaz (2014).

Findings: Three major themes had emerged from data: administrative regulations, sociocultural considerations and the effect on adolescents' physical and psychological status. It was identified that there is no policy or guidelines that can facilitate proper transition process from paediatric to adult healthcare services for adolescents with chronic illnesses and/or disability in healthcare institutions in Oman. Sociocultural factors played an important role either to facilitate or hinder this transition process. As a result, adolescents were identified to be affected physically and psychologically.

Conclusion: The findings of this study had provided an insight in the perceptions of adolescents, their caregivers and healthcare providers in the transitions process from paediatric to adult healthcare services in the healthcare institutions in Oman. The findings are expected to improve the quality and equity of healthcare services provided to adolescents living with chronic illnesses and/or disability in this country.

Keywords

Transition, chronic illnesses, chronic diseases, disability, adolescents, caregivers, healthcare providers, perceptions, experiences

References

Hoegy, D. et al. (2022). Pediatric-adult care transition: Perceptions of adolescent and young adult patients with sicklecell disease and their healthcare providers. *Patient Preference and Adherence,* 2022(16), 2727-2737.

Ladd, J. et al. (2021). Toward a better understanding of transition from paediatric to adult care in type 1 diabetes: a qualitative study for adolescents . *Diabetic Medicine,* 2022(39), 14781.

MacNeill, L., Doucet, S & Luke, A. (2021). Caregiver experiences with transition from paediatric to adult healthcare for children with complex care needs . *Child Care Health Dev,* 2022(48), 800-808.

Nguyen, T. et al. (2016). You never transition alone! Exploring the experiences of youth with chronic health conditions, parents and healthcare providers on self-management. *Child: care, health and development* 42(4), 464-472.

Tsang, V. et al. (2022). Youth, caregiver, and provider perception of the transition from paediatric to adult care for youth with chronic diseases. *Journal of Developmental & Behaviour Pediatrics,* 43(4), 197-205.

2.2 Cancer

A multiple-case study to explore views of patients, families and health professionals on nursing care practices for people affected by advanced cancer in Saudi Arabia

Tuesday, 15th September - 14:30: 2.2 Cancer - Oral (concurrent session) - Abstract ID: 532

Ms. Maha Almutairi (University of Glasgow), Prof. Grigorios Kotronoulas (University of Glasgow), Dr. Ashleigh Ward (University of Glasgow)

Abstract

Background: In Saudi Arabia, cancer prevalence is a growing public health concern, intensified by demographic changes. Research exploring nursing care for people affected by advanced cancer remains limited. Understanding current nursing practice is crucial for improving holistic and evidence-based cancer care.

Aim: To understand how nursing care is currently practised in Saudi Arabia to support people affected by advanced cancer, drawing on the perspectives of patients, family members and healthcare professionals.

Methods: A qualitative multiple-case study was conducted in two oncology centres in Riyadh, involving 10 cases, each one centred on a patient and including up to two family members and three healthcare professionals. Semi-structured, in-depth interviews (42 in total) were analysed using reflexive thematic analysis, with within-case analysis followed by cross-case comparison. Ethical approval was obtained from the MVLS Ethics Committee at the University of Glasgow and oncology centres in Riyadh.

Results: Participants included ten patients, seven family members, thirteen nurses, and eight other healthcare professionals. Five cross-case themes were generated. 1) Clinical competence in oncology nursing care, encompassing pharmacological knowledge, practical skills and clinical judgement. 2) Emotional labour and patient-centred relationships, reflecting therapeutic and compassionate care. 3) Professional identity and values, shaped by vocation, advocacy, and workplace identity. 4) Systemic and organisational contexts, including staffing pressures and role boundaries. 5) Cultural, religious, and family meanings, in which Islamic beliefs and family roles functioned as clinical resources. These themes reveal oncology nursing in Saudi Arabia as a clinical specialisation shaped by professional, organisational, and cultural influences.

Discussion: These findings align with aspects of person-centred nursing theory within a largely understudied cultural context, with implications for nursing education and professional practice in Saudi oncology care.

Conclusion: These insights can inform nursing practice, education, and policy to enhance care for people affected by advanced cancer in Saudi Arabia and similar contexts.

References

None

Understanding the help-seeking behaviours of cancer patients undergoing Systemic Anti-Cancer Therapy (SACT) experiencing adverse events of treatment: A scoping review

Tuesday, 15th September - 15:00: 2.2 Cancer - Oral (concurrent session) - Abstract ID: 326

Mrs. Ceri E Stubbs (1. Velindre University NHS Trust 2. Cardiff University), Dr. Deborah Edwards (Cardiff University), Dr. Sarah Fry (Cardiff University), Dr. Nicholas Courtier (Cardiff University)

Abstract

Introduction

Patients receiving SACT are at risk of experiencing adverse events and potentially life-threatening complications. Therefore, they are provided with information on treatment related adverse events, including how to seek help at the earliest opportunity should they experience these. This is to support early access to triage for advice or referral for prompt assessment and management. However, patients often delay seeking help or fail to report adverse events, which may contribute to treatment delays, increased emergency department attendances and hospital admissions which are associated with poorer outcomes. This scoping review aims to identify, explore, and summarise findings from the existing literature in relation to the help-seeking behaviours of adult cancer patients experiencing adverse events of SACT.

Methods

This review was conducted using JBI methodology for scoping reviews and reported using PRISMA-ScR. Comprehensive database searches were conducted for eligible studies published in English from 2008 to May 2025 across MEDLINE, Embase, PsycINFO and CINAHL. Additional studies were identified via citation searching. Full text screening was subject to 2 independent reviewers.

Results

Nineteen studies were included, comprising of twelve qualitative studies, four mixed methods studies, three quantitative studies and two RCT's. Studies were conducted across six countries, USA n=7, UK n=5, Australia n=2, Canada n=2, Denmark n=2, Turkey n=1. Sample sizes ranged from 12-2047.

Initial themes emerging include normalising and self-management of symptoms, symptom uncertainty and difficulty interpreting side effects of treatment, temporal patterns of help seeking (prolonged symptom duration), system level and communication factors, emotional and relational barriers to seeking help and placing trust in oncologists.

Conclusion

Evidence suggests that improving help-seeking for SACT adverse events requires addressing unmet supportive care needs such as enhanced education, responsive support pathways and tools that empower patients to recognise, interpret, and proactively act on symptoms.

Key words: adverse events; anti-cancer treatment; help seeking; neoplasms.

References

Oakley C, Chambers P, Board R, Gallagher C, Young E, Purcell S, Mansi J. (2016) National Chemotherapy Board GOOD PRACTICE GUIDELINE: (Version 1 2016) Promoting Early Identification of Systemic Anti-Cancer Therapies Side Effects: – Two Approaches.

Peters MDJ, Marnie C, Tricco AC, Pollock D, Munn Z, Alexander L. (2020) Updated methodological guidance for the conduct of scoping reviews. JBI Evidence Synthesis 2020;18 (10):2119–26

Tricco AC, Lillie E, Zarin W, O'Brien KK, Colquhoun H, Levac D, Moher D, Peters MD, Horsley T, Weeks L, Hempel S. (2018) PRISMA extension for scoping reviews (PRISMA-ScR): checklist and explanation. *Annals of internal medicine*, *169* (7):467-473

This scoping review protocol is published on Open Science Framework

2.3 Cardiovascular disease

Patients' lived experiences of nursing care during hospitalization for planned open abdominal aortic aneurysm repair: An ethnographic study

Tuesday, 15th September - 14:30: 2.3 Cardiovascular disease - Oral (concurrent session) - Abstract ID: 306

Ms. Sabine Heesemann (Lillebaelt Hospital), Dr. Mette Stie (Lillebaelt Hospital), Dr. Bodil Bjørnshave Noe (University College South Denmark), Dr. Trine Jørgensen (Lillebaelt Hospital), Prof. Lisbeth Uhrenfeldt (Lillebaelt Hospital)

Abstract

Background: In the study setting, nursing practice is guided by the Excellent Nursing Framework, a value-based approach grounded in well-being, ethics, trust, relationships, professionalism, person-centeredness, and authentic presence. Abdominal aortic aneurysm is a potentially life-threatening condition, and open repair is a major surgery that places substantial demands on postoperative nursing care.

Aim: To present ethnographic findings on patients' lived experiences of nursing care during hospitalization for open abdominal aortic aneurysm repair, focusing on how physical, emotional, and existential needs and concerns are expressed and responded to in bedside interactions.

Methods: A focused ethnographic study was conducted in a Danish vascular surgery ward at a university hospital from December 2024 to September 2025. Ten purposively recruited patients were followed through participant observation and informal bedside conversations in single rooms (85 hours). Field notes were analyzed using Spradley's Developmental Research Sequence. Findings are illustrated through constructed cases. The study was approved by the Region of Southern Denmark's ethics committee. Reporting followed the consolidated criteria for reporting qualitative research checklist (COREQ).

Results: The overarching theme was "What is brought into talk becomes the focus of care." Bedside interactions centered on voiced physical recovery needs. Emotional and existential distress was often implicit or expressed indirectly and therefore less likely to be acknowledged or acted upon. Three analytic domains captured this pattern: (1) Unspoken suffering in contrast to well-being; (2) Family members stepping into the nursing role; and (3) Becoming a patient dependent upon nursing.

Discussion: The study contributes a transferable understanding of how interactional norms can shape what becomes legitimate nursing work after major surgery, with implications for person-centered care beyond vascular settings.

Conclusion: Nurses may benefit from training and ward-level support to recognize indirect expressions of distress and to create brief, respectful openings that legitimize emotional and existential concerns alongside physical recovery.

References

Spradley JP. Participant observation. Belmont, USA: Wadsworth Cengage Learning; 1980

Uhrenfeldt L, Galvin K, Lorenzen M, Martinsen B, Stie M. Clinical practice based on theory: Reflections on Mudd et al.´s review for Excellence in Nursing. A commentary by invitation. J Clin Nurs 2025. https://doi.org/10.1111/jocn.70028

Exploring perception of heart health after participation in the SCOT-HEART 2 trial

Tuesday, 15th September - 15:00: 2.3 Cardiovascular disease - Oral (concurrent session) - Abstract ID: 416

Ms. Kudzai karekwaivanane (The University of Edinburgh), Dr. Michael McDermott (The University of Edinburgh), Dr. Phyo Khaing (The University of Edinburgh), Dr. Jennifer Ramsay (The University of Edinburgh), Dr. Krystal Sim (The University of Edinburgh), Prof. Michelle Williams (The University of Edinburgh), Prof. David Newby (The University of Edinburgh), Dr. Amy Ferry (The University of Edinburgh)

Abstract

Background: SCOT-HEART 2 (NCT03920176) is a randomised controlled trial of 6,139 individuals at risk of cardiovascular disease comparing two strategies of targeting preventative therapies: a probabilistic cardiovascular risk score named 'ASSIGN' (1), and screening with computed tomography (CT) coronary angiography.

Aim: A linked qualitative study explores how trial participants conceptualise their 'at risk' status.

Methods: Participants were categorised by ASSIGN score and presence of coronary artery disease on CT scan. Fifty-four participants, representing diverse demographics and risk categories took part in semi-structured interviews (face-to-face/telephone/videocall) between August 2024 and April 2025. Interviews were recorded and transcribed. Data were coded, organised into themes, and aligned with the COM-B model of behaviour change (2) (REC 24/WS/0070).

Results: Participation in the study prompted people to consider their heart health regardless of randomisation arm. The ASSIGN score lacked significance and longevity for participants making it difficult for them to identify with an 'at-risk' status. Many of these participants were reluctant to take preventative medication but expressed intent to focus on traditional risk factor management. Presence of coronary artery disease on CT scan provided definitive evidence of a health threat though participants were uncertain of the severity of disease. These participants were more willing to take preventative medication and identified with a long-term health risk. Those without disease used the scan as an opportunity for health maintenance. Participants valued discussion with a GP to aid interpretation of risk status regardless of randomisation arm.

Discussion: Risk perception influences the adoption of health protective behaviours. Disease confirmation on CT aided formation of a risk identity, fulfilling the 'capability,' 'opportunity,' and 'motivation' components of the behaviour change model.

Conclusion: Formation of a risk identity supported adoption of behaviours like preventative medication use and a healthy lifestyle. These findings will aid development of any patient pathway arising from SCOT-HEART 2.

References

- 1) Welsh P, Kimenai DM, Woodward M (2025), Updating the Scottish national cardiovascular risk score: ASSIGN version 2.0, *Heart,* Published Online First: 16 January 2025, doi: 10.1136/heartjnl-2024-324852 .
- 2) Michie SvS, M.M. West, R. The behaviour change wheel: A new method for characterising and designing behaviour change interventions . *Implementation Science* 2011;6 doi: https://doi.org/10.1186/1748-5908-6-42

2.4 Inequalities in health

Older Adults' Perception of Vulnerability and Inequality in Recovering from the Pandemic in the UK

Tuesday, 15th September - 14:30: 2.4 Inequalities in health - Oral (concurrent session) - Abstract ID: 121

Dr. Sanj Nathoo (Oxford Brookes University), Dr. Obrey Alexis (Oxford Brookes University)

Abstract

Background: In terms of infection, morbidity and mortality, Covid-19 has unduly affected the older adults (OA) (≥65 years) (ONS, 2021). OA faced many challenges, including physical impacts, social isolation, digital exclusion, disrupted routines and heightened perceptions of vulnerability, shaped by social determinants of health (SDH) and environmental factors (WHO, 2020).

Aim: This study explored how UK OA living in the community experienced vulnerability, social inequality and wellbeing during the COVID-19 pandemic.

Methods: Using a qualitative exploratory–descriptive design, ten (10) OA aged 75+ living in the UK participated in semi-structured interviews via Zoom between December 2023 and March 2024. Thematic analysis of verbatim transcripts guided by SDH, ageing-in-place and intersectionality frameworks was utilised to analyse the data (Braun & Clarke, 2006). Ethical approval was granted by the Oxford Brookes University ethics committee, UREC Registration No: 231700.

Results: Three overarching themes were identified: (1) *Navigating Constraint* , emphasising that OA had to adjust to restrictions, new routines, emotional stress and digital adaptation. (2) *Health, Ageing and Access to Care*, reflecting limitations to healthcare access, experiences of ageism and increased vulnerability; and (3) *Social Support and Digital Inclusion*, emphasising community networks' role, family and friends and the acquired digital skills.

Discussion: While this study demonstrated that COVID-19 intensified social and structural inequalities among OA, it also found that some OA quickly developed digital skills and had community networks support. Addressing ageism, healthcare access and digital exclusion is essential to promote equitable wellbeing in future public health crises.

Conclusions: This study highlights the critical role of nurses in addressing social vulnerability, health inequalities and digital exclusion among OA, during times of crisis. Nursing practice, education and policy must prioritise advocacy, community engagement and digital inclusion to support OAs' wellbeing and ability to ageing-in-place.

Keywords: Older adults, Covid-19, Health inequalities, Thematic analysis and Qualitative research

References

Braun, V. and Clarke, V. (2006) 'Using thematic analysis in psychology', Qualitative Research in Psychology, 3(2), pp. 77–101.

Office for National Statistics (2021). *Deaths involving COVID-19 by age group and sex*. [online] Available at: https://www.ons.gov.uk [Accessed 9 Jan 2026].

World Health Organization (2020) *Social determinants of health and COVID-19*. Available at: https://www.who.int (Accessed: 9 January 2026).

Empowering women through trauma-informed maternity care: the EMPATHY framework

Tuesday, 15th September - 15:00: 2.4 Inequalities in health - Oral (concurrent session) - Abstract ID: 477

Dr. Joanne Cull (Guys and St Thomas' NHS trust)

Abstract

Background: One in four women in the UK has experienced trauma, such as sexual abuse or violence, with profound implications for mental and physical health, particularly during the perinatal period (Bellis et al., 2019; ONS, 2021). However, many women are reluctant to disclose their experiences due to stigma, fear of judgment, or lack of trust in healthcare systems. The EMPATHY framework, funded through a National Institute for Health Research Wellbeing of Women Doctoral Fellowship, was designed to address these challenges.

Methods: The framework was developed with the input of experts by experience, healthcare professionals, and voluntary sector practitioners. It was informed by a systematic literature review and qualitative synthesis of 25 papers (1,602 women; 286 professionals), semi-structured interviews with key stakeholders (n = 23), iterative workshops, and a public consultation (n = 52) (Cull et al., 2023; 2025a; 2025b). Ethical approval was granted in December 2021 by the UCLan Health Ethics Review Panel.

Results: The framework is structured around six core principles: system-wide change, empowerment, sensitivity and trust, training and support, local adaptation, and continuous improvement. A key innovation is the recommendation that all women, regardless of disclosure, should have access to information and support. Feedback highlighted the framework's potential to improve care experiences, while recognising implementation challenges such as resourcing and training needs.

Conclusion: The EMPATHY framework offers a practical, trauma-informed approach to trauma discussions in maternity care. It aims to empower women, improve staff confidence, and reduce the risk of re-traumatisation, representing a meaningful step forward in improving perinatal experiences for women affected by trauma.

Key message: This research offers an important evidence-based framework for conducting trauma conversations. The next step is to implement and evaluate the framework in practice and seek to integrate the framework into national guidance.

References

Bellis, M. A., et al. (2019) 'Life course health consequences and associated annual costs of adverse childhood experiences across Europe and North America: a systematic review and meta-analysis', *The Lancet Public Health*, 4(10), pp. e517–e528.

Cull, J.et al. (2023) 'Views from women and maternity care professionals on routine discussion of previous trauma in the perinatal period: A qualitative evidence synthesis', *PLOS ONE*, 18(5), e0284119. https://doi.org/10.1371/journal.pone.0284119

Cull, J et al. (2025) 'How should trauma discussions be approached in maternity care? Perspectives from a qualitative study with women, voluntary sector representatives and healthcare providers in the UK', *BMJ Open*, 15, e097815. https://doi.org/10.1136/bmjopen-2024-097815

Cull, J., Thomson, G., Downe, S., Topalidou, A., and Fine, M. (2025) 'Empowering women through trauma-informed maternity care: the EMPATHY framework', *Frontiers in Global Women's Health*, 6, 1608174. https://doi.org/10.3389/fgwh.2025.1608174

Office for National Statistics (2021) *The lasting impact of violence against women and girls*. Available at: https://www.ons.gov.uk/peoplepopulationandcommunity/crimeandjustice/articles/thelastingimpactofviolenceagainstwomena
11-24

2.5 Older people and dementia

Implementing and evaluating the DOTS approach to improve pain management in people living with dementia in acute care settings

Tuesday, 15th September - 14:30: 2.5 Older people and dementia - Oral (concurrent session) - Abstract ID: 600

Mr. Faisal Mahama (Ulster University), Dr. Deirdre Harkin (Ulster University), Prof. Vivien Coates (Ulster University)

Abstract

Background: People living with dementia (PLWD) frequently experience undertreated or unrecognised pain compared with those without dementia. Using a collaborative approach involving stakeholders, an intervention known as DOTS was developed for use in acute settings. Whilst the DOTS approach is evidence-based, its impact in practice has not been explored.

Aim: To implement and evaluate the DOTS pain management approach.

Methods: A four-phase multiple-methods approach was used to conduct a pre-post quasi-experimental study underpinned by the COM-B theoretical framework and guided by the MRC framework for developing and evaluating complex interventions. Healthcare staff working across two acute hospitals completed surveys at baseline (n = 148) and post-implementation (n = 175). Qualitative interviews were undertaken at baseline (n=6) and post-implementation (n=6) to contextualise findings. A retrospective review of patients' documentation was performed at three time points: baseline (n=50), post-implementation (n=50), and extended-post-implementation (n=50). Data collection ran from November 2024 to March 2026, with the intervention phase occurring from June to August 2025.

Results: Paired analyses demonstrated significant improvements across all COM-B domains ($p < 0.05$). Documentation review indicated improved recording of pain assessments and use of structured tools post-implementation, though variability persisted. Qualitative findings highlighted enhanced knowledge, confidence, and structured pain management practice.

Discussions: Findings suggest that the DOTS approach strengthened behavioural determinants of pain management primarily through enhanced capability and reinforcement of structured practice. Organisational context and social dynamics are key to maintaining practice change.

Conclusion: This study provides a rigorous yet practical approach to implementing and evaluating pain management approaches for PLWD, using multiple methods with established frameworks.

Ethics: The study was approved by the Research Ethics Filter Committee (FCNUR-24-109) and authorised by the University and Trust research governance (Ref: 20/0009 & WT 24/40).

DOTS: Do you know the person?**O**bserve the person.**T**reat the person.**S**o, how is the person now?

References

Harkin, D., Coates, V. and Brown, D. (2022) "Exploring ways to enhance pain management for older people with dementia in acute care settings using a Participatory Action Research approach," *International Journal of Older People Nursing*, 17(6), p. e12487. Available at: https://doi.org/10.1111/OPN.12487.

Keyworth, C. *et al.* (2020) "Acceptability, reliability, and validity of a brief measure of capabilities, opportunities, and motivations ('COM-B')," *British Journal of Health Psychology*, 25(3), pp. 474–501. Available at: https://doi.org/10.1111/BJHP.12417.

Skivington, K. *et al.* (2021) "A new framework for developing and evaluating complex interventions: update of Medical Research Council guidance," *BMJ*, 374. Available at: https://doi.org/10.1136/BMJ.N2061.

Self-Care Experiences of Older Adults with Diabetes Mellitus Following Lower Limb Amputation: A Phenomenological Study

Tuesday, 15th September - 15:00: 2.5 Older people and dementia - Oral (concurrent session) - Abstract ID: 501

Dr. Natthawut Suriya (Srimahasarakham Nursing College, Faculty of Nursing, Praboromarajchanok Institute, Thailand)

Abstract

Background:

Diabetes mellitus is a leading cause of lower limb amputation worldwide and presents significant challenges for older adults, particularly those living in rural communities with limited healthcare resources. Limb amputation affects not only physical functioning but also psychological well-being, social roles, and daily self-care practices. Understanding the lived experiences of older adults following amputation is essential for developing effective nursing interventions and community-based support systems.

Aim:

To explore the self-care experiences of older adults with diabetes mellitus following lower limb amputation.

Methods:

A phenomenological qualitative research design was used to explore the lived experiences of participants. Twelve older adults with diabetes mellitus who had undergone lower limb amputation and were living in rural communities were purposively selected as key informants. Data were collected between February and April 2022 through in-depth interviews, participant observations, and field notes. Open-ended questions were used to capture participants' experiences of self-care after amputation. All interviews were transcribed verbatim and analyzed using thematic analysis.

Results:

Three major themes emerged from the analysis. First, *mental care*, which included feelings of living with an incomplete body and perceiving oneself as a burden to others. Second, *physical changes*, which involved loss of the ability to work and significant changes in family roles and responsibilities. Third, *coping strategies*, which included self-consolation, interpreting limb loss as a result of past karma, and dependence on family members and others for daily support and care.

Conclusions:

the complex psychological, physical, and social challenges experienced by older adults following diabetes-related limb amputation. These insights provide important guidance for nurses and healthcare professionals to develop culturally appropriate care plans and community-based interventions that promote effective self-care and improve the quality of life of older adults living with limb amputation.

Keywords: Diabetes Mellitus; Self-Care Experience; Thematic Analysis; Phenomenological Research

References

Health Data Center. (2021).KPI report NCD clinic plus: Percentage of controlled diabetes. https://hdcservice.moph.go.th/hdc/main/index.php

International Diabetes Federation. (2022, February18). Diabetes Atlas 2022. https://www.idf.org/aboutdiabetes/what-is-diabetes/facts-figures.html

Wandao, Y., Chinnawong, T.,Chalothorn, U., & Tipwong, A. (2018). The Experience of Self-Management in Patients withUncontrolled Type 2 Diabetes.Sadao Hospital, Sadao, Songkhla.Journal of Research in Nursing-Midwifery and Health Sciences,38(3), 52-64.https://he02.tci-thaijo.org/index.php/nur-psu/article/view/148311

Wongmuan, K., Thanaboonsutti, N., Ketpan, W., Uprarat, S., Lapinee, V., & Preechasuk, L.(2024). TheEffect of Diabetes Self-management Education Provided by Certified Diabetes Educator Compared to Usual Diabetes Ed-

ucation on Glycemic Level andStage of Behavior Change in Adult with Types 2 Diabetes Mellitus. Siriraj Medical Journal, 76(2), 61–68. https://doi.org/10.33192/smj.v76i2.266524
Zhu, X., Goh, L. J., Chew, E., Lee, M., Bartlam, B., & Dong, L. (2020). Struggling for normality: experiences of patients with diabetic lower extremity amputations and post-amputationwounds in primary care.Primary Health Care Research & Development,21, e63.https://doi.org/10.1017/S146342362000064X.

2.6 Patient and public involvement and engagement (PPIE)

Attitudes and experiences of participants in the Motor Neuron Disease Systematic Multi-Arm Adaptive Randomised Trial (MND-SMART)

Tuesday, 15th September - 14:30: 2.6 Patient and public involvement and engagement (PPIE) - Oral (concurrent session) - Abstract ID: 523

Mr. Isaac Chau (University of Edinburgh), Dr. Emily McLaughlin (Academic Department of Neurology, Trinity College Dublin, Republic of Ireland), Mr. Ethan Stoker (University of Edinburgh), Ms. Tia Cainer (University of Edinburgh), Mrs. Judith Newton (University of Edinburgh), Ms. Amy Stenson (University of Edinburgh), Ms. Amarachi JIhenacho (University of Edinburgh), Mr. Paolo Cucurachi (University of Edinburgh), Mr. Stevie Morris (MND SMART Patient and Public Involvement and Engagement Group), Mr. Bruce Virgo (MND SMART Patient and Public Involvement and Engagement Group), Mrs. Beverley Gray (MND SMART Patient and Public Involvement and Engagement Group), Mr. Steven Barrett (MND SMART Patient and Public Involvement and Engagement Group), Mrs. Jacqui Casey (MND SMART Patient and Public Involvement and Engagement Group), Mr. Richard Parker (Edinburgh Clinical Trials Unit), Prof. Christopher Weir (Edinburgh Clinical Trials Unit), Dr. Robert Swingler (Imperial Healthcare NHS Trust), Prof. Jeremy Chataway (University College London), Prof. James Carpenter (University College London), Prof. Mahesh Parmar (University College London), Prof. Siddharthan Chandran (University of Edinburgh), Prof. Suvankar Pal (University of Edinburgh)

Abstract

Background: Participation in motor neuron disease (MND) trials may be influenced by disease progression, treatment burden, and psychosocial factors. However, limited evidence exists on determinants of treatment discontinuation and trial withdrawal.

Aims: This sub-study of the UK-wide platform trial MND-SMART aimed to identify factors influencing trial participation, treatment discontinuation, and trial withdrawal among people with MND, and to examine the role of caregiver feedback and participant–caregiver concordance.

Methods: A convergent mixed-methods design combined structured longitudinal questionnaires with optional exit interviews. Descriptive statistics and regression analyses identified predictors of treatment discontinuation. Qualitative data were analysed using inductive thematic analysis. Findings were integrated to explore participant expectations, experiences, attitudes, and participant–caregiver concordance. Themes were organised into individual, social, and trial design domains and classified as protective or risk factors influencing continued participation.

Results: A total of 297 participants (180 males [60.6%]; 117 females [39.4%]) and 251 caregivers were included. Median participant age at baseline was 63 years and median disease duration was 11.8 months. Amyotrophic lateral sclerosis was the most common subtype (246 participants [82.8%]). Participants were allocated to memantine (108 [36.4%]), trazodone (97 [32.7%]), or placebo (92 [31.0%]). Exit interviews were completed by 14% of withdrawn participants. Increasing baseline age (adjusted OR 1.11, 95% CI 1.02–1.23; p=0.03) and participant–caregiver disagreement at screening (adjusted OR 2.05, 95% CI 1.23–3.43; p=0.006) were associated with treatment discontinuation. Qualitative analysis identified protective factors including hope, altruism, supportive caregiving, positive trial experiences, and accessible trial design, and risk factors including adverse effects, disease progression, caregiver burden, and participant–caregiver discordance.

Discussion and Conclusions:

Treatment discontinuation was associated with older baseline age and early participant–caregiver disagreement. These findings highlight the importance of expectation alignment at trial enrolment and sustained caregiver engagement. The results inform recruitment, communication strategies, and participant support in MND-SMART and future MND clinical trials.

References

1. Journal article
van Eijk, R.P.A., van Loon, F.T., van Unnik, J.W.J. *et al.* (2024) 'Attrition and discontinuation in amyotrophic lateral sclerosis clinical trials: a meta-analysis', *Journal of Neurology*, 272(1), p. 40. https://doi.org/10.1007/s00415-024-12813-3.
2. Journal article
Pal, S., Chataway, J., Swingler, R. *et al.* (2024) 'Safety and efficacy of memantine and trazodone versus placebo for motor neuron disease (MND SMART): stage two interim analysis from the first cycle of a phase 3, multiarm, multistage, randomised, adaptive platform trial', *The Lancet Neurology*, 23(11), pp. 1097–1107. https://doi.org/10.1016/S1474-4422(24)00326-0.
3. Book
Virginia Braun and Victoria Clarke (2022) *Thematic Analysis: A Practical Guide*. London: SAGE.

“You’ll never get engagement!”: Proving the sceptics wrong - Building research eagerness in underserved communities with Community Research Link Workers

Tuesday, 15th September - 15:00: 2.6 Patient and public involvement and engagement (PPIE) - Oral (concurrent session) - Abstract ID: 624

Mrs. Johanna White (Deep End Research Alliance), Dr. Kate Fryer (Deep End Research Alliance), Dr. Josie Reynolds (Deep End Research Alliance), Mrs. Shirley Samuels (Deep End Research Alliance)

Abstract

Background

“You’ll never get engagement from that community.” A phrase heard all too often, and one that the Deep End Research Alliance (DERA) loves to prove wrong. Communities experiencing socioeconomic deprivation, geographic isolation, and ethnic minority status carry a disproportionate burden of ill health yet remain systematically underrepresented in research.

DERA, a partnership of academic researchers, community members and primary care clinicians serving areas of high deprivation, developed the Community Research Link Worker (CRLW) role and the IBISES model (Identify, Build, Invest, Support, Empower, Sustain), using Participatory Action Research to shift genuine power to communities. Published in 2025, after engaging over 140 participants from African-Caribbean, Roma, South Asian, and Chinese communities across four studies, generating peer-reviewed outputs and creating durable community-academic partnerships.

Aim

To share learning from the CRLW pilot and introduce a strategically funded expansion with the RRDN: extending the IBISES model into coastal and rural communities whilst synchronising community engagement with research study set-up to maximise recruitment in underserved communities.

Method

Building on a Community of Practice grown from 8 to 100 members across primary care since 2022, a mapping exercise identifies capacity across a wider region. The expansion coordinates CRLW activity to generate ‘research eagerness’ alongside ‘research readiness’ at GP sites.

Findings

CRLWs have transformed recruitment to studies delivered direct from university settings. We are extending this model to studies delivered through Deep End GP practices serving areas of highest deprivation, where research uptake remains disappointing and community trust needs rebuilding.

Conclusions

The IBISES/CRLW model offers a replicable, evidence-based, published framework for dismantling research inequity in settings long written off as ‘too hard to reach’. The sceptics said we’d never get engagement. The evidence says otherwise. This presentation invites national dialogue on scaling community-centred research readiness in primary care.

References

Fryer, K., Reynolds, J., Huang, Q. et al. Development of a community research link worker role to enable culturally tailored research and empower marginalised communities to participate: the IBISES model. *Research Involvement and Engagement* 11, 122 (2025). https://doi.org/10.1186/s40900-025-00793-1

2.7 Workforce and partnerships

Investigating the Retention and Attrition Rates of Emergency-Care Advanced Clinical Practitioners in the United Kingdom.

Tuesday, 15th September - 14:30: 2.7 Workforce and partnerships - Oral (concurrent session) - Abstract ID: 230

Ms. Katie Trigg (University of Salford)

Abstract

Aim: The aim of this doctoral research was to explore factors influencing the retention and attrition of Emergency Care Advanced Clinical Practitioners (EC-ACPs) within the United Kingdom. The study examined demographic, organisational, and professional determinants associated with the intention to remain in, or leave, Emergency Care practice.

Methods: A mixed-methods approach, grounded in a pragmatic paradigm, was employed using a convergent parallel design. Quantitative and qualitative data were gathered through an online questionnaire (n = 320) and analysed using descriptive and inferential statistics in SPSS (v29). An open-ended question in the questionnaire was analysed through reflexive content analysis (Nicmanis, 2024). Qualitative data were generated through semi-structured interviews with twelve EC-ACPs and analysed using reflexive thematic analysis (Braun & Clarke, 2022). The two data sets were merged to identify concordance or discordance in the two data sets. Ethical approval was granted by the University of Salford Research Ethics Committee.

Findings: Quantitative data of 320 responses of EC-ACPs across the UK demonstrated that organisational support, structured career pathways, and access to professional development significantly influenced intention to stay. Conversely, high workload, unsocial rotas, and lack of recognition predicted attrition. These findings were based on 320 responses from EC-ACPs, across a variety of geographical locations and encompassing a variety of base professions. Qualitative themes further illuminated these factors, revealing professional isolation, cultural challenges, and unsustainable working patterns as key concerns. Despite pressures, many EC-ACPs expressed strong professional identity and commitment to Emergency Care.

References

Braun, V., & Clarke, V. (2022). *Thematic analysis: A practical guide*. SAGE.

Nicmanis, M. (2024). Reflexive content analysis: An approach to qualitative data analysis, reduction, and description. *International Journal of Qualitative Methods, 23*, 1-12. https://doi.org/10.1177/16094069241236603

Developing an international research practice partnership in nurse education: insights and outcomes

Tuesday, 15th September - 15:00: 2.7 Workforce and partnerships - Oral (concurrent session) - Abstract ID: 616

Prof. Robert McSherry (University of Chester), Dr. Jan Blain (University of Chester), Dr. Nellie Makhumula-Nkhoma (University of Chester), Ms. Rhian Crompton (University of Chester), Prof. Karnsunaphat Balthip (Prince of Songkla University), Dr. Hathairat Sangchan (Thaksin University), Dr. Charuwan Kritpracha (Thammasat University)

Abstract

Aim: To report insights and outcomes of an international research practice partnership in nurse education (RPPNE).

Background: International collaborations in nursing are increasing but are limited within nurse education (Montegrico et al., 2023). Research Practice Partnerships are long-term collaborations between researchers, practitioners and stakeholders (Henrick et al., 2017). Conducive to knowledge exchange, shared learning and curricula enhancements, RPPNEs aim to:

- provide leverage to address challenges,
- improve nurse and nurse education practices,
- enhance safety, standards and quality of care.

Developing such partnerships depends on having shared vision, values and goals. In 2022, the University of Chester, UK and Prince of Songkla University, Thailand created an RPPNE. The aim was collaboration on academic and research-related developments incorporating teaching and learning, joint-research, and obtaining funding. The partnership developed guided by Coburn et al. (2013) partnership framework.

Method: Reflective qualitative, appreciative inquiry was applied involving discussion with partnership members.

Findings: Positive outcomes against Coburn et al.'s (2013) five partnership criteria were identified. *1. Are long term:* 3 years, 17 online meetings and 30 hours talk time. *2. Focus on problems of practice:* initial joint-research focused on, student nurses' attitudes, understandings and confidence related to ageing and the continuum of care. *3. Are committed to mutualism:* Parties shared ownership and learned from one another. Challenges involved different technology platforms and time zones *4. Use intentional strategies to foster partnership:* including negotiating and allocating priorities of work, co-designing processes and resolving challenges e.g. interpreting and translating. *5. Produce original analyses:* two successful grant applications, joint research project and nascent publications. Partnership maturity, sustainability and financing are evolving.

Discussion: The RPPNE has proven to be an effective mechanism for sharing and learning about research in nursing and education. Such long-term partnerships foster expansion of nursing knowledge, sharing of expertise and appreciation of culturally diverse perspectives.

References

Coburn, C. E.; Penuel, W. R.; Kimberly E. G. (2013) Research-Practice Partnerships: A Strategy for Leveraging Research for Educational Improvement in School Districts (Online) ED568396.pdf (Accessed 5th August 2024).

Henrick, E.C., Cobb, P., Penuel, W.R., Jackson, K. and Clark, T., 2017. Assessing Research-Practice Partnerships: Five Dimensions of Effectiveness. William T. Grant Foundation. https://rpp.wtgrantfoundation.org/wp-content/uploads/2019/09/Assessing-Research-Practice-Partnerships.pdf (accessed 9.3.2026)

Montegrico J, Cornelius J, Downing C, Fradelos EC, Machuca-Contreras F, Oducado RM, Resna RW. International nurse education research collaboration during the COVID-19 pandemic: Researchers' perspectives. Nurse Educ Today. 2023 Jan;120:105606. doi: 10.1016/j.nedt.2022.105606.

Flash talks

Exploring the experiences of patients and staff of a Rapid Assessment and Treatment Unit in the Emergency Department: A Qualitative Study

Tuesday, 15th September - 15:55: Flash talks - Flash talk - Abstract ID: 7

Mr. Christopher Jones (Royal United Hospital, Bath), Prof. Alison Brettle (University of Salford), Prof. Helen Hurst (University of Salford), Prof. Paula Ormandy (University of Salford), Mr. Daniel Butterworth (Stockport NHS Foundation Trust)

Abstract

Background: Emergency Department's (ED) have become increasingly congested over the last decade, with crowding associated with higher mortality rates (Jones et al., 2022). Recent guidance from National Health Service (NHS) England recommends that all EDs consider implementing a Rapid Assessment and Treatment (RAT) service. The RAT unit is a purpose-built area within the ED, where arrivals to the ED are assessed by a multi-disciplinary team.

Methods: A study was conducted in two NHS EDs, to assess the patient and staff experiences of the RAT. The study had a qualitative design, using semi-structured interviews for patients and a combination of semi-structured interviews and focus groups for ED clinical staff. Ethics via IRAS 338212.

Results: Twenty patients and thirty-nine clinical staff members were interviewed across the two sites. Patients shared new insights regarding their views on care delivery, understanding of the RAT process, communication and the treatment they received. Staff interviews shed light on the challenges of working in the RAT unit. Positive aspects were noted, including benefits for patient safety and opportunities for education and teamwork. However, staff also highlighted concerns, including anchoring biases and the overordering of investigations which can occur from the process. Insights were shared regarding the intense workload and the need for more consistent practices.

Conclusion: RAT units continue to improve patient safety and experience, whilst helping EDs achieve operational and quality targets. Practice changes are needed to aid patients understanding of the process and to enhance their overall care and communication. Efforts should focus on maintaining consistency in practice. Focused and bespoke education should be provided. Considerations should be made for an appropriate staffing model and maximum duration of clinical time in the RAT unit, to reduce the risk of cognitive overload and burnout. Additionally, recognising anchoring biases and the risk of over-ordering diagnostics is crucial.

References

Jones, S., Moulton, C., Swift, S., Molyneux, P., Black, S., Mason, N., Oakley, R., & Mann, C. (2022). Association between delays to patient admission from the emergency department and all-cause 30-day mortality. *Emergency Medicine Journal*, *39*(3), 168–173. https://doi.org/10.1136/emermed-2021-211572

Understanding Delegated Healthcare Activities Across Health and Social Care: A Qualitative Exploration of Community Nurse and Care Worker Experiences

Tuesday, 15th September - 16:01: Flash talks - Flash talk - Abstract ID: 384

Dr. Kirsty Marshall (University of Salford), Prof. Carol Atkinson (Manchester Metropolitan University), Dr. Clare Evans (Manchester Metropolitan University), Dr. William Whittaker (University of Liverpool), Ms. Farrah Amjad (Tameside and glossop integrated care NHS foundation trust), Ms. Ruth Horner (Northern Care Alliance NHS Foundation Trust), Ms. Chloe Warburton (Northern Care Alliance NHS Foundation Trust), Ms. Julie Cheney (Northern Care Alliance NHS Foundation Trust)

Abstract

Background: Delegated healthcare activities (DHAs) are an increasingly important workforce strategy in response to rising service demand, demographic pressures, and persistent recruitment and retention challenges across district nursing (DN) and adult social care. DHAs have the potential to enhance continuity and timeliness of care. Particularly in care homes where care workers (CWs) have established relationships with residents and can potentially provide more consistent support than overstretched community nursing teams (Castro et al., 2021). However, research identifies ongoing concerns about blurred boundaries, accountability, and inconsistent training and supervision (Gransjön Craftman et al., 2016; Shore et al., 2022).

Aims: This presentation explores how DHAs are understood and enacted in district nursing and adult social care workers.

Objectives were to examine

- Training, governance, and supervision structures
- The influence of professional identity and relationships
- Perceived risks, benefits, and impacts for staff and people who use services

Methods: This qualitative component of a wider NIHR mixed-methods study included 46 participants (district nurses (n=20), care workers(n=26)). Semi-structured interviews (Jan–Oct 2025) explored organisational, relational, and structural factors shaping delegation. A rapid international literature review on task shifting and cross-sector working informed analysis.

Results: Enablers of safe delegation included structured training, supportive DN supervision, and clear communication pathways. Both groups reported improved interprofessional relationships and more person-centred care. CWs described increased confidence and empowerment, echoing international findings (Barken et al., 2015). Challenges included workload pressures restricting supervision, unclear accountability across sectors, and concerns about risk when delegation lacked formal structure.

Discussion and Conclusions: DHAs can strengthen collaboration, enhance continuity, and support workforce sustainability. However, consistent benefits depend on standardised training, joint governance, protected supervision time, and co-designed implementation. Clear accountability and adequate resourcing are essential to ensure DHAs are safe, effective, and able to meet the needs of both staff and service users.

References

Barken, R., Denton, M., Plenderleith, J., Zeytinoglu, I. U., & Brookman, C. (2015). Home Care Workers' Skills in the Context of Task Shifting: Complexities in Care Work. Canadian review of sociology = Revue canadienne de sociologie, 52(3), 289–309. https://doi.org/10.1111/cars.12078

Castro, E., Syed, H., Blythin, K., & Stone, S. (2021). A collaborative approach to insulin delegation: A pilot to drive system change. *Journal of Diabetes Nursing*, *25*(4). pg1-7.

Gransjön Craftman, Å., Grape, C., Ringnell, K., & Westerbotn, M. (2016). Registered nurses' experience of delegating the administration of medicine to unlicensed personnel in residential care homes. *Journal of clinical nursing*, *25*(21-22), 3189-3198.
Shore, C. B., Maben, J., Mold, F., Winkley, K., Cook, A., & Stenner, K. (2022). Delegation of medication administration from registered nurses to non-registered support workers in community care settings: A systematic review with critical interpretive synthesis. *International Journal of Nursing Studies*, 126, 104-121.

Nurse-Facilitated and Technology-Assisted Hypnosis in Surgical Care: A Systematic Review

Tuesday, 15th September - 16:07: Flash talks - Flash talk - Abstract ID: 432

Mrs. Ana-Maria Toth (Somerset NHS Foundation Trust, Taunton, UK; Biomedical Research Centre, National Institute for Health Research, Exeter, UK), Mrs. Veronica Price (Somerset NHS Foundation Trust), Dr. Sophie Knipe (Royal Devon University Healthcare NHS Trust, UK), Ms. Marianne Hollyman (Somerset NHS Foundation Trust, Taunton, UK; Biomedical Research Centre, National Institute for Health Research, Exeter, UK), Dr. Jan Vollert (University of Exeter, St Luke's Campus, Exeter, United Kingdom)

Abstract

Background: Perioperative pain and the associated risks of opioid dependence drive an urgent need for non-pharmacological, opioid-sparing strategies. While clinical hypnosis shows promise as an adjunctive therapy, its evidence base remains fragmented. Furthermore, although nurses occupy a pivotal position in pain management, clear evidence guiding the integration of such tools into nursing practice remains limited.

Aim: This systematic review synthesises current randomised controlled trial evidence examining the effectiveness of clinical hypnosis on pain, medication consumption, and psychological wellbeing in surgical patients, and to evaluate its potential as a nurse-facilitated adjunct—delivered via brief in-person sessions, audio, or VR—within perioperative care.

Methods: A prospectively registered systematic review was conducted following JBI methodology and PRISMA 2020 standards. Six databases were searched to April 2025. Included studies were RCTs enrolling adults receiving clinical hypnosis (practitioner-led, audio, or VR) compared to standard care. Independent dual-reviewer screening, data extraction, and RoB 2.0 appraisal informed a narrative synthesis.

Results: Eleven trials (N= 679) across nine countries were included, spanning orthopaedic, cardiac, breast, oncologic, and rhinoplasty surgery. Of eight trials reporting opioid or sedative outcomes, six demonstrated statistically significant reductions favouring hypnosis (range: 29–74%). Reductions in pain intensity were reported in approximately half of trials, while improvements in anxiety, pain interference, and patient satisfaction were observed where measured. No serious adverse events were identified.

Discussion and Conclusions: Hypnosis offers a flexible intervention suited to nursing workflows, deliverable via brief in-person sessions or scalable digital tools (audio, VR). Findings support integrating these modalities into Enhanced Recovery protocols, empowering nurses to facilitate non-pharmacological pain management. Future nursing research should focus on the practical implementation of these digital tools on busy wards and identify which specific patient groups benefit the most.

References

Ljungqvist, O., Scott, M. and Fearon, K.C. (2017) 'Enhanced Recovery After Surgery: a review', JAMA Surgery, 152(3), pp. 292–298.

Page, M.J., McKenzie, J.E., Bossuyt, P.M., Boutron, I., Hoffmann, T.C., Mulrow, C.D., et al. (2021) 'The PRISMA 2020 statement: an updated guideline for reporting systematic reviews', BMJ, 372, p. n71.

Sterne, J.A.C., Savović, J., Page, M.J., Elbers, R.G., Blencowe, N.S., Boutron, I., et al. (2019) 'RoB 2: a revised tool for assessing risk of bias in randomised trials', BMJ, 366, p. l4898.

Best abstract presentation

The HAPPEN Study: oral care to prevent Non ventilator hospital acquired pneumonia a multicentre randomised control trial

Tuesday, 15th September - 16:25: Best abstract presentation - Oral (concurrent session) - Abstract ID: 169

Prof. Brett Mitchell (Avondale University), Prof. Nicole White (Queensland University of Technology), Prof. Philip Russo (Monash University), Prof. Martin Kiernan (Avondale University), Ms. Georgia Matterson (Avondale University)

Abstract

Background

Non-ventilator hospital-acquired pneumonia (NV-HAP) is the most common hospital-acquired infection and is associated with longer stays, higher morbidity, and increased mortality.[1] Despite its impact, NV-HAP remains underreported and understudied. Oral hygiene is a core nursing responsibility, yet it is often deprioritised in busy clinical environments. During hospitalisation, respiratory pathogens accumulate in the mouth, serving as a reservoir that increases pneumonia risk when aspirated. Although oral-care-based prevention strategies exist, evidence and practice rely largely on observational studies. We present findings from the first multicentre randomised trial evaluating whether enhanced oral care in routine nursing practice can reduce NV-HAP incidence.[2] (ACTRN1262400018754)

Methods

A multi-centre, stepped-wedge, cluster randomised, controlled trial was conducted in three Australian hospitals, across nine wards (clusters) over 12 months. The intervention was introduced to clusters every three months. The intervention targeted patients and staff, informed by a national nursing survey, focus groups and our partner and consumer groups.[3] During the intervention, patients were provided with a oral care products, education and access to additional resources. Staff received onsite training, support to provide oral care and access to online resources. Control was usual practice. The primary outcome, NV-HAP, was defined using European Centre for Disease Prevention and Control definitions and analysed at patient and cluster level.

Results

8,870 patients were in the study, 4,567 were in wards during the intervention period. The proportion of patients who had oral care, improved from 15.9% in the control (95% CI: 14.5% to 17.3%) to 61.9% in the intervention (95% CI: 59.0% to 64.9%). Intervention exposure was associated with a statistically significant change in HAP risk (HR: 0.40; 95% CI: 0.19 to 0.82), remaining consistent in sensitivity analysis.

Conclusion

Improving the quality and frequency of oral care is an important clinical intervention in the context of infection prevention, nursing practice and patient safety.

References

1. Chalker, M et al. J Hos Infect, 2026, Ahead of print, https://doi.org/10.1016/j.jhin.2026.01.013
2. Mitchell, BG et al. Infect Dis Health, 2019, 24(4):229-239, https://doi.org/10.1016/j.idh.2019.06.002
3. Rawson, H. et al. Infect Dis Health, 2025, 30(4), 342-352. https://doi.org/10.1016/j.idh.2025.05.002

3.1 Acute and critical care

A Digitally Augmented Nurse-Led Intervention to Reduce Health-Risk Behaviours Following Emergency Department Discharge: A Randomised Controlled Trial

Wednesday, 16th September - 09:15: 3.1 Acute and critical care - Oral (concurrent session) - Abstract ID: 412

Prof. William Ho Cheung Li (Nethersole School of Nursing, The Chinese University of Hong Kong)

Abstract

Background: Noncommunicable diseases (NCDs) are major global causes of mortality and are strongly associated with modifiable behaviours such as tobacco use, harmful alcohol consumption, unhealthy diet, and physical inactivity.[1,2] Emergency departments (EDs) provide valuable touchpoints to promote behaviour change among individuals presenting with acute care needs.[3]

Aim: This study evaluated a nurse-led health-promotion intervention combining brief advice with mobile instant messaging support to help discharged ED patients abstain from health-risk behaviours.

Methods: An assessor-blinded randomized controlled trial was conducted in a public hospital ED in Hong Kong. Adults (≥18 years) triaged as semi-urgent or non-urgent, reporting at least one health-risk behaviour and owning a smartphone, were eligible. Data were collected from 15 January to 15 April 2024. Participants were randomized to an intervention group receiving brief advice plus six months of weekly WhatsApp/WeChat messages, or a control group receiving brief advice alone. The primary outcome was abstinence from at least one health-risk behaviour at six months. Secondary outcomes included abstinence at 12 months and reductions in the number of behaviours at both time points.

Results: Of 2,134 screened patients, 572 were enrolled (286 per group). At six months, 30.1% of intervention participants versus 19.9% of controls achieved abstinence (RR = 1.51; 95% CI, 1.13–2.02; P = 0.006). Behaviour reduction was greater in the intervention group at six months (RR = 1.54; P = 0.01) and 12 months (RR = 1.48; P = 0.02). Physical inactivity showed the largest improvement (31.7% vs. 16.2%; P < 0.001). Effects diminished after messaging ceased.

Discussion: The digitally supported intervention enhanced short-term behaviour change, demonstrating the potential of nurse-led, technology-enabled health-promotion strategies in acute care settings.

Conclusions: This scalable ED-based intervention significantly improved abstinence and risk-behaviour reduction, highlighting the contribution of innovative nursing research to NCD prevention.

Keywords: Behaviour change; noncommunicable disease prevention; Nurse-led intervention

References

1. World Health Organization. Noncommunicable diseases. World Health Organization. 2021. https://www.who.int/news-room/fact-sheets/detail/noncommunicable-diseases
2. World Health Organization. Global action plan for the prevention and control of noncommunicable diseases 2013-2020. 2013
3. Li HCW, Ho KY, Wang MP, Cheung DYT, Lam KWK, Xia W, Cheung KY, Wong CKH, Chan SSC, Lam TH. Effectiveness of a brief self-determination theory-based smoking cessation intervention for smokers at emergency departments in Hong Kong: a randomized controlled trial. *JAMA Internal Medicine.* 2019; 180(2), 206–214.

An Ethnographic Exploration of UK Emergency Department Triage

Wednesday, 16th September - 09:45: 3.1 Acute and critical care - Oral (concurrent session) - Abstract ID: 307

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

Abstract

Background: Emergency departments in the UK are facing high level of pressures, and at the forefront of these departments are triage nurses. Triage nurses assess patients when they first present to the department, assigning an acuity score that represents the patient's urgency to be seen and treated. However, the decision-making processes that underpin this assessment and assignation are not very well explored in UK settings. This study aims to observe and examining these decision-making processes and considering how they are impacted by the emergency department environment.

Methods: The study is conducting focused ethnographic observations and in-field interviews of triage nurses assessing patients in two UK emergency departments, with fieldwork occurring from January to March 2026. Data is being collected across all shifts, day and night, and currently 612 assessments have been observed across 28 nurses.

Data is being analysed iteratively and continuously in the field, and from field notes about specific assessments coupled with wider field notes about the triage environment. Initial themes were identified, discussed with supervisors, and are being triangulated and explored in greater depth in later fieldwork sessions. Analysis is supported by reflexive journaling throughout to strengthen analytic processes.

Findings: Preliminary analysis identified themes relating to how triage nurses gather and synthesise information to inform acuity decisions. Information gathering consisted of a holistic practice involving listening to patient stories and filtering relevant cues that are explored in context of patient histories, vital signs, and presenting symptoms. This process was observed to be dynamic and multi-layered, drawing on this gathered information, observation, red flag cues and experiential knowledge to synthesise an acuity. Under conditions of operational pressure, assessments became more focused and reliant on pattern recognition and prioritising risk, with less emphasis on holistic assessment. The findings also highlight how environmental and organisational realities shape triage assessment processes.

References

N/A

Engaging nurse managers in evidence-based practice (EBP): From global synthesis to local action.

Wednesday, 16th September - 10:15: 3.1 Acute and critical care - Oral (concurrent session) - Abstract ID: 82

Mr. Silas Sebire (Edge Hill University), Prof. Jeremy Brown (Edge Hill University), Dr. Emmie Malewezi (Edge Hill University), Prof. Lyvonne Tume (Edge Hill University)

Abstract

Background: Nurse managers shape clinical culture and operational decisions that enable evidence-based practice (EBP), yet EBP enactment in acute care remains inconsistent.

Aim: To co-design a context-sensitive intervention to develop and engage nurse managers in EBP leadership, moving from global synthesis to locally grounded action in a UK hospital.

Methods: Guided by the framework for complex interventions and Social Cognitive Theory, this mixed-methods study includes a scoping review and semi-structured interviews at a single UK specialist children's hospital. Interviews were analysed using reflexive thematic analysis to examine determinants of EBP understanding, use, and facilitation. Co-design workshops and a survey of EBP Leadership competency is ongoing.

Results: The scoping review included 24 studies from 12 countries showed that engagement depends on personal capability (positive EBP attitudes, self-efficacy) and organisational conditions (time, leadership support, resources), with context-specific manifestations across income settings. Personal capability was the most consistent enabler; workload, time pressure, limited resources, and weak leadership support were pervasive barriers. Nine interviews of nurse managers Bands 7–9 were undertaken which corroborated these patterns and added local nuance. Four thematic findings emerged. 1. Managers valued EBP but demonstrated variable conceptual clarity, capability, and ownership in which correlated with band. 2. EBP leadership was commonly enacted through delegation, compliance pathways and operational facilitation. 3. Time pressures, workload and governance processes constrained proactive engagement, sometimes leading to reactive, incident driven implementation. 4. EBP gained traction when evidence was credible, practically translated, culturally supported and linked to visible outcomes.

Discussion: Transferable findings indicate nurse manager EBP development must be tailored to their role and supported through organisational infrastructure, not education alone.

Conclusions: Uniting global insights and local realities, our findings show that strengthening nurse manager EBP leadership requires role-integrated capability development alongside enabling infrastructure and academic-clinical partnerships to address evidence gaps and accelerate implementation.

References

Melnyk, B. M. (2021). The Current Research to Evidence-Based Practice Time Gap Is Now 15 Instead of 17 Years: Urgent Action Is Needed. *Worldviews on Evidence-Based Nursing*, *18*(6), 318–319. https://doi.org/10.1111/WVN.12546

Melnyk, B. M. (2023). Leaders and managers in nursing and healthcare are key to advancing and sustaining evidence-based practice. *Worldviews on Evidence-Based Nursing*, *20*(1), 4–5. https://doi.org/10.1111/wvn.12626

Patton, L. J., Sajwani-Merchant, Z., Moore, S., Chen, P., Six-Means, A., & Markey, L. (2024). Nursing Leaders' Influence on Clinical Nurses' Evidence-Based Practice Implementation: Impact of an Evidence-Based Practice Leadership Behavior Program. *Nurse Leader*. https://doi.org/10.1016/J.MNL.2024.04.001

Shuman, C. J., Powers, K., Banaszak-Holl, J., & Titler, M. G. (2019). Unit Leadership and Climates for Evidence-Based Practice Implementation in Acute Care: A Cross-Sectional Descriptive Study. *Journal of Nursing Scholarship : An Official Publication of Sigma Theta Tau International Honor Society of Nursing*, *51*(1), 114–124. https://doi.org/10.1111/jnu.12452

3.2 Cancer

Postoperative symptom trajectories in patients undergoing surgery for lung cancer: a longitudinal cohort study with one-year follow-up

Wednesday, 16th September - 09:15: 3.2 Cancer - Oral (concurrent session) - Abstract ID: 261

Prof. Brynja Ingadottir (University of Iceland, Faculty of Nursing and Midwifery), Prof. Christopher S. Lee (Boston College - William F. Connell School of Nursing), Prof. Sigríður Zoëga (University of Iceland)

Abstract

Background: Being diagnosed with cancer is a challenging life event, and undergoing surgery for operable lung cancer can lead to diverse and persistent symptoms. However, little is known about the long-term recovery trajectories in this patient group.

Aim: To determine whether distinct postoperative trajectories of symptom severity and symptom interference could be identified.

Methods: This prospective longitudinal study (2017–2021) assessed symptom burden using the M.D. Anderson Symptom Inventory (MDASI; 0–10 scale) at five time points: pre-operatively (T1), 5 days post-discharge (T2), and at 30 days (T3), 3 months (T4), and 1 year after surgery (T5). Latent growth mixture modeling was used to identify symptom trajectories. Ethical approval: Landspitali Ethical Committee (18/2017).

Results: The study included 110 participants (women = 70; mean age 69 years). Overall, both symptom severity (M 1.9; SE 0.13) and symptom interference (M 2.9; SE 0.21) peaked at T2 but were similar at T1 and T5 (severity: M 1.3 SE 0.14 vs. M 1.5 SE 0.17; interference: M 1.7 SE 0.18 vs. M 1.8 SE 0.24). Over 50% of participants continued to report several symptoms one year after surgery.

Three distinct trajectories were identified, showing that both symptom severity and interference differed between groups ($p < 0.01$):

1. **Group 1 (11.8%)** – High and disruptive symptoms at baseline that improved over time.
2. **Group 2 (77.3%)** – Low and stable symptoms that caused minimal interference over time.
3. **Group 3 (10.9%)** – Worsening symptoms and increasing interference over time.

Discussion: Patients experience a wide range of disruptive symptoms after lung cancer surgery, and many symptoms persist one year later. While most patients recover as expected, a subset shows worsening symptom burden which warrants further investigation.

Conclusions: Early identification of patients at risk, combined with targeted follow-up and tailored support, may improve long-term recovery trajectories in this patient population.

References

Fagundes, C.P., Shi, Q., Vaporciyan, A.A., Rice, D.C., Popat, K.U., Cleeland, C.S. og Wang, X.S. (2015). Symptom recovery after thoracic surgery: Measuring patient-reported outcomes with the MD Anderson Symptom Inventory. *Journal of Thoracic and Cardiovascular Surgery*, 150(3), pp. 613-619.

Merlo, A., Carlson, R., Espey, J., 3rd, Williams, B. M., Balakrishnan, P., Chen, S., Dawson, L., Johnson, D., Brickey, J., Pompili, C., & Mody, G. N. (2022). Postoperative symptom burden in patients undergoing lung cancer surgery. *Journal of Pain and Symptom Management*, 64(3), pp. 254–267. doi.org/10.1016/j.jpainsymman.2022.05.016

Exploring disparities in supportive cancer care among ethnic Chinese immigrants in Scotland: An explanatory, multistage mixed- methods research

Wednesday, 16th September - 09:45: 3.2 Cancer - Oral (concurrent session) - Abstract ID: 451

Ms. Lin Cheng (University of Glasgow), Prof. Grigorios Kotronoulas (University of Glasgow), Prof. Deborah Cairns (University of Glasgow), Mr. Wai Pang Sham (Chinese Association for Cancer Care), Ms. Shun Ying Benny Cheng (Waverley Care)

Abstract

Background: Ethnic Chinese immigrants are among the fastest-growing minority groups in Scotland and face barriers to cancer care, including language difficulties, cultural beliefs, and challenges navigating the health-care system. Despite Scotland's 10-year Cancer Strategy (2023–2033) emphasising equitable care, this population remains underrepresented in research. This mixed-methods study examined health-related quality of life (HRQoL), unmet needs, and cancer care experiences among ethnic Chinese immigrants affected by cancer in Scotland.

Methods: This study represents the first three phases of a larger PhD project guided by person-centred care theory. Participants were recruited through convenience, purposive, and snowball sampling. Phase 1 involved a cross-sectional online survey describing HRQoL and unmet needs. Phase 2 used semi-structured interviews with patients and caregivers to explore care experiences using inductive thematic analysis. Phase 3 involved a focus group with healthcare professionals experienced in providing cancer care to ethnic Chinese immigrants.

Results: Data for Phases 1 and 2 were collected between November 2023 and June 2024; Phase 3 took place in April 2024. Twenty-four patients and thirteen caregivers completed the survey. Caregivers reported lower wellbeing than patients, particularly in social, emotional, and functional domains. Fear of cancer progression was reported by 38% of patients and 40% of caregivers, and 62.5% of patients reported unmet information needs. Six patients and five caregivers participated in interviews, and four professionals joined the focus group. Cultural taboos surrounding cancer encouraged secrecy and silence, while limited family support increased caregiving burden. Participants highlighted the need for bilingual information and peer support.

Discussion: This study provides the first mixed-methods evidence on cancer care experiences among ethnic Chinese immigrants in Scotland. Cancer and migration together intensify vulnerabilities and health inequities.

Conclusion: Addressing unmet informational and psychosocial needs, supporting caregivers, and integrating culturally sensitive approaches into cancer services are essential to improving care for this population.

References

Scottish Government, S. G. 2023d. *New cancer strategy launched to improve survival* [Online]. Available: https://www.gov.scot/news/new-cancer-strategy-launched-to-improve-survival/ [Accessed 21/06 2023].

Scotland Census, S. C. 2025. *Scotland Census-Ethnicity* [Online]. Available: https://www.scotlandscensus.gov.uk/census-results/at-a-glance/ethnicity/ [Accessed 03/10 2025].

Supporting adherence to endocrine therapy: A process evaluation to inform the implementation of the HT&Me intervention.

Wednesday, 16th September - 10:15: 3.2 Cancer - Oral (concurrent session) - Abstract ID: 293

Prof. Mary Wells (Guy's and St Thomas' NHS Foundation Trust), Dr. Lucy McGeagh (Oxford Brookes University), Dr. Sarah-Jane Stewart (University of Surrey), Ms. Raegan Barrows (University of Warwick), Dr. Guy Taylor (University of Newcastle), Mrs. Jan Rose (Patient advisor), Mrs. Lesley Turner (Patient advisor), Prof. Linda Sharp (University of Newcastle), Prof. Eila Watson (Oxford Brookes University)

Abstract

Background: Many breast cancer patients struggle to take endocrine therapy (ET) as recommended. HT&Me intervention is an evidence based, theory-informed, patient-centred intervention designed to improve adherence to ET and health-related quality-of-life. It includes an animation, interactive web-app, nurse-led consultations and text 'nudges', with consultations carried out either in NHS Trusts or through the charity Breast Cancer Now. The SWEET randomised controlled trial aims to determine the effectiveness and cost-effectiveness of HT&Me (ISRCTN 24852890). Recruitment is complete (n=1676) and follow-up data collection will continue for 18 months. A parallel process evaluation is being conducted to inform the implementation of HT&Me beyond the trial.

Methods: Semi-structured interviews were conducted, by telephone or video-call, with women prescribed ET and taking part in the trial. Interviews were audio-recorded and explored experiences of HT&Me, unmet psychosocial needs and views of the intervention. Data were analysed thematically using the Framework Approach. HT&Me web analytics data were analysed statistically.

Findings: 60 women were interviewed. Those in the intervention arm valued all aspects of the support package, including the animation, consultation, nudges and web-app: *"whenever I was having a little bit of anxiety or I wanted to check certain side effects, I always refer to the website. I still do that now"*. Women in the control arm felt additional support would have improved their ET experience.

Web-analytics for the first 754 participants in the intervention arm show that 77% accessed the site. Some women return to HT&Me nearly every day over the first 6 months and most return at least once a month. The 'Dealing with side effects' section (22%) and the 'Side effect diary' (21%) were the most visited sections.

Conclusion: Findings highlight the need for HT&Me and suggest that the intervention would be a valuable asset to women on ET if implemented in NHS usual care.

References

McGeagh L et al Supporting women with adherence to adjuvant endocrine therapy (SWEET): feasibility study of the HT&Me intervention European Journal of Oncology Nursing https://doi.org/10.1016/j.ejon.2025.103026

McGeagh L et al Improving outcomeS for Women diagnosed with early breast cancer through adhErence to adjuvant Endocrine Therapy (SWEET): study protocol for a pragmatic randomised control trial of a patient-centred intervention to improve adherence to endocrine therapy in early breast cancer Trials 2025 Nov 26;26(1):551. doi: 10.1186/s13063-025-09056-6.

3.3 Workforce and employment (including health and wellbeing roles, research careers)

Developing and Validating a Supportive Practice Framework for Nurses and Midwives: A Participatory Action Study

Wednesday, 16th September - 09:15: 3.3 Workforce and employment (including health and wellbeing roles, research careers) - Oral (concurrent session) - Abstract ID: 560

Dr. Gemma Doleman (Edith Cowan University), Dr. Dianne Bloxsome (Edith Cowan University), Prof. Lisa Whitehead (Edith Cowan University)

Abstract

Background: Supportive practice environments are critical for sustaining the global nursing and midwifery workforce, improving wellbeing, and strengthening workforce retention[1,2]. However, many health systems struggle to translate strategies into practice, with limited system-level guidance for implementation and evaluation[3,4].

Aim: To develop and validate an evidence-informed framework to support nurses and midwives working across diverse clinical settings and career stages.

Design: A two-phase participatory action study design was used.

Methods: In Phase one, a supportive practice framework was constructed through synthesis of findings from a recent scoping review[1] using a Donabedian[5], structure -process- outcome model. In Phase two, the preliminary framework underwent stakeholder review using the Six-Step Stakeholder Engagement Framework[6]. Nurses and midwives working across Western Australian public healthcare settings were purposively recruited to participate in focus group discussions and provide feedback on framework components and implementation considerations. Stakeholder feedback informed framework revisions, while implementation barriers and enablers were explored to optimise feasibility and applicability.

Results: Eighteen stakeholders across the career trajectory participated in eight focus group discussions and reviewed the preliminary framework developed in Phase1. Fifteen participants completed a demographic survey. Participants identified key enablers of supportive practice environments, including visible and accessible leadership, mentoring, flexible rostering, wellbeing initiatives, and inclusive workplace cultures. Barriers included staffing shortages, administrative burden, limited consultation, and leadership turnover.

The final framework integrates organisational structures, processes, and outcomes that support professional development, effective communication, and equitable resource allocation.

Conclusion: The supportive practice framework is both evidence-informed and grounded in frontline nursing and midwifery experience. It provides healthcare organisations with a practical roadmap for strengthening practice environments through leadership support, workforce development, and organisational accountability. The framework offers a transferable model that may assist health systems internationally in embedding supportive practice structures that enhance workforce wellbeing, retention, and quality of care.

References

1. Doleman, G., Bloxsome, D., Wang, R., & Whitehead, L. (2025). Fostering a Resilient Healthcare System: Supportive Practice Environment Initiatives to Support Nurse and Midwives a Scoping Review. Journal of Nursing Management, 2025(1), 8898411.
2. Figueiredo, A. R., Baixinho, C., & Lucas, P. (2025). Nursing practice environment influences on retention and turnover intention: An umbrella review. Collegian.
3. Cummings, G. G., Tate, K., Lee, S., Wong, C. A., Paananen, T., Micaroni, S. P., & Chatterjee, G. E. (2018). Leadership styles and outcome patterns for the nursing workforce and work environment: A systematic review. *International journal of nursing studies*, *85*, 19-60.

4. Doleman, G., Twigg, D., & Bayes, S. (2020). A comparison of middle managers' and paediatric nurses' satisfaction with organisational communication. Journal of nursing management, 28(6), 1223-1232.
5. Donabedian, A. (2005). Evaluating the quality of medical care. The milbank quarterly, 83(4), 691.
6. Cochrane, Tomlinson, E., & Parker, R. (2021). Six step stakeholder engagement framework. https://training.cochrane.org/sites/training.cochrane.org

The personal mental and physical health consequences for nurses from COVID-19: A repeated cross-sectional study of Licensed Practical Nurses

Wednesday, 16th September - 09:45: 3.3 Workforce and employment (including health and wellbeing roles, research careers) - Oral (concurrent session) - Abstract ID: 569

Ms. Shanique Kaur Sidhu (University of Calgary), Ms. Nyla de Los Santos (College of Licensed Practical Nurses & Health Care Aides of Alberta), Ms. Ashley Carlson (College of Licensed Practical Nurses & Health Care Aides of Alberta), Ms. Lindsay Whelan (University of Calgary), Dr. Jennifer Jackson (University of Calgary)

Abstract

During COVID-19, nurses faced substantial mental and physical health challenges, which had potentially lasting impacts on their resilience, burnout, and health outcomes (Filip et al., 2022). Due to their demanding jobs, nurses were already at high risk for occupational burnout (Dall'Ora et al., 2020). This study aimed to understand the personal consequences of working during COVID-19 for Licensed Practical Nurses in Alberta, Canada, across different outcomes.

We conducted secondary analysis of surveys sent to all Alberta LPNs in 2018 and in 2023, creating a proxy measure of pre and post-pandemic outcomes. We obtained ethical approval to conduct this analysis from the Ethics Research Board (REB24-1430). We assessed the Connor-Davidson Resilience Scale, Maslach Burnout Inventory, and Short Form Health Survey (SF-36 scale) to measure the physical and mental health outcomes. To compare the 2018 and 2023 cohorts, Chi-square tests were used for categorical variables and independent t-tests for continuous variables.

A total of 7789 participants responded to the survey (2018, n = 4,425; 2023, n = 3,364). In 2023, LPNs had significantly lower resilience ($p < 0.001$) compared to 2018. MBI showed a significant increase ($p<0.001$) from moderate to high burnout. All the SF-36 domains had a significant decline ($p < 0.001$) in 2023 compared to 2018, with small effect sizes. The SF-36 composite variable of mental health outcomes was significantly lower in 2023 ($\beta = -2.97$ (SE 0.31), $p < 0.001$). LPNs reported significantly lower mental health and resilience, and significantly higher burnout in 2023. The three-pronged approach shows the dire need for support for nurses to increase their health outcomes, lower burnout, and sustain the nursing workforce.

References

Dall'Ora, C., Ball, J., Reinius, M., & Griffiths, P. (2020). Burnout in nursing: a theoretical review. *Hu*man resources for health, 18(1), 1–17. https://doi.org/10.1186/s12960-020-00469-9

Filip, R., Gheorghita Puscaselu, R., Anchidin-Norocel, L., Dimian, M., & Savage, W. K. (2022). Global Challenges to Public Health Care Systems during the COVID-19 Pandemic: A Review of Pandemic Measures and Problems. *Journal of personalized medicine*, 12(8), 1295. https://doi.org/10.3390/jpm12081295

Chronicles of Life after OSCE: Narratives of International Nurses in the UK

Wednesday, 16th September - 10:15: 3.3 Workforce and employment (including health and wellbeing roles, research careers) - Oral (concurrent session) - Abstract ID: 671

Mrs. Chinenye Ubah (Anglia Ruskin University), Dr. David Smith (Anglia Ruskin University), Dr. Samson Tsegay (Anglia Ruskin University)

Abstract

Keywords: Adaptation, narrative inquiry, support, storytelling

Background: NHS Trusts invest in pastoral support to mitigate the challenges faced by internationally educated nurses in the UK; however, little is known about how such support shapes adaptation, particularly shapes adaptation post NMC registration. This study draws on Schlossberg's 4S Model of adaptation, which conceptualises transition through four interrelated constructs, (situation, self, support, and strategies), to understand how nurses navigate the complexities of relocating and adjust to UK Nursing practice. The model provides a useful structure for examining the individualised and multifaceted nature of adaptation and for revealing how personal journeys shape both support needs and perceptions of support.

Aim: To explore how pastoral support influences internationally educated nurses' adaptation to the United Kingdom.

Methods: Narrative inquiry, the study of experience as stories, offers an approach well suited to understanding adaptation in depth. It is grounded in the belief that humans lead storied lives; so to understand human experiences, we go back to their stories. The strength of narrative inquiry lies in preserving the context of lived experience and revealing nuances that may be overlooked by other methodological approaches. A sample of 15 Black African International nurses were interviewed to generate data.

Results: The study highlights diverse situational factors that shape pastoral support needs and influence how support is perceived. It identifies practices that uplift and facilitate adaptation while also exposing areas in which support could be strengthened. These insights offer opportunities for NHS Trusts to refine approaches to supporting internationally educated nurses.

Discussion and Conclusions: The findings underscore the importance of timely, person-centred support as a means of maximising workforce investment and easing adaptation. Notably, some of the challenges encountered are organisational and therefore modifiable, offering employers greater scope to improve the experiences and retention of internationally educated nurses.

References

Clandinin, D.J. (2006) 'Narrative Inquiry: A Methodology for Studying Lived Experience', *Research Studies in Music Education*, 27(1), pp. 44–54. Available at: https://doi.org/10.1177/1321103x060270010301.

NHS Employers (2025). *Recruitment of overseas nurses and midwives | NHS Employers*. [online] www.nhsemployers.org. Available at: https://www.nhsemployers.org/articles/recruitment-overseas-nurses-and-midwives.

Schlossberg, N.K. (2011) 'the challenge of change: the transition model and its applications', *Journal of Employment Counseling*, 48(4), pp. 159–162. Available at: https://doi.org/10.1002/j.2161-1920.2011.tb01102.x.

Ubah, C.I., Goldspink, S. and Tsegay, S.M. (2024) 'Black African international nurses' experiences of pastoral support: A scoping review', *International Journal of Nursing Studies Advances*, 6, p. 100202. Available at: https://doi.org/10.1016/j.ijnsa.2024.100202.

3.4 Women’s Health

Process evaluations within complex intervention trials: learning from three large studies

Wednesday, 16th September - 09:15: 3.4 Women's health - Oral (concurrent session) - Abstract ID: 483

Prof. Carol Bugge (Glasgow Caledonian University), Prof. Suzanne Hagen (Glasgow Caledonian University), Dr. Melanie Dembinsky (Glasgow Caledonian University)

Abstract

Introduction: Undertaking a process evaluation (PE) alongside clinical trials of complex interventions is advised in order to investigate *why* and *how* an intervention may, or may not have an effect (Skivington, 2021). Three examples of PEs nested within large scale trials about women's pelvic floor health will be used to evidence learning.

Approach taken: The three trials are: OPAL (NIHR 11/71/03: completed 2018); TOPSY (NIHR 16/82/01: completed 2024) and PEPPY (NIHR 160810: ongoing). In each case a mixed methods PE was conducted alongside, informed by relevant PE guidance, methodology and theory.

What was learned for future process evaluation design: In this presentation, using relevant data, the following areas of learning will be demonstrated:

1. *Developing PE research questions:* As always, clear research questions were required. Using the three PE questions as exemplars, decisions about the relevant process concepts to be evaluated will be demonstrated.
2. *Defining the working mechanism of action/ programme theory:* The evolution from simpler to more complex logic models will be explained based on learning from our own PEs, from PEs undertaken by others and from the refreshed complex intervention guidance.
3. *Understanding context really is King:* In both the OPAL and TOPSY trials there was no difference between the groups in the primary clinical outcome. Contextual data from interviews with study participants and staff who delivered interventions were central in developing understanding on why this might be, and hence the implications for clinical practice.
4. *How the PE brings it all together*: Using tables from published monographs it is possible to illuminate how the PE findings combine with the trial and economic analyses to reach a more rounded understanding of complex phenomena.

In summary, this paper will use large scale research to demonstrate practical PE learning that aims to support others embarking on PE journeys.

References

Skivington, K., Matthews, L., Simpson, S. A., Craig, P., Baird, J., Blazeby, J. M., Boyd, K. A., Craig, N., French, D. P., McIntosh, E., Petticrew, M., Rycroft-Malone, J., White, M., & Moore, L. (2021). A new framework for developing and evaluating complex interventions: update of Medical Research Council guidance. *British Medical Journal, 374*, n2061. 10.1136/bmj.n2061

U-INContiEd: Co producing an E-learning Package and Nursing Intervention to Improve Continence Care for Peri/Post menopausal Women During Hospital Admission

Wednesday, 16th September - 09:45: 3.4 Women's health - Oral (concurrent session) - Abstract ID: 472

Dr. Isobel McMillan (University of Salford), Dr. Ilknur Dolu (Northern Care Alliance NHS Foundation Trust), Ms. Rebecca Williamson (Northern Care Alliance NHS Foundation Trust), Dr. Emma Kwegyir-Afful (University of Salford), Dr. Christine Furber (University of Salford), Prof. Heather Iles-Smith (University of Salford)

Abstract

Background: Urinary incontinence(UI) is a highly prevalent condition in peri/post-menopausal women, with rates increasing alongside age-related and hormonal changes[1]. During hospital admission, UI is associated with heightened risks of falls, skin breakdown, urinary tract infection, and loss of dignity[2-4]. Despite these risks, continence care for menopausal women remains underdeveloped in many ward environments, and nurses report limited confidence, knowledge, and training in managing UI effectively[5]. To address these gaps, the U-INContiEd project is developing a co-produced e-learning resource and ward-based intervention for nursing staff to enhance inpatient continence care for peri/post-menopausal women.

Methods: Ethical approval was gained from the university of Salford ethics committee (**Ref:**8229). A scoping review was conducted to identify existing continence-care education resources and ward-level interventions. Data were charted to generate an initial longlist of candidate components. Subsequently, a multistakeholder NGT consensus meeting was held involving continence specialists, pelvic health physiotherapists, ward nurses, menopause experts, urogynaecologists, digital education specialists, and women with lived experience. Participants independently generated, clarified, and ranked priorities regarding (1)essential learning needs for nurses and (2)required ward-level changes.

Results: The scoping review highlighted wide variation in continence education and limited availability of menopause-specific inpatient training. It also identified the absence of a validated, ward-appropriate continence assessment tool.

The NGT process produced a ranked list of 12 e-learning components and 8 ward-level intervention components. Highest-priority e-learning topics included anatomy and physiology, impact of incontinence, menopause and GSM, treatment options, and validated assessment skills. Top ward-level priorities included patient-facing educational materials, clear staff pathways and ward-based training, continence champions, improved assessment processes, and environmental improvements such as accessible toilets and mobility aids.

Conclusion: The scoping review and NGT outputs provide a clear, consensus-driven foundation for the U-INContiEd e-learning package and ward-based intervention. These components are now in development and will be piloted ahead of full evaluation.

References

1. Allafi AH, Al-Johani AS, Babukur RM, Fikri J, Alanazi RR, Ali SDMH, Alkathiry A, Alfozan AM, Mayoof KI-AAH, Abualhamael MA. The Link Between Menopause and Urinary Incontinence: A Systematic Review. Cureus. 2024 Oct 11;16(10):e71260.
2. Ostaszkiewicz J, O'Connell B, Millar L. Incontinence: managed or mismanaged in hospital settings? Int J Nurs Pract 2008; 14: 495–502. [DOI] [PubMed] [Google Scholar]
3. Zisberg A, Sinoff G, Gur-Yaish N, Admi H, Sharmi E. In-hospital use of continence aids and new-onset urinary incontinence in adults aged 70 and older. J Am Geriatr Soc 2011; 59: 1099–104.
4. Gibson W, Johnson T, Kirschner-Hermannset al. Incontinence in frail elderly persons: report of the 6th international consultation on incontinence. NeurourolUrodyn 2021; 40: 38–54.

5. McMillan I, Doxford-Hook L, Wood J, Fu Y, McGowan L, Iles-Smith H. Exploring urinary incontinence in hospitalised older women: A mixed methods investigation of prevalence and nurse perspectives. *Women's Health*. 2024;20.

Beyond Support: A Qualitative Exploration of the Emotional and Relational Impact of Male partner involvement in maternal healthcare in Ghana: Cross-sectional survey

Wednesday, 16th September - 10:15: 3.4 Women's health - Oral (concurrent session) - Abstract ID: 146

Dr. Christiana Asiedu (UNIVERSITY OF CAPE COAST), Ms. Emmanuella Florence Odi Asiedu (Department of Adult Health, School of Nursing and Midwifery. University of Cape Coast), Ms. Eunice Johnson (MINISTRY OF HEALTH), Mr. Prince Narkotey (UNIVERSITY OF CAPE COAST), Mr. Enoch Nana Yaw Koomson (GHANA HEALTH SERVICE)

Abstract

Introduction: Male partner involvement in maternal healthcare is crucial for improving maternal and child health, especially in low- and middle-income countries. Traditionally viewed as a woman's domain, pregnancy often excludes men, yet their engagement enhances antenatal care, nutrition, medical adherence, and outcomes. Beyond clinical benefits, less attention is paid to how male involvement affects women's psychological well-being, couple dynamics, and men's views on fatherhood.

Aim: This study explored the emotional and relational impact of male partner involvement in maternal healthcare, focusing on how such involvement affects women's well-being, men's emotional experiences, and couple relationships.

Methods: A qualitative descriptive design was employed. In-depth interviews were conducted with purposively selected 25 men whose partners had experienced pregnancy within the past five years. Data were analyzed thematically, and emergent themes were organized into four categories: women's health and well-being, men's emotional experiences, relationship dynamics, and evolving views on fatherhood.

Results: Findings revealed that male involvement contributed to improved maternal health-seeking behavior, reduced physical strain, and enhanced women's emotional well-being. For men, active participation fostered responsibility, empathy, and respect for women, though some also reported stress due to systemic healthcare challenges and financial pressures. Relationship dynamics were positively influenced, with participants highlighting stronger marital bonds, trust, and shared responsibility. Male involvement also reshaped participants' perspectives on fatherhood, which was described as both a responsibility and a source of joy and fulfillment.

Conclusion: Male partner involvement in maternal healthcare extends beyond practical support, exerting profound emotional and relational impacts on both partners. Encouraging male participation not only promotes maternal health but also strengthens family relationships and redefines fatherhood. Policy and programmatic interventions should therefore integrate men as active partners in maternal health.

Keywords: Male involvement, maternal healthcare, emotional support, relational dynamics, qualitative research, gender and health, Ghana, antenatal care, cultural norms, reproductive health

References

1. World Health Organization. (2023). *Tracking universal health coverage: 2023 global monitoring report*. World Health Organization.
2. Ghana Health Service. (2023). *Annual report 2022*. Accra, Ghana: Ghana Health Service.
3. Ameyaw, E. K., Amoah, P. A., Asiama, A. A., & Agbadi, P. (2025). mHealth knowledge and usage in maternal healthcare delivery: perspectives and experiences of healthcare practitioners in Ghana. *BMJ open*, *15*(1), e092746.
4. Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative research in psychology*, *3*(2), 77-101.
5. Ansu-Mensah, M., Danquah, F. I., Bawontuo, V., Ansu-Mensah, P., Mohammed, T., Udoh, R. H., & Kuupiel, D. (2021). Quality of care in the free maternal healthcare era in sub-Saharan Africa: a scoping review of

providers' and managers' perceptions. *BMC Pregnancy and Childbirth*, *21*(1), 220.

6. Anderson, B. A., & Roberts, L. R. (Eds.). (2023). *Maternal health and American cultural values: Beyond the social determinants*. Springer Nature.

3.5 Under-represented groups (including black and ethnic minority)

‘Finding our seat at their table’: A collaborative autoethnographic exploration of the transition journey of Internationally educated nurses to western healthcare and academia ‘

Wednesday, 16th September - 09:15: 3.5 Under-represented groups (including black and ethnic minority) - Oral (concurrent session) - Abstract ID: 97

Dr. Dilla Davis (King’s College London), Dr. Sonia Sunny (University of Gothenburg)

Abstract

Background: Healthcare systems vary globally, influencing how professionals are educated and how care is delivered. For Internationally Educated Nurses (IENs), the skills acquired in their home countries may not always align with those required in their new healthcare systems, often leading to deskilling. This study aimed to explore the experiences of Indian educated nurses transitioning to Western healthcare and academia and offering insights to inform policy and practice for future transitions. Methods: As autoethnographers, we view research and writing as acts of social justice aimed at creating positive change. We used collaborative autoethnography (Chang et al 2013) to explore the transition experiences drawing on personal experiences within cultural and social contexts. By engaging in self-reflection, interviews, and collective analysis, the researchers provided reflexive narratives connecting personal stories to broader societal issues. Data collection involved personal narratives, journals, with five online meetings over five months, supported by digital platforms like Microsoft Teams and Zoom. Results: ‘Finding our seat at their table’, as the core theme underlines the process of gaining acceptance, recognition, and inclusion in our host communities, their professional space. It suggests the challenge of not just being ‘present’ but actively participating and being valued in environments where one may initially feel like an outsider. It also highlights the ‘agency’ and effort we invested to assert one’s place and demonstrate one’s worth in that space. It also highlights themes of belonging, equality, and of overcoming barriers to inclusion and the driving facilitators for integration that we encountered in the social, cultural, or professional contexts. Conclusion:This study reveals the need for structured support, transparent registration, and cultural competency to overcome barriers and fully integrate. The research emphasises the need to acknowledge the social and cultural capital these nurses bring.

References

Chang, H., Ngunjiri, F., & Hernandez, K.-A.C. (2013). Collaborative Autoethnography (1st ed.). Routledge. https://doi.org/10.4324/9781315432137

Intercultural Awareness Training and Its Impact on Nursing Practice with Children and Families Seeking Asylum: A Mixed-Methods Evaluation

Wednesday, 16th September - 09:45: 3.5 Under-represented groups (including black and ethnic minority) - Oral (concurrent session) - Abstract ID: 252

Ms. Jenny Brooks (Health Innovation Kent Surrey Sussex), Ms. Elinor Jones (Health Innovation Kent Surrey Sussex), Ms. Lucie Hooper (Health Innovation Kent Surrey Sussex), Ms. Becca Randell (Health Innovation Kent Surrey Sussex)

Abstract

Background: Frontline 0-19 practitioners working with unaccompanied asylum-seeking children (UASC) frequently report challenges in meeting their cultural, social, and developmental needs. This group experiences significant inequalities and poorer physical and mental health outcomes. This is pertinent in the Southeast of England, which recieves a high number of people seeking asylum. In response, a co-designed Intercultural Awareness training (IAT), including experiential exercises was delivered to 96 midwives, health visitors, and school nurses. A toolkit and online course have also been developed.

Aims: To evaluate the impact of IAT on practitioners' knowledge, confidence, and practice, and identify enablers and barriers to embedding intercultural awareness within services.

Method: The mixed-methods service evaluation included an online survey (n=54), in-session engagement (n=96), and post-training reflection sessions (n=21). Quantitative measures assessed acceptability, appropriateness and feasibility using Normalisation Process Theory (NPT). Qualitative data on changes in confidence, understanding, and practice were analysed by two researchers using reflexive thematic analysis (Braun & Clarke, 2006).

Results: Practitioners reported improved understanding of intercultural concepts and increased confidence, reflective practice, and tailoring of support. Training acceptability, appropriateness and feasibility were highly rated. Barriers to wider change included limited awareness of intercultural principles, insufficient organisational buy-in, time constraints, and external sociopolitical pressures.

Discussion: Experiential learning and reflective practice were effective in deepening practitioners' understanding of UASC and families' experiences and supporting behaviour change. However, embedding intercultural practice required team-level support, protected time for reflection, and broader organisational commitment including supervision and peer networks. Wider adoption IAT could reduce inequality faced by UASC and families within the UK and beyond.

Conclusion: IAT improves culturally responsive care for UASC and families. Embedding intercultural awareness across multidisciplinary teams is key to reducing inequalities and sustaining practice change. Organisations working with this population should seek to embed IAT and reflective practice to ensure culturally competent care.

References

Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology*, *3* (2), 77–101. https://doi.org/10.1191/1478088706qp063oa

Academic paper this service evaluation builds upon:

Glass D., Vella, C., Ferrell, A., Robinson, E., Randell, B., (2026). Evaluating the implementation of intercultural awareness training for the workforce supporting unaccompanied asylum-seeking children, *The British Journal of Social Work*. https://doi.org/10.1093/bjsw/bcag023

Strengthening Equitable Research Capacity in Nursing: Insights from the FAIR Nursing Study

Wednesday, 16th September - 10:15: 3.5 Under-represented groups (including black and ethnic minority) - Oral (concurrent session) - Abstract ID: 184

Dr. Yetunde Ataiyero (University of Staffordshire), Prof. Sarahjane Jones (University of Staffordshire), Ms. Shenile Lindo (University of Staffordshire), Dr. Dr Alisen Dube (University of Staffordshire), Dr. Love Onuorah (University of Staffordshire), Dr. Odunayo Omolade (University of Staffordshire)

Abstract

Background: Sustainable research capacity is essential to advancing evidence-based nursing practice and leadership. Yet inequities in access to protected research time, mentorship, and career progression continue to shape who is able to lead research within UK nursing academia. Black nursing academics remain significantly underrepresented, particularly in research leadership roles, reflecting structural constraints that limit visibility, progression, and research opportunity.

Aim: To explore barriers to conducting research among Black nursing academics in non-Russell Group UK universities, and co-create theory-informed, practical recommendations for enabling equitable research environments.

Methods: The Fostering Academic Inclusivity and Representation (FAIR) Nursing Study is a qualitative multi-study. Work Package 1 involved semi-structured interviews with Black nursing academics across non-Russell Group universities. Data were analysed using framework analysis, to identify structural and institutional conditions influencing research capacity. Work Package 2 translated findings into two national co-design workshops with key collaborators, using a modified Delphi methodology to prioritise system-level recommendations for strengthening equitable research infrastructure. (Ethics: Reference: SU_24_125)

Findings: Four key themes emerged:

(1) **Structural and institutional barriers**: teaching-heavy workloads, lack of protected research time, visa-related constraints, unclear promotion and funding processes, underrepresentation in leadership, and performative EDI activity.

(2) **Mentorship and support**: inconsistent or absent mentorship, reliance on peer networks or individual allies.

(3) **Research engagement and motivation**: personal motivation constrained by time pressures, gatekeeping, limited recognition, and exclusion from opportunities.

(4) **Intersectionality and identity**: race, gender, accent, immigration status, and neurodiversity shaping experiences of exclusion and bias.

Enablers included supportive managers, research centres, emerging institutional initiatives, recognition schemes, and peer/external networks. Nine system-level recommendations were generated, including ring-fenced research time, structured mentorship pathways, transparent progression criteria, leadership accountability, and equity audits.

Impact: The FAIR Nursing Study illustrates how equity-centred, collaborative qualitative research can strengthen research capacity, improve representation, and foster more inclusive academic cultures within UK nursing academia.

References

Ataiyero, Y., Lindo, S., Ani, O., Ubah, C., Anetekhai, C., Omolade, O.K., Onuorah, L., Dube, A. & Jones, S. (2025) *Fostering Academic Inclusion and Representation: Enhancing Research Capacity for Black Nursing Academics in UK Universities—A Qualitative Multi-Study Protocol.* Journal of Advanced Nursing. Available at: https://onlinelibrary.wiley.com/doi/pdf/10.1111/jan.70354

Bhopal, K. (2019) *Black and minority ethnic academics less likely to hold top jobs at UK universities.* Available online: http://theconversation.com/black-and-minority-ethnic-academics-less-likely-to-hold-top-jobs-at-uk-universities-125253

Crenshaw, K. (2017) *On intersectionality* New York: The New Press.

Higher Education Statistics Agency (2024) *Higher Education Staff Statistics: UK 2022/23.* Available online: https://www.hesa.ac.uk/news/16-01-2024/higher-education-staff-statistics-uk-202223

Serrant-Green, L. (2011) The sound of 'silence': a framework for researching sensitive issues or marginalised perspectives in health. *Journal of research in nursing*, 16 (4), 347–360.

Franssen, B., Freeman, J., Aiyenitaju, O., Babjide, B., Denedo, M., Iorfa, S. K. & Oyedijo, A. (2024) *Unblocking the Pipeline: Supporting the Retention, Progression and Promotion of Black Early-Career Academics.* Available online: https://www.hepi.ac.uk/2024/08/01/unblocking-the-pipeline-supporting-the-retentionprogression-and-promotion-of-black-early-career-academics/

3.6 Mental Health

Structural Patterning of Physical Restraint Across Inpatient Mental Health Services: A 41,686-Incident Observational Study

Wednesday, 16th September - 09:15: 3.6 Mental health - Oral (concurrent session) - Abstract ID: 334

Mr. Ndukwe Walter Ugwuocha (Mental Health Research for Innovation Centre), Ms. Chengeto Shoko (Mersey Care NHS Foundation Trust), Dr. Simon Nielson (University of Liverpool), Dr. Alex Challinor (Mersey Care NHS Foundation Trust), Mr. Andrew Jones (Liverpool John Moores University), Dr. Oladayo Bifarin (Liverpool John Moores University)

Abstract

Background: Reducing restrictive practice remains a global priority in mental health nursing. However, restraint is typically reported as aggregate rates, which can obscure systematic variation across wards and service configurations and limit targeted improvement.

Aim: To quantify the prevalence and structural distribution of physical restraint across 5 inpatient mental health services and examine whether restraint use varies systematically by service type.

Methods: A retrospective service-evaluation employed an observational design. All incident reports recorded within a large NHS mental health Trust between June 2024 and May 2025 (N = 41,686) were analysed. Physical restraint was identified using structured coding and enhanced through staged narrative reclassification of free-text descriptions to improve case ascertainment and assess definitional sensitivity. Between-ward variation in restraint occurrence was examined using chi-square testing and Cramér's V. Multivariable logistic regression modelled associations between inpatient service configuration and restraint occurrence, adjusting for gender. Triangulation of coded and reclassified restraint indicators was used to assess robustness of findings.

Results: Under structured coding, 3,233 incidents involved restraint (7.76%, 95% CI 7.50–8.02). Conservative and expanded definitions yielded prevalence's of 8.02% and 8.30%, respectively. Between-ward variation was substantial ($\chi^2(24) = 3{,}257.15$, $p < .001$; Cramér's V = 0.388), with more than 180-fold differences between lowest- and highest-prevalence wards. In regression analysis, compared with Acute Adult wards, Low Secure Rehabilitation (AOR = 1.69, 95% CI 1.49–1.92), Medium Secure (AOR = 1.59, 95% CI 1.43–1.77), and High Secure Services (AOR = 1.54, 95% CI 1.40–1.70) demonstrated significantly higher odds of restraint. These associations remained statistically robust under sensitivity analyses.

Discussion and conclusion: Restraint use is not evenly distributed across inpatient care; rather, it is strongly patterned by inpatient service configuration, suggesting structural influences beyond individual-level behavioural factors.

References

Duxbury, J., Baker, J., Downe, S., Jones, F., Greenwood, P., & Price, O. (2019). Minimising the use of physical restraint in acute mental health services: Outcomes from a restraint-reduction programme. *International Journal of Mental Health Nursing, 28*(3), 717–731. https://doi.org/10.1111/inm.12577

Flammer, E., Steinert, T., Krumm, S., et al. (2022). Predictors of seclusion and restraint in psychiatric hospitals: A registry-based study. *Frontiers in Psychiatry, 13*, 923456. https://doi.org/10.3389/fpsyt.2022.923456

Senthil, S., Jha, M., & Kumar, P. (2025). Prevalence and factors associated with restraints in mental health inpatient wards.*BJPsych Bulletin, 1*(1), 1–8. https://doi.org/10.1192/bjb.2025.74

Thomann, S., Spichiger, E., Koch, R., et al. (2021). Variation in restraint use between hospitals: A multilevel analysis. *BMC Psychiatry, 21*, 245. https://doi.org/10.1186/s12888-021-03285-5

Improving the delivery of enhanced therapeutic observations and care for patients with mental health needs in an acute general hospital setting: Design, implementation, and evaluation of an innovative training programme

Wednesday, 16th September - 09:45: 3.6 Mental health - Oral (concurrent session) - Abstract ID: 366

Mr. Simon Arday (Imperial College Healthcare NHS Trust), Ms. Hannah Collier (Imperial College Healthcare NHS Trust), Mr. Ryan Passey (Imperial College Healthcare NHS Trust), Mr. Allen Bvindi (Imperial College Healthcare NHS Trust)

Abstract

Background: Enhanced Therapeutic Observations and Care (ETOC) (NHS England, 2024) are used in acute general hospitals to support patients with mental health needs where there are risk-related concerns.

Practice variation is common – increasing the potential for patient safety events (Health Services Safety Investigations Body, 2024). This is observed in multiple aspects of ETOC, including workforce deployment and staff training (Giandinoto and Edward, 2014). Within these settings, ETOC is often provided by healthcare support workers (HCSW). Where role expectations are unclear, staff can feel underprepared to manage emotional distress and associated risks in a therapeutic manner (Cook et al., 2020).

Methods: An in-house training programme was collaboratively designed, and piloted across an English National Health Service (NHS) acute trust over a 16-month period (May 2024 to September 2025). This 1-day course ('ENHANCED' - Equipping the Nursing support workforce to Holistically Assess Needs and Care for Emotionally Distressed patients) consisted of brief didactic sessions, and interactive activities for consolidation. Learning was structured around a scaffolded, unfolding clinical scenario to support clinical reasoning and therapeutic decision-making.

Pre-post questionnaires, and post-course, open-ended feedback were collected. Descriptive and inferential (paired t-tests) analyses was used pragmatically to support local interpretation of change, and individual feedback statements were summarised thematically.

Results: Statistically significant improvements ($p < .001$) in self-reported confidence were observed across all six programme domains. This included: recognition of emotional distress; person-centred supportive engagement; maintaining safety; and escalation. Post-course feedback was largely positive, with the perceived benefits and application to practice the most common themes compiled.

Conclusion: 'ENHANCED' has the potential to strengthen the delivery of ETOC in acute care for people with mental health needs. While undertaken as a local service evaluation, this initiative provides transferable learning for other organisations seeking to sustainably improve how ETOC training is structured and received by staff.

References

Cook, J., Palesy, D., Lapkin, S., Chenoweth, L., 2020b. An observational study of older patient specialling in acute hospital settings. International Journal of Older People Nursing 15, e12323. https://doi.org/10.1111/opn.12323

Giandinoto, J.-A., Edward, K., 2014. Challenges in acute care of people with co-morbid mental illness. Br J Nurs 23, 728–732. https://doi.org/10.12968/bjon.2014.23.13.728

Health Services Safety Investigations Body, 2024. Investigation report: Patients at risk of self-harm: continuous observation. Health Services Safety Investigations Body.

NHS England, 2024. Enhanced Therapeutic Observations and Care programme [WWW Document]. NHS England. URL https://www.england.nhs.uk/nursingmidwifery/enhanced-therapeutic-observations-and-care-programme/ (accessed 8 March 2026).

Implementation ready: Designing a systems framework for nurse-led behavioural emergency response team

Wednesday, 16th September - 10:15: 3.6 Mental health - Oral (concurrent session) - Abstract ID: 564

Dr. C.J. Cabilan (Princess Alexandra Hospital), Mr. Duncan Brown (Princess Alexandra Hospital), Ms. Karen Taurima (Princess Alexandra Hospital), Dr. Robert Eley (University of Queensland), Prof. Andrew Staib (Deputy Medical Director)

Abstract

Objective: Behavioural emergencies and violence due to agitation are increasing in frequency and severity placing substantial pressure and safety concerns in emergency departments (EDs). Behavioural Emergency Response Teams exist as a specialised model, yet little is known about how frontline staff experience these teams. This study aimed to develop a systems-informed framework for understanding the role, value, and operational dynamics of our local response team – Response to Occupational Violence Emergencies or ROVE - from the perspective of ED staff.

Methods: Using qualitative methodology, semi-structured interviews were conducted with ED staff. Participants were invited to describe their interactions with ROVE, how ROVE works, and its perceived outcomes. Data analysis was deductive using System Engineering Initiative for Patient Safety (SEIPS 101) Framework.

Findings: Nineteen participants from nursing, medical, security, administrative roles and ROVE clinicians identified ROVE's primary purpose as reducing and managing violence in EDs. Narratives revealed ROVE's Structure, Process, Outcomes, and Opportunities for Improvement. Four structural features underpin ROVE: a nurse-led model of care, advanced scope of nursing practice, core skills and attributes, and its physical base in the ED. ROVE processes are sequential and collaborative involving comprehensive risk assessment, rapport-building and de-escalation, least restrictive principles, then referral or disposition. Outcomes highlighted by participants included improved patient experience through early engagement, enhanced staff safety, and reduced disruption to ED workflow. Despite strong support for ROVE's transferability, there was strong advocacy for organisational strategies to support ROVE clinicians' wellbeing given the psychosocial demands of the role.

Conclusions: This study provides new insights about how ED staff engage with a behavioural emergency team. This study offers practical systems-level model to guide service design, workforce development, and organisational policy. Embedding behavioural emergency teams may enhance safety and support for staff to reduce and manage violence in EDs.

References

Taurima K. Response to Occupational Violence in Emergency (ROVE). Aust Nurs Midwifery J 2021;27(5):43.

Tosswill H, Cabilan CJ, Learmont B, Taurima K. A descriptive study on the use of restrictive interventions for potentially or actually violent patients in the emergency department. Australasian Emergency Care. 2023 Mar 1;26(1):7-12.

Schulz-Quach C, Gorla J, Reynolds C, Sethi R, Lyver B. The life cycle of a Code White: A framework for managing workplace violence. NEJM Catalyst Innovations in Care Delivery 2024;5(3):CAT. 23.0352.

3.7 SYMPOSIUM - Driving digital health leadership across Europe

Driving digital health leadership across Europe/Paper 1: Overarching statement and introducing new co-designed Conceptual Model

Wednesday, 16th September - 09:15: 3.7 SYMPOSIUM - Driving digital health leadership across Europe - Symposium - Abstract ID: 424

Prof. Vanessa Heaslip (University of Salford), Prof. Natasha Phillips (Future Nurse)

Abstract

This symposium presents the current picture of nursing and midwifery digital health leadership across Europe utilising a Narrative Arc Framework.

This first paper in the symposium sets the context and summarises the development of the underpinning framework and explores how this was used to guide the subsequent work that is presented in the companion papers. This paper examines how the group came together through the Global Nursing Leadership Institute (GNLI) programme, how digital health policy development was identified as the focus for the work of this group of international nurse leaders and the development of our strategic collaboration with WHO Europe to influence Nursing and Midwifery practice. In the session we shall begin by exploring why Nursing and Midwives need to be at the forefront of the global digital health agenda as well as presenting the current European picture of nursing and midwifery leadership in digital health.

We shall then present the conceptual model we developed with WHO Europe partners which drove subsequent projects (presented in presentations 2 and 3). This conceptual model utilised the WHO Global Strategic Directions for Nursing and Midwifery 2021–2025 to explore how nurses and midwives can be effectively and safely engaged in the digital transformation of healthcare systems to support a path towards achieving universal health coverage and other population health goals.

The symposium concludes by our reflections of working together and next steps (Paper 4).

References

Mandlebaum, J., Fuller, T.J., 2021. What Is the Story You Want to Tell? Utilizing the Narrative Arc as an Academic Writing Framework for Graduate Students in Health

Promotion. Pedagogy in Health Promotion: The Scholarship of Teaching and Learning

Vol. 7(2); 144–147.

World Health Organization. 2021. Global strategy on digital health 2020-2027. Available from: https://www.int/publications/b/81640 [accessed 05 Mar 2026]

World Health Organization. 2021. Building better together roadmap to guide implementation of the global strategic directions for nursing and midwifery in the WHO European region. Available from: https://www.who.int/europe/publications/i/item/WHO-EURO-2021-4464-44227-62471 [Accessed 05 Mar 2026]

Driving digital health leadership across Europe/Paper 2 – Current nursing and midwifery contribution to leading digital health policy and practice: An integrative review

Wednesday, 16th September - 09:15: 3.7 SYMPOSIUM - Driving digital health leadership across Europe - Symposium - Abstract ID: 422

Prof. Gillian Janes (Anglia Ruskin University), Prof. Joanne Reid (Queens University Belfast)

Abstract

Aim: To review the current nursing and midwifery contribution to leading digital health (DH) policy and practice, and what facilitates and/or challenges this.

Design: Integrative literature review.

Methods: The review was guided by a recognised integrative review methodology. Pre-defined inclusion criteria were used. Study selection and quality assessment using the appropriate critical appraisal tools were completed independently by two authors, followed by narrative synthesis.

Data Sources: Six databases and hand searching for papers published from 2012 to February 2024.

Findings: Four themes were identified from 24 included papers. These are discussed according to the World Health Organization's Global Strategic Directions for Nursing and Midwifery and indicate nurses/midwives are leading DH policy and practice, but this is not widespread or systematically enabled.

Conclusion: Nurses and midwives are ideally placed to help improve health outcomes through digital healthcare transformation, but their policy leadership potential is underused.

Implications for the profession and/or patient care: Nurses/midwives' DH leadership must be optimised to realise maximum benefit from digital transformation. A robust infrastructure enabling nursing/midwifery DH policy leadership is urgently needed.Impact: This study addresses the lack of nursing/midwifery voice in international DH policy leadership. It offers nurses/midwives and health policymakers internationally the opportunity to: drive better understanding of nursing/midwifery leadership in a DH policy context; enhance population outcomes by optimising their contribution; Develop a robust infrastructure to enable this.

References

Souza, M. T., Silva, M. D., & Carvalho, R. (2010). Integrative review: What is it? How to do it? Einstein (São Paulo), 8, 102–106

WHO. (2021). WHO global strategic directions for nursing and midwifery 2021–2025. World Health Organization

WHO (2021). Global strategy on digital health 2020–2025. World Health Organization

Driving digital health leadership across Europe/Paper 3 – Advancing Digital Nursing and Midwifery Leadership: Policy Implementation across the World Health Organisation European Region

Wednesday, 16th September - 09:15: 3.7 SYMPOSIUM - Driving digital health leadership across Europe - Symposium - Abstract ID: 437

Prof. Joanne Reid (Queens University Belfast), Prof. Gillian Janes (Anglia Ruskin University)

Abstract

Aim: To examine how national nursing and midwifery leaders are implementing the International Council of Nursing position statement on digital transformation and the World Health Organization Digital health action plan for the European Region (2023–2030), and identify factors influencing digital health policy implementation.

Design: Sequential multi-method study.

Methods: Phase one comprised an online survey of national nursing and midwifery leaders with responsibility for digital health policy implementation across all WHO European Region member states. Phase two involved three online focus groups with survey participants (n=6) to explore findings in greater depth. Survey data were analysed descriptively. Qualitative data from focus groups and free-text survey responses were analysed using reflexive thematic analysis. Quantitative and qualitative findings were integrated during interpretation.

Results: Four integrated themes were identified (from 24 survey responses, 19 countries): (1) awareness and integration of digital health policy, (2) nursing and midwifery leadership in a digital health context, (3) workforce capability and capacity, and (4) infrastructure and systems readiness. An overarching theme of person-centred digital care underpinned all findings. Participants reported variable awareness of WHO and ICN policies, limited visibility and legitimacy of nursing and midwifery leadership roles in digital governance, gaps in digital competencies and leadership pathways, and ongoing challenges related to system interoperability and infrastructure maturity.

Conclusion: Structural, educational, and governance barriers limit national nursing and midwifery leaders on digital health policy implementation across the WHO European Region.

Implications for Nursing: Strengthening leadership roles, digital policy literacy, and nursing and midwifery involvement in digital governance is essential to enable effective, equitable, and person-centred digital health transformation.

References

Braun, V., Clarke, V. Reflecting on reflexive thematic analysis. Qual. Res. Sport Exerc. Health 11(4), 589–597 (2019). https://doi.org/10.1080/2159676X.2019.1628806

International Council of Nurses [ICN]. The future of nursing and digital health: New ICN position statement highlights opportunities and risks. 2023. https://www.icn.ch/sites/default/files/2023-08/ICN%20Position%20Statement%20Digital%20Health%20FINAL%2030.06_EN.pdf 2.

World Health Organization. Global strategy on digital health 2020-2025. Geneva: World Health Organization; 2021. https://www.who. int/9789240020924-eng.pdf

World Health Organization. Regional digital health action plan for the WHO European Region 2023–2030 [Internet]. Geneva: World Health Organization; 2022. Available from: EUR/RC72/5

Driving digital health leadership across Europe/Paper 4 – Reflection on working together/next steps

Wednesday, 16th September - 09:15: 3.7 SYMPOSIUM - Driving digital health leadership across Europe - Symposium - Abstract ID: 438

Ms. Bente Lüdemann (Norwegian Nurses Organisation), Mr. Rolf-Andre Oxholm (Norwegian Nurses Organisation), Prof. Michael Shannon (Royal College of Surgeons in Ireland)

Abstract

Background: The previous presentations have outlined this group's work both during and after the GNLI 2021 Programme. In this paper, we describe and reflect upon how we succeeded in working effectively together.

Methods: The group used a narrative story arc framework, a chronological approach to visualising how we, as nurses with multidisciplinary expertise, collaborated and functioned as a cohesive team across international borders.

Eight senior European nurses met while participating in a strategic policy leadership programme organised by the ICN. Owing to the pandemic, the programme was delivered digitally rather than through the usual in-person gatherings in Geneva. This required us to get to know one another and work collaboratively on a digital platform.

Our first workshop at the WHO Regional Office for Europe, in Copenhagen, where we completed our project assignment, was a great success. We had respect for and trust in one another, enabling us to draw out the strengths of each member.

The team maintained their collaboration after the programme, securing grant funding and presenting their work at international webinars and congresses.

Results: Our empirical results were presented earlier in this symposium.

The pandemic and the initial necessity of meeting only digitally strengthened our cohesion. A major strength of the group is the wide range of expertise it encompasses, including research and education, nurse leadership, national policy development, national nursing organizations, and frontline practice. This diversity enabled us to draw upon a wide range of professional networks. Since completing the programme, we have further developed our collaboration with the WHO Regional Office for Europe.

Conclusion: Bringing together nurses who share a strong commitment to the profession can break down cultural and linguistic barriers and prove highly productive, enabling each member's potential to be realised. We genuinely enjoy working together.

References

Abdelwahab Ibrahim El-Sayed A, Shaheen RS, Farghaly Abdelaliem SM. (2024) Collaborative leadership and productive work performance: The mediating role of nurses' innovative behavior. International Nursing Review. 71(4):868-78.

Mandelbaum J and Fuller TJ (2021) What is the story you want to tell? Utilizing the narrative arc as an academic writing framework for graduate students in health promotion. Pedagogy in Health Promotion Vol 7(2) 144-147.

Wichaikhum, O., Abhicharttibutra, K., Nantsupawat, A., Kowitlawakul, Y. and Kunaviktikul, W., (2020) Developing a strategic model of participation in policy development for nurses. *International Nursing Review*, *67*(1), pp.11-18.

Best student abstract

Technology-Enabled Deprescribing Interventions for Older Adults: A Realist Synthesis

Wednesday, 16th September - 11:20: Best student abstract - Oral (concurrent session) - Abstract ID: 596

Mr. Arun Vamadevan (University of Salford), Prof. Heather Iles-Smith (University of Salford), Prof. Helen Hurst (University of Salford), Prof. Lauren Walker (University of Liverpool)

Abstract

Background: Digital tools such as clinical decision support systems are increasingly used to support deprescribing (1) for older adults with polypharmacy, yet their impact varies across settings. Existing reviews measure effectiveness but offer little explanation for why identical technology succeeds in one context and fails in another.

Aims: To develop explanatory programme theories clarifying how, why, and under what circumstances digital deprescribing interventions succeed or fail in optimising medication use for older adults.

Methods: A realist synthesis following RAMESES guidelines (2). Seven databases were searched from inception to December 2025, identifying 1,079 records. Twenty-three studies across primary care, hospital, community, and emergency settings were included. Context-mechanism-outcome configurations were refined into programme theories.

Results: Seven programme theories were developed. Technology alone consistently failed to change prescribing behaviour; success depended on the interaction between tool design, human mediation, and organisational context. Interventions embedded within routine workflows reduced cognitive burden and were perceived as supportive. When recommendations were endorsed by pharmacists or discussed within multidisciplinary teams, clinicians trusted and acted on the output. Standalone systems generating generic alerts or lacking clinical explanation triggered alert fatigue, distrust, and selective non-use. Patient engagement improved when deprescribing was linked to individual goals and personalised risk. Organisational readiness, including leadership endorsement and digital maturity, emerged as critical for sustained implementation.

Discussion: These findings reframe digital deprescribing as a sociotechnical process shaped by professional relationships, organisational infrastructure, and governance. Consistent with the NASSS framework (3), adoption depended on alignment across system levels. The theories explain why pilot successes fail to scale and offer transferable principles across healthcare systems with varying digital maturity.

Conclusions: Effective digital deprescribing requires embedding technology within clinical relationships, workflows, and governance structures. These theories provide theory-driven guidance for designing and evaluating interventions across diverse settings.

References

1. Scott, I.A., Hilmer, S.N., Reeve, E., Potter, K., Le Couteur, D., Rigby, D., Gnjidic, D., Del Mar, C.B., Roughead, E.E., Page, A., Jansen, J. and Martin, J.H. (2015) 'Reducing inappropriate polypharmacy: the process of deprescribing', JAMA Internal Medicine, 175(5), pp. 827–834.
2. Wong, G., Greenhalgh, T., Westhorp, G., Buckingham, J.M. and Pawson, R. (2013) 'RAMESES publication standards: realist syntheses', BMC Medicine, 11, p. 21.
3. Greenhalgh, T., Wherton, J., Papoutsi, C., Lynch, J., Hughes, G., A'Court, C., Hinder, S., Fahy, N., Procter, R. and Shaw, S. (2017) 'Beyond adoption: a new framework for theorizing and evaluating nonadoption, abandonment, scale-up, spread, and sustainability (NASSS) of health and care technologies', Journal of Medical Internet Research, 19(11), p. e367.

Poster Tour E: Workforce and Employment

Poster 1 - Approaches, implementation, and impact of Interprofessional Education (IPE) in pre-registration health and social care professionals: an integrative review.

Wednesday, 16th September - 13:05: Poster Tour E: Workforce and employment - Poster - Abstract ID: 259

Mr. Kwame Awiagah (Edinburgh Napier University), Prof. Inga Heyman (Edinburgh Napier University), Prof. Sam Illingworth (Edinburgh Napier University)

Abstract

Background: Interprofessional Education (IPE) is promoted globally to prepare health and social care (HSC) students for collaborative practice and improved patient outcomes. However, substantial variation exists in how IPE is designed, implemented and evaluated within pre-registration HSC programmes. A clearer synthesis of implementation approaches and reported impact is required to inform curriculum development and health education policy.

Aims: This review aims to;

1. Examine the teaching approaches used in pre-registration IPE and their reported impact on students' readiness for collaborative practice.
2. Identify the factors influencing IPE implementation across health and social care education settings.

Methods: An integrative review methodology was employed to include quantitative, qualitative and mixed-methods studies. Systematic searches were conducted across major health and education databases. Eligible studies evaluated IPE interventions involving pre-registration health and social care students and reported implementation processes and/or collaborative practice outcomes. The review followed the Whittemore & Knafl, (2005) framework for undertaking integrative review. Data extraction focused on IPE approaches, implementation factors, and learning outcomes, which were mapped against the modified Kirkpatrick framework. A narrative synthesis was used to identify patterns, variations, and contradictions across the evidence base.

Results: IPE interventions were most commonly delivered through simulation, case-based learning, team-based activities and practice-based placements, in face-to-face, blended or virtual formats. Key facilitators included institutional leadership support, curriculum integration, and clearly defined learning outcomes. Barriers included timetabling constraints, logistical challenges and variable student engagement. Most studies reported improvements in students' self-reported attitudes, knowledge and perceived collaborative competencies. However, evaluation predominantly focused on short-term learner outcomes, with limited longitudinal or practice-based impact assessment.

Conclusions: While IPE demonstrates positive effects on students' readiness for collaborative practice, greater methodological consistency and longitudinal evaluation are needed to establish sustained impact beyond graduation.

References

Barr, H., Koppel, I., Reeves, S., Hammick, M., & Freeth, D. (2005). *Effective Interprofessional Education: Argument, Assumption and Evidence* (1st ed.). Wiley. https://doi.org/10.1002/9780470776445.

Naeem, M., Ozuem, W., Howell, K., & Ranfagni, S. (2023). A Step-by-Step Process of Thematic Analysis to Develop a Conceptual Model in Qualitative Research. *International Journal of Qualitative Methods*, *22*. https://doi.org/10.1177/16094069231205789.

Toronto, C. E., & Remington, R. (Eds.). (2020). *A Step-by-Step Guide to Conducting an Integrative Review*. Springer International Publishing. https://doi.org/10.1007/978-3-030-37504-1.

Whittemore, R., & Knafl, K. (2005). The integrative review: Updated methodology. *Journal of Advanced Nursing*, *52*(5), 546–553. https://doi.org/10.1111/j.1365-2648.2005.03621.x.

WHO. (2010). *Framework for action on interprofessional education and collaborative practice*. https://www.who.int/Publications/i/Item/Framework-for-Action-on-Interprofessional-Education-Collaborative-Practice.

Poster 2 - Burnout Busters: Co-producing a practical toolkit with mental health nurses to prevent and manage burnout

Wednesday, 16th September - 13:05: Poster Tour E: Workforce and employment - Poster - Abstract ID: 213

Mrs. Blue Pike (Hampshire and Isle of Wight Healthcare NHS Foundation Trust), Mrs. Chloe Hughes (Hampshire and Isle of Wight Healthcare NHS Foundation Trust), Ms. Harriet Hughes (Hampshire and Isle of Wight Healthcare NHS Foundation Trust), Mr. Daniyal Naeem (Hampshire and Isle of Wight Healthcare NHS Foundation Trust), Dr. Leire Ambrosio (University of Southampton)

Abstract

Background: Burnout among mental health nurses is a significant international workforce challenge, linked to emotional exhaustion, reduced wellbeing, staff attrition and poorer patient outcomes (Hall et al., 2016). In the UK, burnout contributes to sickness absence and turnover, placing pressure on NHS services (West et al., 2020). Involving staff in co-producing solutions can improve engagement and implementation of wellbeing interventions (Slattery et al., 2021). Practical nurse-led tools to address burnout remain limited.

Aims: To explore experiences and drivers of burnout among mental health nurses and co-produce a practical toolkit to support identification, prevention and management.

Methods: An RCN-funded service evaluation and participatory practice-development project was conducted within Hampshire and Isle of Wight Healthcare NHS Foundation Trust. Data were collected February–March 2026 through one co-production workshop with community mental health nurses (n=6) and five drop-in sessions with inpatient nurses (n=26). Facilitated discussions explored causes, signs and impacts of burnout, strategies for prevention and management, and priorities for a toolkit. Notes were analysed using thematic analysis.

Results: Participants described burnout as common and cumulative. Drivers included workload pressures, administrative burden, staff shortages and limited influence over organisational processes. Signs included emotional exhaustion, reduced motivation and withdrawal from colleagues. Impacts extended beyond individual wellbeing to team morale, retention and patient care. Some strategies were within individual control (e.g., boundary setting), while others required organisational support. Participants prioritised toolkit components including boundary-setting pledges, clearer wellbeing resources, reflective spaces and leadership modelling healthy working practices.

Discussion and Conclusions: Co-producing solutions with nurses generated practical strategies addressing individual and organisational contributors to burnout. Next steps involve testing and refining the toolkit with nurses before wider implementation. This participatory approach demonstrates how engaging nurses in identifying challenges and tailoring solutions can strengthen workforce wellbeing and may be replicated internationally to support sustainable nursing practice.

Poster 3 - Suicidal Outcomes in Mental Health Nurses: Systematic Review of Prevalence, Risk Factors and Support Mechanisms

Wednesday, 16th September - 13:05: Poster Tour E: Workforce and employment - Poster - Abstract ID: 370

Ms. Lizzie Davies (Liverpool John Moores University), Prof. Lisa Newson (Liverpool John Moores University), Prof. Pooja Saini (Liverpool John Moores University), Dr. Walter Tasosa (Liverpool John Moores University), Dr. Emma Wadey (Hertfordshire Partnership NHS Foundation Trust), Dr. Oladayo Bifarin (Liverpool John Moores University)

Abstract

Background: Mental health nurses (MHNs) experience disproportionately high psychological distress and suicidal ideation (SI). Yet workforce-specific evidence remains fragmented and under-synthesised. Notably, much of the literature lacks explicit grounding in established theoretical frameworks, limiting explanatory depth and translational value. This systematic review aimed to (1) synthesise evidence on SI prevalence among MHNs, (2) identify associated psychological and occupational correlates, and (3) identify gaps and priorities in support mechanisms, with attention to implications for digitally enabled detection and prevention strategies.

Methods: A systematic search of five databases (MEDLINE, CINAHL, PsycInfo, Scopus, Web of Science) and grey literature was conducted November-December 2025. Studies reporting MHN-specific data on suicidal outcomes (ideation, self-harm, attempts, or mortality) and associated risk or support factors were included. Screening followed PRISMA guidelines, yielding twelve studies. Findings were synthesised using a narrative approach, focussing on recurring psychological and occupational determinants.

Findings: SI was frequently reported, while evidence on self-harm, attempts and suicide mortality was limited. Suicidal outcomes were repeatedly associated with psychological distress (particularly depression, anxiety and burnout) and occupational stressors including high workload, workplace violence, understaffing and limited organisational support. Evidence for MHN-specific interventions was limited.

Discussion: SI among MHNs appears occupationally embedded and cumulative, emerging from interactions between psychological vulnerability and workplace pressures. Stigma and confidentiality concerns likely impede help-seeking behaviours. Given the prominence of modifiable occupational stressors and distress markers, there is scope for digitally enabled early detection and intervention. AI-assisted screening tools integrated within workforce systems, alongside confidential digital help-seeking pathways, may offer scalable, stigma-reducing prevention approaches.

References

Banerjee, D., Varshney, P., & Vajawat, B. (2020). "Guarding the Gatekeepers": Suicides among Mental Health Professionals and Scope of Prevention, A Review. *PSYCHIATRY RESEARCH*, *294*, Article 113501. https://doi.org/10.1016/j.psychres.2020.113501

Rebair, A., Evans, C., Sunley, K., & Jones, S. (2024). *Understanding the factors underpinning suicidal ideation amongst the UK nursing workforce from 2022 to 2024* RCN. https://www.rcn.org.uk/Professional-Development/publications/rcn-suicidal-ideation-amongst-the-uk-nursing-workforce-2022-to-2024-uk-pub-011-781

Riley, R., Causer, H., Patrick, L., & Rogowsky, R. (2024). Why are dominant suicidology approaches failing nurses? A call for a feminist critical suicidology perspective. *Journal of advanced nursing*, *80*(4). https://doi.org/10.1111/jan.15899

Poster 4 - Unlocking Curiosity: A Collaborative Approach to Strengthening Nursing, Midwifery and Allied Health Profession (NMAHP) Research Capacity Through Stakeholder Engagement.

Wednesday, 16th September - 13:05: Poster Tour E: Workforce and employment - Poster - Abstract ID: 434

Ms. Nicky Cunningham (South Tees Hospitals NHS Foundation Trust), Prof. Emma Giles (Teesside University), Prof. Cormac Ryan (Teesside University), Dr. Ruth Boocock (Teesside University), Ms. Andrea Burrows (Teesside University)

Abstract

Background: Nurses, Midwives and Allied Health Professionals often experience barriers to engaging with research, including, lack of confidence, unclear pathways into research, and organisational constraints. The Unlocking Curiosity project, a collaboration between Teesside University and University Hospitals Tees, aims to address these barriers through the co-design of a bespoke educational intervention for clinical and academic NMAHPs. Stakeholder engagement was used to ensure the intervention reflected real contexts and supported sustainable cultural change.

Aim: To explore perspectives from NMAHPs, professional leaders, and patient and public contributors, to inform the production of an accessible and meaningful research education intervention.

Method: The NIHR six-step engagement framework (2023) guided this stakeholder engagement. Nine semi-structured interviews were conducted with clinical and academic NMAHPs, professional leads and patient and public involvement representatives. Data were analysed using thematic analysis following Braun and Clarke. Stakeholder mapping was supported by Mendelow's power–interest matrix to ensure a balanced and inclusive engagement process.

Results: Five themes were identified. Barriers included limited time, lack of mentorship, unclear pathways and fear of academic language. Enablers included leadership support, mentorship, professional curiosity and desire to improve patient care. Stakeholders preferred modular, practical and blended learning formats that fit clinical demands and authentic co-production as essential.

Discussion: Stakeholder/ Patient and Public Involvement and Engagement (PPIE) can act as both a method for gathering insights and a mechanism that helped shift perceptions of research. Participants reported increased ownership and relevance when directly involved in shaping the intervention. The findings are consistent with national evidence demonstrating the importance of organisational support and mentorship in building NMAHP research capacity.

Conclusion: Involving NMAHPs and public contributors in co-design strengthens the relevance and legitimacy of person-centred research education. The resulting intervention will aim to support a more confident and research-active workforce and help embed research more effectively into everyday practice.

References

Braun, V. and Clarke, V. (2006) 'Using thematic analysis in psychology', Qualitative Research in Psychology, 3(2), pp. 77–101.

Cooke, J. (2005) 'A framework to evaluate research capacity building in health care', BMC Family Practice, 6(44).

Greenhalgh, T., Jackson, C., Shaw, S. and Janamian, T. (2019) 'Achieving research impact through co-creation in community-based health services', Milbank Quarterly, 94(2), pp. 392–429.

INVOLVE (2021) Public involvement in research: Values and principles framework. National Institute for Health Research.

Mendelow, A. (1991) 'Environmental scanning: The impact of stakeholder concept', ICIS Proceedings, pp. 407–418.

Newington, L. et al. (2023) 'Development of a framework and research impact capture tool for NMAHPPs', BMC Health Services Research, 23(1).
Tomlinson, E. & Parker, R., 2021. *Six-Step Stakeholder Engagement Framework*. Version 1.0. NIHR Network Support Fellows. Cochrane.
Nightingale, J. et al. (2022) 'Clinical academic research internships: What works for nurses and allied health professionals', Journal of Clinical Nursing, 31, pp. 318–328.

Poster 5 - Building a Research Active NMAHP Workforce: Evaluation of the UHB Chief Nurse Scholarships and Fellowships

Wednesday, 16th September - 13:05: Poster Tour E: Workforce and employment - Poster - Abstract ID: 458

Mrs. Jocelyn Choyce (University Hospitals Birmingham NHS Foundation Trust), Ms. Teresa Melody (University Hospitals Birmingham NHS Foundation Trust)

Abstract

Background: Nurses, Midwives and Allied Health Professionals (NMAHPs) are key to delivering high-quality, evidence-based care, yet many face barriers to engaging in research[(1)], including limited training, reduced confidence and lack of structured pathways. To address this and support the NHS Long Term Workforce Plan [(2)], University Hospitals Birmingham (UHB) established the Chief Nurse Scholarship (CNS), Chief Nurse Digital Scholarship (CNDS) and Chief Nurse Fellowship (CNF) programmes to build NMAHP research capability and confidence.

Aims: To evaluate the impact of the CNS and CNF programmes on NMAHP workforce development.

Methods: Participants received protected time for structured research training, academic mentorship, and support to design and complete a research project, service evaluation, or Quality Improvement (QI) project. CNS and CNDS participants completed a Master's-level research module, while those on the CNF undertook a funded MRes in Clinical Health Research. Project proposals underwent review by senior academics, who advised on methodology and design, whilst collaboration with the Trust's Clinical Research Ambassador Group (CRAG), a patient and public involvement and engagement (PPIE) panel with lived experience, ensured projects were co-designed, relevant, and accessible.

Programme impact was assessed through project outputs and qualitative feedback.

Results: Since 2023, 44 NMAHPs (17 nurses, 2 midwives, 25 AHPs; Bands 5–8a) from diverse ethnicities have completed the programmes. Participants delivered research and QI projects that improved patient information, streamlined care pathways and generated service efficiencies. Eight projects were presented regionally, nationally or internationally. Participants reported increased confidence, capability and readiness to lead research and found CRAG involvement enhanced quality and improved the accessibility of participant-facing materials.

Discussion and Conclusions: As a sustained investment in workforce development—and aligned with the NHS Long Term Workforce Plan—the programmes support professional development, helping to build a highly capable, improvement-focused workforce committed to delivering higher-quality care across the NHS.

References

1. Palmer et al. BMC Health Services Research (2023) 23:647
https://doi.org/10.1186/s12913-023-09612-3

2. NHS England. The NHS long term plan (2023). Available from: https://www.england.nhs.uk/long-read/nhs-long-term-workforce-plan-2/

Poster 6 - Bring Your Own Device in NHS Clinical Practice: A Cross-Trust Survey of Staff Perspectives

Wednesday, 16th September - 13:05: Poster Tour E: Workforce and employment - Poster - Abstract ID: 488

Dr. Sarah Clinch (University of Manchester), Dr. Isobel McMillan (University of Salford), Prof. Heather Iles-Smith (University of Salford)

Abstract

Background: Healthcare professionals' use of personal devices at work, for work tasks, is known as bring your own device (BYOD) and is a growing phenomenon[1]. It has the potential to increase efficiency, reduce NHS costs and enhance job satisfaction. However, BYOD may increase digital security and privacy issues and information governance challenges [2-4].

The aims of this study were to determine healthcare professionals' views, behaviours and understanding of the benefits and challenges associated with BYOD on their clinical practice and workplace.

Method: Ethics approval was gained from the NHS Health Research Authority (HRA:263622). An anonymous virtual survey of health and care professionals was shared across five NHS Trusts. Demographic data and professional background were recorded as well as participants behaviours and opinions on personal device usage at work and related security/privacy practices. Descriptive analysis and multinomial regression were conducted.

Results: 1187 health and care professionals responded with 75% responding that they used a personal device for work purposes (41% did so > 50% of the time), many had done so as part of the Covid-19 response. 80% of participants viewed BYOD for email access positively; more mixed views were held on accessing patient records. 92% perceiving NHS digital technologies to be secure, but at least 80% reported privacy and security concerns around their own devices (BYOD) particularly related to accidental data breaches and responsibility for securing data. 61% of participants reported being unsure if their employer had a BYOD policy and 23% correctly report policy presence/absence.

Conclusions: Health and care professionals commonly use their personal devices at work for work activity and valued its use. Concerns and lack of understanding regarding BYOD policies, security and privacy were expressed by staff suggesting a need for greater support and more explicit policy sharing with regards to BYOD within NHS organisations.

References

1. Tafheem Ahmad Wani, Antonette Mendoza, and Kathleen Gray. BYOD in hospitals-security issues and mitigation strategies. In Proceedings of the Australasian Computer Science Week Multiconference, pages 1–10, 2019.
2. Tafheem Ahmad Wani, Antonette Mendoza, Kathleen Gray, and Frank Smolenaers. BYOD usage and security behaviour of hospital clinical staff: An Australian survey. International Journal of Medical Informatics, 165:104839, 2022.
3. Rikesh K Patel, Adele E Sayers, Nina L Patrick, Kaylie Hughes, Jonathan Armitage, and Iain Andrew Hunter. A uk perspective on smartphone use amongst doctors within the surgical profession. Annals of Medicine and Surgery, 4(2):107–112, 2015.
4. Judith Kraushaar and Sabine Bohnet-Joschko. Smartphone use and security challenges in hospitals: a survey among resident physicians in germany. International Journal of Environmental Research and Public Health, 19(24):16546, 2022

Poster 7 - Retaining Experience: Co-Designed Workforce Solutions for Senior Registered Nurses

Wednesday, 16th September - 13:05: Poster Tour E: Workforce and employment - Poster - Abstract ID: 525

Dr. Gemma Doleman (Edith Cowan University), Dr. Annemarie De Leo (Edith Cowan University), Dr. Martina Costello (Murdoch University), Ms. Rosalind Gnomes (Sir Charles Gairdner Osborne Park Health Care Group), Dr. Laura Hynes (Edith Cowan University)

Abstract

Background: Senior registered nurses play an essential role in creating and sustaining positive practice environments, mentoring junior staff, and ensuring continuity of patient care[1,2,3]. However, health systems worldwide are experiencing growing challenges in retaining experienced nurses, driven by burnout, workload pressures, and limited career support[3, 4].Therefore, innovative and collaborative strategies are needed to retain this experienced workforce.

Aim: The aims were to;

- examine senior registered nurses' satisfaction with organisational communication, job satisfaction, burnout, and intention to stay.
- co-design strategies to improve workplace satisfaction and retention.

Methods: A two-phase mixed-methods study was conducted across two metropolitan health service sites in Western Australia. Phase1 involved a cross-sectional survey examining senior registered nurses' experiences, conducted 2024. Phase2 applied a four-stage co-design process engaging senior registered nurses and members of the Nursing Executive Committee to develop solutions to workforce challenges conducted 2025.

Results: A total of 103 surveys were returned. Eight key workforce challenges were identified: career progression and performance, staffing and mentoring, communication, workload, work–life balance and wellbeing, recognition, work environment and culture, and quality of patient care.

Through co-design with senior nurses and executive leaders, work–life balance and wellbeing were identified as the most critical drivers of workforce sustainability. Eight workshops generated practical nurse-led strategies including flexible work arrangements, targeted wellbeing initiatives, improved workload management and rostering practices, strengthened cultures of safety and trust, and enhanced recognition of senior nurses' leadership contributions. Collaboration enabled the identification of priority strategies for implementation, with evaluation planned by year's end.

Conclusion: Retaining experienced nurses requires system-level solutions developed collaboratively with those delivering care. This study demonstrates how co-design between frontline nurses and executive leadership can generate practical and scalable workforce solutions. The model provides a transferable approach that may support health systems internationally seeking innovative strategies to strengthen workforce sustainability and preserve clinical expertise.

References

1. Doleman, G., Bloxsome, D., Wang, R., & Whitehead, L. (2025). Fostering a Resilient Healthcare System: Supportive Practice Environment Initiatives to Support Nurse and Midwives a Scoping Review. *Journal of Nursing Management*, *2025*(1), 8898411.
2. Warshawsky, N., Rayens, M. K., Stefaniak, K., & Rahman, R. (2013). The effect of nurse manager turnover on patient fall and pressure ulcer rates. *Journal of Nursing Management*, *21*(5), 725-732.

3. Doleman, G., Nosaka, K., & De Leo, A. (2025). Senior Registered Nurses' Organisational Communication Satisfaction, Job Satisfaction, Burnout, and Intention to Stay: A Cross-Sectional Study of Two Healthcare Groups. *Journal of Advanced Nursing*, *81*(5), 2687-2700.
4. Labrague, L. J. (2020). Organisational and professional turnover intention among nurse managers: A cross-sectional study. Journal of Nursing Management, 28(6), 1275-1285.

Poster 8 - Recruitment And Retention Of Underserved Populations In Clinical Studies: A Qualitative Evaluation Of A Research Delivery Team

Wednesday, 16th September - 13:05: Poster Tour E: Workforce and employment - Poster - Abstract ID: 100

Mr. Anbhu Kasiappan Balasubramanian (Guys and St Thomas' NHS trust)

Abstract

Background: Inclusive clinical research is essential to ensure findings are relevant, equitable, and generalisable. However, multiple factors influence the recruitment and retention of participants from underserved communities. While existing literature largely focuses on participant perspectives, there is limited evidence describing the operational realities faced by research delivery teams.

Aim: To explore barriers and facilitators to inclusive research from the perspective of research delivery teams and identify strategies to improve the recruitment and retention of underserved populations.

Methods: A qualitative study was conducted using semi-structured interviews with five research delivery professionals from diverse clinical and non-clinical backgrounds working within a large healthcare organisation. Purposive convenience sampling ensured variation in role type, experience, and speciality. Interviews were transcribed verbatim and analysed thematically. Findings were mapped to the Socio-Ecological Model (SEM) and integrated with a targeted literature review to identify multi-level influences on inclusion in research.

Results: Five inter-related thematic categories were identified.

Ambiguity in defining underserved populations, which complicated protocol design

Barriers to participation: English-only, jargon-heavy materials, historical mistrust, restrictive eligibility criteria, and short recruitment windows

Recruitment challenges linked to funding-driven targets prioritising speed over diversity, gatekeeping by clinical staff.

Facilitators: culturally and linguistically tailored communication, diversity and cultural competence within research teams, flexible scheduling, and sustained community partnerships.

Opportunities: embedding research into routine care, co-produced training, and leveraging primary care and community networks.

Conclusion: Inclusive research requires coordinated, multi-level interventions across policy, organisational, and interpersonal domains. Embedding inclusion-by-design within funding requirements, integrating research into care pathways, strengthening community partnerships, and investing in cultural competence training may support more equitable participation. The absence of direct input from underserved communities limits the insights of this study. Future research should co-design and evaluate inclusive strategies in partnership with these communities.

Keywords: Inclusive research; underserved populations; research delivery teams; qualitative study

References

References

Abou Chakra, M., L Jessup, R., Beauchamp, A., Azar, D., Sharma, L., Gumanti, A., Šeman, M., & Talevski, J. (2025). Strategies to optimize the engagement of culturally and linguistically diverse populations in cardiac research: a systematic review. *European Journal of Cardiovascular Nursing /,* 10.1093/eurjcn/zvaf007

Bailey, A., Govia, I., McKenzie, J., Richards, S., Coleman, S., Tulloch-Reid, M., Ragin, C., & Ashing, K. (2021). Staff and participant perceptions of optimal recruitment and retention strategies for biomedical cohort studies in the Caribbean. *Cancer Causes & Control., 32*(8), 849–857. 10.1007/s10552-021-01438-w

Bodicoat, D. H., Routen, A. C., Willis, A., Ekezie, W., Gillies, C., Lawson, C., Yates, T., Zaccardi, F., Davies, M. J., &

Khunti, K. (2021). Promoting inclusion in clinical trials—a rapid review of the literature and recommendations for action. *Current Controlled Trials in Cardiovascular Medicine, 22*(1), 880. 10.1186/s13063-021-05849-7

Poster Tour F: Women’s health and acute care

Poster 9 - Collaborative development of a bereavement programme for women following pregnancy loss: findings from The PEARL Study pilot trial

Wednesday, 16th September - 13:05: Poster Tour F: Women's health and acute care - Poster - Abstract ID: 433

Dr. Suzie Heaney (Queen's University Belfast), Mrs. Shauna McMillan (Queen's University Belfast), Dr. Áine Aventin (Queen's University Belfast)

Abstract

Background: Pregnancy loss (PL) is associated with significant psychological distress, including prolonged grief, post-traumatic stress symptoms, and reduced wellbeing. Many women report unmet needs for compassionate, accessible bereavement support delivered by trusted healthcare professionals such as midwives within community settings. Despite this need, evidence-based bereavement programmes following PL remain limited.

Aim: To co-create and pilot test the feasibility and acceptability of a midwife-led bereavement programme for women following pregnancy loss.

Methods: The PEARL study used a co-design approach involving a project advisory group of women with lived experience of PL, healthcare professionals, and community-sector representatives (n=30). The intervention was developed as a one-day community-based workshop integrating theory-informed arts-based reflection and self-compassion components. Workshops were co-facilitated by a midwife and a woman with lived experience. Seven workshops were delivered across Northern Ireland (March–May 2026). A single-arm pre–post pilot trial recruited women aged ≥16 years who had experienced PL (target n=100). Participants completed validated measures of prolonged grief, post-traumatic stress, psychological wellbeing, and self-compassion at baseline, immediately post-workshop, and one-month follow-up. A subset of participants, as well as the facilitators participated in focus groups exploring programme acceptability and feasibility.

Results: Data collection will conclude in June 2026. Preliminary findings indicate high participant satisfaction and perceived benefit of the workshop format, peer connection, and facilitator approach.

Conclusion: The PEARL study examines the feasibility and acceptability of a co-created, midwife-led bereavement programme following pregnancy loss. Findings will inform intervention refinement and the design of a future controlled evaluation to strengthen community-based bereavement support.

References

1. Galeotti, 2022:https://link.springer.com/article/10.1186/s12884-022-04585-3
2. Heaney, 2024:https://onlinelibrary.wiley.com/doi/full/10.1111/hex.70068
3. Aventin, 2025:https://link.springer.com/article/10.1186/s12905-025-04079-2

Poster 10 - Improving Nursing Students' Awareness of Domestic Abuse Using a Face-to-Face Training Session and Digital Serious Game

Wednesday, 16th September - 13:05: Poster Tour F: Women's health and acute care - Poster - Abstract ID: 683

Mrs. Johanna McMullan (Queens University Belfast), Ms. Tara Anderson (Queen's University Belfast), Dr. Stephanie Craig (Queen's University Belfast)

Abstract

Background: Domestic abuse is a major global public health issue with serious physical and psychological consequences for those affected (World Health Organisation, 2021). Healthcare professionals, including nurses, are often among the first professionals to encounter individuals experiencing domestic abuse. Nurses therefore, play a critical role in recognising signs of abuse, providing support and facilitating access to appropriate services. However, frequently report limited education and low confidence in responding to domestic abuse.

Aim: To evaluate the impact of a 2-hour domestic abuse training session combined with a digital serious game on nursing and midwifery students' awareness, attitudes and self-efficacy regarding domestic abuse.

Methods: A pre–post study was conducted with undergraduate nursing and midwifery students at a UK university. Participants attended a 2-hour training session and accessed a digital serious game. Pre- and post-intervention questionnaires measured beliefs and attitudes towards domestic violence and self-efficacy in recognising and responding to domestic abuse. Data were collected between November and December 2025.

Results: A total of 426 students participated, with 363 completing both pre- and post-test surveys. Most participants were female (95.6%), aged 18–24 years (79.3%), and studying adult nursing (57.3%). Prior to the intervention, 90.1% reported no previous domestic abuse training. Following the intervention, significant improvements were observed in beliefs and attitudes towards domestic violence ($Z = 11.60$, $p < .001$). Self-efficacy increased from 64.63 (SD = 9.67) to 80.14 (SD = 9.07), representing a large effect size ($d = 1.51$). Participants reported that the game was easy to use and could be learned quickly.

Conclusion: Combining face-to-face training with a digital serious game may strengthen nursing students' preparedness to recognise and respond to domestic abuse in healthcare settings.

References

World Health Organization (2021) *Violence against women*. Geneva: World Health Organization. Available at: https://www.who.int/news-room/fact-sheets/detail/violence-against-women

Poster 11 - Addressing Gaps in Maternity Bereavement Care: The Importance of Community and Service User Involvement in Developing Specialist Suites for Pregnancy Losses under 18 Weeks of Gestation

Wednesday, 16th September - 13:05: Poster Tour F: Women's health and acute care - Poster - Abstract ID: 308

Ms. Leanna Brace (Guys and St Thomas' NHS trust), Ms. Vicky Robinson (Guys and St Thomas' NHS trust)

Abstract

Rationale: Recent UK guidelines recommend a holistic approach to address the psychological impact of pregnancy loss on parents receiving care within gynaecology services.[1] Guidelines recommend 24-hour access to bereavement rooms in all hospitals, regardless of gestation.[2] Evidence supports bereavement rooms as dedicated spaces that facilitate respectful care, grieving, and psychological recovery.[3–4] Nationally, inequalities exist in bereavement support for pregnancy loss within gynaecology compared with maternity services. This project addresses this gap locally.

Objectives: To establish and equip two bereavement suites within 24 months by securing funding, involving a diverse Patient and Public Involvement/Engagement (PPIE) group, engaging staff, and embedding a bereavement care pathway, with service evaluation conducted through integrated feedback questionnaires and qualitative content analysis.

Methodology: Exploratory sequential mixed-methods approach; quantitative surveys, qualitative focus groups, open surveys and qualitative content analysis of social media responses. Robust PPIE involvement informed the design of the suites.

Results: An integrated mixed-methods analysis of 19 pre-intervention survey responses from parents who used the service before implementation of the bereavement suites revealed seven overarching themes, including Partner Inclusion & Comfort, and Environment & Atmosphere. A qualitative content analysis of 148 initial public responses on NHS Trust social media, gathered after introduction of the new bereavement suites, resulted in identification of ten themes. This included desire for nationwide rollout, praise and gratitude, and trauma from previous experiences. Overarching themes highlighted the need for further emotional support: Long-Lasting Emotional Impact, Trauma from Previous Experiences, and Emotional & Psychological Support.

Limitations: Ongoing evaluation of the bereavement rooms will assess satisfaction among staff and parents, ensuring identified themes are addressed and that no unmet needs remain.

Conclusions: A full evaluation of the service should be completed to help inform guidance enabling consistent practice across wider services, and to showcase this work internationally.

References

1. Bereavement care pathway - https://www.nbcpathway.org.uk/wp-content/uploads/2024/03/NBCP-Miscarriage-short-guidance-July-2022.pdf
2. Pregnancy loss review 2023 - https://assets.publishing.service.gov.uk/media/64b8f8b32059dc00125d263b/Pregnancy-Loss-Review-web-accessible.pdf
3. https://doi.org/10.1080/02646838.2023.2297905
4. https://doi.org/10.1016/j.midw.2020.102841

Poster 12 - BOOST Evidence Synthesis: Aligning Workplace Menopause Support Policies with the Empirical Evidence Base in Health and Social Care

Wednesday, 16th September - 13:05: Poster Tour F: Women's health and acute care - Poster - Abstract ID: 371

Ms. Louise McCarthy (Norfolk and Suffolk NHS Foundation Trust), Dr. Brioney Gee (Norfolk and Suffolk NHS Foundation Trust), Dr. Ella Mickleburgh (Norfolk and Suffolk NHS Foundation Trust), Mr. Tom Rhodes (Norfolk and Suffolk NHS Foundation Trust), Dr. Nikki Garner (University of East Anglia), Prof. Anne Marie Minihane (University of East Anglia), Ms. Gay Webster (Norfolk and Suffolk NHS Foundation Trust), Prof. Camille Cronin (University of Essex)

Abstract

Background: Workplace support during the menopausal transition is increasingly recognised as critical to staff wellbeing, retention, and workforce sustainability. However, preliminary scoping indicated that few empirical studies focus specifically on workplace-based menopause support interventions, particularly within health and social care, creating challenges for organisations seeking to develop evidence-informed policies amid global nursing and workforce shortages.

Aim: To synthesise the current evidence on workplace interventions designed to support women during the menopausal transition and examine alignment of NHS Trust menopause policies with this evidence.

Methods: We updated a systematic review of workplace-based menopause interventions, extending Rodrigo et al. (2023) through searching for studies published from April 2022 to Nov 2025. MEDLINE, PubMed, Embase, CINAHL, Cochrane Library, Web of Science, PsycINFO, EconLit, and Scopus were searched for studies published in English, with one German-language study translated. Titles and abstracts were screened by one reviewer (BG), followed by independent full-text screening by two reviewers (project team) using Rayyan. Data was extracted independently by two authors (BG, NG) using a piloted template. Eligible studies included randomised, non-randomised, and uncontrolled intervention studies involving menopausal or midlife employees. A narrative synthesis was undertaken due to heterogeneity. Evidence-based intervention components were compared with menopause-related policies collected from NHS Trusts in the East of England.

Findings: The review identified a limited and methodologically diverse evidence base. Interventions mostly focused on menopause education, 1:1 coaching/advice and exercise programmes. Four studies were conducted in health settings, and outcome measures varied widely. Comparison with NHS Trust policies revealed partial alignment with evidence-informed components, alongside gaps in evaluation and implementation guidance.

Conclusions: This review highlights gaps between policy ambition and empirical evidence for workplace menopause support. Findings provide insights to inform policy development, identify research gaps, and strengthen inclusive workplace practices across health and social care systems internationally.

References

Rodrigo CH, Sebire E, Bhattacharya S, Paranjothy S, Black M. Effectiveness of workplace-based interventions to promote wellbeing among menopausal women: A systematic review. Post Reproductive Health. 2023;29(2):99-108. doi:10.1177/20533691231177414

Poster 13 - Reducing Surgical Site Infections: The Economic and Capacity Impact of Nurse-Led Light-Activated Nasal Decolonisation

Wednesday, 16th September - 13:05: Poster Tour F: Women's health and acute care - Poster - Abstract ID: 511

Ms. Tracy Williams (Penticton Regional Hospital)

Abstract

The "Infection Tax" created by surgical site infections (SSIs) in arthroplasty places a significant burden on nursing resources and hospital throughput. Data from the Getting It Right First Time (GIRFT) programme indicates that a single infected knee replacement costs the NHS an additional £16,547 and requires 12–21 excess bed days. While clinical harm is well documented, the wider financial burden is often underestimated, creating strain on nursing workloads.

To evaluate whether a nurse-led light-activated nasal decolonisation protocol improves SSI rates, economic outcomes and workforce impact compared with patient-applied octenidine in elective hip and knee arthroplasty.

A pre/post quality improvement study (n = 1,136) was conducted at an NHS Trust in England. Baseline surveillance data from January–July 2023 using octenidine were compared with outcomes from August 2023–March 2024 following implementation of a five-minute nurse-delivered light-activated nasal decolonisation intervention pre-operatively. Economic impact was estimated using GIRFT infection cost data (£16,547 per case).

Following implementation, SSI rates decreased from 1.40% to 0.42%, representing a 71.4% reduction. For knee replacements, infections declined from 2.3% to zero. Prior to the intervention, 23 infections per 1,000 knee surgeries generated £380,581 in additional treatment costs (£380.58 per patient). The intervention cost £75 per patient (£75,000 per 1,000 patients), avoiding £5.07 in infection-related costs for every £1 invested.

The reduction in infections corresponded to an estimated release of 276 hospital bed days per 1,000 procedures, supporting increased surgical capacity. Nurses reported the intervention was easy to integrate into workflow (mean 4.7/5) and preferred preventative treatment to managing postoperative infections.

Nurse-led light-activated nasal decolonisation reduced surgical site infections while improving system efficiency. Preventing avoidable infections helps mitigate the surgical "infection tax" associated with additional treatment costs, excess bed days and increased nursing workload. Proactive infection prevention integrated into surgical pathways can support patient safety, workforce sustainability and hospital capacity.

References

GIRFT (2024) *Orthopaedic surgery: national specialty report update*. London: Getting It Right First Time (GIRFT) Programme.

Jenks, P.J., Laurent, M., McQuarry, S. and Watkins, R. (2014) 'Clinical and economic burden of surgical site infection (SSI): a systematic review of the literature', *Journal of Hospital Infection*, 86(1), pp. 24–33.

National Institute for Health and Care Excellence (NICE) (2019) *Surgical site infections: prevention and treatment*. NICE guideline NG125. London: NICE.

Poster Tour G: Chronic illness

Poster 14 - Agent-Based Modeling in Chronic Disease Self-Management: A Systematic Review of Construction Strategies and Implementation Potential

Wednesday, 16th September - 13:05: Poster Tour G: Chronic illness - Poster - Abstract ID: 329

Ms. Yunyu Guo (Zhejiang University School of Medicine)

Abstract

Importance: Chronic diseases impose a significant global burden due to their complex interplay of genetic, physiological, environmental, and behavioural factors. Effective self-management is crucial, yet traditional models often overlook dynamic interactions. Agent-based modelling offers a promising approach to simulate these complexities and optimize interventions.

Objective: To systematically synthesize the construction strategies, methodological quality, and clinical implementation potential of agent-based modelling-driven personalized interventions for chronic disease self-management.

Methods: Following PRISMA guidelines and a JBI 3-step search strategy, nine electronic databases (PubMed, Web of Science, ACM Digital Library, Scopus, MEDLINE, CINAHL, PsycINFO, Cochrane Library, and EMBASE) were searched from inception to May 2025. Studies utilizing agent-based modelling for personalized chronic care were included. Methodological quality was appraised using the 19-item Philips Checklist. Synthesis followed the Synthesis Without Meta-analysis (SWiM) reporting guideline. (PROSPERO: CRD420251032023).

Results: Eight simulation studies were included, primarily on diabetes, hypertension, chronic heart failure, COPD, and chronic pain. Agent-based modelling incorporated individual-level agents with attributes like physiological states, behaviours, and environmental interactions. Key findings showed agent-based modellings enhanced mechanistic reasoning and glycaemic control in diabetes (e.g., HbA1c reduction of 0.9%), reduced cardiometabolic incidence through telehealth interventions (e.g., averting 22,774 diabetes cases over 5 years), and identified leverage points for lifestyle modifications.

Conclusions: Agent-based modelling provides a transformative framework for personalized chronic disease self-management by simulating dynamic processes and supporting virtual trials. Future research should standardize validation and integrate real-time data for broader implementation.

Keywords: Agent-based modelling, chronic diseases, self-management, systematic review, simulation

References

4. Lee, C. S. *et al.* The effectiveness of self-care interventions in chronic illness: a meta-analysis of randomized controlled trials. *Int. J. Nurs. Stud.* **134**, 104322 (2022).

7. Li, Y. Agent-Based Modeling of Chronic Diseases: A Narrative Review and Future Research Directions. *Prev. Chronic. Dis.* **13**, (2016).

9. Colasanti, R. *et al.* Using agent-based models to address non-communicable diseases: a review of models and their application to policy. *Lancet* **400**, S33 (2022).

15. Dubovi, I., Levy, S. T., Levy, M., Zuckerman Levin, N. & Dagan, E. Glycemic control in adolescents with type 1 diabetes: are computerized simulations effective learning tools? *Pediatr. Diabetes* **21**, 328–338 (2020).

23. Fomo, M. *et al.* Empowering capabilities of people with chronic conditions supported by digital health technologies: scoping review. *J. Med. Internet Res.* **27**, e68458 (2025).

Poster 15 - Evaluating the Implementation and Impact of the Therapeutic Optimisation (THEO) Intervention in Two Older Persons Wards: A Mixed Methods Study

Wednesday, 16th September - 13:05: Poster Tour G: Chronic illness - Poster - Abstract ID: 341

Dr. Yetunde Ataiyero (University of Staffordshire), Dr. Dr Alisen Dube (University of Staffordshire), Ms. Joana Odell (University of East Anglia), Mrs. Vanda Carter (University of Staffordshire), Dr. Hazel A Smith (University of Staffordshire), Prof. Sally Hardy (University of East Anglia), Prof. Alison Leary (London South Bank University), Prof. Sarahjane Jones (University of Staffordshire)

Abstract

Background: Older people account for two-thirds of inpatient bed use and face increased risks of deconditioning, falls, and complications linked to prolonged hospital stays. Evidence demonstrates that higher registered nurse staffing levels and supportive workplace cultures are associated with improved patient outcomes and staff wellbeing. The Therapeutic Optimisation (THEO) intervention seeks to address these challenges by combining an enhanced registered nurse staffing model with a structured practice development programme to strengthen leadership, communication, interdisciplinary teamwork, and person-centred care.

Aim: To evaluate the effectiveness, implementation, and contextual influences of the nurse-led THEO intervention across two NHS Trusts providing older adult care.

Methods: A mixed-methods, quasi-experimental before-and-after design underpins four work packages:

1. **Participatory Action Research (PAR)** to implement THEO through values clarification, leadership and workplace culture assessments, emotional touchpoint interviews, observations of care, and iterative participatory evaluation cycles.
2. **Quantitative analysis** of routinely collected patient and staff data (2015–post-intervention), including length of stay, mortality, readmissions, falls, pressure ulcers, staffing levels, recruitment, retention, and sickness rates. Data extraction and cleaning are underway.
3. **Qualitative interviews** with staff, patients (including those lacking capacity), and personal consultees exploring experiences of THEO. Data collection is complete; thematic analysis is underway, and preliminary findings will be available for presentation.
4. **Mixed-methods process evaluation** to examine contextual factors, mechanisms, and early outcomes influencing implementation fidelity and sustainability.

This study received Health Research Authority (HRA) approval (IRAS 334473).

Anticipated Contribution: Early insights from PAR activities and observational work indicate developing shifts in team communication, shared purpose, and engagement with person-centred practices. Preliminary qualitative themes and emerging quantitative trends will be presented, alongside early context–mechanism–outcome patterns.

Conclusion: THEO represents a novel integration of enhanced staffing and practice development to optimise care for older people. This study will provide early evidence of its feasibility, acceptability, and potential for wider NHS adoption.

References

Ataiyero, Y., Dube, A., Odell, J., Carter, V., Smith, H.A., Hardy, S., Leary, A. & Jones, S. (2025) A quasi-experimental study on the effectiveness and impact of implementing nurse-led 'Therapeutic Optimisation' (THEO) intervention in two older persons wards: a mixed methods study protocol. BMJ Open, 15(8), e102529. Available at: https://pubmed.ncbi.nlm.nih.gov/40858370/

Hardy, S., Clarke, S., Frei, I. A., Morley, C., Odell, J., White, C. & Wilson, V. (2021) A Global Manifesto for Practice Development. In Anonymous *International practice development in health and social care.* 99-117.
Chen, Y., Almirall-Sánchez, A., Mockler, D., Adrion, E., Domínguez-Vivero, C. & Romero-Ortuño, R. (2022) Hospital-associated deconditioning: Not only physical, but also cognitive. *International journal of geriatric psychiatry,* 37 (3), n/a.

Griffiths, P., Saville, C., Ball, J., Jones, J., Pattison, N. & Monks, T. (2020) Nursing workload, nurse staffing methodologies and tools: A systematic scoping review and discussion. *International journal of nursing studies,* 103 103487-11.

Poster 16 - Sleep disturbances and chronic low back pain: a machine learning approach to patient phenotyping

Wednesday, 16th September - 13:05: Poster Tour G: Chronic illness - Poster - Abstract ID: 587

Dr. Giorgia Petrucci (Fondazione Policlinico Campus Bio-Medico di Roma), Dr. Fabrizio Russo (Fondazione Policlinico Campus Bio-Medico di Roma), Prof. Gianluca Vadalà (Fondazione Policlinico Campus Bio-Medico di Roma), Prof. Rocco Papalia (Fondazione Policlinico Campus Bio-Medico di Roma)

Abstract

Background: Chronic low back pain (CLBP) is a leading cause of disability worldwide and is influenced by a complex interaction of biological, psychological and social factors. Among these determinants, sleep quality has emerged as a potentially important but still insufficiently explored factor. Evidence suggests a bidirectional relationship between sleep disturbances, pain intensity, disability and psychological distress.

Aims: This study aimed to explore the relationship between sleep quality and CLBP using machine learning techniques.

Methods: A cross-sectional study was conducted at Campus Bio-Medico Hospital in Rome, Italy, between July 2024 and January 2025. The sample included 279 adult workers (18–65 years) diagnosed with CLBP due to degenerative causes and eligible for conservative treatment. Data on demographic, clinical, psychosocial and occupational variables were collected using validated instruments, including the Visual Analog Scale (VAS), Pittsburgh Sleep Quality Index (PSQI), Oswestry Disability Index (ODI), Patient Health Questionnaire-2 (PHQ-2) and Work Ability Index (WAI). A Self-Organizing Map (SOM) algorithm was applied to identify clusters of patients based on multidimensional data, followed by k-means clustering and statistical comparisons between groups.

Results: Four distinct patient clusters were identified. The cluster with the worst clinical profile showed high pain intensity, severe disability, depressive symptoms and poor sleep quality. In contrast, patients with better sleep quality demonstrated lower pain intensity, minimal disability and higher work ability. Poor sleep quality was strongly associated with depressive symptoms, higher pain levels and reduced functional capacity.

Discussion: Machine learning analysis revealed complex multidimensional patterns linking sleep disturbances with pain, psychological distress and work ability. These findings highlight the importance of considering sleep quality in the clinical assessment of CLBP patients.

Conclusions: Sleep quality appears to be a key determinant of the clinical profile of patients with CLBP. Integrating sleep assessment into multidisciplinary care pathways may contribute to improved patient outcomes.

References

Choi R Y, Coyner A S, Kalpathy-Cramer J, Chiang M F and Campbell J P (2020) Introduction to Machine Learning, Neural Networks, and Deep Learning, 9(2), p. 14.

Molina-García J, García-Massó X, Estevan I and Queralt A (2018) Built Environment, Psychosocial Factors and Active Commuting to School in Adolescents: Clustering a Self-Organizing Map Analysis, *International Journal of Environmental Research and Public Health*, 16(1), p. 83.

Van Looveren E, Bilterys T, Munneke W, Cagnie B, Ickmans K, Mairesse O, Malfliet A, De Baets L, Nijs J, Goubert D, Danneels L, Moens M and Meeus M (2021) The Association between Sleep and Chronic Spinal Pain: A Systematic Review from the Last Decade, *Journal of Clinical Medicine*, 10(17), p. 3836.

Poster 17 - Establishing Outcomes for Older People with Advanced CKD living with Frailty: The kidnEy olDer persoN Assessment (EDNA) Multi-Centre Stakeholder Focus Group Study

Wednesday, 16th September - 13:05: Poster Tour G: Chronic illness - Poster - Abstract ID: 399

Prof. HELEN HURST (Univeristy of Salford and Northern Care Alliance NHS Foundation Trust), Ms. Catherine Soreny (Northern Care Alliance NHS Foundation Trust), Ms. Jane Goodeve (Lancashire Teaching Hospitals NHS Foundation Tust), Dr. Helen Munro-Wild (Univeristy of Hertfordshire), Mrs. Maria Dasilvagane (East and North Hertfordshire Teaching NHS Trust), Prof. David Wellsted (University of Hertfordshire), Mr. Alan Hancock (Patient advisor), Mrs. Ros Aird (Patient advisor), Prof. Shivani Sharma (Univeristy of Aston), Prof. Ken Farrington (Univeristy of Hertfordshire), Dr. Ivona Baricevic-Jones (Northern Care Alliance NHS Foundation Trust), Prof. Julia Jones (Univeristy of Hertfordshire), Dr. Andrew Nixon (Lancashire Teaching Hospitals NHS Foundation Tust)

Abstract

Background: Frailty and other geriatric impairments are associated with adverse outcomes in chronic kidney disease (CKD) (Chiu *et al*., 2022). Comprehensive Geriatric Assessment (CGA) is the standard of care for older people. A previous scoping review identified limited reporting of patient-centred outcomes for older people with advanced CKD (Hurst *et al.*, 2022).

Aims: The aim of this study was to establish patient-centred research outcomes important to demonstrate effectiveness of CGA in the advanced kidney care setting.

Methods: Across 3 sites, focus groups were undertaken with older people (>65 years) living with advanced CKD, caregivers and healthcare professionals. A patient advisory group co-produced the content and structure. Language-specific interviews were also undertaken. Data was collected October 2024 to March 2025. Focus groups and interviews were recorded and transcribed. Two researchers independently coded the data. An initial framework was developed, and analysis led to the identification of key themes. At a final focus group, with invited participants from the initial groups, the themes identified were ranked in order of importance using nominal group technique.

Results: 50 participants were recruited: 16 patients (median age 80 years), 17 caregivers, and 17 healthcare professionals. The final focus group themes in ranked order were: 1. Enabling meaningful life participation; 2. Patient/carer-centred planning and choices; 3. Timely, tailored information and education; 4. Flow of care and joined-up working; 5. Future care and choices; 6. Carer experience and support.

Discussion and conclusion: This multicentre stakeholder research study has identified a core set of outcomes important to older people living with advanced CKD and frailty, their caregivers, and healthcare professionals involved in their care. Findings will inform the development of outcome measures for a UK national study evaluating the effectiveness of CGA adapted to the advanced kidney care setting.

References

Hurst H, Young HML, Nixon AC, Ormandy P, Brettle A. Outcomes and care priorities for older people living with frailty and advanced chronic kidney disease: a multi-professional scoping review. Age and ageing. 2022;51(12). https://doi.org/10.1093/ageing/afac296

Chiu V, Gross AL, Chu NM, Segev D, Hall RK, McAdams-DeMarco M. Domains for a Comprehensive Geriatric Assessment of Older Adults with Chronic Kidney Disease: Results from the CRIC Study. Am J Nephrol. 2022;53(11-12):826-38. https://doi.org/10.1159/000528602

Poster 18 - Impact of the COVID-19 Pandemic on the Quality of Nurses' Practice Environments and Intentions to Stay: A Repeated Cross-sectional Study, Pre- and Post- COVID-19 (Part of the COVID's Impact on Nurses Study [COINS])

Wednesday, 16th September - 13:05: Poster Tour G: Chronic illness - Poster - Abstract ID: 559

Ms. Jinny Choi (University of Calgary), Ms. Nyla de Los Santos (College of Licensed Practical Nurses & Health Care Aides of Alberta), Ms. Ashley Carlson (College of Licensed Practical Nurses & Health Care Aides of Alberta), Ms. Lindsay Whelan (University of Calgary), Dr. Jennifer Jackson (University of Calgary)

Abstract

Background: While we know that nurses experienced psychological strain, reduced job satisfaction, and burnout during the pandemic, it is unknown how the quality of nurses' practice environments changed. Because the practice environment influences nurses' intention to stay, assessing both factors, and their relationship, is important for supporting the sustainability of the nursing workforce.

Aims: We aimed to assess the quality of Licensed Practical Nurses' practice environments and intentions to stay before and after the COVID-19 pandemic across different healthcare settings: acute care, long-term care, and community settings.

Methods: We conducted a secondary analysis of cross-sectional survey data collected in 2018 and 2023 from Licensed Practical Nurses in Alberta, Canada. We analysed data from 7,789 participants. We measured practice environments using the Practice Environment Scale of the Nursing Work Index (PES-NWI) (Lake 2002). We measured intention to stay using a 12-item questionnaire asking nurses' intentions to remain in their current ward, organisation, and in the nursing profession (Goldsworthy 2015; Kim et al. 1996). PES-NWI scores and intention-to-stay survey scores were compared across three settings using linear regression.

Results: Overall, there was no statistically significant difference in the quality of the nursing practice environment or intention to stay between 2018 and 2023. Acute care settings consistently had lower scores than other settings and lost staff during the pandemic.

Conclusion: These results indicate that nurses were able to maintain the quality of their work environment despite the tremendous challenges of the pandemic. Licensed Practical Nurses were not more likely to want to leave the profession after COVID-19. Also, these results highlight the importance of creating targeted organisational strategies for leadership, staffing, and professional support to ensure quality practice environments and supports nurses' intention to stay.

References

Goldsworthy, SJ 2015, 'The mechanisms by which professional development may contribute to critical care nurses' intent to stay', PhD thesis, University of British Columbia. accessed 4 March 2026 from University of British Columbia Library Database.

Kim, S, Price, J, Mueller, C, & Watson, T 1996, 'The determinants of career intent among physicians at a US air force hospital', *Human Relations,* vol. 49, no. 7, pp. 947-976, DOI: 10.1177/0018726796049007

Lake, ET 2002, 'Development of the practice environment scale of the nursing work index', *Research in Nursing & Health*, vol. 25, no. 3, pp.176–188, DOI: 10.1002/nur.10032

Poster 19 - An Extra-Pharmacological Model of Psychedelic-Related Change in Alcohol and General Drug Use Behavior: A Structural Equation Modeling Approach

Wednesday, 16th September - 13:05: Poster Tour G: Chronic illness - Poster - Abstract ID: 353

Mr. Dillon L. Glenn (Wayne State University, College of Nursing, Detroit, MI), Dr. Seung Hee Choi (Wayne State University, College of Nursing, Detroit, MI), Dr. Hossein N. Yarandi (Wayne State University, College of Nursing, Detroit, MI), Dr. Rick S. Zimmerman (Wayne State University, College of Nursing, Detroit, MI), Dr. Stephanie Lake (Department of Psychiatry and Biobehavioral Sciences, David Geffen School of Medicine, University of California, Los Angeles, 757 Westwood Plaza, Los Angeles, CA), Dr. Philippe Lucas (SABI Mind, 1615 10 Ave SW suite 202, Calgary, AB T3C 0J7)

Abstract

Introduction: Alcohol is often concurrently used with hallucinogenic or psychedelic drugs (e.g., LSD and psilocybin) in real-world settings. Psychedelics are theorized to operate through extra-pharmacological (non-drug) antecedents that influence proximal alterations in behaviour. In this secondary analysis, their influence was tested among alcohol-using consumers.

Methods: Survey data from 3,483 past-year alcohol users aged ≥21 years with lifetime psilocybin and/or LSD use were obtained from the 2023 Global Psychedelic Survey, an international online survey of psychedelic consumers. Using structural equation modelling, we specified exogenous latent factors capturing demographic traits (age at first psychedelic use; knowledge and experience rankings), pre-state intentions, consumption patterns (dosage and frequency of regular and microdosing), environmental preferences (natural vs. synthetic preference, pro-environmental preference, and chemical equivalence), and pre-use emotional distress (insomnia, unhappiness, fatigue, stress), along with an endogenous latent mediator, co-use behavior (mixing of alcohol with LSD and/or psilocybin), and observed endogenous outcomes (alcohol use change, perceived behavior change mechanisms, and duration of general drug use behavior post-consumption). Standardized path coefficients (γ and β) are reported.

Results: Our structural model demonstrated acceptable incremental and absolute fit (CFI=0.921, TLI=0.906, RMSEA=0.040, SRMR=0.041). The model explained 56.1% of the variance in co-use behavior, 8.6% in alcohol use change, and 8.4% in perceived behavior change mechanisms. Positive direct effects were observed for consumption patterns on co-use behavior (γ=0.75), whereas negative direct effects emerged for pre-state intentions (γ=-0.10) and pre-use emotional distress (γ=-0.15). Co-use exerted a positive direct effect on the behavior change indicator (β=0.27), reflecting an attenuation of change in alcohol use behavior. Indirect effects were observed for consumption patterns on the attenuation of alcohol use change ($\gamma\beta$=0.20).

Discussion/Conclusions: Psychedelic-related alterations in alcohol and general drug use behavior occur through extra-pharmacological mechanisms involving intentions, consumption patterns, and emotional distress; further, mixing alcohol with psychedelic drugs attenuates change in alcohol use behavior.

References

Carhart-Harris R L, Roseman L, Haijen E, Erritzoe D, Watts R, Branchi I and Kaelen M (2018) Psychedelics and the essential importance of context, *Journal of Psychopharmacology*, 32(7), pp. 725–731.

Hartogsohn I (2017) Constructing drug effects: A history of set and setting, *Drug Science, Policy and Law*, 3, p. 2050324516683325.

Lake S and Lucas P (2024) Co-use of psychedelics with other substances: Findings from the global psychedelic survey, *Journal of Psychopharmacology (Oxford, England)*, p. 2698811241292956.

Taylor W J (1971) History and pharmacology of psychedelic drugs, *Internationale Zeitschrift Fur Klinische Pharmakologie, Therapie, Und Toxikologie. International Journal of Clinical Pharmacology, Therapy, and Toxicology*,

5(1), pp. 51–57.

Poster 20 - The Effectiveness of Personalised Auditory Stimuli in Managing Critically Ill Adult Comatose Patients: A Systematic Review and Meta-Analysis.

Wednesday, 16th September - 13:05: Poster Tour G: Chronic illness - Poster - Abstract ID: 58

Mrs. Roseminu Varghese (Edinburgh Napier University), Prof. Cathal Breen (Edinburgh Napier University), Dr. Rosaleen Baruah (Department of Anaesthesia, Critical Care & Pain Medicine, NHS Lothian), Mrs. Sharad Rayamajhi (Edinburgh Napier University), Dr. Gosha Colquhoun (Edinburgh Napier University)

Abstract

Background and purpose: Comatose patients experience significant challenges, including sensory impairment and reduced quality of life [1,2]. Limited sensory stimulation in the intensive care unit (ICU) increases the risk of sensory isolation, which may adversely affect cognitive and neurological recovery, leading to increased healthcare costs. Addressing sensory deprivation early in critical care is therefore essential, highlighting the need for low-cost, feasible interventions [2]. Personalised Auditory Stimuli (PAS), such as familiar voices or meaningful sounds, may promote neural activation and recovery by engaging preserved auditory pathways [3,4]. This review examines the effectiveness of PAS in the management of critically ill adult comatose patients.

Methods: A comprehensive search of multiple databases (e.g., CINAHL, MEDLINE, CENTRAL, Google Scholar) identified studies published between 2014 and 2024. Eligible studies included randomised control trials (RCTs), pilot RCTs, and feasibility studies involving adult (>18 years) comatose patients in critical care, comparing PAS with standard care. Data were extracted using a predefined form, and study quality was assessed using the Cochrane Risk of Bias tool. A random-effects meta-analysis of four studies was conducted. The primary outcome was post-intervention Glasgow Coma Scale (GCS) score, analysed using pooled mean differences with 95% confidence intervals (CI).

Results: Four studies (n=186 patients) met the inclusion criteria, with three studies (n=146) included in the meta-analysis. PAS significantly improved post-intervention GCS scores compared with standard care (mean difference = 2.99, 95% CI 1.00–4.98; $p = 0.023$). However, moderate to substantial heterogeneity ($I^2 = 69\%$) and small sample sizes limit the robustness of these findings.

Conclusion: While PAS shows promise as a supportive intervention for comatose ICU patients, current evidence is insufficient to draw definitive conclusions, highlighting the need for larger, methodologically robust trials.

KEY WORDS: Personalised Auditory Stimuli, Coma, Critical care, Glasgow Coma Scale, Systematic Review, Meta-analysis

References

1. Barman A, Chatterjee A, Bhide R. Cognitive impairment and rehabilitation strategies after traumatic brain injury. Vol. 38, Indian Journal of Psychological Medicine. Medknow Publications; 2016. p. 172–81.

2. Goudarzi Rad M, Esmaeili M, Hoseini MHM, Hamta A, Zakerimoghadam M. Effect of Auditory Stimulation with Occupational Noise on the Consciousness Level of Comatose Patients with Traumatic Brain Injury: A Clinical Trial Study. Journal of Holistic Nursing And Midwifery [Internet]. 2023 Apr 1 [cited 2024 Nov 15];33(2):105–12. Available from: https://hnmj.gums.ac.ir/article-1-2067-en.html

3. Kanber E, Lally C, Razin R, Rosi V, Garrido L, Lavan N, et al. Representations of personally familiar voices are better resolved in the brain. Current Biology. 2025 May 19;35(10):2424-2432.e6.

4. Hu Y, Yu F, Wang C, Yan X, Wang K. Can Music Influence Patients With Disorders of Consciousness? An Event-Related Potential Study. Front Neurosci. 2021 Apr 9;15.

Poster 21 - Development of a Long-Term Care Model for Dependent Older Adults Through Community Participation at Ban Dong Yang Health Promoting Hospital

Wednesday, 16th September - 13:05: Poster Tour G: Chronic illness - Poster - Abstract ID: 585

Dr. phadoongsit Chumnanborirak (Srimahasarakham Nursing College, Faculty of Nursing, Praboromarajchanok Institute, Thailand)

Abstract

This study aimed to: (1) examine the situation and problems of long-term care for dependent older adults, (2) develop a community-based long-term care model, and (3) evaluate the effectiveness of the developed model. This participatory action research was conducted at Ban Dongyang Health Promoting Hospital, Maha Sarakham Province, Thailand. The participants included 482 older adults in the community, 30 dependent older adults, 30 primary caregivers, and community network members involved in elderly care.

The research instruments consisted of the Barthel Activities of Daily Living (ADL) Index, a caregiver knowledge test, a satisfaction questionnaire, and interview guidelines. Quantitative data were analyzed using descriptive statistics and paired t-test, while qualitative data were analyzed using content analysis.

The results indicated that 12.13% of older adults were dependent, with a mean ADL score of 8.90, reflecting moderate to severe dependency. Caregivers had limited knowledge of elderly care, and continuity of care services in the community was inadequate. Based on these findings, a community-based long-term care model was developed consisting of three main components: (1) defining roles and responsibilities among community networks, (2) enhancing caregivers' knowledge and caregiving skills through training and support, and (3) establishing a continuous care service system linking families, community volunteers, and primary health care providers.

After six months of implementation, caregivers' knowledge significantly increased ($p < 0.001$), with the mean score rising from 8.20 to 13.40. The functional ability of dependent older adults also significantly improved ($p < 0.001$), with mean ADL scores increasing from 8.37 to 11.27. Caregivers reported high satisfaction with the developed model ($\bar{x} = 4.57$, $SD = 0.49$). Reflection results indicated improved caregiver confidence, better continuity of care, and stronger collaboration within the community health care system.

Keywords: Long-term care, Dependent older adults, Community participation

References

Boots, L. M. M., de Vugt, M. E., van Knippenberg, R. J. M., Kempen, G. I. J. M., & Verhey, F. R. J. (2014). A systematic review of Internet-based supportive interventions for caregivers of patients with dementia. International Journal of Geriatric Psychiatry, 29(4), 331–344.

Chatterji, S., et al. (2015).Health, functioning, and disability in older adults present status and future implications. The Lancet, 385(9967).563-575.

Dongli Fang. (2022). The Effect of Household Dependency Ratio on the Mental Health of Workforce: Evidence From China. Public Health, 10, 1-10.

World Health Organization. (2015). World report on ageing and health. World Health Organization. https://apps.who.int/iris/handle/10665/186463

Poster Tour H: Public Health, Primary and community care

Poster 22 - Bereavement practices within older adult care homes in Scotland: a focus group study

Wednesday, 16th September - 13:05: Poster Tour H: Public health, primary and community care - Poster - Abstract ID: 417

Dr. Maria Drummond (School of Medicine, Dentistry & Nursing, College of Medical, Veterinary & Life Sciences, University of Glasgow, Glasgow, Scotland.), Dr. Jennifer Burton (Academic Geriatric Medicine, School of Cardiovascular and Metabolic Health, University of Glasgow College of Medical Veterinary and Life Sciences, Glasgow, UK), Ms. Doreen MacEachen (School of Medicine, Dentistry & Nursing, College of Medical, Veterinary & Life Sciences, University of Glasgow, Glasgow, Scotland.), Prof. Bridget Johnston (School of Medicine, Dentistry & Nursing, College of Medical, Veterinary & Life Sciences, University of Glasgow, Glasgow, Scotland.)

Abstract

Objective: To describe how care home staff experience bereavement and their perspectives on providing bereavement care within care home settings.

Design: Qualitative descriptive study using focus groups analysed with the Framework Method.

Setting: Seven residential and nursing care homes for older adults in Scotland.

Participants: 37 care home staff were recruited through the Enabling Research In Care Homes (ENRICH) Scotland research network. Participants included registered nurses, care workers, senior care workers, managers and ancillary workers with experience of resident death and bereavement practice.

Results: Bereavement was woven through everyday care home life, understood as a tapestry of experiences, relationships and practices that involved staff, residents and their relatives. Three themes that connected to the tapestry metaphor were identified: Warps: structural threads grounding bereavement within the culture of homely living, where close bonds normalise death and dying, and pragmatic acceptance. Wefts: strengthening practices nurturing resilience, including relational trust, mutual support, rituals and follow-up with relatives. Moths: disruptions undermining bereavement practice include family secrecy, hospital deaths with withheld information, difficulty supporting residents with advanced dementia and dissatisfaction with online training.

Conclusions: Bereavement in care homes is collective, relational and embedded in routine practice. Organisational recognition of grief improved interservice communication. Tailored reflective support for staff is needed to sustain compassionate care. Further research should explore how residents experience repeated exposure to death and bereavement within communal living environments.

Full Text: https://bmjopen.bmj.com/content/16/2/e115592.long

References

Burton JK, Reid M, Gribben C, et al. Impact of COVID-19 on care-home mortality and life expectancy in Scotland. Age Ageing 2021;50:1029–37. doi:10.1093/ageing/afab080

Burton JK, Drummond M, Gallacher KI, et al. Listening and learning: a qualitative study of Scottish care home staff experiences of managing COVID-19 between March 2020-August 2022. BMC Geriatr 2023;23:544. doi:10.1186/s12877-023-04251-z

Dönmez ÇF, Johnston B. Exploring the bereavement support interventions, facilitators and barriers before and after the death of a resident in care home settings: a rapid mixed-methods review. Curr Opin Support Palliat Care 2025;19:248–55. doi:10.1097/SPC.0000000000000773

Spacey A, Scammell J, Board M, et al. End-of-life care in UK care homes: a systematic review of the literature. J Res Nurs 2018;23:180–200. doi:10.1177/1744987118757839

Poster 23 - What Do People Living with Enteral Tubes and Their Carers Want from Home Enteral Nutrition Services in the UK? A National Survey

Wednesday, 16th September - 13:05: Poster Tour H: Public health, primary and community care - Poster - Abstract ID: 298

Prof. Sue Green (Bournemouth University), Mrs. Liz Anderson (Buckinghamshire Healthcare NHS Trust), Mrs. Michelle Sutcliffe (University Hospital Southampton NHS Foundation Trust), Ms. Lorna Leaston (PINNT, Support and Advocacy for People on Home Artificial Nutrition), Mrs. Carolyn Wheatley (PINNT, Support and Advocacy for People on Home Artificial Nutrition)

Abstract

Background: The number of people requiring home enteral nutrition (HEN) is rising, however support for individuals living with enteral tubes and their carers is variable (Byrnes *et al*., 2022). As HEN is a complex intervention, people need effective healthcare support to ensure safe management at home.

Aim: To explore what people with enteral tubes and their carers in the UK want from services to support them at home.

Methods: A national cross-sectional questionnaire survey was conducted between March and July 2023. The 37-item questionnaire, adapted from a validated HEN survey and refined through review and piloting, included closed and open questions on experiences of tube insertion, discharge and home management. The survey was completed anonymously by adults with enteral tubes and their carers recruited via a UK support group. Data were analysed using descriptive statistics and thematic analysis.

Results: A total of 243 responses were received (80% with tubes; 20% carers). Key findings included inadequate pre-discharge training, inconsistent written information, variable professional support, and significant impact on daily life. Support needs included preparation before discharge, consistent advice across settings, regular review, accessible emergency help and improved psychological support. While 55% felt very confident managing their tube, many highlighted the need for better-trained professionals and more integrated services.

Discussion: The questionnaire survey enabled both quantitative assessment of needs and rich qualitative insights, identifying priority needs and highlighting gaps in preparation and post-discharge support. Consistent with previous research, many participants reported feeling insufficiently supported, indicating the need for clearer standards for HEN management (Green *et al*., 2019).

Conclusion: This UK survey revealed variability in the training, support and services available to people living with enteral tubes at home. The findings highlight the need for national guidance and quality indicators aligned with patient and carer priorities to promote safe, confident management.

References

Byrnes C, Mockler D, Lyons L, Loane D, Russell E and Bennett AE (2022) A scoping review of best practices in home enteral tube feeding, *Primary Health Care Research & Development*, 23, pp. e43.

Green SM, Townsend K, Jarrett N and Fader M (2019) The experiences and support needs of people living at home with an enteral tube: a qualitative interview study, *Journal of Human Nutrition and Dietetics,* 32(5), 646–658.

Poster 24 - Green Servant Leadership and Nurses' Green Behavior: The Mediating Roles of Green Passion and Self-Efficacy

Wednesday, 16th September - 13:05: Poster Tour H: Public health, primary and community care - Poster - Abstract ID: 406

Ms. Mijeong Kwon (Graduate School of Clinical Nursing Science, Sungkyunkwan University), Prof. Kyeongsug Kim (Graduate School of Clinical Nursing Science, Sungkyunkwan University)

Abstract

Background: Environmental sustainability has become a global priority for healthcare systems. Nurses play a key role in environmentally responsible practices; however, organizational factors that encourage nurses' green behaviour remain insufficiently understood. Leadership emphasizing environmental values may encourage sustainable practices among nurses.

Aim: This study aimed to examine the effects of nurse managers' green servant leadership on nurses' green behaviour and to explore the mediating roles of green passion and green self-efficacy.

Methods: A descriptive cross-sectional study was conducted among nurses working at a large tertiary hospital with ongoing ESG management initiatives in Seoul, South Korea. Data were collected from March 20 to April 15, 2025, following Institutional Review Board approval. Statistical analyses were performed using SPSS 28.0 and Hayes' PROCESS macro (Model 4, version 4.2). Relationships among variables were analysed using Pearson's correlation coefficients, and mediation effects were examined using the PROCESS macro with bootstrapping.

Results: The mean (SD) scores were 3.26 (0.71) for green servant leadership, 3.17 (0.63) for green passion, 3.65 (0.64) for green self-efficacy, and 3.07 (0.68) for green behaviour. Green behaviour was positively correlated with green servant leadership ($r=.61$, $p<.001$), green passion ($r=.81$, $p<.001$), and green self-efficacy ($r=.51$, $p<.001$). In the regression model explaining green behaviour (adj. $R^2=.74$), green servant leadership ($\beta=.31$, $p<.001$) and green passion ($\beta=.64$, $p<.001$) were significant predictors, whereas green self-efficacy was not. Bootstrapping analysis showed that green passion partially mediated the relationship between green servant leadership and nurses' green behaviour.

Discussion: These findings suggest that environmentally oriented leadership may enhance nurses' engagement in sustainable practices primarily by strengthening their green passion.

Conclusions: Nurse managers' green servant leadership plays an important role in promoting nurses' green behaviour, primarily through enhancing nurses' green passion. Strengthening environmentally oriented leadership and fostering nurses' intrinsic motivation for environmental sustainability may support the development of sustainable healthcare practices.

References

Faraz NA, Ahmed F, Ying M and Mehmood SA 2021, 'The interplay of green servant leadership, self-efficacy, and intrinsic motivation in predicting employees' pro-environmental behavior', *Corporate Social Responsibility and Environmental Management*, 28(4), pp. 1171–1184.

Mughal MF, Cai SL, Faraz NA and Ahmed F 2022, 'Environmentally specific servant leadership and employees' pro-environmental behavior: mediating role of green self-efficacy', *Psychology Research and Behavior Management*, 15, pp. 305–316.

Tuan LT 2020, 'Environmentally-specific servant leadership and green creativity among tourism employees: dual mediation paths', *Journal of Sustainable Tourism*, 28(1), pp. 86–109.

Poster 25 - Beyond Mindfulness: An Ecological Grounded Theory of Professional Formation in Student Nurses

Wednesday, 16th September - 13:05: Poster Tour H: Public health, primary and community care - Poster - Abstract ID: 545

Mrs. Samantha Harris-Fox (University of Derby)

Abstract

Background: Supporting the wellbeing and professional development of student nurses has become an increasing priority within nursing education (Labrague, 2021). Mindfulness is increasingly promoted as a strategy to support student wellbeing (Kabat-Zinn, 2015), yet there is limited understanding of how mindfulness can be meaningfully embedded within pre-registration nursing education.

Aim: To gain an understanding of how mindfulness can be embedded within the pre-registration nursing curriculum and how this relates to the professional formation of student nurses.

Methods: This doctoral research study used a Constructivist Grounded Theory methodology (Charmaz, 2014). Semi-structured interviews were conducted with pre-registration nursing students and nursing lecturers at a UK university. Following ethical approval, data were collected between February and June 2025. The sample comprised 12 student nurses and 9 nursing lecturers. Interviews were analysed using constant comparative analysis.

Results: Analysis generated a conceptual tree model explaining the process of professional formation in student nurses. The core category, professional formation, represents the evolving process through which students integrate personal wellbeing, learning and emerging professional identity during training. Three interconnected categories support this process: foundational growth capacities, reflecting developing agency and positioning within training demands; the growth environment, describing relational and institutional conditions including peer relationships, educator support and practice placements; and nurturing practices, capturing everyday strategies used to regulate stress and sustain engagement with training, including but not limited to mindfulness practices.

Discussion: Although the study initially explored how mindfulness might be embedded within the curriculum, findings suggest professional formation involves more than engagement with mindfulness practices alone. Students' capacity for self-regulation appears to develop through the interaction between personal agency, relational learning environments and everyday regulatory practices within nurse education.

Conclusion: The model highlights the importance of fostering relationally supportive learning environments that enable student nurses to develop sustainable capacities for self-regulation and professional growth.

References

Charmaz, K (2014) *Constructing Grounded Theory*. 2nd ed. London: Sage.

Labrague, L.J (2021) Resilience as a mediator in the relationship between stress associated with the Covid-19 pandemic, life satisfaction, and psychological wellbeing in student nurses, *Nurse Education in Practice*, 56. doi.org/10.1016/j.nepr.2021.103182

Kabat-Zinn, J (2015) Mindfulness, *Mindfulness,* 6, pp. 1481-1483.

Poster 26 - Heterogeneity of Competency among Nosocomial Infection Control Nurses: A latent profile analysis

Wednesday, 16th September - 13:05: Poster Tour H: Public health, primary and community care - Poster - Abstract ID: 110

Ms. Pan Lin (Department of nursing, the second affiliated hospital, Zhejiang University School of Medicine)

Abstract

Background: Enhancing the competency of infection control nurses is crucial for effective hospital infection control. Developing tailored interventions requires a clear understanding of competency profiles. This study aimed to identify distinct profiles across six core competency domains among infection control nurses in China.

Methods: This cross-sectional study invited 946 infection control nurses (mean age=39.92, SD=8.98; with 99.26% being female) to complete a self-designed competency questionnaire online between December 2021 and January 2022. Latent profile analysis was employed to identify distinct competency subgroups. Multinomial logistic regression was used to analyze influencing factors.

Results: Three distinct competency profiles were identified: low competency (28.75%), Moderate (53.91%), and High (17.33%). Multinomial logistic regression showed that: shorter work experience was the most prominent risk factor, ≤3 years of experience had higher odds of being in the low competency (OR=2.69, 95%CI=1.54-4.69, P<0.001); monthly income≤6000 yuan was a protective factor (OR≈0.25-0.27, 95%CI=0.13-0.49, P<0.001); age exhibited a dual effect, middle age (41-50 years) increased the odds of being in the low competency class (OR=2.74, 95%CI=1.30-5.76, P<0.01), while younger age (≤30 years) was protective against being in the moderate competency class (OR=0.37, 95%CI=0.20-0.71, P<0.01); managerial position was consistently protective against being in both the low competency and moderate competency classes (OR≈0.65-0.71, 95%CI=0.45-0.94, P<0.05). Other significant factors included employment in a teaching hospital (OR=0.58, 95%CI=0.38-0.90, P<0.05), having “other administrative duties” (OR=1.78, 95%CI=1.16-2.74, P<0.01), and senior nurse (OR=0.42, 95%CI=0.19-0.91, P<0.05).

Conclusion: Three core competency profiles were identified: low, moderate, and high. Management roles and higher income were protective factors against lower competency levels, whereas shorter work experience was the risk factor. Optimizing role allocation and strengthening training support for junior nurses may effectively improve the competency of the infection control workforce.

This study was approved by the Ethics Review Committee of Xiang ya School of Nursing, Central South University (No: E202155).

References

[1] World Health Organization WHO . WHO launches first-ever global report on infection prevention and control. 2022. https://www.who.int/news/item/06-05-2022-who-launches-first-ever-global-report-on-infection-prevention-and-control.

[2] Ni, L., Yin, X., Liu, L., Sun, K., & Zhang, W. (2024). Research on the effectiveness of the training of nosocomial infection control specialist nurses under the background of the new crown epidemic based on competence-based theory. Alternative Therapies in Health and Medicine. Advance online publication. AT10298.

[3] Wen, J. Q., & Shang, L. P. (2024). Current status and implications of certification systems for infection control specialist nurses at home and abroad. Chinese Journal of Practical Nursing, 40(22), 1756-1761. https://doi.org/10.3760/cma.j.cn211501-20231105-00929

Poster 27 - Advanced Nurse Practitioner-led lipid optimisation pathway in NHS primary care: a pre-post observational pilot study.

Wednesday, 16th September - 13:05: Poster Tour H: Public health, primary and community care - Poster - Abstract ID: 211

Mrs. Paramjit Kaur-Lal (Leicestershire Partnership NHS Trust)

Abstract

Background : Many adults in UK primary care, remain under-identified or suboptimally treated for raised LDL-cholesterol despite NHS Health Checks, and contemporary lipid guidelines, leaving substantial residual cardiovascular risk. Advanced Nurse Practitioners [ANPs] are increasingly leading cardiovascular risk management, yet empirical evidence on structured ANP-led lipid pathways in routine practice is limited.

Aim : To describe within-person changes in LDL-cholesterol, and related risk measures during an ANP-led lipid optimisation pathway compared with usual care, and to generate effect-size, and variability estimates to inform a future multi-practitioner study.

Methods : This exploratory pre-post observational pilot, is being conducted in a single NHS general practice using SystmOne electronic records. Adults aged ≥18 years with LDL-C ≥1.8mmol/L in the previous 12 months are identified and consented to either a structured ANP-led pathway (~100 recruits), or ongoing usual GP/pharmacist care (subsequent ~100). The pathway delivers 2-3 ANP consultations over six months, combining a holistic cardiovascular risk review, optimisation of lipid-lowering therapy within prescribing scope, and behavioural support aligned with NICE NG238, ESC/EAS dyslipidaemia guidance, and local lipid management policy. LDL-C (primary outcome), blood pressure, BMI, and engagement indicators are extracted at baseline [T0], three months [T1], and six month [T2]. A linear mixed-effects model with group×time term and random participant intercepts will estimate LDL-C trajectories; descriptive statistic will summarise secondary outcomes, and an anonymous post-pathway patient survey.

Results : Data collection (2026-2027), will provide approximately 200 participants, powered to detect a clinically important 0.5mmol/L difference in LDL-C change, while yielding precise estimates of within-person change, and LDL-C target attainment (<1.8 mmol/L).

Conclusions: This study will provide real-world evidence on an ANP-led lipid optimisation pathway in primary care, quantifying changes in LDL-C, blood pressure, BMI and engagement, and providing parameters to design a future multi-practitioner evaluations of advanced practice models in cardiovascular risk management.

References

- European Society of Cardiology (ESC) and European Atherosclerosis Society (EAS) (2019). Guidelines for the Management of Dyslipidaemias. Available at; https://www.escardio.org/staticfile/Escardio/Guidelines/publications/DYSLIPguidelines-dyslipidemias-FT.pdf
- Leicester, Leicestershire and Rutland Prescribing Committee (LLR), 2022. Leicestershire guidance for lipid management for primary and secondary prevention of cardiovascular disease (CVD).Available at: https://www.areaprescribingcommitteeleicesterleicestershirerutland.nhs.uk/wp-content/uploads/2022/10/Lipid-Management-for-Primary-and-Secondary-Prevention-of-Cardiovascular-Disease.pdf
- National Institute for Health and Care Excellence (NICE), 2023. Cardiovascular disease: risk assessment and reduction, including lipid modification. NICE guideline [NG238]. Available at: https://www.nice.org.uk/guidance/ng238

Poster 28 - Title. Expert to novice: the challenges of the transition to the Specialist Community Public Health Nurse (Health Visitor) role and its implications for workforce development.

Wednesday, 16th September - 13:05: Poster Tour H: Public health, primary and community care - Poster - Abstract ID: 506

Dr. Lorraine Henshaw (University of Salford)

Abstract

Background There is a scarcity of studies exploring transition to the UK Specialist Community Public Health Nurse (Health Visitor) (SCPHN(HV)) role, contrasting with an abundance exploring transition to the newly registered nurse (NRN); which is recognised as difficult and negatively influential on NRN retention. However, transition to the SCPHN(HV) role differs fundamentally to transition to a NRN, as it involves moving from a role where individuals are typically already highly skilled, autonomous practitioners, into to a new professional role.

Aim To develop a substantive theory of the transition to the HV visitor role, to support future aspirant health visitors and their educators.

Method Using constructivist grounded theory, this longitudinal study provides an in-depth understanding of this important transition. Incorporating focus group and interview methods, over a series of data collection points, throughout the period of the HV course and beyond, with eighteen student/newly qualified HVs.

Results This demanding and multifaceted transition is influenced by a range of factors, including role identity, community of practice, individual resilience and support. Data analysis led to the development of a substantive theory incorporating the three core categories of Role Identity, Way of Working and Living the Journey alongside a corresponding conceptual model, providing a visual framework to support this complex transition process.

Conclusion This research provides a rich evidence-base for the multifaceted and challenging transition to the HV role. The greater understanding provided supports future health visitor students, educators and workforce development, potentially enhancing future retention. The findings resonate with similar role transitions, especially those involving a move from expert to novice, extending the relevance outside of the HV profession. Future research should explore; further evaluation of the substantive theory, including with a wider range of healthcare professional roles, the management of multiple role identities and a heightened definition of the health visitor role.

References

Duchscher, J.E.B. (2009). Transition shock: the initial stage of role adaptation for newly graduated Registered Nurses. *Journal of Advanced Nursing*, 65 (5), 1103– 1113. doi: 10.1111/j.1365-2648.2008.04898.x

Ho, S. S., Stenhouse, R., Snowden, A. (2021). 'It was quite a shock': A qualitative study of the impact of organisational and personal factors on newly qualified nurses' experiences. *Journal of Clinical Nursing*, *30* (5-16), 2373-2385.

Whitehead, B., Owen, P., Henshaw, L., Beddingham, E. and Simmons, M. (2016). Supporting newly qualified nurse transition: A case study in a UK hospital. *Nurse Education Today*, 36, pp.58-63.

Wray, J., Watson, R., Gibson, H., & Barrett, D. (2021). Approaches used to enhance transition and retention for newly qualified nurses (NQNs): a rapid evidence assessment. *Nurse Education Today*, 98, 104651.

4.1 Health informatics

Telemedicine in heart failure care: a qualitative study

Wednesday, 16th September - 13:45: 4.1 Health informatics - Oral (concurrent session) - Abstract ID: 518

Dr. Valentina Micheluzzi (University Hospital of Sassari), Dr. Chiara Idini (University Hospital of Sassari), Dr. Giuseppe Serra (University Hospital of Sassari), Dr. Silvia Schirru (University Hospital of Sassari), Prof. Francesco Burrai (University of sassari), Dr. Eleonora Marongiu (University of sassari), Dr. Antonella Canu (University Hospital of Sassari), Dr. Antonio Sircana (University Hospital of Sassari), Dr. Pierluigi Merella (University Hospital of Sassari), Dr. Stefano Bandino (University Hospital of Sassari), Dr. Ferruccio Bilotta (University Hospital of Sassari), Dr. Giovanni Maria Soro (University of sassari), Prof. Gavino Casu (University of sassari)

Abstract

Background: Telemedicine is increasingly used in heart failure (HF) care to improve continuity, symptom monitoring, patient education, and reduce rehospitalisations; however, patients' lived experiences and factors influencing engagement and acceptability remain underexplored. This study aimed to explore patients' experiences in a home-based telemedicine programme.

Methods: We conducted a qualitative content analysis in patients with chronic HF enrolled in a structured telemedicine programme delivered by a specialist cardiology service. Semi-structured, face-to-face interviews were audio-recorded and transcribed verbatim. Transcripts were anonymised, coded line-by-line, and analysed inductively to derive subcategories and overarching categories through iterative discussion among researchers. Data collection continued until saturation. The study conduct and reporting were guided by COREQ.

Results: Saturation was achieved after 21 interviews. The analysis generated five main categories and 13 subcategories. (1) Perceived benefits of telemedicine included reassurance, clinical safety, improved awareness of symptoms and behaviours, increased perceived control, and willingness to recommend the programme. (2) Impact on everyday life encompassed convenience and burden: monitoring was sometimes time-consuming, difficult to integrate into daily routines, and occasionally triggered uncertainty or emotional strain. (3) Relationships with healthcare professionals emerged as a central driver of acceptability, with participants describing support, trust in professional competence, and a desire for more frequent or proactive feedback. (4) Technology and usability barriers included device-related problems, inconsistent connectivity, and frustration when measurements failed or required repetition. (5) Family and social context influenced engagement through practical help and emotional support, but also through mixed reactions from relatives.

Conclusions: Telemedicine can enhance perceived safety, self-management, continuity of care, and treatment adherence in HF, particularly when supported by strong patient-clinician relationships, reliable technology, and alignment with daily routines and family dynamics. Future programmes should be co-designed with patients and caregivers, ensure two-way communication, clarify how monitoring data are used, and adopt flexible, personalised strategies that minimise burden.

References

McDonagh TA, Metra M, Adamo M, Gardner RS, Baumbach A, et al 2023 Focused Update of the 2021 ESC Guidelines for the diagnosis and treatment of acute and chronic heart failure. *Eur Heart J*. 2023;44(37):3627–39. doi:10.1093/eurheartj/ehad195

Tedeschi A, Palazzini M, Trimarchi G, Conti N, Di Spigno F, et al. Heart Failure Management through Telehealth: Expanding Care and Connecting Hearts. *J Clin Med.* 2024;13(9):2592. doi:10.3390/jcm13092592

Liu S, Li J, Wan DY, Li R, Qu Z, et al. Effectiveness of eHealth Self-management Interventions in Patients With Heart Failure: Systematic Review and Meta-analysis. *J Med Internet Res.* 2022;24(9):e38697. doi:10.2196/38697

Kwaah PA, Olumuyide E, Farhat K, Malaga-Espinoza B, Abdullah A, et al. Non-Invasive Telemonitoring in Heart Failure: A Systematic Review. *Medicina.* 2025;61(7):1277. doi:10.3390/medicina6107127

Bellicini MG, D'Altilia FP, Gussago C, Adamo M, et al. Telemedicine for the treatment of heart failure: new opportunities after COVID-19. *J Cardiovasc Med (Hagerstown).* 2023;24(10):700–7. doi:10.2459/JCM.0000000000001514

Nurses' Perceptions of Barriers and Enablers to Barcode Medication Administration (BCMA) Implementation at the University Hospitals of Leicester (UHL): A Mixed-Methods Study

Wednesday, 16th September - 14:15: 4.1 Health informatics - Oral (concurrent session) - Abstract ID: 602

Mr. Majed Alorabi (University of Leicester), Mr. Eric Amankona Abrefa Kyeremaa (University of Leicester), Dr. Sion Scott (University of East Anglia), Prof. William Green (University of Birmingham), Prof. David Wright (University of Leicester)

Abstract

Background: Medication errors (MEs) in hospital settings represent a major patient safety concern and are associated with preventable harm, prolonged hospitalisation, increased healthcare costs, and patient death. Barcode Medication Administration systems have been introduced to mitigate these risks by electronically verifying the "five rights" of medication administration through barcode scanning. Evidence suggests that BCMA can substantially reduce medication administration errors; however, real-world adoption and consistent use by nurses remain variable [1,2].

Aim: This study aimed to compare previously identified barriers and enablers to BCMA implementation with those reported locally and identify additional factors influencing BCMA use, informed by the NASSS framework.

Methods: A mixed-methods survey informed by the NASSS framework was administered to nurses at UHL. The survey included Likert-scale questions assessing experiences related to previously identified barriers/enablers, and open-ended questions exploring additional factors influencing BCMA use. Participants were recruited voluntarily via communication from a senior nurse. Quantitative data were analysed descriptively, and qualitative responses were analysed using reflexive thematic analysis. Ethical approval was obtained from the University of Leicester.

Results: Sixty-four nurses participated. Barriers within the technology domain of the NASSS framework were most frequently reported, particularly system reliability and usability issues such as barcode recognition failures. Patient-related factors, including caring for confused or agitated patients, also made BCMA use difficult. Organisational factors, including the unavailability of essential equipment such as barcode scanners, were also reported as barriers to BCMA compliance.

Conclusion: The findings show that barriers identified in previous research are also present locally, particularly those related to the technology domain of the NASSS framework. Patient-related and organisational factors also influence BCMA use. This theory-driven analysis highlights the importance of improving system reliability, workflow integration, and equipment availability to support consistent BCMA use and improve medication safety.

Keywords: BCMA; medication errors; patient safety; nursing practice; health technology implementation.

References

1. Berdot, S., et al., *Interventions to reduce nurses' medication administration errors in inpatient settings: A systematic review and meta-analysis.* Int J Nurs Stud, 2016. **53**: p. 342-50.
2. Mulac, A., et al., *Barcode medication administration technology use in hospital practice: a mixed-methods observational study of policy deviations.* BMJ Quality & Safety, 2021. **30**(12): p. 1021-1030.

Effectiveness of Wearable Device-Supported Physical Activity Interventions on Cancer Survivors' Health-related Outcomes: A Meta-Analysis of Randomized Controlled Trials

Wednesday, 16th September - 14:45: 4.1 Health informatics - Oral (concurrent session) - Abstract ID: 627

Ms. Yunhuan Li (Department of Nursing, West China Hospital, Sichuan University/West China School of Nursing, Sichuan University, Chengdu, Sichuan, China), Mr. Zezhang Wang (Center of Rehabilitation Medicine, West China Hospital of Sichuan University), Prof. Xiaolin Hu (Department of Nursing, West China Hospital, Sichuan University/West China School of Nursing, Sichuan University, Chengdu, Sichuan, China)

Abstract

Background: Although a physically active lifestyle benefits cancer survivors, most of them remain physically inactive. Wearable devices (WDs) show potential to boost physical activity (PA) and alleviate physical/psychological symptoms, but their overall effectiveness and nursing-relevant moderators lack a comprehensive synthesis.

Aims: To evaluate the effectiveness of WD-supported PA interventions on cancer survivors' PA, sedentary behaviour, depression, fatigue, sleep disturbance, and quality of life (QoL), and explore nursing-relevant intervention moderators to guide nursing-led implementation.

Methods: PubMed, Embase, Web of Science, CENTRAL and MEDLINE were searched from inception to July 2025 for RCTs. R Studio was used to synthesize data with SMDs and 95% *CI*s. Heterogeneity, robustness, and small study effects were evaluated via I^2, one-study-out method and Egger tests. Subgroup and sensitivity analyses were conducted. The protocol was registered in PROSPERO with ethical review exemption for secondary meta-analytic research.

Results: A total 48 RCTs (3807 participants) were included. The results of random effects model demonstrated that the WD-supported PA interventions significantly improved objective moderate-to-vigorous PA (SMD 0.66, 95% *CI* 0.47~0.86), subjective PA (SMD 0.50, 95% *CI* 0.23~0.77), daily steps (SMD 0.50, 95% *CI* 0.23~0.77), depression (SMD -0.23, 95% *CI* -0.44~-0.03), fatigue (SMD -0.15, 95% *CI* -0.30~-0.01), sleep disturbance (SMD -0.35, 95% *CI* -0.61~-0.10), and QoL (SMD 0.19, 95% *CI* 0.08~0.31) among cancer survivors, but not sedentary behaviour. Interventions with multi-partnering tools, long duration ($\geq$12 weeks), or cancer-specific tailoring showed enhanced effects.

Discussion: WD-supported PA interventions are an effective digital health strategy for cancer survivors, with modifiable factors key to optimizing outcomes. Nurses are uniquely positioned to deliver tailored, long-duration WD interventions by leveraging clinical care pathways and patient education skills.

Conclusions: WD-supported PA interventions improve cancer survivors' PA, QoL and physical/psychological symptoms. Future nursing-led interventions should prioritize multi-partner tools, adequate duration and cancer-specific tailoring to integrate WDs into routine survivor care.

References

Singh, B., Zopf, E.M. & Howden, E.J. (2022) 'Effect and feasibility of wearable physical activity trackers and pedometers for increasing physical activity and improving health outcomes in cancer survivors: a systematic review and meta-analysis', *Journal of Sport and Health Science*, 11(2), pp.184-193. https://doi.org/10.1016/j.jshs.2021.07.008

Jimenez, G., Spinazze, P., Matchar, D. et al. (2020) 'Digital health competencies for primary healthcare professionals: a scoping review', *International Journal of Medical Informatics*, 143, p.104260. https://doi.org/10.1016/j.ijmedinf.2020.104260

World Health Organization (2021) *WHO global strategy on digital health 2020-2025*,

Geneva: World Health Organization. Available from: https://www.who.int/docs/default-source/documents/gs4dhdaa2a9f352b0445bafbc79ca799dce4d.pdf

4.2 Public health (including health promotion)

Knowledge and awareness of rare diseases among healthcare professionals: implications for nursing education and practice

Wednesday, 16th September - 13:45: 4.2 Public health (including health promotion) - Oral (concurrent session) - Abstract ID: 387

Mrs. Stacey McGeown (Queen's University Belfast), Dr. Tracey McConnell (Queens University Belfast)

Abstract

Background: Rare diseases affect millions of people worldwide, yet delayed diagnosis and fragmented care remain common. Nurses play a central role in early recognition, care coordination, and long-term support for individuals living with rare conditions. However, limited knowledge and awareness of rare diseases among healthcare professionals may constrain nurses' ability to fulfil these roles effectively.

Aim: To map existing evidence on healthcare professionals' knowledge and awareness of rare diseases and to explore the implications for nursing education and clinical practice.

Methods: A scoping review was conducted in line with Arksey and O'Malley's framework and reported using PRISMA-ScR guidelines. A comprehensive search of four electronic databases (CINAHL, MEDLINE, PubMed, and Scopus), alongside grey literature, identified studies published between 2019 and 2023. Twelve studies from diverse international settings met the inclusion criteria and were synthesised thematically.

Results: Overall, healthcare professionals demonstrated limited knowledge and awareness of rare diseases, with inconsistent understanding of definitions, prevalence, and available specialist resources. Studies specific to nurses and nursing students highlighted low confidence and preparedness to care for people with rare conditions, alongside minimal exposure to rare disease content within undergraduate and postgraduate education. Despite these gaps, nurses consistently expressed strong motivation to receive further training. Across professions, reliance on informal information sources and poor awareness of specialist platforms were common, contributing to diagnostic delay and fragmented care.

Conclusion: This review highlights significant gaps in rare disease knowledge that have direct implications for nursing practice, education, and workforce development. Strengthening rare disease education within nursing curricula, alongside accessible continuing professional development and clinical resources, may support earlier recognition, improved care coordination, and more equitable outcomes for people living with rare diseases. Nurses are well positioned to lead practice-focused and educational initiatives addressing these gaps

References

Walkowiak, D. and Domaradzki, J. (2020) 'Needs assessment study of rare diseases education for nurses and nursing students in Poland', *Orphanet Journal of Rare Diseases*, 15, p. 167. https://doi.org/10.1186/s13023-020-01432-6

Sinan, I. (2023) 'Knowledge and awareness of rare diseases among healthcare professionals in the Kingdom of Bahrain', *Cureus*, 15(10), e47676. https://doi.org/10.7759/cureus.47676

Ngoumou, R.-D., Bidzogo Ekobono, L.M.G. and Ngoumou, T.Y. (2023) 'Exploring healthcare practitioners' knowledge of rare diseases in Cameroon', *International Journal of Innovative Research in Medical Science*, 8(11), pp. 479–485. https://doi.org/10.23958/ijirms/vol08-i11/1767

Supporting Outreach Nurses' Practice: Lessons from a Narrative Analysis

Wednesday, 16th September - 14:15: 4.2 Public health (including health promotion) - Oral (concurrent session) - Abstract ID: 407

Ms. Nofar Betzer (University of Calgary), Mr. Gabriel Joaquino (University of Calgary), Dr. Jennifer Jackson (University of Calgary)

Abstract

Background and Aims: People who use drugs (PWUD) and experience homelessness have many complex healthcare needs. However, there are barriers which can limit this community's access to traditional health services. This presentation discusses factors that can support outreach nurses' practice and those supporting PWUD.

Methods: Participants were recruited through purposive sampling, with a focus on outreach workers. The interviews took place during their daily work, as researchers conducted 'go-along' interviews. The interviews were transcribed and analysed for themes, drawing on reflexive thematic analysis.

Results: Seven outreach workers were interviewed, totalling 12 hours and 8 minutes of go-along interviews. The findings indicate that PWUD who are experiencing homelessness are a migratory population. The brick-and-mortar nature of health services makes it difficult to provide adequate and consistent healthcare for this population. Barriers such as lack of housing, criminalisation, weather, and hostile architecture hinder the effectiveness of traditional health services. While outreach workers bridge these gaps, there are limits to the healthcare that can be provided outside traditional healthcare services.

Discussion and Conclusion: Significant barriers remain for PWUD in accessing services due to their migratory status and need to access fixed locations. The disconnect between fixed services and a migratory population, stigmatisation, and comprehensiveness of current services needs to be re-examined to support PWUD. To address these service gaps, dedicated health centres for PWUD are recommended. Mobile outreach teams can also overcome barriers and build relationships with clients, but have low rates of providing long-term care. Nurses can recognise that their work bridges fixed services and a migratory population and can work to address the social determinants of health that create barriers to healthcare access for PWUD.

References

Bardwell, G., Mansoor, M., Van Zwietering, A., Cleveland, E., Snell, D., & Kerr, T. (2022). The "goldfish bowl": a qualitative study of the effects of heightened surveillance on people who use drugs in a rural and coastal Canadian setting. *Harm reduction journal, 19*, 1–11.

Blonigen, D., Smelson, D., Smith, J., Baldwin, N., McInnes, D. K., Raikov, I., Weber, J., & Hyde, J. (2022). Peer support and whole health coaching to address the healthcare needs of homeless veterans: a pilot study. *BMC primary care, 23*, 331.

Bond, L., Wusinich, C., & Padgett, D. (2022). Weighing the options: Service user perspectives on homeless outreach services. *Qualitative social work, 21*, 177–193.

Braun, V., & Clarke, V. (2021). *Thematic analysis: A practical guide*: Sage Publishing.

4.3 Patient safety (including human factors, infection prevention and control etc)

Nurses' and Patients' Experiences of Implementing an Oral Care Intervention to Reduce Non-Ventilator Associated Hospital-Acquired Pneumonia: A Qualitative Study.

Wednesday, 16th September - 13:45: 4.3 Patient safety (including human factors, infection prevention and control etc) - Oral (concurrent session) - Abstract ID: 444

Dr. Sonja Dawson (Avondale University), Prof. Helen Rawson (Monash University), Dr. Auxillia Madhuvu (Monash University), Ms. Georgia Matterson (Avondale University), Dr. Julee McDonagh (Wollongong University), Prof. Jenny Sim (Australian Catholic University), Prof. Brett Mitchell (Avondale University)

Abstract

Background: Non-ventilator-associated hospital-acquired pneumonia (NV-HAP) is the most frequently acquired infection in hospitals and is associated with increased length of hospital stay, morbidity, and mortality (Chalker *et al.*,2026). The HAPPEN trial[1] used a stepped-wedge, cluster-randomised trial across 3 hospitals in Australia to explore the benefits of improving oral care on NV-HAP. The oral care intervention implemented in the trial was developed from a national survey of nurses, nurse focus groups, and consumer engagement (Tehan *et al.*,2024). Post-intervention evaluation is important for understanding the experiences of patients and clinicians involved in the trial and for supporting implementation (Rawson *et al.*,2025).

Aim: To understand nurses' and patients' lived experiences in the HAPPEN trial, and assess the educational strategies used in implementation.

Method: This exploratory qualitative study used semi-structured interviews with 26 registered nurses who participated in the HAPPEN intervention and 3 patients who developed NV-HAP. Data was collected between June and August 2025. Data were analysed using thematic analysis. Ethics approval was gained (2023/ETH02447).

Results: Four themes captured the complexities of implementing oral care interventions: capacity to empower practice; championing change; competing demands and resistance; and relational and functional support to achieve change.

Discussion: Nurses were empowered to lead oral care practice; however, competing clinical priorities and entrenched attitudes toward oral care limited consistent implementation. Addressing contextual barriers to oral care practice through ongoing education, leadership support and patient engagement strategies is critical to embedding oral care interventions as a core component of nursing practice to reduce NV-HAP risk.

Conclusion: Nursing staff require education and appropriate resources to provide oral care to hospitalised patients who are at risk of developing NV-HAP. Strengthening patients' understanding of oral care and encouraging them to adopt effective practices are also essential to minimising complications during their hospital stay.

References

[1] Australian and New Zealand Clinical Trial Registry. ACTRN12624000187549

Chalker MA, Browne, K, Russo PL, and Mitchell BG, (2026) Impact of non-ventilator healthcare-associated pneumonia on mortality and additional length of stay in adults admitted to an acute care hospital: A systematic review, *Journal of Hospital Infection*, Ahead of print. doi.org/10.1016/j.jhin.2026.01.013.

Rawson H, Dawson S, Madhuvu A, McDonagh J, Browne K, Tehan PE, Russo PL, Matterson G, Cheng AC, Kiernan MA and Sim J (2025) Nurses' experiences of providing oral care to hospitalised patients: A qualitative study *Infection, Disease & Health*, 30(4). doi.org/10.1016/j.idh.2025.05.002.

Tehan PE, Browne K, Matterson G, Cheng AC, Dawson S, Graves N, Johnson D, Kiernan M, Madhuvu A, Marshall C and McDonagh J (2024) Oral care practices and hospital-acquired pneumonia prevention: a national survey of Australian nurses. *Infection, Disease & Health*, 29(4). doi.org/10.1016/j.idh.2024.04.006.

Virtual Reality to Reduce Pain and Anxiety During Vascular Cannulation in Hemodialysis Patients: A Randomized Crossover Trial

Wednesday, 16th September - 14:15: 4.3 Patient safety (including human factors, infection prevention and control etc) - Oral (concurrent session) - Abstract ID: 277

Mr. Amit Mann (College of Nursing, All India Institute of Medical Sciences, New Delhi), Dr. Manju A.K. Rajora (College of Nursing, All India Institute of Medical Sciences, New Delhi), Dr. Smita Das (College of Nursing, All India Institute of Medical Sciences, New Delhi), Dr. Dipankar Bhowmik (Department of Nephrology, All India Institute of Medical Sciences, New Delhi), Dr. Deepak Joshi (Centre for Biomedical Engineering, IIT, New Delhi)

Abstract

Background: Chronic kidney disease affects over 10% of the global population (1) and often necessitates regular hemodialysis. Patients on a standard hemodialysis schedule undergo arteriovenous fistula cannulation three times per week, resulting in about 300 needle pricks annually (2), which is often associated with significant pain and anxiety (3). Virtual reality (VR) can distract patients and reduce the brain's processing of pain and anxiety signals (4). Despite its growing use in healthcare (5), evidence regarding its use among Indian hemodialysis patients remains limited, highlighting an important research gap.

Aim: To evaluate the effectiveness of virtual reality as a non-pharmacological intervention for reducing pain and anxiety during vascular cannulation among hemodialysis patients.

Methods: We conducted a single-blinded, randomized crossover trial among 36 patients undergoing maintenance haemodialysis. Patients were randomly assigned, using sealed envelopes, to Sequence AB (VR intervention followed by standard care) or Sequence BA (standard care followed by VR intervention). During VR intervention, participants experienced 5-minute immersive virtual reality via Meta Quest 2 featuring calming natural scenes and guided underwater box breathing exercise. During each session, pain and anxiety were assessed using validated scales (Numeric Rating Scale for pain and Visual Analogue Scale for anxiety), and physiological parameters were recorded.

Results: Analysis of variance (ANOVA) was performed using STATA 18.0 statistical software to assess treatment, sequence, period, and carryover effects. Virtual reality significantly reduced pain and anxiety during cannulation compared to standard care ($p < 0.001$). No significant differences were observed in physiological parameters, except for respiratory rate, which significantly decreased with virtual reality ($p < 0.001$). No adverse events were reported.

Conclusion: Virtual reality is a safe, non-pharmacological approach that can help reduce pain and anxiety during vascular cannulation and may be useful in routine haemodialysis nursing care. However, larger studies are needed to confirm and generalise these findings.

References

1. Kovesdy CP. Epidemiology of chronic kidney disease: an update 2022. Kidney Int Suppl (2011). 2022 Apr;12(1):7-11. doi: 10.1016/j.kisu.2021.11.003

2. Şen H, Lafcı Bakar D. The effect of virtual reality glasses on pain and patient satisfaction in arteriovenous fistula cannulation procedure. Appl Nurs Res. 2024 Oct;79:151841. doi: 10.1016/j.apnr.2024.151841

3. Ibrahim MB, Abdelaal Badawi SE, Alameri RA. Assessment of Pain and Anxiety During Arteriovenous Fistula Cannulation Among Hemodialysis Patients: A Cross-Sectional Study in Saudi Arabia. J Multidiscip Healthc. 2022 Apr 5;15:705-718. doi: 10.2147/JMDH.S344256

4. Koç Özkan T, Polat F. The Effect of Virtual Reality and Kaleidoscope on Pain and Anxiety Levels During Venipuncture in Children. J Perianesth Nurs. 2020 Apr;35(2):206-211. doi: 10.1016/j.jopan.2019.08.010

5. Dreesmann NJ, Su H, Thompson HJ. A Systematic Review of Virtual Reality Therapeutics for Acute Pain Management. Pain Manag Nurs. 2022 Oct;23(5):672-681. doi: 10.1016/j.pmn.2022.05.004

A formative evaluation of Martha's Rule: Understanding implementation of the structured wellness question in the early phase of rollout

Wednesday, 16th September - 14:45: 4.3 Patient safety (including human factors, infection prevention and control etc) - Oral (concurrent session) - Abstract ID: 356

Dr. Lavanya Thana (NIHR Policy Research Unit Quality Safety and Outcomes in Health and Social Care), Dr. Sne Zondo (NIHR Policy Research Unit Quality Safety and Outcomes in Health and Social Care), Ms. Sally Moore (Bradford Institute of Health Research), Ms. Jana Khattab (Bradford Institute of Health Research), Ms. Jane Schofield (Bradford Institute of Health Research), Prof. Beth Fylan (University of Bradford), Ms. Sally Prus (NIHR Policy Research Unit Quality Safety and Outcomes in Health and Social Care), Mr. Marineo Llanaj (Bradford Teaching Hospitals NHS Foundation Trust), Ms. Esther Taylor (York and Scarborough Teaching Hospitals NHS Foundation Trust), Dr. Jayne Marran (Bradford Institute of Health Research), Ms. Taqiyyah Ukwenya (Bradford Institute of Health Research), Dr. Jonathan Benn (University of Leeds), Dr. Ruth Baxter (University of Leeds), Prof. Charles Vincent (University of Oxford), Prof. Rebecca Lawton (University of Leeds)

Abstract

The untimely death of 13-year-old Martha Mills led to the introduction of Martha's Rule (MR) in 2024, designed to strengthen person-centred care by amplifying patient and family voice. A core component is that NHS England Trusts implement a consistent method for gathering daily feedback about a patient's condition. Across the sites in this study the Patient Wellness Questionnaire (PWQ) (Albutt et al., 2021) was used.

The overarching evaluation aimed to examine the moderators that shape how MR is adapted and implemented locally, and its impact on patients, family, and staff. This abstract focuses on the operationalisation of the PWQ.

A case study was conducted across three acute hospitals in England. Data comprised non-participant observations (n=183) and interviews with patients, family members, and staff (n=115). Qualitative data were analysed using a framework approach (Gale et al., 2013). A coding framework was developed based on the research questions, the Consolidated Framework for Implementation Research (Damschroder et al., 2022), and inductive themes. A lay research advisor and a Public Advisory Group were involved throughout.

Patients and families reported largely positive experiences of the PWQ, describing enhanced dialogue and personalised care. However, delivery varied across staff and shifted over time towards informal questioning. This resulted in limited understanding among patients about its purpose, and introduced inconsistency in how responses were captured. These shifts were linked to staff perceptions of repetition and differing views about the tool's appropriateness and value in different wards. Additionally, a worsened condition identified through the PWQ was not always followed up, which patients and families felt was essential.

The implementation of the PWQ requires clear framing for patients and families, consistent administration, accurate recording of responses and action on concerns. Attention to these processes is essential to maintain reliability and sustain the intended relational benefits of the PWQ.

References

Albutt, A., O'Hara, J., Conner, M., & Lawton, R. (2021). Can routinely collected, patient-reported wellness predict National Early Warning Scores? a multilevel modeling approach. Journal of patient safety, 17(8), 548-552.

Damschroder, L. J., Reardon, C. M., Opra Widerquist, M. A., & Lowery, J. (2022). Conceptualizing outcomes for use with the Consolidated Framework for Implementation Research (CFIR): the CFIR Outcomes Addendum. Implementation science, 17(1), 7.

Gale, N. K., Heath, G., Cameron, E., Rashid, S., & Redwood, S. (2013). Using the framework method for the analysis of qualitative data in multi-disciplinary health research. BMC medical research methodology, 13(1), 117.

*Ethical approval obtained from HRA and Health and Care Research Wales

4.4 Health and social policy

Healthcare Assistants' Perceptions of Professional Regulation Prior to College Registration: A Qualitative Interview Study

Wednesday, 16th September - 13:45: 4.4 Health and social policy - Oral (concurrent session) - Abstract ID: 646

Dr. Jennifer Jackson (University of Calgary), Ms. Ashley Carlson (College of Licensed Practical Nurses & Health Care Aides of Alberta), Ms. Nyla de Los Santos (College of Licensed Practical Nurses & Health Care Aides of Alberta)

Abstract

Background: Healthcare assistants (HCAs) provide direct care with increasing numbers of patients, yet in many jurisdictions, their roles remain unregulated. Internationally, professional regulation of support workers has been proposed as a strategy to improve workforce stability and patient safety. However, little is known about how HCAs themselves perceive professional regulation.

Aim: We aimed to explore HCAs' perceptions of professional regulation prior to joining a regulatory college in Alberta, Canada.

Methods: We conducted a qualitative interview study using reflexive thematic analysis (Braun and Clarke, 2021). We undertook semi-structured interviews with HCAs in a Canadian province where mandatory regulation was forthcoming, but not yet implemented. We audio-recorded interviews and analysed inductively to identify shared patterns of meaning across the dataset. We obtained ethical approval from the University of Calgary REB22-0324.

Results: Nineteen HCAs participated, from a variety of backgrounds. In the themes we created, participants expressed dissatisfaction with the status quo, characterised by inconsistent scopes of practice, inadequate staffing, and limited mental health and workplace supports. Second, HCAs described consequences of this unregulated environment, including role exploitation, lack of professional recognition, and perceived risks to patient safety arising from inconsistent accountability. Third, regulation was viewed as either an opportunity or a concern. Some participants anticipated clearer scopes of practice, enhanced professional credibility, and improved accountability. Others doubted regulation would address workload pressures, employer practices, or remuneration, and expressed concern about regulatory fees without commensurate benefits.

Conclusion: We found that HCAs were dissatisfied with their current status and expressed mixed expectations about professional regulation. While some viewed regulation as a mechanism to enhance their work environment, others remained skeptical of its capacity to produce meaningful change. These findings highlight the need for nurse leaders to support HCAs and ensure that anticipated benefits of professional regulation are realized in practice.

References

BRAUN, V. & CLARKE, V. 2021. Thematic Analysis: A Practical Guide. *Sage Publishing*.

Registration and Clinical Practice: Occupational Evidence from NMC Register–Census 2021 Linkage

Wednesday, 16th September - 14:15: 4.4 Health and social policy - Oral (concurrent session) - Abstract ID: 633

Dr. Michelle Jamieson (Edinburgh Napier University, School of Health and Social Care, UK), Prof. Iain Atherton (Edinburgh Napier University, School of Health and Social Care, UK)

Abstract

Background: Nursing workforce shortages and use of international recruitment make retention and return to practice major policy priorities. Professional registration does not necessarily indicate current clinical practice, and register data alone provides limited information on registrants' occupations.

Aims: To describe the employment status and occupations of NMC registrants at the time of the 2021 Census of England and Wales and examine variation by profession and geography.

Methods: NMC register data were linked to the full 2021 Census of England and Wales. The study population comprises all registered nurses, nursing associates and midwives resident in England and Wales. SOC2020 occupation codes and Census employment status variables were used to classify registrants as: working in clinical practice; working in non-aligned occupations; or not employed. Descriptive analyses examined occupational distributions by profession and country. Logistic regression was used to examine demographic and employment characteristics associated with engagement in clinical practice.

Results: Initial results suggest registrants in England and Wales were engaged in occupations aligned with clinical practice. A minority were employed in non-clinical roles, or were not in employment. Occupational distribution among registrants outside aligned roles varied by profession and geography.

Discussion: These findings demonstrate that professional registration does not equate to workforce availability for clinical practice. The proportion of registrants employed outside aligned roles has direct implications for register-based workforce planning and estimates of effective nursing supply, concerns shared internationally. The breadth of occupations held by registrants outside clinical practice also reflects the versatility of a nursing qualification, with registrants contributing across management, education and elsewhere. Administrative register–census linkage offers a method applicable wherever population-level employment data can be linked to professional registers.

Conclusions: NMC register–Census 2021 linkage demonstrates that registration does not equate to clinical practice. The linked data provide new evidence to inform workforce planning and retention policy.

References

None

Exploring the Impact of New Public Management on Human Resource Management in Decentralised Social Care Businesses in England: A Focus on Overseas Recruitment and Employment of Health Care Assistants

Wednesday, 16th September - 14:45: 4.4 Health and social policy - Oral (concurrent session) - Abstract ID: 631

Ms. Shingai Mushayabasa (Royal College of Nursing)

Abstract

Background: New Public Management (NPM) has long shaped the organisation and delivery of health and social care in England, promoting decentralisation, cost efficiency, and market-driven reforms. Social care businesses have increasingly relied on overseas recruitment to address workforce shortages through the Health and Care Worker Visa route. However, decentralisation has created fragmented systems, weakened accountability, and opened loopholes for exploitation, yet little is known about how Human Resource Management (HRM) is implemented by decentralised providers recruiting international Health Care Assistants (HCAs).

Objective: This study examines how decentralised social care businesses in England implement HRM practices when recruiting and employing overseas HCAs, and whether these processes support or undermine the intended outcomes of NPM reforms.

Methods: A qualitative design was adopted drawing on primary and secondary data. Ten participants took part in semi-structured interviews (n=10) between April and August 2024. A digital ethnographic approach surfaced patterns of exploitation and compliance failures within online HCA communities. Documentary analysis of policy, CQC reports, and political discourse further contextualised the findings.

Results: Decentralisation has enabled corruption, gaming, and inconsistent HRM standards. Some social care businesses engaged in illegal Certificate of Sponsorship selling, manipulated pay, and failed to meet legal obligations. HCAs frequently faced precarious employment, fear of visa revocation, and limited avenues for redress. These findings demonstrate that without a strengthened HRM strategy and tighter regulatory oversight, international recruitment risks perpetuating exploitation rather than resolving workforce shortages, with serious implications for both patient safety and the integrity of the nursing profession.

References

Armstrong, M., Taylor, S. (2020) Armstrong's Handbook of Human Resource Management Practice. 15th edition, New York

BBC Panorama (2023) Overseas staff 'exploited and trapped' at UK care home. Available at: https://www.bbc.co.uk/news/uk-67684417 (Accessed: 21 December 2023).

Boon, C., Den Hartog, D. N. and Lepak, D. P. (2019) 'A systematic review of human resource management systems and their measurement', Journal of Management, 45(6), pp. 2498-2537. https://doi.org/10.1177/0149206318818718

Caffrey, L., Ferlie, E. and McKevitt, C. (2018) 'The strange resilience of new public management: the case of medical research in the UK's national health service', Public Management Review, 21(4), pp. 537–558. https://doi.org/10.1080/14719037.2018.1503702.

Cappellaro, G. (2017) 'Ethnography in public management research: A systematic review and future directions', International Public Management Journal, 20(1), pp. 14-48. https://doi.org/10.1080/10967494.2016.1143423.

Care Quality Commission (2023) The state of health care and adult social care in England 2022/23. Available at: https://www.cqc.org.uk/publications/major-report/state-care/2022-2023 (Accessed: 25 August 2024).

4.5 Workshop: The Journal of Advanced Nursing at 50: Research Beyond Borders

The Journal of Advanced Nursing at 50: Reflections on 50 years of Journal of Advanced Nursing

Wednesday, 16th September - 13:45: (Lower Ground Floor Auditorium) - Symposium

Prof. Alison Tierney (Retired Professor of Nursing Research), Prof. Debra Jackson (University of Sydney), Dr. Helen Aveyard (Oxford Brookes University), Prof. Joanne Brooke (Birmingham City University), Prof. Doris Yu (The University of Hong Kong)

Abstract

In 2026, the *Journal of Advanced Nursing* marks its 50th anniversary (Jackson 2026). This symposium uses that milestone to examine the evolution of nursing scholarship and the contemporary realities of academic publishing.

Over five decades, international nursing journals have shaped the development of nursing knowledge, theory, methodology and practice, and the publishing landscape has changed substantially. Rising submission volumes, increasing expectations of methodological transparency, open science requirements, and intensified scrutiny of originality and impact have reshaped how research is evaluated and disseminated.

Aligned with the conference theme *Research Without Boundaries: Innovation, Collaboration and Global Impact*, this symposium brings together a series of linked papers examining how nursing scholarship can remain rigorous, relevant and internationally impactful. Collectively, the papers examine key elements that shape successful publication in leading international journals. These include editorial expectations regarding clarity of intellectual contribution, methodological coherence and scholarly positioning; the opportunities and ethical challenges associated with emerging technologies such as artificial intelligence; the development of publishable manuscripts from clinically grounded research; and the role of qualitative scholarship in generating knowledge that travels across contexts.

Together, the papers provide insight into contemporary editorial decision-making and identify practical strategies to strengthen clarity of contribution, international relevance and scholarly positioning. The symposium includes four papers addressing: editorial expectations for strong manuscripts; the opportunities and ethical challenges associated with artificial intelligence in scholarly writing; strategies for developing publishable research manuscripts from clinical practice; and the presentation of rigorous qualitative research for international audiences. By making the norms and expectations of high-quality publishing more transparent, the symposium contributes to capacity building in global nursing research and supports researchers to navigate increasingly competitive publication processes.

Marking 50 years of publication, this symposium looks forward, fostering informed, critical and internationally engaged nursing scholarship capable of travelling across institutional and national boundaries.

References

Jackson, D. 2026. " The Paradox of Progress: Why Workforce Fragility Remains Nursing's Defining Challenge." *Journal of Advanced Nursing* 1–6. https://doi.org/10.1111/jan.70458.

The Journal of Advanced Nursing at 50: Research Beyond Borders in a Changing Publishing Landscape/ Stewardship, Standards and Scholarship in a Global Publishing Landscape / Paper number one

Wednesday, 16th September - 13:45: (Lower Ground Floor Auditorium) - Symposium

Prof. Debra Jackson (University of Sydney)

Abstract

Fifty years after its founding, the *Journal of Advanced Nursing* sits within a profoundly transformed scholarly landscape. Nursing research now spans continents, methodological traditions and epistemological approaches. Alongside this expansion has come unprecedented growth in submission volume, increasing methodological sophistication, and heightened expectations regarding transparency, originality and international impact.

This paper presents an editorial perspective on how standards for publication have evolved in international nursing journals in response to these shifts and what distinguishes manuscripts that make a sustained contribution to international nursing scholarship. Drawing on contemporary editorial experience within a leading global nursing journal, the presentation examines recurring strengths and weaknesses observed in submissions across diverse methodologies.

The paper will focus on four interrelated elements: clarity of intellectual purpose; alignment between research question, design and analysis; methodological and conceptual coherence; and articulation of contribution beyond local context. Particular attention will be given to how authors demonstrate theoretical positioning, international relevance and policy or practice implications in a competitive publishing environment.

In addition, the paper considers how authors can position their work so that it speaks beyond local or institutional settings. While many studies are grounded in specific contexts, successful manuscripts demonstrate how findings contribute to broader theoretical, methodological or practice debates relevant to an international readership. Strategies for strengthening the framing of research questions, articulating transferable insights and situating findings within global nursing scholarship will be discussed.

Situating current publishing pressures within a broader historical trajectory, the presentation considers the shared responsibility of authors, reviewers and editors in ensuring that growth in volume is matched by rigour and intellectual depth. It will argue that research without boundaries requires not only innovation and collaboration, but reflexivity, clarity and a defensible contribution to global discourse.

References

Nil

The Journal of Advanced Nursing at 50: Research Beyond Borders in a Changing Publishing Landscape/ Artificial Intelligence in Nursing Scholarship: Opportunities, Challenges and Responsibilities. Paper number 2

Wednesday, 16th September - 13:45: (Lower Ground Floor Auditorium) - Symposium

Dr. Helen Aveyard (Oxford Brookes University)

Abstract

Over the past fifty years, editors at the *Journal of Advanced Nursing* have witnessed profound changes in the preparation and submission of manuscripts. Early handwritten submissions have gradually been replaced by papers produced with the assistance of a range of digital tools, from word processors and statistical software to electronic search engines and reference management systems. The next stage in this evolution is the influence of artificial intelligence (AI) in the conduct, analysis and communication of research.

As AI tools become more widely available, their use in scholarly work is likely to increase. These technologies have the potential to support literature searching, data management, language editing and elements of analysis, improving efficiency and accessibility for researchers working across disciplines, institutions and national boundaries. At the same time, AI raises questions concerning authenticity, intellectual ownership and the preservation of scholarly integrity.

This paper examines the emerging role of AI in the preparation of manuscripts for publication. Particular attention is given to the use of AI in primary research papers and in the synthesis of evidence within literature reviews. While certain applications of AI may strengthen the clarity and quality of manuscripts, other uses risk undermining the originality and intellectual contribution expected in scholarly writing. Researchers therefore face the challenge of identifying the boundaries between support and inappropriate substitution of scholarly work.

Drawing on examples from contemporary literature, this paper explores situations in which AI use may appropriately support research and writing, and contrasts these with scenarios where its use would be inconsistent with scholarly standards. The discussion also considers expectations regarding transparency and disclosure of AI use within manuscripts submitted to international journals. It considers how AI may influence the future of research beyond borders by facilitating collaboration and knowledge exchange while requiring renewed attention to transparency, accountability and responsible scholarship.

References

Dellafiore F, Saba A, Collaro C (2026) Artificial intelligence in qualitative research:insights from experts via reflective thematic analysis. *Qualitative Health Research.* March 36 issue 2 p145-165

Mrayyan M, Al-Omari A, Alamri M (2026) Nurse educators perceptions of AI in research: risks and benefits. *Nursing Research and Practice.* 2026 1-19

The Journal of Advanced Nursing at 50: From Bedside to Journal: Developing Impactful Nursing Research Papers: Paper Number 3

Wednesday, 16th September - 13:45: (Lower Ground Floor Auditorium) - Symposium

Prof. Doris Sau Fung Yu (The University of Hong Kong)

Abstract

The generation of knowledge within clinical settings is fundamental to advancing nursing practice. However, translating practice-based inquiry into a manuscript suitable for peer-reviewed publication remains a significant challenge for many nurses. Moving from bedside insight to scholarly paper requires more than reporting experience; it demands conceptual development, analytical depth and disciplined writing.

This paper focuses on the practical work of developing a research manuscript that can engage an international readership. It explores how clinicians and early-career researchers can refine research questions, strengthen argumentation, and ensure coherence between aims, design, analysis and conclusions. Particular attention will be given to moving beyond descriptive accounts towards analytical and theoretically informed discussion.

The presentation also considers how practice-generated knowledge can be framed so that it resonates beyond local service contexts and contributes to wider scholarly debate. Attention will be given to identifying the conceptual contribution of clinically grounded studies and articulating their relevance for international nursing audiences.

Common developmental challenges will be addressed, including insufficient framing of the research problem, weak integration with existing literature, over-reliance on local context, and unclear articulation of implications. Strategies for strengthening clarity, structure and scholarly voice will be outlined, with guidance on constructing introductions, presenting findings with precision, and developing discussions that extend rather than repeat results.

Particular emphasis will be placed on positioning practice-based research so that insights generated within specific clinical environments can speak to wider professional and policy debates. By focusing on the craft of scholarly writing and the development of publishable manuscripts, this paper supports nurses across practice and academic settings to transform clinical inquiry into rigorous research outputs that contribute to international nursing knowledge. In doing so, the paper highlights how practice-based inquiry can contribute to international nursing scholarship and research conversations beyond local settings.

References

Nil

The Journal of Advanced Nursing at 50: Qualitative Nursing Research Beyond Borders: Paper number 4

Wednesday, 16th September - 13:45: (Lower Ground Floor Auditorium) - Symposium

Prof. Joanne Brooke (Birmingham City University)

Abstract

Over the past fifty years, nursing scholarship has evolved within an increasingly connected global research environment. Advances in communication technologies, international collaboration and digital publishing have transformed the ways in which knowledge is produced, shared and scrutinised across borders. During this period, qualitative research has moved from a marginalised methodology to a widely recognised and theoretically grounded approach for exploring complex experiences of health, illness and care. This presentation considers how authors can position qualitative research for successful publication in leading international journals such as the *Journal of Advanced Nursing*.

The development of qualitative research has been shaped by diverse methodological traditions, each of which is underpinned by distinct philosophical assumptions that influence how research questions are framed, how phenomena are explored, and how data are generated, analysed and interpreted. Demonstrating coherence between the research question, methodological approach, study design and analytic processes is therefore essential when presenting qualitative work for publication.

Despite its acceptance, qualitative research continues to attract scrutiny regarding rigour and transparency. For journal editors and reviewers, the strength of a qualitative manuscript lies in the clear articulation of methodological foundations and the transparent reporting of research processes. Established reporting guidelines can support this clarity, including the justification of sampling strategies and participant numbers through concepts such as information power, depending on the methodological approach adopted.

Attention must also be given to demonstrating trustworthiness, including credibility, dependability, confirmability and transferability. Transparent reporting of these elements enables readers and reviewers to critically appraise the integrity of the study and its contribution to knowledge. When presented rigorously, qualitative research can generate insights that travel across contexts, informing nursing practice, service development and policy internationally. In doing so, qualitative scholarship plays an important role in advancing research beyond borders and contributing to the global development of nursing knowledge.

References

Guba, E., Lincoln, Y. (1994). Sage Handbook of Qualitative Research. Thousand Oaks, CA: Sage.

4.6 SYMPOSIUM - Internationally educated nurses in the UK

Internationally educated nurses in the UK- Overarching statement

Wednesday, 16th September - 13:45: 4.6 SYMPOSIUM - Internationally educated nurses in the UK - Symposium - Abstract ID: 474

Prof. Deirdre O'Donnell (Ulster University), Prof. Neal Cook (Ulster University)

Abstract

Overarching statement

Across the United Kingdom (UK), the Nursing and Midwifery Council (NMC) approved five Competence Test Centres to assess the proficiency of candidates who wish to join the NMC register and practise in the UK. In recognition of the rich potential for research and development across the five centres, in 2023, led by Ulster University, and in partnership with the NMC and colleagues from the other four centres, a national Collaborative Research Network (CRN) was established. The aim of the CRN is to develop the evidence base regarding the experiences of internationally educated nurses, nursing associates and midwives who choose to practise in the UK. Members of the CRN agreed research priorities that are being implemented through a programme of research nationally with representation from all centres and through doctoral research studies.

During this symposium, we will present four papers that are affiliated with the work of the CRN. These have a shared focused in that they all relate to internationally educated registrants working in the UK. The presentations will be delivered in a sequence that reflects the stages of the IEN's journey from their motivations to come to the UK through to opportunities for career progression.

The four papers are:

- Internationally educated nurses in the UK – motivations and meaning in life (1)
- Internationally educated nurses in the UK – perceptions of person-centred practice (2)
- Internationally educated nurses in the UK – experiences of inclusion (3)
- Internationally educated nurses in the UK – career progression: an integrative review (4).

References

References provided in each of the sympoisum constituent papers

Internationally educated nurses in the UK – motivations and meaning in life (1)

Wednesday, 16th September - 13:45: 4.6 SYMPOSIUM - Internationally educated nurses in the UK - Symposium - Abstract ID: 639

Mr. Henry Sproule (Ulster University)

Abstract

Background: Whilst internationally educated nurses (IENs) constitute 24.4% of NMC registrants (NMC 2025) and are vital to the delivery of care, little is known about their motivations for coming to practise in the UK and how this meaningfully impacts their lives.

Aim: To examine IENs' motivations for migrating to the UK and how the impact of practising as an NMC registrant affects their meaning in life.

Methods: Cross-sectional online surveys were conducted between July 2024 and December 2025. One survey included a purposive sample of IENs planning to migrate to the UK (n = 241) using both the Meaning in Life (Steger *et al.* 2006) and Motivations, Beliefs and Expectations (Gea-Caballero *et al.* 2019) instruments. A further survey was concurrently conducted with IENs practising in the UK for at least six months (n = 314) using the Meaning in Life (Steger *et al.* 2006) and Role transitions instruments (Deasy *et al.* 2011). Data were exported to SPSS 30.0® and analysed using descriptive and inferential statistics.

Results: IENs' motivations to come to the UK included the pursuit of employment, better work-life balance, enhanced salaries and better quality of life. Meaning-in-life scores demonstrated that IENs had statistically significant greater meaning in life prior to working in the UK.

Discussion: IENs report that they typically migrate for personal gain and better pay; however, their meaning in life declined after 6 months of practising in the UK. This study highlights opportunities to address and manage IENs' expectations and identify strategies to mitigate the challenges they experience.

Conclusion: In this study, IENs' motivations for migrating to practise in the UK have been illuminated. However, their expectations in terms of seeking enhanced meaning in life did not always materialise. Addressing inhibiting factors may improve retention and professional and personal contentment.

References

Gea-Caballero, V., Castro-Sánchez, E., Díaz-Herrera, M.Á., Sarabia-Cobo, C., Juárez-Vela, R. and Zabaleta-Del Olmo, E. (2019) 'Motivations, beliefs, and expectations of Spanish nurses planning migration for economic reasons: a cross-sectional, web-based survey', *Journal of Nursing Scholarship*, 51(2), pp. 178–186.

Nursing and Midwifery Council (NMC) (2025) The NMC Register 1 April 2024 – 31 March 2025. Available at: https://www.nmc.org.uk/globalassets/sitedocuments/data-reports/march-2025/annual-data-report-march-2025.pdf.

Pressley, C., Newton, D., Sanderson, L., Simkhada, B., Stephenson, J., Duodu, P.A., Gillibrand, W., Pallam, M. and Garside, J. (2025) 'International Nurse Migration Experience of the First Two Years: A Mixed Methods Study', Journal of Advanced Nursing, 81(7), pp.2672-2686.

Steger, M.F., Frazier, P., Oishi, S. and Kaler, M. (2006) 'The Meaning in Life Questionnaire: assessing the presence of and search for meaning in life', *Journal of Counseling Psychology*, 53(1), pp. 80–93.

Internationally educated nurses in the UK- perceptions of person-centred practice (2)

Wednesday, 16th September - 13:45: 4.6 SYMPOSIUM - Internationally educated nurses in the UK - Symposium - Abstract ID: 364

Prof. Deirdre O'Donnell (Ulster University), Prof. Neal Cook (Ulster University), Dr. Paul Slater (Ulster University), Mr. Asriel Juvenal Chamos (Ulster University), Dr. Laura Strumidlo (Oxford Brookes University), Mr. Adam Tucker (Leeds Teaching Hospitals NHS Trust), Dr. Caroline Kenny (Nursing and Midwifery Council), Dr. Tracey Redwood (University of Northampton), Dr. Jane Greaves (Northumbria University)

Abstract

Background: Person-centred practice is synonymous with high quality healthcare leading to enhanced outcomes for patients, families and healthcare professionals (Phelan *et al.* 2020). Consequently, developing person-centred healthcare is of strategic importance (World Health Organization 2020). Internationally Educated Nurses, Nursing Associates and Midwives (IENMs) make a critical contribution to healthcare in the United Kingdom. However, despite constituting 24.4% of registrants (NMC 2025), there is little evidence regarding their preparedness for person-centred practice.

Aim: To examine IENMs' perceptions of their person-centred practice and implications for person-centred healthcare.

Methods: Following ethical approval, a UK-wide cross-sectional online survey was conducted between November 2024 and March 2025 with a convenience sample of IENMs undertaking the Test of Competence for the first time at an NMC approved Competence Test Centre. Data were collected using the Person-centred Practice Inventory-Staff instrument; an internationally validated, self-report measure of health professionals' perceptions of their person-centred practice. Likert responses were measured between 1-5. Data were analysed using SPSS 29.0® to generate mean scores and examine variance by demographic variables.

Results: With 541 survey responses (response rate 10.5%), statistical power was achieved. Over 80% of respondents were internationally educated nurses, 8.1% were midwives and 11.3% were dual qualified. Four respondents were nursing associates. Most respondents were female and between 31-40 years old, most educated in India (34.7%, n=183). Scores were consistently highly positive (mean scores 4.31 to 4.40) and narrowly dispersed (SD 0.91 to 0.96).

Discussion: This is the first study to measure IENMs' perceptions of their person-centred practice. The results confirm that irrespective of nationality, age or years' experience, IENMs consistently identified as person-centred practitioners immediately following their UK Test of Competence.

Conclusion: This national study provides initial evidence that IENMs are prepared to contribute to the person-centred agenda with the potential to enliven person-centred cultures aligned with international strategic imperatives.

References

Nursing and Midwifery Council (NMC) (2025) *The NMC Register 1 April 2024 – 31 March 2025*. Available at: https://www.nmc.org.uk/globalassets/sitedocuments/data-reports/september-2025/data-report-uk-web.pdf [Accessed 23 February 2026].

Phelan, A., McCormack, B., Dewing, J., Brown, D., Cardiff, S., Cook, N., Dickson, C., Kmetec, S., Lorber, M., Magowan, R., McCance, T., Skovdahl, K., Stiglic, G. and Van Lieshout, F. (2020) Review of developments in person-centred healthcare. *International Practice Development Journal*, 10 (suppl), 1-10.

World Health Organization. (2020) *State of the world's nursing 2020.* World Health Organization. Available at: https://www.who.int/publications/i/item/9789240003279 [Accessed 23 February 2026].

Internationally educated nurses in the UK – experiences of inclusion (3)

Wednesday, 16th September - 13:45: 4.6 SYMPOSIUM - Internationally educated nurses in the UK - Symposium - Abstract ID: 429

Mrs. Ifeoluwa Ajibayo (Leeds Teaching Hospitals NHS Trust)

Abstract

Background: The NHS has seen increased growth in the ethnic diversity of its workforce (Ross, 2024). In nursing, 31.6% of the Nursing and Midwifery Council (NMC) register in England were from Black and Minority Ethnic (BME) backgrounds, an increase from 22.9% in 2019 (NMC, 2024). The NHS staff survey shows a rise in discrimination among BME staff, rising from 46% in 2019 to 51% in 2023, indicating a need for proactive action.

Aim: To synthesise academic research published from 2010-2024 and identify gaps in the literature regarding inclusion of ethnic minority nurses within their workgroups.

Method: In 2025, a systematic search of multiple scientific and healthcare databases was conducted (Web of Science, Scopus, Business complete), additional hand searches were performed using Google Scholar to identify relevant studies that may not have been captured in the initial database queries. This resulted in the analysis of 14 peer-reviewed studies (11 qualitative and 3 mixed methods).

Results: The literature review found significant research on ethnic minority patients' experiences in healthcare but identified a considerable gap in studies focused on the experiences of ethnically minoritized healthcare staff, especially nurses, within their workgroups or teams.

Discussion: The literature indicates that an individual's workgroup significantly influences feelings of inclusion and exclusion, which can result in negative outcomes. Inclusive bystanders are perceived as complicit in exclusion, and inclusion depends not only on the group's willingness to accept an individual but also on the individual's desire to be included.

Conclusion: In the field of healthcare and especially Nursing, inclusion of ethnic minoritized staff within workgroups remains an underexplored domain (Shore & Chung, 2024) that warrants further theoretical development and empirical investigation.

References

NMC, 2024. *Equality and diversity reports*. [online] The Nursing and Midwifery Council. Available from: https://www.nmc.org.uk/about-us/reports-and-accounts/equality-and-diversity-reports/ [Accessed 1 Mar. 2025].

NHS England, 2024. *National results across the NHS in England: NHS staff survey 2023*. [online] National results across the NHS in England | NHS Staff Survey. Available from: https://www.nhsstaffsurveys.com/results/national-results/ [Accessed 26 Feb. 2025].

Shore, L.M., and Chung, B.G., 2024. Inclusion as a multi-level concept. *Current Opinion in Psychology*, 60, p.101910.

Internationally educated nurses in the UK – career progression: an integrative review (4)

Wednesday, 16th September - 13:45: 4.6 SYMPOSIUM - Internationally educated nurses in the UK - Symposium - Abstract ID: 224

Mrs. Kate Culligan (Oxford Brookes University)

Abstract

Background

Internationally educated nurses (IENs) make up 24.4% of registrants in the United Kingdom (UK) (NMC 2025). To support the retention of IENs, there have been calls to explore their experiences of career progression (RCN, 2015).

Aim

To explore the current evidence base regarding IENs' experiences of career progression having practiced as UK registrants for over 3 years.

Methods

The integrative review used the Whittemore and Knafl (2005) 5-stage methodology. Three databases (CINAHL, Embase and Medline) were searched using PICO derived keywords. Papers published since 2006, in English, and relating to IENs with at least three years' practice as UK registrants, were eligible for inclusion. Snowballing enhanced the richness of the review (Alexis and Shillingford, 2012). Additionally, Google Scholar was searched to identify 'grey' literature. Following the searches, 61 citations were identified. These were screened blindly by two reviewers using the Rayaan platform conducted in January 2025 Eleven articles were selected for inclusion including six empirical studies (two quantitative and four qualitative) and five editorial / discussion papers.

Discussion

Three themes were identified: expectations, inequity, and challenges. Expectations referred to a gap in knowledge/awareness of career progression processes associated with under-representation of IENs in senior positions and a lack of support in career development. Inequity related to a lack of equal opportunities leading to demoralisation. Challenges reflected IENs' perceptions that their skills and experience were not recognised and identified opportunities to support career progression.

Conclusion

This integrative review, undertaken as part of a programme of doctoral research, provides a synopsis of contemporary evidence regarding IENs' experiences of career progression in the UK. The review highlights challenges experienced and opportunities for employers and IENs in gaining understanding of career progression, providing support with career planning and monitoring career progression and retention outcomes, which is the focus of this ongoing doctoral research.

References

Alexis, O. and Shillingford A. (2012) Exploring the perceptions and work experiences of internationally recruited neonatal nurses: a qualitative study. Journal of Clinical Nursing, 21, 1435-1442.

NMC (2025) The NMC Register UK mid-year update 1 April - 30 September 2025 available at: www.nmc.org.uk/globalassets/sitedocuments/data-reports/september-2025/data-report-uk-web.pdf.

RCN (2015) International Recruitment. Available at www.rcn.org.uk › publications › pub-004000

Whittemore, R. and Knafl K. (2005) The integrative review: updated methodology. Journal of Advanced Nursing, (5) 546-53

4.7 SYMPOSIUM - Research and innovation as a driver for transformation and excellence in care

Research and innovation as a driver for transformation and excellence in care/Overarching Statement (0)

Wednesday, 16th September - 13:45: 4.7 SYMPOSIUM - Research and innovation as a driver for transformation and excellence in care - Symposium - Abstract ID: 361

Dr. Helen Janiszewski (Nottingham University Hospitals NHS Trust), Dr. Louise Bramley (Nottingham University Hospitals NHS Trust)

Abstract

Chaired by Professor Jane Coad, this symposium brings together respected research and innovation leaders in nursing and midwifery, who also have expertise in developing strategy and designing and implementing interventions which measure the impact of research and innovation activities at ward and department level within the NHS.

The first paper critically examines national strategies and international programmes that position research and innovation as key indicators of high-quality care and catalysts for sustainable change in clinical practice. It highlights opportunities to implement nationally and internationally recognised tools and frameworks that support the systematic embedding of research and innovation within a healthcare setting.

The second paper presents the methodological approach underpinning the design and development of data-driven metrics to support ward-level accreditation. This work translates national and international frameworks into a locally applied measurement tool, drawing on the expertise of research and innovation leaders. The metrics are intended to enable robust evaluation of research and innovation activity, reinforcing their integration across all clinical roles and promoting a culture of enquiry and continuous improvement.

The third paper emphasises the critical contribution of research and innovation delivery teams to the co-production of meaningful metrics and evaluative tools. It argues that their involvement is essential to ensure relevance, feasibility, and clinical credibility.

The final paper outlines the evaluation methods employed, focusing on the application of data-driven approaches within clinical wards and departments. It presents key metrics, reflects on findings, and describes subsequent refinements informed by broader stakeholder engagement.

References

N/A

Research and innovation as a driver for transformation and excellence in care: National and International policy and strategic imperatives in research and innovation (1)

Wednesday, 16th September - 13:45: 4.7 SYMPOSIUM - Research and innovation as a driver for transformation and excellence in care - Symposium - Abstract ID: 402

Prof. Mary Wells (Guy's and St Thomas' NHS Foundation Trust)

Abstract

Background: National and International policy and strategies have been instrumental in highlighting the importance of, and setting the direction for, nursing and midwifery research and innovation over the last ten years. This focus has strengthened research leadership and led to a growth in research capacity and capability for nurses and midwives. However, achieving wider transformation across healthcare systems requires nurses and midwives at every level to recognise and understand their role in research. Embedding the principles of research and innovation into roles and job plans is essential to developing a workforce that can both promote patient participation in research and lead the transformation of clinical services to improve quality and outcomes for patients and communities. However, the realities of doing this at every level within every clinical setting remains a significant challenge. Frameworks and tools are needed to guide and support clinical staff to recognise their role in research and ensure that a continuous cycle of clinical improvement is underpinned by evidence.

Aim: The aim of this paper is to outline key national and international imperatives in policy and strategy (e.g. Chief Nursing Office and Chief Midwifery Office) including the new Professional Nursing Strategy for England. Research and innovation are positioned as critical drivers for change within NHS England's ten-year plan and nurse leaders must capitalise on this opportunity to ensure that nursing is central to that transformation. This paper will explore how key initiatives within a large acute NHS Trust can support this agenda, including Shared Governance/ Shared Decision Making as a model of distributed leadership and innovation, and ward accreditation as a mechanism for building a culture of research and innovation. It will discuss how these concepts can be brought to life in practice, promoting greater consistency across the organisation.

References

NHSE (2021) Making research matter: Chief Nursing Officer for England's strategic plan for research
NHSE (2023) Chief Midwifery Officer for England's strategic plan for research

Research and Innovation as a Driver for Transformation and Excellence in Care/ From Evidence to Excellence: Integrating Research and Innovation into Local Quality Accreditation Frameworks in Healthcare (2)

Wednesday, 16th September - 13:45: 4.7 SYMPOSIUM - Research and innovation as a driver for transformation and excellence in care - Symposium - Abstract ID: 161

Dr. Louise Bramley (Nottingham University Hospitals NHS Trust and University of Nottingham), Mrs. Nikki Sarkar (Nottingham University Hospitals NHS Trust)

Abstract

Background: Nottingham University Hospitals (NUH) has undertaken a sustained programme of organisational development focused on achieving excellence in care over more than a decade. This journey has included international and national quality frameworks, Magnet® designation (2020–2024) and Pathway to Excellence® (2019–2026). Collectively, these frameworks emphasise the critical contribution of research and innovation (R&I) to improved patient outcomes, workforce engagement, and organisational learning.

Nationally, NHS England's Ward Accreditation programme is recommended as a framework to enable the development of a set of key measures which can assess quality of care at a local level.

Aim: This paper describes the national and international frameworks and methodological approaches used to develop robust datasets that support the systematic integration of R&I within local quality accreditation. It seeks to demonstrate how embedding research-informed practice within quality metrics can underpin continuous clinical improvement, enhance staff understanding of their contribution to research activity, and articulate the wider benefits for patient care.

At a national level, NHS England's Ward Accreditation Programme provides a structured approach for assessing care quality through locally relevant measures. However, this framework does not incorporate R&I activity as a core component

The paper will introduce the NUH Accrediting Care Excellence (ACE) framework used to assess quality and effectiveness at NUH, it includes four domains:

1. Safety and Clinical Effectiveness
2. Improvement, Innovation and Research
3. Patient Experience
4. People Experience

Focusing on domain two – 'Improvement, Innovation and Research', this paper will discuss how a Delphi style approach was used to develop the standards and data sets with key stakeholders and expert leads in R&I. This approach has led to being able to utilise existing data to measure how effectively research evidenced based practice is used to support high quality care, innovations and improvements.

References

N/A

Research and innovation as a driver for transformation and quality excellence/ Clinical Research Delivery roles drive transformation in recruitment to clinical trials (3)

Wednesday, 16th September - 13:45: 4.7 SYMPOSIUM - Research and innovation as a driver for transformation and excellence in care - Symposium - Abstract ID: 632

Mrs. Kathryn Fairbrother (Nottingham University Hospitals NHS Trust)

Abstract

Background: Clinical Research Delivery is frequently under recognised as a clinical service, despite the significant contribution this workforce can make to service development and to fostering research engagement among healthcare professionals.

Involving clinical research delivery experts in the development of accreditation tools ensures that research activity within a specialty or service area is visible, understood and embedded in routine practice. This approach promotes professional curiosity and development, enabling staff to engage with research activity in their clinical environment without additional commitment.

Research delivery services hold substantial clinical expertise and experience, which can be translated into clinical practice without increasing pressure on already stretched services—commonly cited as a barrier to research participation (Bull et al, 2016).

To be genuinely 'Fit for the Future', it is essential to provide inclusive opportunities for staff to participate in research, support innovation and promote engagement in clinical studies. This enables the UK ambition for healthcare reform, including the attraction of industry partnerships to deliver pioneering and innovative care aligned with the NHS Ten Year Plan.

Aim: The aim of this paper is to discuss the importance of research delivery teams in transforming clinical practice and driving quality excellence, through the development and the conduct of clinical research. Research is often perceived as an adjunct to clinical care; however, integration of research delivery teams within clinical services supports a blended model that strengthens both clinical and research activity.

Examples of how this has been successfully implemented will be outlined, through the co-creation of data sets and tools used to measure quality. A case study will be presented of the collaboration between research delivery experts, clinical experts and methodological experts for the development of domain two as well as the output following the implementation of the tool and the impact on clinical trial delivery.

References

Bull et al, 2016, Barriers to Trial Recruitment and Possible Solutions. Applied Clinical Trials-02-01-2016; Volume **25;** Issue **2**

Research and innovation as a driver for transformation and excellence in care/Evaluating Research and Innovation in Clinical Practice: Lessons from Mixed Methods Analysis of NHS Accreditation Data (4)

Wednesday, 16th September - 13:45: 4.7 SYMPOSIUM - Research and innovation as a driver for transformation and excellence in care - Symposium - Abstract ID: 589

Dr. Helen Janiszewski (Nottingham University Hospitals NHS Trust)

Abstract

Background: Research and innovation are positioned as critical drivers for change within NHS England's ten-year plan. However, promoting understanding of its principles and translating this into nursing and midwifery practice at every level is a challenge. Evaluating the impact of this requires a systemic approach with tools and frameworks to ensure that data can be analysed and findings used. Evaluating the use of this in practice using a mixed methods approach is key to understanding how research and innovation is being used as a driver for transformation and excellence in care.

Aim : The aim of this paper is to describe the data generated from the first round of accreditation, discuss the mixed methods evaluation of its use in practice, involving interviews and descriptive analysis of the numerical data from Domain 2 and report the evaluation findings. Metrics around research and innovation activities will be shared, and the revisions made following further stakeholder engagement.

The first cycle of ACE accreditation saw all in-patient areas assessed. Despite extensive stakeholder engagement, and the development of data sets using a Delphi style approach, Domain 2: Improvement, Innovation and Research disproportionately scored lower than other domains. To understand this further, a mixed methods evaluation was undertaken and data from, this will be shared.

The paper will explore qualitative data from interviews, alongside descriptive analysis of accreditation metrics, revealing that existing research and innovation activity was often poorly articulated and insufficiently embedded within routine practice. The paper goes on to highlight the importance of embedding research and innovation as core business through co-designed metrics that resonate with those delivering care. By strengthening the alignment between organisational ambition, measurement frameworks and frontline understanding, the accreditation processes can move beyond assurance towards actively enabling a sustainable culture of research, innovation and continuous improvement.

References

N/A

5.1 Acute and critical care

Beyond Braden: Identifying Realtime EHR risk indicators for skin breakdown in hospitalized patients

Wednesday, 16th September - 15:40: 5.1 Acute and critical care - Oral (concurrent session) - Abstract ID: 442

Mrs. Isabella kocienski (Hackensack Meridian HEALTH), Dr. Kathryn Fleming (RWJBarnabas School of Nursing), Dr. Mitchell LaFleur (Georgian Court University)

Abstract

Maintaining skin integrity in hospitalized patients remains a persistent challenge despite widespread use of the Braden Scale. As health systems increasingly utilize Electronic Health Record (EHR) data for real-time clinical insights, medication-related risks—particularly steroid use—have emerged as an under-recognized factor. Steroids are frequently administered for inflammation and may contribute to skin vulnerability, yet their impact is often overshadowed by traditional risk factors such as age, immobility, poor nutrition, incontinence, and chronic illness.

This retrospective quantitative review analyzed six months of de-identified EHR data from inpatients across a regional health system. Eligible patients included those admitted or under observation in acute care or inpatient mental health units with documented steroid use. Variables examined included demographics, comorbidities, laboratory values, vital signs, nutritional indicators, infection markers, and ambulation status. Statistical analyses included Chi-Square, T-tests, Fisher's Exact Test, and Cramer's V, conducted using SPSS and Excel.

The dataset captured over 37,000 steroid administrations among 14,090 unique patients. Initial 5% monthly sampling showed no significant association between steroid use and skin breakdown. After removing the sampling restriction, several statistically significant relationships emerged, though effect sizes were small. Logistic regression further supported steroids as an independent—but modest—contributor to skin breakdown within a multifactorial risk environment.

These findings support development of an EHR-driven risk identification model that integrates medication-related variables with traditional Braden elements. Leveraging real-time EHR data may enhance early detection and guide more targeted prevention strategies in acute care settings.

References

1. Earlam, A. and Woods, L. (2022) Moisture-associated skin damage: The basics. American Nurse. Retrieved from https://www.myamericannurse.com/moisture-associated-skin-damage/ on April 14, 2025
2. Gabriel, S., Hahnel, E., Blume-Peytavi, U. (2019) Prevalence and associated factors of intertrigo in aged nursing home residents: a multi-center cross-sectional prevalence study. BMC Geriatrics: 19, 105 https://doi.org/10.1186/s12877-019-1100-8
3. Jaul, E., Barron, J., Rosenzweig, J., and Menczel, J. (2018) An overview of co-morbidities and the development of pressure ulcers among older adults. BMC Geriatrics: 18(305) 1-11
4. Nadukkandiyila, N., Syamalab, S., Salehb, H., Sathianc, B., Zadehe, K., Valappilf, S., Alobaidlig, M., Elsayedh, S., Abdelghanyi, A., Jayaramanj, K., and Al Hamad, H. (2020) Implementation of pressure ulcer prevention and management in elderly patients: a retrospective study in tertiary care hospital in Qatar. The Aging Male: 23 (5) 1066–1072 https://doi.org/10.1080/13685538.2019.167015

Nurses' Experiences of Managing Dementia-Related Behaviours in Acute Hospital Settings: A Focused Ethnographic Study

Wednesday, 16th September - 16:10: 5.1 Acute and critical care - Oral (concurrent session) - Abstract ID: 515

Mrs. Reema D'Souza (Oxford Brookes University), Mrs. Dr Olga Kozlowska (Oxford Brookes University), Prof. Helen Walthall (Oxford Univeristy Hospital NHS Foundation Trust), Prof. Sarah Pendlebury (Oxford Univeristy Hospital NHS Foundation Trust)

Abstract

Background: Around 982,000 people in the UK live with dementia; 90% exhibit dementia-related behaviours (DRBs) and occupy 25% of acute hospital beds. DRBs are complex and variable, presenting considerable challenges. While prevalence and management of DRBs are well researched, nurses' lived experiences remain underexplored, particularly the interpretive, emotional and relational dimensions shaping how they interpret and respond to DRBs.

Aims: The study aims to answer the following research question: What are nurses' experiences and interpretation of DRBs, and how does it influence their interactions and care delivery in acute hospital settings?

Methods: A focused ethnographic design, grounded in social constructionism, was employed across medical wards at one NHS Trust in England (March–July 2024), comprising 51 hours of observation, interviews with 25 participants and review of eight care-plans, using reflexive thematic analysis (Braun and Clarke, 2022).

Results: Four themes were identified: *Interpreting DRBs; Impact on Nurses; Navigating Risk and Safety;* and *Systemic Constraints and Care Delivery.* Interpretation emerged as a socially constructed, contextually contingent process shaped through observational reasoning, experiential knowledge and relational understanding. Externally disruptive behaviours mainly aggression attracted attention, while internalised expressions such as anxiety were frequently overlooked. Emotional responses shaped and were shaped by interpretive processes, determining care offered, withheld or prioritised. Staffing constraints and time pressure mediated what care was possible, revealing how systemic conditions intersect with interpretation and emotion to shape care.

Discussion: These findings reveal how DRB care is shaped by intersecting factors: social context, emotional dynamics, workforce pressures and systemic constraints, challenging assumptions that outcomes are determined by individual knowledge and skill alone, explaining why person-centred improvements remain difficult to sustain.

Conclusions: This study advances understanding of acute dementia care, with implications for interventions supporting nurses' interpretive and emotional processes and for research on patient and family perspectives, currently absent from the evidence base.

References

Braun, V. and Clarke, V. (2022) Thematic Analysis: A Practical Guide. London: Sage.

NHS England (2019) Dementia. Available at: https://www.england.nhs.uk/mental-health/dementia/ (Accessed:18 Dec 2025).

NICE (2020) Dementia: Assessment, Management and Support for People Living with Dementia and Their Carers. London: National Institute for Health and Care Excellence.

The Pressure Injury Prevention and Practice Improvements in Nursing - Intensive Care Unit study: Findings from a realist evaluation

Wednesday, 16th September - 16:40: 5.1 Acute and critical care - Oral (concurrent session) - Abstract ID: 527

Prof. Jenny Sim (Australian Catholic University), Dr. Faisal Alanazi (Northern Border University), Ms. Emma Birrell (The Prince of Wales Hospital), Ms. Karlee Mueller (The Prince of Wales Hospital), Ms. Karen Tuqiri (The Prince of Wales Hospital)

Abstract

Background: Pressure injuries are a significant problem for patients in intensive care settings and have a profound impact on morbidity and mortality.[1] Nurses' play a pivotal role in preventing pressure injuries and are considered preventable in all patients except those at end-of-life.

Aim: To evaluate the effectiveness of a pressure injury prevention program and explore what worked for whom, and in what circumstances, and how.

Methods: A realist evaluation of an evidence-based pressure injury prevention program was conducted in one large Australian intensive care unit from August 2022 to December 2024. Data were collected using observational studies of prevalence, administrative data on incidence, cross-sectional surveys of nurses' knowledge and attitudes towards pressure injury prevention, and qualitative interviews. Structured Plan-Do-Study-Act cycles and external facilitation were used to support implementation of the prevention program. Ethical approval for the study was granted.

Results: Hospital-acquired pressure injury prevalence (16.7% vs 11.1%) and incidence (19.2 per 1,000 bed days vs 11.9 per 1,000 bed days) improved following the pressure injury prevention program. Nurses' knowledge towards pressure injury prevention improved from 54.6% (n=58) to 65.7% (n=72) and nurses' attitudes towards pressure injury prevention also improved. Qualitative interviews were conducted with 29 clinical nurses and 7 clinical leaders to evaluate the pressure injury prevention program. Three qualitative themes were identified: 'Finding the why', 'Improving care processes', and 'Facilitating change'.

Discussion: This study demonstrated that pressure injuries can be prevented by improving nurses' knowledge about prevention and supporting nurses to embed evidence-based nursing care processes into routine clinical practice.

Conclusion: Collaboration between researchers, clinicians and health service leaders transformed clinical practice and improved patient outcomes. Facilitation played a key role in achieving these outcomes. More research is needed to determine the most effective dose and facilitation methods for practice change in clinical research settings.

References

1 Labeau, S., et al. 2021, 'Prevalence, associated factors and outcomes of pressure injuries in adult intensive care unit patients: The DecubICUs study',
Intensive Care Medicine, vol. 47, pp. 160–169. DOI: 10.1007/s00134-020-06234-9

5.2 Children and young people

Registered nurses' experiences and perspectives of practicing trauma-informed care in Australian adolescent mental health inpatient units: A qualitative study

Wednesday, 16th September - 15:40: 5.2 Children and young people - Oral (concurrent session) - Abstract ID: 526

Mrs. Juna Joy (Western Sydney University)

Abstract

Background

Trauma-informed care (TIC) is a framework that supports registered nurses (RN) in assessing, recognising, and responding to the experiences of trauma for consumers. Adolescents who experience trauma are at an increased risk of mental health concerns. Existing literature highlights the multifaceted challenges that RNs face when practicing TIC (Stokes et al., 2024). To date, there is limited qualitative research on RNs practicing TIC in Australian adolescent mental health inpatient units (AAMHIU).

Aim

To explore RNs' experiences and perspectives of practicing TIC in the AAMHIU.

Methods

This study was guided by a qualitative exploratory design underpinned by social constructivism. Semi-structured interviews were conducted with RNs (n=12) between June and October 2025 (HREC approval H16532). The study utilised purposive and snowball sampling. Transcribed data were thematically analysed, guided by the work of Braun and Clarke (2019).

Findings

Five overarching themes were identified. Findings revealed the profound impact of distressing and concerning emotions RNs experienced while practicing TIC. This impacted their physical and emotional well-being. Interpersonal challenges, along with organisational and systemic barriers hindered the implementation of TIC practice in AAMHIU.

Discussion

RN's lack of awareness of practicing TIC was more prevalent than expected which resonated the current literature. Limited understanding on practicing TIC resulted in iatrogenic care. RNs were at risk of acquiring 'allostatic load' and 'occupational stress' from constant exposure to trauma (Konlan et al., 2022). Inadequate support from management contributed to unsafe TIC practices impacting both RNs and adolescents in AAMHIU.

Conclusions

Findings provide deeper understanding of RNs' experiences, advancing current knowledge of TIC practice in AAMHIU. Exposure to trauma in AAMHIU was considered unavoidable, but organisations initiatives to manage repercussions of practicing TIC was highlighted. An implication of this research is to initiate policy on TIC that predominantly focuses on practicing TIC with adolescents to inform nursing practice.

References

Braun, V. and Clarke, V., 2019. Reflecting on reflexive thematic analysis. *Qualitative research in sport, exercise and health*, *11*(4), pp.589-597.

Konlan, K.D., Asampong, E., Dako-Gyeke, P. and Glozah, F.N., 2022. Burnout and allostatic load among health workers engaged in human resourced-constrained hospitals in Accra, Ghana. *BMC Health Services Research*, *22*(1), p.1163. https://doi.org/10.1186/s12913-022-08539-5.

Stokes, Y., Cloutier, P., Aggarwal, D., Jean Daniel Jacob, Hambrick, E., Tricco, A.C., Ward, M.K., Kennedy, A., Greenham, S., Robb, M., Sheppard, R., Murphy, D., Boggett, J., Graham, I.D. and Lewis, K.B. (2024). Youth, caregiver and

healthcare professional perspectives on planning the implementation of a trauma-informed care programme: A qualitative study. *Journal of Advanced Nursing*. https://doi.org/10.1111/jan.16095.

From avoidance to openness: Communication patterns between adolescents living with inflammatory bowel disease and their parents

Wednesday, 16th September - 16:10: 5.2 Children and young people - Oral (concurrent session) - Abstract ID: 609

Ms. LINGXI CHEN (School of nursing, Zhejiang Chinese Medical University), Prof. Yunxian Zhou (School of nursing, Zhejiang Chinese Medical University), Dr. Emma Rowland (Florence Nightingale Faculty of Nursing, Midwifery and Palliative Care, King's College London, London, United Kingdom), Dr. Tom Jewell (Florence Nightingale Faculty of Nursing, Midwifery and Palliative Care, King's College London, London, United Kingdom), Dr. Wladyslawa Czuber-Dochan (Florence Nightingale Faculty of Nursing, Midwifery and Palliative Care, King's College London, London, United Kingdom)

Abstract

Background: Effective parent-adolescent communication is fundamental to disease management and psychosocial adjustment in inflammatory bowel disease (IBD). However, developmental transitions during adolescence and the fluctuating nature of IBD can complicate these interactions. To date, evidence regarding communication patterns between adolescents with IBD and their parents remains limited.

Aim: This study aimed to explore how adolescents with IBD communicate with their parents and the factors shaping these communication patterns.

Methods: A descriptive qualitative design was employed. Semi-structured interviews were conducted separately with twelve adolescents with IBD and parents. Data from 24 interviews were analysed using conventional content analysis, followed by a dyadic analysis.

Results: Four distinct communication patterns were identified: avoidant, strategic, conflictual, and open. **(1) Avoidant communication**: Discussions about IBD were minimised due to difficulty accepting the illness, fear of causing distress, or limited knowledge and communication skills. **(2) Strategic communication**: Parents managed disclosure selectively or gradually, tailoring it to their child's emotional readiness, age, or disease severity. Adolescents shared information strategically, based on their progressively increasing ability to manage the disease. **(3) Conflictual communication:** Misunderstandings and contrasting coping styles led to frustration, anger, and mutual blame. The adolescents' disease burden, combined with parental caregiving stress, triggered arguments, while the adolescents developmental drive for independence sometimes further exacerbated the conflict. **(4) Open communication**: Dyads characterised by mutual respect and empathy engaged in open discussions of IBD-related issues, promoting trust, collaboration, and adolescents' confidence in self-management.

Conclusions: This study provides valuable implications for IBD paediatric care, relevant not only within China but also for the wider IBD community. Parent-adolescent communication in IBD ranges from avoidance to openness, shaped by illness-related, developmental, and psychological factors. Pattern-sensitive guidance from nurses may support families in promoting more adaptive communication and facilitating adolescents' transition toward greater independence in disease management.

References

None

5.3 Inclusivity

Innovative Nurse-Led Community-based Randomised Controlled Trial of a Sailing Intervention to Enhance Resilience in Autistic Children

Wednesday, 16th September - 15:40: 5.3 Inclusivity - Oral (concurrent session) - Abstract ID: 332

Ms. Myrian Sze Nga Fan (The Nethersole School of Nursing, The Chinese University of Hong Kong), Prof. William Ho Cheung Li (The Nethersole School of Nursing, The Chinese University of Hong Kong), Prof. Laurie Long Kwan Ho (The Nethersole School of Nursing, The Chinese University of Hong Kong), Ms. Kay Rawbone (Sailability Hong Kong Limited), Dr. Kai Chow Choi (The Nethersole School of Nursing, The Chinese University of Hong Kong), Dr. Stephen Wilson (World Sailing), Prof. Raija Kuisma (Saint Francis University), Ms. Sara Pacchiani (Universita degli Studi di Milano-Bicocca), Ms. Brigitta Antal (Károli Gáspár University of the Reformed Church in Hungary), Ms. Hannah Hanselman (The University of Edinburgh), Ms. Silvia He (The University of Edinburgh), Mr. Daoud Kamal Abu Khaleel (Hong Kong Institute of Vocational Education), Ms. Trinitey Letterman (Rotary Club of the 58 Degree Innovators), Prof. Sek Ying Chair (The Nethersole School of Nursing, The Chinese University of Hong Kong)

Abstract

Background: Resilience underpins meaningful life outcomes for autistic children. Although nature-based interventions (NBIs) demonstrated functional benefits, resilience had not been examined (Fan et al., 2023). A meta-analysis reported moderate effects on children's resilience, identified sailing as promising, yet noted a lack of high-quality trials for younger children, including those with autism (Fan et al., 2025).

Aim: To report short-term outcomes from a nurse-led community-based sailing intervention on resilience in school-aged autistic children in inclusive education (ClinicalTrials.gov Identifier: NCT 07056387; Joint CUHK–New Territories East Cluster Clinical Research Ethics Committee CRE-2025.237-T).

Methods: A parallel-group randomised controlled trial was conducted in Hong Kong between June 2025 and January 2026. Of 259 children screened, 184 autistic children aged 7–12 years were randomised to a six-half-day sailing intervention (n=92) or attention-controlled crafting activities (n=92). The nurse led the study set-up, regulatory governance, cross-sector safeguarding procedures, interdisciplinary coordination, family liaison, and partnership development with Sailability Hong Kong. Outcomes were assessed at baseline and immediately post-intervention at the time of submission. Generalised Estimating Equations were used to examine group-by-time effects using the intention-to-treat principle.

Results: Programme completion exceeded 90% in both groups, with no adverse events reported. Significant group-by-time interactions favoured the sailing intervention for resilience, quality of life (QoL), and depressive symptoms (all Ps < .01). No differential effect was observed for self-esteem. Effect sizes ranged from small-to-moderate for depressive symptoms, and moderate-to-large for resilience and QoL.

Discussion and Conclusions: This study demonstrates an innovative nurse-led approach of research delivery in community settings, highlighting the role of clinical research nurses (CRNs) in interdisciplinary collaboration. The findings offer transferable implications for advancing community-based mental health research internationally. Given limited nurse-led trials in community contexts, despite the growing role of CRNs beyond hospital settings (Tinkler, Robertson & Tod, 2022), this work contributes important evidence to an underdeveloped area.

References

Fan, M.S.N., Li, W.H.C., Ho, L.L.K., Phiri, L. and Choi, K.C. (2023). 'Nature-based interventions for autistic children: A systematic review and meta-analysis'. *JAMA Network Open*, 6(12), e2346715. Available at: https://doi.org/10.1001/jamanetworkopen.2023.46715.

Fan, M.S.N., Li, W.H.O., Ho, L.L.K., Phiri, L., Pacchiani, S., Choi, K.C., Antal, B., Cheung, C.S.K. and Abu

Khaleel, D.K. (2025) ‘Nature-based interventions for enhancing resilience in children: A systematic review and meta-analysis’, *Discover Mental Health*, 5(1), p. 109. Available at: https://doi.org/10.1007/s44192-025-00258-7.
Tinkler, L., Robertson, S. and Tod, A. (2022) ‘Multi-professional perceptions of clinical research delivery and the Clinical Research Nurse role: a realist review’, *Journal of Research in Nursing*, 27(1–2), pp. 9–29. Available at: https://doi.org/10.1177/17449871211068017.

Understanding Psychological Distress And Therapeutic Environment in the Emergency Department (UPDATE-ED): an observational cohort study

Wednesday, 16th September - 16:10: 5.3 Inclusivity - Oral (concurrent session) - Abstract ID: 537

Ms. Anna Miell (NHS Lothian), Dr. Gearoid Brennan (NHS Lothian), Dr. Rajendra Raman (NHS Fife), Dr. Jane Grassie (NHS Fife), Ms. Rachel O'Brien (NHS Lothian), Mr. Robin Alexander (University of St Andrews), Prof. Colin McCowan (University of St Andrews), Ms. Caroline Blackstock (NHS Lothian), Ms. Fleur Davey (NHS Fife), Mr. Ross Reilly (Scottish Action for Mental Health), Mr. Keith Boath (NHS Fife), Ms. Iyesha Bradbury (NHS Fife), Dr. Jen Browning (NHS Lothian), Ms. Claire Cheyne (NHS Lothian), Ms. Christina Coventry (NHS Fife), Dr. Patrick Eves (NHS Lothian), Ms. Chelsea Graham (Scottish Action for Mental Health), Dr. Naomi Gunn (NHS Fife), Dr. Chloe Haigh (NHS Fife), Dr. Chris Humphries (NHS Lothian), Ms. Jacqui James (NHS Fife), Dr. Liza Keating (Royal Berkshire Hospital), Dr. Deon Louw (Oxford University Hospitals NHS Foundation Trust), Dr. Heather Robertson (NHS Fife), Dr. Salini Zaini (Royal Berkshire Hospital), Dr. Sarah Wilson (Frimley Health NHS Foundation Trust)

Abstract

Background: Emergency Departments (EDs) are a key contact point for people experiencing mental health crises, yet many report poor care experiences [1]. Reflecting the importance of this issue, the James Lind Alliance Priority Setting Partnership identified 'mental health' as the top research priority for UK Emergency Medicine [2]. However, the proportion of ED attendances related to mental health remains unclear, with existing estimates ranging from 2–4% [3]. Routine coding data are considered unreliable and likely underestimates such presentations.

Aims: To estimate the prevalence of mental health- and substance use-related presentations to UK EDs. Secondary outcomes included demographics, length of stay, physical health interventions, and 30-day mortality.

Methods: A multicentre observational cohort study was conducted across six EDs in Scotland and England (two adult, one paediatric, and three mixed departments). Data were collected over a consecutive 7-day period between 20-January and 10-February 2025. A 'waived consent' process was used to minimise selection bias. Data were analysed using descriptive statistics. The study was co-designed with Scottish Action for Mental Health

Results: Across the study period, there were 12,246 ED attendances, of which 703 met inclusion criteria, representing 5.71% (95% CI 5.30–6.12). Most patients had concurrent physical health needs, and substance use was involved in 65% of presentations. Patients in this cohort had significantly longer ED lengths of stay compared with other attendances.

Discussion: The prevalence of mental health-, substance use-, and psychological distress–related presentations was higher than previously reported, exceeding 10% at one site. The findings highlight substantial overlap between mental and physical healthcare in EDs and suggest a significant, under-recognised workload for emergency services.

Conclusions: This is the first multicentre UK observational study to quantify mental health-related ED attendances. Future work should focus on improving ED environments, trauma-responsive training, and integrated mental health and substance use support within emergency care.

References

1. Sacre M, Albert R, Hoe J (2021) What are the experiences and the perceptions of service users attending Emergency Department for a mental health crisis? A systematic review. *International Journal of Mental Healht Nursing* **31**: 400-423 doi: 10.1111/inm.12968
2. Royal College of Emergency Medicine (2022) *James Lind Alliance Emergency Medicine Priority Setting Partnership Refresh 2022*. Available at: https://rcem.ac.uk/research-priorities/ Accessed 06.03.2026

3. Barratt H, Rojas-García A, *et al.* (2016) Epidemiology of mental health attendances at emergency departments: systematic review and meta-analysis. *PLoS One* **11**: e0154449.

Journeying through a fractured terrain: A Constructivist Grounded Theory study of NHS Community Learning Disability Team practitioners' experience in the assessment of challenging behaviour.

Wednesday, 16th September - 16:40: 5.3 Inclusivity - Oral (concurrent session) - Abstract ID: 614

Mrs. Linda Hume (University of Stirling), Prof. Carol Bugge (Glasgow Caledonian University), Dr. Claire Eades (University of Stirling)

Abstract

Background: Challenging behaviour in people with a learning disability has long been a research and policy focus due to its significant impact on individuals, families, and support staff. People with a learning disability are among the four most disadvantaged groups in society and face a high risk of exclusion and mistreatment, even in care settings (Equality and Human Rights Commission,2016).

Method: This study used Constructivist Grounded Theory (Charmaz, 2024) to interpret practitioners' actions and contexts when assessing challenging behaviour in people with a learning disability in community settings. Data was gathered through 17 intensive interviews between April 2022 and August 2023.

Findings: This paper will present the grounded theory 'Journeying through a fractured terrain,' which explains learning disability practitioners' experiences navigating diverse, complex assessment journeys with people with a learning disability. Three dynamic, interconnected categories underpin this theory. The first, navigating the shifting sands, reflects the unpredictable challenges and influences—such as support networks, limited services, and ambiguous policies—that shape assessments. Secondly, participants advocate for addressing systemic mismatches and upholding the rights of people with a learning disability and their supporters, including access to communication support and responsive healthcare. Navigating and advocating together lay the groundwork for reconstructing broken links—the third category—enabling completion of the journey through fractured terrain.

Conclusion: Practitioners commit to understanding the fractured nature of support for people with a learning disability and those who support them. They advocate tackling the structural factors needed to advance good practice and to reconstruct that support. This study identifies the requirement of leadership and integrated support focused on early intervention and quality-of-life outcomes for people with a learning disability.

References

Charmaz, K. (2024). *Constructing Grounded Theory*. 3rd ed. Sage

5.4 Diabetes

An Education Intervention for Type 2 Diabetes Patients in Saudi Arabia: A Co-Design Approach

Wednesday, 16th September - 15:40: 5.4 Diabetes - Oral (concurrent session) - Abstract ID: 193

Ms. Roba Alhujaili (University of Nottingham), Prof. Richard Windle (University of Nottingham), Prof. Sharon Black (University of Nottingham)

Abstract

Background: Effective self-management and glucose control are challenges faced by patients with Type 2 diabetes mellitus (T2DM), which can be addressed [SB1] through a patient education programme that is well designed (Norris et al., 2002). Studies in the Kingdom of Saudi Arabia (KSA) have indicated poor rate of effective self-management among T2DM patients: 29.1% in 2013 (El Bcheraoui et al., 2014) and 15% in 2015 (Al Johani et al., 2015). While the Saudi health sector offers educational programme for T2DM patients to enhance self-management behaviour (Ellis et al., 2004), adherence rates remain low (Al Johani et al., 2015).

Diabetes education in KSA has yet to fully align the WHO's standards of active collaboration between educators and patients. Co-designed educational programmes with patients have consistently demonstrated improved impact and cultural relevance (Desse et al., 2022, Hempler and Ewers, 2015).

Aim: This study aimed to develop a culturally appropriate educational intervention for Saudi T2DM patients using a co-design approach informed by the Medical Research Council's (MRC) (Skivington et al., 2021) and the Boyd Co-design (Boyd et al., 2012) Frameworks.

Methods: Conducted in two phases, the first phase used a semi-structured processes to interview newly diagnosed patients with T2DM to explore their experiences and insights. Based on these interviews, statements were developed for consensus-building. The second phase used a dual-panel of Delphi process in which healthcare professionals (physicians, nurses, educators, researchers, policymaker) and patients with T2DM independently reviewed and reached consensus on the formulated statements.

Results: Most patients (85%) felt their voices were heard throughout the co-design process. Their personal experiences and needs, including mental health support and cultural sensitivity, shaped a set of educational recommendations. These findings will enhance the Saudi T2DM educational manual and improve care. It will also serve as a culturally adaptable resource for improving T2DM management internationally.

References

Al Johani, K., Kendall, G. and Snider, P. (2015) 'Self-management practices among type 2 diabetes patients attending primary health-care centres in Medina, Saudi Arabia', *EMHJ-Eastern Mediterranean Health Journal,* 21(9), pp. 621-628.

Boyd, H., McKernon, S., Mullin, B. and Old, A. (2012) 'Improving healthcare through the use of co-design', *The New Zealand Medical Journal (Online),* 125(1357), pp. 76-87.

Desse, T. A., Namara, K. M., Yifter, H. and Manias, E. (2022) 'Development of a Complex Intervention for Effective Management of Type 2 Diabetes in a Developing Country', *Journal of Clinical Medicine,* 11(5), pp. 1149.

Self-care among persons with type 2 diabetes in South-Western Uganda: an exploratory mixed methods study

Wednesday, 16th September - 16:10: 5.4 Diabetes - Oral (concurrent session) - Abstract ID: 415

Dr. Fortunate Atwine (Jeph International University, School of Nursing and Midwifery), Ms. Clara Brusq (University of Iceland, Faculty of Nursing and Midwifery), Prof. Tiny Jaarsma (Linköping University, Department of Health, Medicine, and Caring Science), Prof. Brynja Ingadottir (University of Iceland, Faculty of Nursing and Midwifery)

Abstract

Background: Non-communicable diseases such as type 2 diabetes are increasing rapidly across Sub-Saharan Africa, mirroring global trends. Effective self-care is essential for long-term health, but shaped by structural, economic, and personal factors, including access to healthcare services and confidence in one's ability to manage the condition. In Uganda, limited evidence exists regarding how people with diabetes understand and perform self-care. This study forms part of an Erasmus+ funded collaboration between Uganda and Iceland.

Aim: To explore how patients in South-Western Uganda understand the concept of self-care, describe their self-care practices, and access healthcare services. A secondary aim was to test the applicability of a translated version of a Western-developed diabetes self-care questionnaire.

Methods: Data were collected (2024) from patients (N=42) attending a public hospital diabetes clinic using semi-structured interviews and questionnaires. Self-care practices were assessed through open-ended questions and the Self-care of Diabetes Inventory (SCODI), a 40-item instrument encompassing self-care maintenance, monitoring, management, and confidence (scores 0–100). Data were analysed using descriptive statistics and content analysis. Ethical approval: MUST-2023-9570.

Results: Participants (78% women; 55% with basic/no formal education) reported substantial barriers to diabetes care, including limited access to services, high transportation and medication costs, low income, and insufficient knowledge about diabetes management. SCODI scores reflected suboptimal self-care: maintenance (M=56, SD=13.5), monitoring (M=48.9, SD=17.3), management (M=36.0, SD=21.4), and confidence (M=40.2, SD=23.1).

Discussion: Findings indicate limited self-care capacity, low disease-related knowledge, and low confidence in managing diabetes. Structural constraints—including poor healthcare access and limited availability of appropriate foods and medications—further hinder effective self-care.

Conclusion: Self-care among people with diabetes in this low-income setting appears suboptimal and shaped by social determinants such as low health literacy, education, and economic insecurity. These factors pose significant threats to health and quality of life, underscoring the need for contextually appropriate support and resources.

References

Ausili, D., Barbaranelli, C., Rossi, E., Rebora, P., Fabrizi, D., Coghi, C., Luciani, M., Vellone, E., Di Mauro, S., and Riegel, B. (2017). Development and psychometric testing of a theory-based tool to measure self-care in diabetes patients: The Self-Care of Diabetes Inventory. *BMC Endocrine Disorders*, *17*(1). doi.org/10.1186/s12902-017-0218-y.

Riegel, B., Jaarsma, T., and Strömberg, A. (2012). A middle-range theory of self-care of chronic illness. *Advances in Nursing Science*, *35*(3), pp. 194–204. doi.org/10.1097/ANS.0b013e318261b1ba.

Mechanisms underlying the formation of exercise behavior among individuals with prediabetes: A mixed-methods study based on the health action process approach

Wednesday, 16th September - 16:40: 5.4 Diabetes - Oral (concurrent session) - Abstract ID: 120

Ms. Qianyin Zhu (Department of Nursing, the Second Affiliated Hospital of Zhejiang University School of Medicine), Prof. Meijuan Lan (Department of Nursing, the Second Affiliated Hospital of Zhejiang University School of Medicine)

Abstract

Background: Exercise can delay or prevent progression from prediabetes, yet uptake remains low and stage-specific behavioural determinants are unclear.

Aims: To examine determinants of exercise behaviour among adults with prediabetes using the Health Action Process Approach (HAPA).

Methods: This study adopted an explanatory sequential mixed-methods design at a tertiary hospital (April 2024–January 2025) and was approved by the Institutional Review Board of the hospital (approval number: 2023-0605). Phase 1 was a cross-sectional survey of adults with prediabetes (n=300) recruited from a tertiary outpatient service. Structural equation modelling and mediation analyses tested HAPA pathways linking outcome expectancy, risk perception, self-efficacy, intention, planning, self-control and exercise behaviour. Phase 2 comprised semi-structured interviews (n=12), analysed thematically and integrated with quantitative findings using the pillar integration process across HAPA stages.

Results: Quantitative results indicated that positive outcome expectancy (β=0.14, p=0.006) and action self-efficacy (β=0.79, p<0.001) predicted intention; risk perception was not significant (p=0.332). Action self-efficacy (β=0.395, p<0.001) and intention (β=0.50, p<0.001) predicted planning. Planning (β=0.20, p<0.001) and self-control (β=0.20, p=0.001) directly predicted exercise behaviour. Planning partially mediated the association between intention and exercise behaviour (indirect effect=0.06) and between action self-efficacy and exercise behaviour (indirect effect=0.04). Serial mediation through intention and planning was observed for positive outcome expectancy and action self-efficacy. Qualitative interviews highlighted intrinsic motivation, habits, emotional states and social support as stage-dependent enablers and barriers.

Discussion: Strengthening motivation is necessary but insufficient; translating intention into concrete planning and supporting self-regulation are decisive for sustained activity. The integrated model pinpoints stage-specific levers that can be directly operationalised in nurse-led interventions and adapted for diverse health systems.

Conclusions: Programmes should strengthen action self-efficacy and realistic positive outcomes, prescribe concrete planning, and bolster self-control and social support to sustain activity across settings.

References

No reference

5.5 Chronic illness

RCC4Nurses: A free-of-charge, evidence-based, online educational programme for nurses providing care to people with advanced renal cell carcinoma in Europe

Wednesday, 16th September - 15:40: 5.5 Chronic illness - Oral (concurrent session) - Abstract ID: 467

Prof. Grigorios Kotronoulas (University of Glasgow - School of Medicine, Dentistry & Nursing), Dr. Celia Diez de los Rios de la Serna (University of Glasgow - School of Medicine, Dentistry & Nursing), Dr. Constantina Papadopoulou (University of the West of Scotland), Prof. Daniel Kelly (Cardiff University), Prof. Amanda Drury (Trinity College Dublin), Dr. Wendy Oldenmenger (Erasmus University Rotterdam), Prof. Theresa Wiseman (The Royal Marsden NHS Foundation Trust)

Abstract

Background

People with advanced renal cell carcinoma (aRCC) require care from nurses with up-to-date clinical knowledge and specialist skills. Across Europe, significant disparities exist in access to education for nurses, particularly in aRCC care. RCC4Nurses was a three-phase project (funded by Pfizer) that aimed to address this gap through a highly accessible educational programme co-developed with clinical experts and patient representatives. This abstract reports results from the pilot evaluation (Phase 3).

Methods

RCC4Nurses was piloted in English with generalist and specialist registered nurses. The pilot evaluated feasibility, acceptability, and efficacy using the Kirkpatrick framework. The project aimed to recruit $\geq$30 participants for feasibility evaluation and $\geq$68 for efficacy evaluation. Evaluation included pre- and post-training questionnaires with a knowledge test, measures of confidence in caring for patients with aRCC, and questions on acceptability and perceived impact.

Results

Between November 2023 and July 2024, 112 nurses enrolled; 87 started and 55 completed the programme (63% completion rate). Participants were predominantly female (72%), held a postgraduate degree (58%), and had a median 11.7 years of work experience. They represented 12 countries, most commonly the UK (41.6%). The programme was positively evaluated: 90% reported it met their learning expectations and supported their work; 96% found the content interesting; and 93% would recommend it to colleagues. Nearly 90% agreed the course duration (up to 9 hours) was appropriate. Participants reported greater preparedness to care for people with aRCC after training (mean 8/10 vs. 5.9/10 at baseline).

Discussion

To improve accessibility and scalability, the course content was translated into Spanish, Greek, and Turkish. To date, 150+ additional users have registered beyond the initial pilot cohort.

Conclusions

RCC4Nurses was feasible, effective, and acceptable. The programme is endorsed by the European Association of Urology Nurses and is available at: https://rcc4nurses.org/

References

Diez De Los Rios de la Serna C, Papadopoulou C, Drury A, Oldenmenger W, Wiseman T, Kelly D, Kotronoulas G. Preparing the ground for bespoke nursing training in advanced renal cell carcinoma care (RCC4Nurses): An international prospective study. Semin Oncol Nurs. 2024 Dec;40(6):151749. doi: 10.1016/j.soncn.2024.151749. Epub 2024 Nov 8. PMID: 39516062.

Documentary Analysis of hospital discharge information in England for people following a stroke: Focusing on inclusive Enriched Environment Activities

Wednesday, 16th September - 16:10: 5.5 Chronic illness - Oral (concurrent session) - Abstract ID: 349

Prof. Gillian Janes (Anglia Ruskin University), Dr. Audley Graham (Anglia Ruskin University), Prof. Calvin Moorley (London South Bank University)

Abstract

Background: Stroke affects 113,000 people annually, with 1.5 million UK stroke survivors. Of these, over 50% live with resulting disability (NICE, 2025). We report findings from the first stage of an NIHR-funded study (ID 207877). It explores how people living with stroke use enriched environment activities (EEAs) at home. EEAs are meaningful daily activities that support physical, cognitive, and emotional recovery after stroke. These findings will inform the co-design of improved discharge guidelines and accessible resources for stroke survivors and their caregivers to enhance home-based rehabilitation.

Aim: To identify and examine the EEA-related information in post-stroke discharge materials, focusing on accessibility and inclusivity, to inform self-managed rehabilitation at home.

Methods: University ethical approval (ETHI2526-2206). Materials from 144 English hospitals were obtained via NHS Trust websites and Freedom of Information requests. Documents were screened using pre-determined criteria. Data were independently extracted by two reviewers using a template and verified by a 3rd. A flowchart summarises item selection, and reflexive thematic methods were used for analysis (Braun and Clark 2019).

Findings: Of 272 documents reviewed,18 met eligibility. Despite extensive discharge information being provided, guidance on EEAs was minimal, focusing mainly on physical activity enrichment. Few materials supported caregivers. Often, access was via multiple electronic links. Formats varied, and visual and easy-read features were uncommon. Updates were infrequent, and none addressed religious or cultural health beliefs. Access to other languages/formats was common.

Discussion: Guidance on EEAs remains minimal, reflecting wider evidence that EEAs are still mainly used in hospitals. This gap limits the potential to enrich home environments that can improve rehabilitation.

Conclusion: The benefits of EEAs for stroke rehabilitation and limited guidance for survivors and caregivers represent a missed opportunity to improve outcomes. Supporting enriched environments at home can strengthen personal agency and offer a low-cost adjunct to community stroke rehabilitation services.

References

Braun, V., Clarke, V. Reflecting on reflexive thematic analysis. Qual. Res. Sport Exerc. Health 11(4), 589–597 (2019). https://doi.org/10.1080/2159676X.2019.1628806 (Accessed 2.3.26)

NICE Clinical Summaries available at https://cks.nice.org.uk/topics/stroke-tia/background-information/prevalence/ (Accessed 2.3.26)

Evidence-Based Nursing Interventions in Ostomy Care: Improving Quality of Life and System Efficiency

Wednesday, 16th September - 16:40: 5.5 Chronic illness - Oral (concurrent session) - Abstract ID: 480

Ms. Judith Hargreaves (ConvaTec), Dr. Deigo Schaps (Duke University), Prof. Beata Buchelt (Krakow University of Economics)

Abstract

Background: Ostomy surgery imposes a lifelong self-management burden that negatively affects health-related quality of life (QoL) and increases healthcare utilisation internationally. Nursing interventions play a key role in supporting patient independence, improving outcomes, and informing sustainable care pathways across diverse healthcare systems.

Aims: To synthesise evidence on the long-term burden of ostomy self-management, quantify impacts on QoL and healthcare resource use, and identify nursing interventions and care pathways that improve outcomes and are transferable across international settings.

Methods: A narrative review of peer-reviewed studies published between 2016 and 2026 was conducted, focusing on adult colostomy and ileostomy patients. Databases searched included PubMed/Medline, Cochrane Library, CINAHL, Google Scholar, and international ostomy association resources. Evidence was thematically synthesised.

Results: Ostomy self-management was associated with high complication rates, including leakage (58%) (Krogsgaard *et al.*, 2022), peristomal lesions (75%) (Toma *et al.*, 2022), pain (21%) (Krogsgaard *et al.*, 2022), frequent pouch changes (26%) (Bulkley *et al.*, 2018), troublesome odour (55%) (Krogsgaard *et al.*, 2022), and device dissatisfaction (38%) (Toma *et al.*, 2022). Overall, 63% of patients reported at least one self-care problem, with 31% experiencing multiple concurrent challenges (Bulkley *et al.*, 2018). Improved outcomes were associated with higher self-efficacy, social support, structured pre- and post-operative education and specialist follow-up, reducing reliance on home nursing. Comorbidities, postoperative complications, fragmented pathways, and limited specialist access were linked to poorer outcomes. Telehealth enhanced self-efficacy, psychological adaptation, and reduced healthcare utilization and 30-day readmissions. Integrated nursing, psychosocial, and digital support within longitudinal care pathways optimised resource use, reduced clinician workload, and supported sustainable care delivery.

Conclusions: Patient-centred, evidence-based nursing interventions delivered through structured longitudinal care pathways improve long-term ostomy outcomes, enhance QoL, and reduce healthcare utilisation. Findings demonstrate opportunities for nursing leadership, professional development, and international transferability of best-practice strategies to advance resilient, efficient chronic care delivery.

References

Bulkley JE, McMullen CK, Grant M, Wendel C, Hornbrook MC and Krouse RS (2018) Ongoing ostomy self-care challenges of long-term rectal cancer survivors. *Supportive Care in Cancer*, 26(11), pp. 3933-3939.

Krogsgaard M, Kristensen H, Furnée EJB, Verkuijl SJ, Rama NJ, Domingos H, Maciel J, Solis-Peña A, Espín-Basany E, Hidalgo-Pujol M, Biondo S, Sjövall A, Emmertsen KJ, Thyø A and Christensen P (2022) Life with a stoma across five European countries-a cross-sectional study on long-term rectal cancer survivors, *Support Care Cancer*, 30(11), pp. 8969-8979.

Toma E, Torre FL, Barone F, Rovere M, Ercolani MS, Pocek P, Filomeno L and Torre GL (2022) A holistic view of the stoma care pathway in Italy: a nationwide learning survey, *Gastrointestinal Nursing*, 20(Sup4), pp. S24-S33.

5.6 Management and Leadership

Patients' and Staff Perspectives on Ward Strain and its impact on Patient Care and the Workforce: A Systematic Review

Wednesday, 16th September - 15:40: 5.6 Management and leadership - Oral (concurrent session) - Abstract ID: 499

Ms. Georgia Bercades (University College London), Prof. Cecilia Vindrola-Padros (University College London), Dr. David Brealey (University College Hospitals NHS Foundation trust), Ms. Isla Kuhn (University of Cambridge), Ms. Seo Yeon Yoon (University College London), Ms. Grainne Brady (University College London), Mr. John Welch (University College London Hospitals NHS Foundation Trust), Dr. Katharina Kohler (Cambridge University Hospitals NHS Foundation Trust)

Abstract

Background: Hospital ward strain, driven by rising patient demand, staffing shortages, and constrained bed capacity[1], threatens the delivery of safe patient care. While emergency[2] and intensive care[3] pressures have been examined, less is known about strain in general wards, where most hospital care occurs. This review synthesises evidence on how ward strain is experienced by staff and patients, and its implications for care quality, safety, and workforce sustainability.

Methods: MEDLINE, CINAHL, PsycINFO, and HMIC were searched (January 2000 to March 2025) for empirical studies reporting staff or patient perspectives on ward-level strain. The review followed the PRISMA 2020 guideline and was registered on PROSPERO (CRD420251009893). Three reviewers independently screened, extracted data, and appraised quality using the Mixed Method Appraisal Tool (MMAT). Included studies were mostly quantitative and conducted in high-income countries. Findings were synthesised using Donabedian's Structure-Process-Outcome model and Hollnagel's Resilience framework to examine links between strain, care quality, and adaptive responses.

Results: Of 9,943 articles screened, 16 met the inclusion criteria. Fourteen examined staff perspectives, and two explored patient experiences. Structural pressures (inadequate staff, limited bed capacity) were consistently linked to disrupted care processes (delayed assessments, missed care, coordination breakdowns). Staff reported relying on workarounds and informal prioritisation to maintain safety, contributing to burnout and intention to leave. Limited patient evidence highlighted reduced communication and shorter interactions. Across studies, persistent strain was linked to compromised care quality, increased safety risks, and workforce instability.

Conclusions: Ward strain is a systemic patient safety issue that cannot be resolved through staff resilience. Structural investment in staffing and operational capacity, alongside greater inclusion of patient perspectives, is needed to protect care quality and support a sustainable workforce.

References

1. Halpern SD. ICU capacity strain and the quality and allocation of critical care. Current opinion in critical care. 2011;17(6):648-57.

2. Boyle AH, I.; Sarsfield, K., and Kumari. P. Acute Insights Series: Crowding and its Consequences. Why Emergency Crowding matters. 2021.

3. Wilcox ME, Rowan KM, Harrison DA, Doidge JC. Does Unprecedented ICU Capacity Strain, As Experienced During the COVID-19 Pandemic, Impact Patient Outcome? Crit Care Med. 2022;50(6):e548-e56.

5.7 SYMPOSIUM - YARNS
Transitions

YARNS Transitions - The Process of Developing Initial Programme Theories (PTs) via a Realist Review of Psychosocial Interventions in Neurological Rehabilitation for Young Adults Following an Acquired Brain Injury (1)

Wednesday, 16th September - 15:40: 5.7 SYMPOSIUM - YARNS Transitions - Symposium - Abstract ID: 294

Dr. Catherine Clarissa (The University of Edinburgh), Dr. Lissette Aviles (The University of Edinburgh), Dr. Colin Chandler (University of Edinburgh), Prof. Elaine Haycock-Stuart (The University of Edinburgh), Dr. Laura Wauthier (Oxford Univeristy), Dr. Oisin Cleary (The University of Edinburgh), Prof. Aisha Holloway (The University of Edinburgh), Prof. Daniel Kelly (Cardiff University), Dr. Rosie Stenhouse (The University of Edinburgh), Dr. Lisa Salisbury (Queen Margaret University)

Abstract

Background: The original Young Adults Rehabilitation experiences and Needs following Stroke (YARNS) project highlighted the importance of unmet psychosocial needs among young adults with stroke and acquired brain injury (ABI; Holloway et al., 2022). This led to the 'YARNS Transitions' project, where a psychosocial intervention is co-developed using realist methodologies and the Six Steps in Quality Intervention Development (6SQuID) framework (Wight et al., 2016). The first step involved a realist review understanding whether and how psychosocial interventions for young adults post-ABI work (or not), for whom, why and in what context using Pawson's (2005) realist approach.

Aim: To identify the contexts, mechanisms and outcomes relevant in psychosocial interventions for young adults with ABI as derived from existing literature.

Methods: Two evidence searches identified several psychosocial therapeutic approaches with their respective contexts, mechanisms and outcomes. These searches identified background evidence and a series of initial PTs were built using abductive and retroductive reasoning. Feedback on the clarity and relevance of each initial PT was gathered from the YARNS Transitions Advisory Board where feedback was reviewed and initial PTs were refined with suggested literature. Several initial PTs were discarded due to survey feedback, lack of evidence, or redundancy. This study was approved via university school ethics and IRAS.

Results: Ten initial PTs were identified from the literature highlighting the necessity of person-centred care planning, collaborative goal setting, fostering peer connection, providing safe rehabilitation environments and adopting rehabilitation approaches. These theories informed interview questions for the next stage of the YARNS Transitions project, a realist evaluation.

Conclusion: This realist review focused on understanding the causal pathways through which psychosocial interventions could bring about change and achieve expected outcomes. The rigorous data analysis and engagement with the Advisory Board ensure that the initial PTs reflect effective psychosocial interventions and are applicable in real-world settings.

References

1. Holloway, A., Chandler, C., Aviles Reinso, L., Clarissa, C., Putri, A., Choi, H., Pan, J., Mitra, U., Hewitt, J., Cluckie, G., Smart, A., Noble, H., Harris, R., Reid, J. & Kelly, D.M. 2022, "Young Adults Rehabilitation Needs and Experiences following Stroke (YARNS): A review of digital accounts to inform the development of age-appropriate support and rehabilitation", Journal of advanced nursing, vol. 78, no. 3, pp. 869–882.
2. Wight, D. et al. (2016) Six steps in quality intervention development (6SQuID). Journal of epidemiology and community health (1979). [Online] 70 (5), 520–525.
3. Pawson, R. et al. (2005) 'Realist review - A new method of systematic review designed for complex policy interventions', Journal of Health Services Research and Policy, 10(SUPPL. 1), pp. 21–34. Available at:

https://doi.org/10.1258/1355819054308530

YARNS Transitions - Identifying Key Components for Psychosocial Interventions in Neurorehabilitation: A Realist Evaluation (2)

Wednesday, 16th September - 15:40: 5.7 SYMPOSIUM - YARNS Transitions - Symposium - Abstract ID: 475

Dr. Oisin Cleary (University of Edinburgh), Dr. Catherine Clarissa (The University of Edinburgh), Dr. Lissette Aviles (The University of Edinburgh), Mrs. Carolina Henriquez Galindo (The University of Edinburgh), Prof. Elaine Haycock-Stuart (The University of Edinburgh), Dr. Rosie Stenhouse (The University of Edinburgh), Prof. Aisha Holloway (The University of Edinburgh), Prof. Daniel Kelly (Cardiff University), Dr. Colin Chandler (University of Edinburgh)

Abstract

Background: This study is the second step in the YARNS Transitions project. Acquired Brain Injuries (ABIs), including traumatic brain injury and stroke, are among the leading causes of death and disability in the UK, contributing to a major public health challenge. Evidence uncovered during the realist review and the original YARNS scoping review (Holloway et al., 2022) highlights the unmet psychosocial needs of young adults in areas such as social isolation or diminished quality of life. Nurses play a pivotal role in neurological rehabilitation (Kirkevold, 2010), but the exact mechanisms underlying psychosocial support in a younger population still remain largely unknown.

Aim: To refine the ten initial Program Theories (PTs) highlighted during realist review and demonstrate which factors have the greatest scope for implementing positive changes in young adults with ABI.

Methods: This realist evaluation utilises online interviews examining these initial PTs were conducted across two participant groups in the UK: young adults with ABI (i.e., Experts by Experience; EbyEs) and service providers. All interviews were recorded, transcribed and uploaded to NVivo, where items were coded into relevant Contexts, Mechanisms and Outcomes (CMOs), ultimately refining the initial PTs and generating a series of CMO configurations (Pawson & Tilley, 1997). This study was approved via university school ethics and IRAS.

Results: A total of 23 interviews were conducted across EbyEs (n=5) and service providers (n=18). The 10 initial PTs were confirmed, refined and refuted, resulting in three 'refined' PTs: Psychosocial Health, Meaningful Rehabilitation and Interdisciplinary Rehabilitation and the generation of a logic model.

Conclusion: The realist evaluation approach is invaluable in uncovering what works, for whom, under what conditions and how, drawing on current best practices. It was possible to identify the key mechanisms to develop a nurse-led psychosocial intervention that can support the neurorehabilitation of young adults with ABI.

References

1. Holloway, A., Chandler, C., Aviles Reinso, L., Clarissa, C., Putri, A., Choi, H., Pan, J., Mitra, U., Hewitt, J., Cluckie, G., Smart, A., Noble, H., Harris, R., Reid, J. & Kelly, D.M. 2022, "Young Adults Rehabilitation Needs and Experiences following Stroke (YARNS): A review of digital accounts to inform the development of age-appropriate support and rehabilitation", Journal of advanced nursing, vol. 78, no. 3, pp. 869–882.

1. Kirkevold M. The Role of Nursing in the Rehabilitation of Stroke Survivors. Advances in nursing science 2010 Jan;33(1):E27–E40.

1. Pawson R, Tilley N. An Introduction to Scientific Realist Evaluation. Evaluation for the 21st Century United States: SAGE Publications, Incorporated; 1997. p. 405–418.

YARNS Transitions - Developing a nurse-led intervention to support the psychosocial rehabilitation and survivorship of young adults following an Acquired Brain Injury (ABI) using 6SQuID steps (3)

Wednesday, 16th September - 15:40: 5.7 SYMPOSIUM - YARNS Transitions - Symposium - Abstract ID: 476

Dr. Lissette Aviles (The University of Edinburgh), Dr. Catherine Clarissa (The University of Edinburgh), Dr. Colin Chandler (University of Edinburgh), Prof. Elaine Haycock-Stuart (The University of Edinburgh), Dr. Lisa Salisbury (Queen Margaret University), Prof. Ruth Harris (King's College London), Prof. Aisha Holloway (The University of Edinburgh), Prof. Daniel Kelly (Cardiff University), Dr. Oisin Cleary (University of Edinburgh)

Abstract

Background: This study is the third step of the project. Existing literature and the YARNS Transitions realist evaluation highlighted that Acquired Brain Injuries (ABIs) in young adults can significantly affect physical, cognitive, psychological, emotional and behavioural aspects, impacting their social, family and work life. These psychosocial consequences were reported as an essential part of the neurorehabilitation journey, yet current psychosocial support is limited and often unstructured for young adults. Nurses have been reported to play a crucial role in their rehabilitation with evidence suggesting that nurses could fill this gap.

Aim: This study aims to develop a feasible and acceptable evidence-based nurse-led psychosocial intervention for young adults following ABI.

Methods: We employed the Six Steps in Quality Intervention Development (6SQuID) framework (Wight et al., 2016). This article reports on the mechanisms of change in intervention development and how these changes may be delivered, drawing on evidence from realist evaluation interviews and nine co-produced, iterative workshops across 18 participants to co-develop the intervention, testing its acceptability and feasibility. This study was approved via university school ethics and IRAS.

Results: A hybrid, evidence-based multicomponent nurse-led intervention was developed, including the following key components: [1] 'Supporting the Evolving Self'; [2] 'Neuro (Nursing) Care'; and [3] 'Coordinating Interdisciplinary and Community Support'. Format, timing points and outcome measures were identified as acceptable and feasible.

Conclusion: This study developed a novel and acceptable nurse-led psychosocial intervention to support the psychosocial rehabilitation and survivorship of young adult ABI survivors within the community setting. A feasibility study will inform a future pilot to provide actionable recommendations for health and social care practitioners and policymakers as well its recommendations to test the intervention.

References

Wight, D. et al. (2016) Six steps in quality intervention development (6SQuID). Journal of epidemiology and community health (1979). [Online] 70 (5), 520–525.

YARNS Transitions – A Journey of co-production and co-creation (4)

Wednesday, 16th September - 15:40: 5.7 SYMPOSIUM - YARNS Transitions - Symposium - Abstract ID: 479

Dr. Catherine Clarissa (The University of Edinburgh), Dr. Lissette Aviles (The University of Edinburgh), Dr. Colin Chandler (University of Edinburgh), Dr. Oisin Cleary (University of Edinburgh), Mrs. Carolina Henriquez Galindo (The University of Edinburgh), Prof. Elaine Haycock-Stuart (The University of Edinburgh), Dr. Rosie Stenhouse (The University of Edinburgh), Prof. Aisha Holloway (The University of Edinburgh), Prof. Daniel Kelly (Cardiff University)

Abstract

This paper showcases the YARNS Transitions project strategy using co-production, patient participation involvement and public engagement activities. From its inception, the project worked closely with the YARNS Advisory Committee comprised of experts by experience, experienced clinicians, researchers and service providers across the UK. This Advisory Committee contributed to the study proposal and have been a vital component throughout the stages of the co-creation of a psychosocial intervention for young adults with Acquired Brain Injury (ABI). Through regular consultations, the advisory committee has ensured that the YARNS Transitions team is academically sound and relevant to young adults.

This co-creation included experts by experience and service providers (NHS and third sector) to generate the data and develop the ideas through interviews, focus groups and workshops. Such involvement has focused the development in a real and meaningful way to address the needs and enhance the experience of young people following ABI (Holloway et al., 2022).

A further level of engagement has been achieved through a series of public engagement activities, including blogging, social media presence, participation in festivals, conferences and public events, where aspects of the study have been presented in an entertaining and informative way. This has included previous RCN International Research Conferences (Online, 2021), the Edinburgh FRINGE Cabaret of Dangerous Ideas (2021, 2023, 2024), the Festival of social Science (2023), the Head Injury Information Day (2024), the Scottish Head Injury Forum (2025) and the UK Stroke Forum (2025). These events have generated many questions and discussions with members of the public, many of whom have first-hand experience. These interactions and feedback have informed the project, allowing meaningful dissemination and engagement with people affected by ABI and the general public. These three levels of engagement have ensured a strong grounding of the project in the realities of peoples lives and needs.

References

Holloway, A., Chandler, C., Aviles Reinso, L., Clarissa, C., Putri, A., Choi, H., Pan, J., Mitra, U., Hewitt, J., Cluckie, G., Smart, A., Noble, H., Harris, R., Reid, J. & Kelly, D.M. 2022, "Young Adults Rehabilitation Needs and Experiences following Stroke (YARNS): A review of digital accounts to inform the development of age-appropriate support and rehabilitation", Journal of advanced nursing, vol. 78, no. 3, pp. 869–882.

6.1 CRN: Clinical Research Delivery

Sex disparities in cardiovascular trial recruitment and leadership: a single-centre service evaluation

Thursday, 17th September - 10:05: 6.1 CRN: Clinical research delivery - Oral (concurrent session) - Abstract ID: 37

Mrs. Jo McNeil (London North West University Healthcare NHS Trust), Prof. Julie Sanders (King's College London)

Abstract

Background: Women remain underrepresented in cardiovascular trials, limiting the generalisability and applicability of research findings and reinforcing health inequities. Barriers to women's participation and underrepresentation in cardiovascular research leadership are well recognised, but how these challenges manifest locally and how clinical research nursing can address them, needs exploring.

Aim: To evaluate women's representation across recruitment stages in cardiovascular trials at a UK NHS Trust (2019–2024), identify barriers to participation, and examine the relationship between women's leadership and equitable recruitment.

Methods: A nursing-led, retrospective service evaluation was conducted using departmental records for all cardiovascular trials open during the study period. Data included sex distribution at pre-screening, screening, and enrolment; reasons for non-participation; and the sex of Principal and Chief Investigators. Data were analysed descriptively, and barriers were analysed thematically to identify modifiable system-level constraints.

Results: Twenty-five trials were identified, including 17 randomised controlled trials and eight observational studies. Of 19,550 individuals pre-screened, 2,739 (14%) were women, a proportion unchanged at screening (56/400; 14%). Women's representation increased at enrolment to 291 of 757 participants (38.4%). Participation varied by subspecialty, with higher proportions in microvascular angina and observational studies than heart failure and acute coronary syndrome trials. Barriers included language barriers, mobility limitations, health concerns, and caregiving responsibilities. Leadership inequities persisted, with only one trial (4%) led by a female Chief Investigator and fewer than 20% with female Principal Investigators.

Conclusions and implications for clinical research nursing: Local recruitment and leadership patterns reflect global inequities, with barriers to inclusive research arising early and reinforced by organisational and cultural factors. Clinical research nursing can challenge these boundaries by embedding inclusive, person-centred practices. Actions include interpreter support, translated consent materials, flexible participation, improved documentation of recruitment barriers, and equity-focused governance checks. Strengthening diversity in participation and leadership is essential to advancing research without boundaries.

References

full reference list as part of MSc dissertation available upon request

Growing the next generation of research active nurses and midwives

Thursday, 17th September - 10:35: 6.1 CRN: Clinical research delivery - Oral (concurrent session) - Abstract ID: 260

Mrs. Janette Dunkerley (North West RRDN), Mrs. Mary Speake (North West RRDN)

Abstract

Building research capability within the nursing and midwifery workforce is essential for delivering high quality, evidence based care. Within the NIHR North West Regional Research Delivery Network (NW RRDN), a key priority has been ensuring all pre-registration nurses and midwives graduate with a strong understanding of clinical research and its relevance to everyday practice. This work aims to strengthen the regional research pipeline by inspiring future practitioners to value research in improving patient outcomes and to consider research active career pathways.

To support this, the NW RRDN implemented the NIHR Pre-registration Nursing and Midwifery Research Delivery Awareness Programme across Greater Manchester. The programme has been delivered through close collaboration with Higher Education Institutes (HEIs) and research active organisations, ensuring consistency and quality. The NW RRDN shared the original training package and pilot outcomes with five regional HEIs, enabling aligned implementation and a shared commitment to embedding research awareness at undergraduate level. The programme comprises three modules covering: an introduction to clinical research and research delivery roles; research governance, regulation, and patient empowerment; and how research drives innovation, quality improvement, and job satisfaction.

A key component has been developing a network of trained facilitators from partner organisations across Greater Manchester. These facilitators provide authentic, practice based insight, helping students engage with real world research activity and early career development opportunities. In parallel, the NW RRDN has worked with clinical partners to expand research focused placement opportunities, enabling students to observe research delivery in practice and understand how it integrates with routine care.

This collaborative, locally driven approach provides a scalable model for strengthening research literacy and developing a future nursing and midwifery workforce confident in engaging with, delivering, and leading clinical research across the North West.

References

Embedding clinical research in pre-registration nursing and midwifery programmes; https://doi.org/10.1177/17449871231225092

6.2 CRN: Supporting research inclusivity

From Intention to Action: Co-Producing Accessible Cancer Clinical Trials with People with Visual Impairment

Thursday, 17th September - 10:05: 6.2 CRN: Supporting research inclusivity - Oral (concurrent session) - Abstract ID: 325

Mrs. Karen Turner (University of Birmingham), Mr. Ben Hood (Newcastle upon Tyne Hospitals NHS trust)

Abstract

Cancer clinical trials drive improvements in survival and quality of care, yet access to research is not equitable. People with visual impairments are frequently overlooked within trial design and delivery, encountering avoidable barriers that limit participation. Despite commitments to Equality, Diversity and Inclusion (EDI), accessibility in research practice often remains reactive rather than embedded.

Aim: To identify systemic and practice-level barriers affecting visually impaired people in cancer clinical trials and co-produce actionable, nurse-led solutions improving accessibility and inclusion.

Methods: This multi-regional EDI initiative brought together a visual impairment charity, Public and Patient Involvement (PPI) lead, community partners, and the CRUK Senior Research Nurse network. An accessible, co-designed survey exploring awareness and experiences of cancer clinical trials is ongoing. In September 2025, a facilitated workshop with visually impaired participants generated lived-experience data. Thematic analysis identified recurring barriers and practical priorities. Parallel engagement with research nurses explored confidence, reasonable adjustments, and implementation challenges within clinical environments.

Findings: Participants described inaccessible participant information, navigational challenges within hospital settings, inconsistent anticipation of access needs, and variability in staff confidence when supporting visually impaired patients. These barriers directly influenced research awareness, trust, and willingness to participate. Many obstacles were identified as modifiable through proactive nursing practice and organisational culture change.

Findings are informing the development of practical guidance and visual-impairment awareness training programme for cancer research staff. Demonstrating how co-production can move EDI from policy to practice, equipping nurses with strategies to reduce inequity in trial access. The impact of changes in practice can signify a shift from a ‘one size fits all’ model to a person centred approach.

Conclusion: Accessible research is not a future ambition—it is an immediate ethical responsibility. If clinical trials are to represent the populations they serve, accessibility for people with visual impairment must be designed in, not added on.

References

Patient Safety Commissioner (2025) The Safety Gap: Safety and Accessibility of Medicines and Medical Devices for people with sensory impairment. Available at: www.patientsafetycommissioner.org.uk

Rovers Reach- A football community trust supporting research

Thursday, 17th September - 10:35: 6.2 CRN: Supporting research inclusivity - Oral (concurrent session) - Abstract ID: 192

Dr. Alison McLoughlin (East Lancashire Hospitals NHS Trust), Mrs. Natalie Paintin (Blackburn Rovers Community Trust), Mr. Ilyas Patel (Blackburn Rovers Community Trust), Mrs. Fahima Iqbal (Blackburn Rovers Community Trust)

Abstract

East Lancashire Hospitals NHS Trust (ELHT), funded by NIHR Northwest Regional Research Delivery Network strategic investment, partnered with Blackburn Rovers Community Trust (BRCT) to establish a place-based Research Hub designed to increase research awareness, participation and delivery across Blackburn with Darwen (BwD) and East Lancashire. This innovative model combines clinical research expertise with the trusted reach of a major community charity to engage populations historically underrepresented in health research.

Local insight and NIHR data highlighted low research participation among Veterans, men, South Asian women, and homeless and refugee communities. In BwD, one of England's most deprived local authorities, mistrust, misconceptions and cultural barriers limited engagement, and traditional clinical environments often failed to reach these groups. By embedding research activity within BRCT's recognised programmes and community settings, the Hub provides an accessible and culturally sensitive route into research.

The partnership integrates ELHT clinical governance with BRCT's established relationships across more than 50 community projects. Activities include outreach presentations, matchday engagement, social media campaigns, clinics in community venues, and recruitment to NIHR registries and portfolio studies. In its first nine months, the Hub generated over 280,500 research awareness interactions. This includes 1,860 direct engagements across 26 community settings and more than 200,000 digital roadside screen views promoting Be Part of Research and Join Dementia Research.

The initiative has supported recruitment into NIHR portfolio studies such as the Youth Loneliness Scale and ELSA diabetes research, while broadening engagement with underrepresented communities through targeted programmes including Veterans' Hub, Men in Sheds and Women's Wellbeing Champions. The partnership has strengthened organisational research culture, improved pathways into studies, and aligned with national NHS priorities around prevention, digital access and community-based delivery.

This emerging model demonstrates that research can thrive outside clinical settings and offers a scalable approach for NHS Trusts, NIHR and football community organisations nationwide.

References

UK Government. Fit for the Future: The 10 Year Health Plan for England. July 2025. www.gov.uk/government/publications/10-year-health-plan-for-England-fit-for-the-future

Multiple press releases and social media inputs available on request.

6.3 CRN: Reaching underserved populations

Is research participation a genuine choice? A qualitative study exploring ethically minoritised women's participation in perinatal research

Thursday, 17th September - 10:05: 6.3 CRN: Reaching underserved populations - Oral (concurrent session) - Abstract ID: 242

Mrs. Holly Lovell (King's College London)

Abstract

Background

Women from Black, Asian and ethnic minority backgrounds have poorer maternity and neonatal outcomes in the United Kingdom and other high-income countries (Felker et al 2025) . Research is key in addressing these ethnic inequalities, yet we know these groups are less likely to be represented within clinical research. Before we can address ethnic inequalities, we must also address representation in research.

Aim

To explore what influences participation in perinatal research for those from ethnically minoritised backgrounds.

Methods

The study used a participatory research approach, working alongside peer researchers.

Interviews and focus were conducted to explore barriers and facilitators to research participation for ethnically minoritised women. Data were collected from: Women from any non-White British background who have used maternity services; clinical research midwives and practitioners; clinical maternity staff; Principal Investigators.

Reflexive thematic analysis was undertaken to identify themes.

Results

Interviews and focus groups were conducted with 32 women, 23 research midwives and practitioners, 10 clinical maternity staff, and 6 Principal Investigators.

The extent to which women had a genuine choice in research participation was identified as the overarching theme. Being able to make a choice was intertwined with trust, and influenced by a woman's intersectional identity, including her cultural background, community and circumstances. At a systems level this was impacted through institutional and systemic discrimination. This was reflected in how the choice to participate was presented by professionals, with inclusive research practices impeded by funding and the bureaucracy of research processes.

Conclusion/Discussion

There are systemic barriers which negate the idea that participation in research is always a genuine choice for those from ethnically minoritised populations. To support inclusive perinatal research changes are needed at an individual, institutional and structural level. Recommendations are currently being co-produced in how to address this, which is vital in addressing ethnic health inequalities.

References

Felker A, Patel R, Kotnis R, Kenyon S, Knight M (Eds.) on behalf of MBRRACE-UK. Saving Lives, Improving Mothers' Care Compiled Report - Lessons learned to inform maternity care from the UK and Ireland Confidential Enquiries into Maternal Deaths and Morbidity 2021-23. Oxford: National Perinatal Epidemiology Unit, University of Oxford 2025. DOI: 10.5287/ora-4javr692x

BRIDGE_AI: Improving communication, access, retention and safety of ethnic minority groups participating in Blood canceR trials through acceptability of novel artificial IntelliGence handheld DevicEs for real-time voice to voice translation (VTV-T).

Thursday, 17th September - 10:35: 6.3 CRN: Reaching underserved populations - Oral (concurrent session) - Abstract ID: 617

Mrs. Amparo Domingo-Lacasa (University College Hospitals NHS Foundation trust), Dr. Lorna Fern (University College London Hospitals NHS Foundation Trust), Prof. Cecilia Vindrola-Padros (University College London)

Abstract

Background: Patients affected by blood cancer (PABC) from ethnic backgrounds are under-represented in clinical trials[1], which may contribute to poorer outcomes. University College London Hospitals (UCLH) is one of the largest cancer centres in Europe, with one third of patients participating in cancer trials. UCLH electronic health records show most cancer trial participants are of White ethnicity, however our ethnicity data is incomplete, similar to national datasets, limiting understanding of disparities in outcomes.

Language is a key barrier to trial access for patients whose preferred language is not English[2]. However, limited interpreter availability at short notice, alongside complex booking processes, means interpreters are used for <20% of patients who require them[3]. Language barriers may prevent patients from accurately describing symptoms and hinder clinicians' ability to explain medical information.

Aims: We aim to;

- identify barriers to clinical trial participation for PABC from ethnic minorities, whose preferred language is not English,
- evaluate the acceptability and performance of AI translators within a clinical trials context,
- review published evidence on the acceptability of translation in healthcare.

Methods and results: To date, 3/10 semi-structured interviews have been completed with patients speaking Tamil, Bengali and Gujarati; and with 6/10 healthcare professionals (HCPs) delivering research, speaking Tamil, Bengali, Urdu and Arabic.

A multilingual steering group with interviewed participants will be created. They will test AI translation devices and co-develop realistic clinical scenarios.

Simulated clinics using AI translators to deliver these scenarios will be conducted, evaluating clinical accuracy, clarity of information exchange, and communication of culturally relevant content.

A concurrent literature review is underway synthesising evidence on translation approaches in the context of clinical trials.

Expected outcomes:

To improve trial communication, access, participation, retention and safety for patients from ethnic minorities, with the use of real-time AI translation. Project will complete 06/2026, full results will be presented.

References

1. Godden, S., Ambler, G., Pollock, A.M., 2010. Recruitment of minority ethnic groups into clinical cancer research trials to assess adherence to the principles of the Department of Health Research Governance Framework: national sources of data and general issues arising from a study in one hospital trust in England. J Med Ethics 36, 358–362. https://doi.org/10.1136/jme.2009.033845

2. Vindrola-Padros, C., Gilchrist, K., Braverman, S., Omar, R., Merivale, E., Hussenbux, A., Khanna, S., Renias-Zuva, P., McNally, N., Yu, R., 2025. A mixed-methods study on the recruitment of patients from ethnic minority groups to clinical trials in a central London teaching hospital. Contemporary Clinical Trials Communications 45, 101475. https://doi.org/10.1016/j.conctc.2025.101475
3. Genovese, A., Borna, S., Gomez-Cabello, C.A., Haider, S.A., Prabha, S., Forte, A.J., Veenstra, B.R., 2024. Artificial intelligence in clinical settings: a systematic review of its role in language translation and interpretation. Ann Transl Med 12, 117–117. https://doi.org/10.21037/atm-24-162

6.4 Cancer

End of life care and bereavement in mesothelioma: the care and support needs of family carers

Thursday, 17th September - 10:05: 6.4 Cancer - Oral (concurrent session) - Abstract ID: 623

Ms. Clare Warnock (The University of Sheffield), Dr. Sarah Hargreaves (The University of Sheffield), Prof. Clare Gardiner (University of Sheffield), Prof. Angela Tod (University of Sheffield)

Abstract

Background: Mesothelioma is an incurable cancer caused by exposure to asbestos. It is associated with a high physical and psychological symptom burden and a poor prognosis with the majority of people with mesothelioma dying within one year of diagnosis (Harrison et al. 2021). Families play a vital role in caring for their relatives, however, there is limited research exploring their experiences of end-of-life care in mesothelioma.

Aims: To explore the end-of-life care experiences and support needs of family carers of people with mesothelioma.

Methods: A mixed methods study was conducted using an electronic survey and semi-structured interviews with family carers of people who had died from mesothelioma. University ethics approval was obtained. Recruitment was via mesothelioma charity websites, support groups and social media across the UK. 48 participants completed the survey, 15 of whom took part in subsequent interviews. Data were collected between May 2023 and February 2024 and analysed using descriptive statistics (structured survey questions) and reflexive thematic analysis.

Results: Descriptions of end-of-life care varied with some recalling distressing events and gaps in support. Factors influencing experiences included mesothelioma symptom management, proactive planning, care coordination and access to services. Family carers provided essential roles but many felt they had not received adequate information and support to enable them to do so with confidence. Nurses were seen to have a significant impact on the quality of end-of-life care.

Discussion: The findings provide detailed insights into the challenges faced by family carers and emphasise the importance of proactive communication and planning in end-of-life care. Examples of poor experiences highlight priority areas to be addressed.

Conclusions: This study reveals the demanding and essential roles that family carers provide in end-of-life care. It highlights the importance of providing supportive interventions, including those led by nurses, to enable them to do so.

References

Harrison M, Gardiner C, Taylor B, Ejegi-Memeh S, Darlison L. (2021) Understanding the palliative care needs and experiences of people with mesothelioma and their family carers: An integrative systematic review, *Palliative Medicine*, 35(6):1039-1051. doi:10.1177/02692163211007379.

Understanding the Needs of Paediatric Cancer Survivors: A Qualitative Study to Inform the Development of a Survivorship Program in Hong Kong

Thursday, 17th September - 10:35: 6.4 Cancer - Oral (concurrent session) - Abstract ID: 493

Prof. Joyce Chung (The Hong Kong Polytechnic University), Prof. William Ho Cheung Li (Nethersole School of Nursing, The Chinese University of Hong Kong)

Abstract

Background: Childhood cancer survivors often face significant physical, psychological, and social challenges after completing treatment [1,2]. Many of these difficulties stem from insufficient support during the transition back to everyday life [3,4]. While survivorship programs have been shown to address late effects and promote psychosocial well-being, Hong Kong currently lacks a structured program offering continuous, developmentally appropriate support for paediatric survivors.

Objectives: This study aimed to explore the challenges and needs of paediatric cancer survivors during their transition from patient to survivor, and to generate insights to guide the development of a comprehensive survivorship program in Hong Kong.

Methods: A qualitative descriptive design with purposive sampling was adopted. Semi-structured interviews were conducted with 30 paediatric cancer survivors aged 9–18 years, their parents or caregivers, 5 paediatric oncology nurses, and 3 paediatric oncologists. Data were analyzed to identify common themes across stakeholder groups.

Results: Analysis of the interview data revealed four overarching themes, including difficulties with school reintegration, concerns regarding physical and psychological well-being, limited social support and challenges in adapting to post-treatment life, and a clear need for structured supportive care services such as health education, counselling, and long-term follow-up.

Conclusion: The findings highlight clear unmet needs among paediatric cancer survivors, their families, and healthcare professionals. The evidence strongly supports establishing a dedicated paediatric survivorship program in Hong Kong as an essential component of comprehensive cancer care.

Implications for Practice: Enhancing survivorship clinic services can ensure ongoing, holistic support for children after treatment completion. Incorporating insights from survivors, caregivers, and healthcare providers will be key to designing an effective, family-cantered survivorship model.

Keywords: Paediatric cancer survivorship program; Qualitative study, psychological well-being

References

1. Schmidt ME, Goldschmidt S, Hermann S, Steindorf K. Late effects, long-term problems and unmet needs of cancer survivors. Int J Cancer. 2022;151(8):1280–1290.
2. Erdmann F, Frederiksen LE, Bonaventure A, et al. Childhood cancer: survival, treatment modalities, late effects and improvements over time. Cancer Epidemiol. 2021;71:101733.
3. 3. Dixon, SB, Chow EJ, Hjorth L, Hudson MM, Kremer LC, Morton LM, … & Armstrong G. T.The future of childhood cancer survivorship: challenges and opportunities for continued progress. Pediatric Clinics. 2020; 67(6), 1237-1251.
4. 4. Psihogios AM, Schwartz LA, Deatrick JA, Ver Hoeve ES, Anderson LM, Wartman EC, et al. Preferences for cancer survivorship care among adolescents and young adults who experienced healthcare transitions and their parents. Journal of Cancer Survivorship. 2019 Jul 4;13(4):620–31.

6.5 Under-represented groups (including black and ethnic minority)

Exploring Perspectives of Older Adults with Polypharmacy on Medication Optimisation: A Qualitative Framework Analysis

Thursday, 17th September - 10:05: 6.5 Under-represented groups (including black and ethnic minority) - Oral (concurrent session) - Abstract ID: 593

Mr. Arun Vamadevan (University of Salford)

Abstract

Background: Older adults with multiple long-term conditions manage medication regimens extending beyond pill-taking into routines, relationships, and identity. Medicines optimisation remains clinician-focused, centred on prescribing appropriateness rather than patient experience. Although qualitative reviews have documented medication-related distress (1), the cultural, emotional, and relational dimensions of polypharmacy remain insufficiently explored.

Aims: To explore how older adults with polypharmacy experience medication management and identify what they consider essential for person-centred medicines optimisation.

Methods: Semi-structured interviews with 12 community-dwelling older adults (aged 65–89) prescribed five or more regular medications. Purposive sampling ensured diversity in clinical profile, cultural background, and medication experience. Data were collected between May 2025 and February 2026 and analysed using Framework Analysis (2).

Results: Six themes and 27 sub-themes were identified. Participants constructed internal medication hierarchies, ranking medicines by perceived survival value and embodied experience rather than clinical categories. Cultural health beliefs, including religious fasting and traditional remedy use, shaped whether questioning prescribers was appropriate or disrespectful. Medicines carried symbolic weight as markers of ageing and dependency, generating emotional fatigue alongside practical burden. Family members functioned as monitors and advocates, yet patients set boundaries to preserve autonomy. Participants developed sophisticated self-monitoring, adjusting doses based on bodily cues rather than passively adhering to instructions. Healthcare communication was fragmented by language barriers, time-limited consultations, and specialist-primary care coordination.

Discussion: Findings extend Burden of Treatment Theory (3) by revealing polypharmacy as identity-shaping relational work. Three concepts—experiential pharmacological reasoning, hierarchical shared decision-making, and the polypharmacy authority ecology—provide a transferable theoretical lens for understanding how patients navigate complex medication landscapes across healthcare systems and cultural contexts.

Conclusions: Deprescribing approaches must engage with the emotional, cultural, and identity dimensions of polypharmacy, recognising older adults as active, knowledgeable agents rather than passive recipients of prescribing decisions.

References

1. Eriksen, C.U., Kyriakidis, S., Christensen, L.D., Jacobsen, R., Laursen, J., Christensen, M.B. and Frølich, A. (2020) 'Medication-related experiences of patients with polypharmacy: a systematic review of qualitative studies', BMJ Open, 10(9), p. e036158.
2. Gale, N.K., Heath, G., Cameron, E., Rashid, S. and Redwood, S. (2013) 'Using the framework method for the analysis of qualitative data in multi-disciplinary health research', BMC Medical Research Methodology, 13, p. 117.
3. May, C.R., Eton, D.T., Boehmer, K., Gallacher, K., Hunt, K., MacDonald, S., Mair, F.S., May, C.M., Montori, V.M., Richardson, A., Rogers, A.E. and Shippee, N. (2014) 'Rethinking the patient: using Burden of Treatment Theory to understand the changing dynamics of illness', BMC Health Services Research, 14, p. 281.

Factors impacting success of adult nurses engaging in advanced clinical practice education programmes within Scotland, and their experience of the process

Thursday, 17th September - 10:35: 6.5 Under-represented groups (including black and ethnic minority) - Oral (concurrent session) - Abstract ID: 676

Dr. Hazel McPhillips (Edinburgh Napier University), Prof. Lois McKellar (Australian Catholic University), Prof. Juliet MacArthur (NHS Lothian), Prof. Nicola Roberts (Edinburgh Napier University)

Abstract

Background: The advanced clinical practitioner (ACP) role has significantly expanded in recent years, with most education provided through higher education institutions in collaboration with health service providers. However, little published research exists on the success of adult field nurses in ACP educational programmes. This research explores the factors impacting the success of adult field nurses in ACP educational programmes in Scotland and their associated experiences.

Methods: The first phase of this research consisted of a scoping review which explored factors influencing success in ACP educational programmes.

The second component adopted a convergent parallel mixed methods approach to establish a critical understanding of the success of adult field nurses engaging in ACP education and explore their experiences (two components: an online survey and qualitative semi-structured interviews). The survey gathered responses from advanced nurse practitioners in Scotland, with data analysed using SPSS.

Participants were recruited for semi-structured qualitative interviews and analysed using Interpretative Phenomenological Analysis (IPA).

Results from the online survey and qualitative interviews were converged using a framework approach (Skamagki et al., 2024).

Results: The scoping review revealed a significant gap in understanding success in ACP education.

Analysis of 56 survey responses identified digital literacy, support, experience, and personal attributes as key factors to success in ACP education.

Seven qualitative interviews revealed five group experiential themes: support, study time, personal attributes, change, and experience.

Convergence highlighted commonalities while strengthening findings from both components, with support, time, experience, personal attributes, and digital literacy emerging as key factors in the success of ACP education.

Conclusions: This novel approach to mixed methods has provided unique insights into factors impacting educational success, including support, study time, experience, digital literacy, and personal attributes. These findings include a range of focused recommendations aimed at policymakers, employers, educators, and future trainee ANPs.

References

Skamagki, G., King, A., Carpenter, C., & Wåhlin, C. (2024). The concept of integration in mixed methods research: A step-by-step guide using an example study in physiotherapy. *Physiotherapy Theory and Practice, 40* (2), 197–204. https://doi.org/10.1080/09593985.2022.2120375

6.6 Research policy and workforce

Policy Loves Nursing Research; Practice Has Other Plans

Thursday, 17th September - 10:05: 6.6 Research policy and workforce - Oral (concurrent session) - Abstract ID: 126

Mrs. Claire Whitehouse (James Paget hospital), Dr. Rebecca Wright (Johns Hopkins School of Nursing), Prof. Mark Radford (NHS England), Mr. Jamie Hunter (independent consultant), Mr. Paul Charlton (Patient Representative), Prof. Sarahjane Jones (University of Staffordshire)

Abstract

Background: Nurses deliver 80% of hands-on care in the NHS, yet nursing research is under-represented and unevenly embedded. Previous research has largely focused on clinical or academic perspectives, with comparatively limited attention to the operational and financial decision-making contexts that shape nursing research.

Aim: To explore how policy impacts nurse-led research in NHS secondary care through the lens of power, value and social positioning.

Methods: Multiple casehttps://inrc2026.exordo.com/submissions/mine/126/final/edit/step/biographies study. Online interviews with executive leaders (Chief Nurses, Operations and Finance), divisional leaders (Clinical Leads, Operational Managers, Matrons), nurse researchers and nurses without research-dominant roles. Reflexive thematic analysis guided interpretation.

Preliminary Findings: Value differed across groups: finance and operations emphasised performance, risk and sustainability; nursing participants highlighted legitimacy and opportunity. Power over prioritisation and resourcing sat in medical, managerial and financial structures. Nurse researchers described boundary-spanning work and reliance on advocacy where infrastructure and protected time were inconsistent; innovation occurred where leadership aligned. These findings have relevance beyond the NHS, reflecting challenges faced by health systems internationally where research aspirations coexist with performance and accountability regimes shaping care delivery.

Conclusions: While policy discourse positions research as central to nursing practice, the metrics through which performance is assessed continue to prioritise short-term activity, efficiency and delivery, systematically constraining research engagement regardless of role or intent. Policy should therefore not only seek alignment with existing performance frameworks, but actively shape what counts as performance in the first place. This includes embedding research-relevant measures within assurance and accountability systems, recognising research as integral to safe, effective and sustainable care delivery, and ensuring protected time within substantive roles across the nursing workforce. Without intervention at the level of measurement, nurse-led research remains valued in principle but displaced in practice by the systems designed to govern care.

Ethical approval: SU_24_282 University of Staffordshire

References

Hill, G. and MacArthur, J. (2022) Recognising a watershed moment: opportunities for clinical research nursing and midwifery. Journal of Research in Nursing. 27(2).

Jones, D. and Keenan, AM. (2021) The rise and rise of NMAHPs in UK clinical research. Future Healthcare Journal. 8(2) e195-e197

Whitehouse CL. and Smith HA (2018) Review of research nursing and midwifery across the UK and Ireland: Structures, strategies and sharing. The Florence Nightingale Foundation.

Enabling Our Workforce: Strengthening Research Capacity and Capability Through the Research Skills Passport

Thursday, 17th September - 10:35: 6.6 Research policy and workforce - Oral (concurrent session) - Abstract ID: 124

Dr. Dilla Davis (King's College London), Dr. Sonia Sunny (University of Gothenburg), Mrs. Leema Philip Kuttiyil (Coventry University), Mrs. Siby Sikhamoni (Kingston University), Mrs. Elizabeth Chacko (University of Lancashire), Mrs. Raji Thomas (Liverpool John Moores University), Mrs. Rija Bobby (Coventry University), Mrs. Joicy George (University of Roehampton), Mrs. Nimmy John (Queens University Belfast)

Abstract

Professional regulation bodies (Nursing and Midwifery Council 2018) and government policies ((NHS England and NHS Improvement 2020) position research engagement and evidence-based practice as core functions of nursing and emphasises the development of research capability across the health and care workforce as central to improving patient outcomes and system sustainability. Despite these expectations, a persistent gap remains between policy intent and nurses' confidence to engage meaningfully with research in practice.

The Research Skills Passport (RSP) is proposed as a structured, developmental pathway to build research literacy and capability across future workforce. The Passport articulates a three-level progression. Level 1 focuses on fostering research interest through curiosity and openness to research. Level 2 supports the development of research-conversant practitioners who can articulate, interpret, and critically discuss research findings. Level 3 develops research-informed practitioners who reflexively can undertake research. In doing so, the RSP makes research capability attainable, embedding it within professional identity rather than positioning research as a specialist or peripheral activity.

Research skills facilitators from academic and clinical research backgrounds provide hands-on, experiential learning, learners gain practical exposure to core research processes, interviewing, questionnaire design and administration, basic statistical analysis, and data interpretation. 'Research stories', lived experience foregrounds the ethical, human, and contextual dimensions of research and support reflexivity and confidence.

Embedded longitudinally within education and workforce development pathways (as standalone module or CPD), the Research Skills Passport not only aligns with regulatory standards and priorities, but it normalises research engagement, bridging the theory–practice gap, and strengthening individual capability while contributing to wider organisational research capacity and an inclusive, research-active nursing workforce.

References

NHS England & NHS Improvement (2020). Science in healthcare: Delivering the NHS long term plan. *The Chief Scientific Officer's strategy*.

Nursing and Midwifery Council. Future nurse: standards of proficiency for registered nurses, London: NMC; 2018

6.7 Mental Health

Learning from Transition: Professional Identity and Workforce Resilience in Mental Health Nursing

Thursday, 17th September - 10:05: 6.7 Mental health - Oral (concurrent session) - Abstract ID: 22

Dr. Victoria Sweetmore (University of Derby)

Abstract

Background: Mental health nursing faces enduring international workforce challenges, including recruitment and retention difficulties, moral distress, and concerns about professional recognition. Although often framed as contemporary issues, these challenges are rooted in longer histories of service transformation. The closure of psychiatric hospitals in England during the late twentieth century represents a critical period of professional disruption that offers valuable insight for current nursing research and leadership.

Aims: This paper presents findings from completed doctoral research exploring how mental health nurses negotiated professional identity during psychiatric hospital closure between 1980 and 2000, and considers how historical insight can inform contemporary workforce resilience in mental health nursing.

Methods: A qualitative historical research design was employed, combining oral history interviews with mental health nurses (n=16), conducted in Spring 2024, alongside archival organisational records, nursing journals, national policy documents, and contemporaneous newspaper reporting from the study period. Identity Theory informed the analytical framework, enabling analysis of professional identity across individual, organisational, and socio-political levels.

Results: Findings demonstrate that hospital closure constituted a profound rupture in professional identity, involving the loss of place-based identity, collective nursing cultures, and tacit institutional knowledge. However, participants also described active identity work through moral commitment, relational practice, and adaptive strategies as care shifted to community and acute settings, indicating significant professional resilience.

Discussion and Conclusions: These identity processes closely mirror those reported by today's mental health nursing workforce during ongoing service redesign and workforce instability. This paper argues that historical nursing research can make a meaningful contribution to contemporary workforce policy and leadership by illuminating how nurses have previously navigated system-wide change. By transcending temporal boundaries, the study offers transferable insights to support professional identity and workforce resilience within mental health nursing across international contexts.

Ethical approval was obtained from the University of Nottingham. Approval code: R2324/010

References

Nolan, P. (1993) *A history of mental health nursing*. London: Chapman & Hall.

Goffman, E. (1961) *Asylums: Essays on the social situation of mental patients and other inmates*. New York: Anchor Books.

Scull, A. (1984) *Decarceration: Community treatment and the deviant*. Oxford: Polity Press.

Foucault, M. (2006) *Madness and civilisation: A history of insanity in the age of reason*. London: Routledge. (Originally published 1961)

Burke, P.J. and Stets, J.E. (2009) *Identity theory*. Oxford: Oxford University Press.

Thornicroft, G. and Tansella, M. (2004) 'Components of a modern mental health service: A pragmatic balance of community and hospital care', *British Journal of Psychiatry*, 185, pp. 283–290.

Warrender, D., Connell, C., Jones, E., Monteux, S., Colwell, L., Laker, C., & Cromar, H. M. (2024). Men-

tal health deserves better: Resisting the dilution of specialist pre-registration mental health nurse education in the United Kingdom. *International Journal of Mental Health Nursing*, *33*(1), 202–212. https://doi-org.derby.idm.oclc.org/10.1111/inm.13236.

Smartphone addiction, mental health, and academic performance among undergraduate nursing students: a cross-sectional study in a resource-limited setting

Thursday, 17th September - 10:35: 6.7 Mental health - Oral (concurrent session) - Abstract ID: 246

Prof. Jerry P.K Ninnoni (University of Cape Copast)

Abstract

Background: Smartphone addiction and mental health challenges are increasingly recognised as factors influencing academic performance, particularly among nursing students who face high academic and clinical demands. In Ghana, limited research exists on how these variables, both independently and jointly, affect student outcomes. This study aimed to examine the relationships between smartphone addiction, mental health issues and academic performance among nursing students relative to gender and academic-level differences.

Methods: A cross-sectional survey was conducted, targeting all Level 200-400 nursing students at the University of Cape Coast. Data were collected via an online questionnaire. A total of 563 valid responses were analysed. Descriptive statistics, Pearson's correlation, Welch's ANOVA, independent samples t-tests, and hierarchical multiple regression were conducted using Jamovi statistical software version 2.6.23.0.

Results: CGPA was negatively correlated with stress, anxiety, depression, and smartphone addiction. Regression analysis identified stress and smartphone addiction as significant negative predictors of academic performance. Depression showed a positive association with CGPA in the multivariate model, despite a negative correlation in the bivariate analysis. Female students reported significantly higher levels of depression and smartphone addiction than males. Level 300 students exhibited the highest levels of stress, anxiety, depression, and smartphone addiction.

Conclusion: The findings suggest that mental health symptoms and problematic smartphone use negatively impact academic performance among nursing students, with notable gender and academic-level variations. These insights indicate the need for targeted interventions that integrate psychological support and digital wellness strategies within nursing education in resource-limited settings.

Keywords: Smartphone addiction; Mental health; Academic performance; Nursing students; Ghana

References

Aloufi MA, Jarden RJ, Gerdtz MF, Kapp S. Reducing stress, anxiety and depression in undergraduate nursing students: Systematic review. *Nurse Educ Today* 2021;102:104877. https://doi.org/10.1016/J.NEDT.2021.104877.

Oppong Asante K, Andoh-Arthur J. Prevalence and determinants of depressive symptoms among university students in Ghana. *J Affect Disord* 2015;171:161–6. https://doi.org/10.1016/j.jad.2014.09.025

Andargeery SY, Taani MH, Alhalwani RA, El-Gazar HE. Psychological Distress, Academic Stress, and Burnout among Saudi Undergraduate Nursing Students. *J Clin Med* 2024;13. https://doi.org/10.3390/JCM13123357.

Osorio-Molina C, Martos-Cabrera MB, Membrive-Jiménez MJ, Vargas-Roman K, Suleiman-Martos N, Ortega-Campos E, et al. Smartphone addiction, risk factors and its adverse effects in nursing students: A systematic review and meta-analysis 2020. https://doi.org/10.1016/j.nedt.2020.104741.

Deng Y, Cherian J, Khan NUN, Kumari K, Sial MS, Comite U, et al. Family and Academic Stress and Their Impact on Students' Depression Level and Academic Performance. *Front Psychiatry* 2022;13:869337. https://doi.org/10.3389/FPSYT.2022.869337/XML/NLM.

7.1 CRN: Career development and leadership

Developing the Clinical Research Nurse Workforce: From Early Career to Leadership

Thursday, 17th September - 11:30: 7.1 CRN: Career development and leadership - Oral (concurrent session) - Abstract ID: 362

Mrs. Imelda Mayor (Manchester University NHS Foundation Trust (MFT)), Mrs. preethy ninan (Manchester University NHS Foundation Trust (MFT))

Abstract

A skilled, sustainable Clinical Research Nurse (CRN) workforce is essential for delivering high-quality clinical research, improving patient outcomes, and strengthening organisational research capacity. Manchester University NHS Foundation Trust (MFT) Research and Innovation (R&I) has implemented a structured, multi-tiered CRN workforce development model that supports staff from early-career through to senior research leadership. This abstract outlines MFT R&I's competency-based frameworks and aligned development programmes, positioning them within national and international workforce priorities.

Our Band 5 to Band 6 Research Nurse Development Competency Framework defines the knowledge, skills, behaviours, and assessment milestones required for safe, effective and autonomous research practice. The framework supports transition into research nursing, builds professional confidence, and enables a consistent and standardised approach to research delivery. The R&I Senior Nurse Development Guide supports strategic leadership through a competency-based approach. These tools reflect the global shift toward competency-based workforce development advocated by the World Health Organization's (WHO) Global Competency and Outcomes Framework for Universal Health Coverage (WHO, 2023).

Our suite of accredited development programmes are curated to meet the needs of research nursing staff at various levels of expertise. The Band 6 Research Nurse Development Programme strengthens leadership capability, research governance knowledge, and clinical research delivery skills. The Band 7 Clinical Research Nurse Manager Development Programme prepares emerging leaders for advanced managerial and leadership responsibilities.

Clinical educational and developmental support is available to our Clinical Research Nurse workforce through a dedicated Clinical Research Practice Educator, delivering targeted training in research practice, leadership development, clinical skills consolidation, and clinical supervision.

Through this integrated and values-driven approach, MFT R&I is committed to providing structured education and sustained professional support that strengthens workforce retention, enhances research capability, and enables the delivery of high-quality, patient-centered research care, aligning with global priorities for strengthening the nursing workforce and health system resilience (WHO, 2021).

References

World Health Organization (2021). *Global strategic directions for nursing and midwifery 2021–2025*. Geneva: WHO.

World Health Organization (2023). *Global competency and outcomes framework for universal health coverage*. Geneva: WHO.

Powered by Curiosity: The EMERGE Model for Advancing Clinical Research Leadership

Thursday, 17th September - 12:00: 7.1 CRN: Career development and leadership - Oral (concurrent session) - Abstract ID: 414

Mr. Allan MacRaild (NHS Lothian), Ms. Rachel O'Brien (NHS Lothian), Ms. Anna Miell (NHS Lothian), Prof. Juliet MacArthur (NHS Lothian)

Abstract

Clinical research nurses and midwives (CRNMs) have historically been positioned primarily as deliverers of research, with limited influence over study design, leadership, or dissemination. Despite national policy ambitions to strengthen nursing leadership in research, traditional workforce structures continue to constrain opportunities for meaningful engagement beyond trial delivery.

Aim: To describe the EMERGE model, developed by the Emergency Medicine Research Group Edinburgh, as an inclusive and strategic approach to advancing clinical research nurse leadership across the full research lifecycle.

Methods: This paper presents a descriptive case study of the EMERGE model, drawing on 15 years of organisational development, workforce data, and research outputs. The model is examined through four interconnected elements: CRNs as co-applicants, principal investigators, co-authors, and active participants in professional development.

Results: Since 2014, 13 CRNs have been named as co-applicants on 33 studies, contributing to study design, feasibility, consent processes, and patient-facing documentation. From 2021 onwards, five CRNs have acted as principal investigators on nurse-led studies. Authorship is embedded from project inception, with 15 CRNs contributing to 27 peer-reviewed publications, including six published protocols. Professional development has been supported through tailored mentorship, flexible role design, and postgraduate education, strengthening both individual career progression and research capacity.

Discussion: Six enabling characteristics underpin the EMERGE model: strategic alignment, flat hierarchies, tailored development, structured mentorship, national networking, and patient-centred advocacy. Together, these support a distributed and collective model of leadership rooted in participation rather than formal academic status.

Conclusion: The EMERGE model demonstrates how inclusive research cultures can advance nursing leadership, improve research quality, and diversify the clinical research workforce. Its principles offer a transferable framework for strengthening research leadership across healthcare settings.

References

Mills, J., Francis, K., & Bonner, A. (2019), Clinical research nurses' expectations and realities of their role: A qualitative evidence synthesis, *Journal of Clinical Nursing*, 28(15–16), pp. 2751–2764.

Hill, G., & MacArthur, J. (2022), Recognising a watershed moment: opportunities for clinical research nursing and midwifery, *Journal of Research in Nursing*, 27(1–2), pp. 3–8.

Implementing and Evaluating a Structured Development Pathway for Early-Career Research Nurses

Thursday, 17th September - 12:30: 7.1 CRN: Career development and leadership - Oral (concurrent session) - Abstract ID: 603

Mr. Arun Vamadevan (University of Salford), Mrs. Rebecca Lyon (Liverpool University Hospitals NHS Foundation Trust)

Abstract

Background: Research nurses are integral to early-phase clinical trials, yet structured career pathways remain underdeveloped (1). Turnover among newly appointed research nurses—estimated at 40–50% within 12 months—disrupts trial delivery and erodes team capability. Few published models describe how progression frameworks operate in clinical research facilities.

Aims: To implement and evaluate a structured development pathway from band 5 to band 6 research nurse within a phase I accredited clinical research facility, assessing impact on competency, retention and leadership readiness.

Methods: Service evaluation of an 18-month pathway introduced in May 2023, grounded in the COM-B model (2). The pathway integrates milestone-based competency reviews, SWOT analyses at 0, 12 and 16 months, micro-learning sessions and senior nurse mentorship. Data from six band 5 nurses enrolled between May 2023, and December 2024 were analysed using competency logs, attendance records and supervisory feedback.

Results: All participants completed early-phase competency requirements and independently led study visits within the first quarter. Retention at 12 months was 83%, compared with a pre-pathway baseline of approximately 40–50%. Two nurses progressed to leading phase I trials under supervision and two achieved band 6 roles. Participants reported increased confidence and motivation. Delays in competency feedback were identified as the principal barrier, prompting a recommended 7–14-day review timeline. Three quality improvement projects were initiated by pathway participants.

Discussion: The pathway demonstrates that structured, theory-informed progression frameworks can accelerate skill acquisition and strengthen retention in specialised research environments. Its design—combining competency milestones, reflective analyses and embedded micro-learning—is replicable across clinical research facilities, including secondary care, community, and academic health partnership settings (3).

Conclusions: A structured development pathway offers a practical, low-cost model for building research nursing capability and reducing reliance on external recruitment, aligning with national workforce priorities and warranting multi-site evaluation.

References

1. Gibbs, C.L. and Lowton, K. (2012) ‘The role of the clinical research nurse’, Nursing Standard, 26(27), pp. 37–40.
2. Michie, S., van Stralen, M.M. and West, R. (2011) ‘The behaviour change wheel: a new method for characterising and designing behaviour change interventions’, Implementation Science, 6, p. 42.
3. Lartey, S., Cummings, G. and Profetto-McGrath, J. (2014) ‘Interventions that promote retention of experienced registered nurses in health care settings: a systematic review’, Journal of Nursing Management, 22(8), pp. 1027–1041.

7.2 CRN: Education

Reimagining Student Nurse Research Placements: A Scalable, Blended Model for Competence and Confidence

Thursday, 17th September - 11:30: 7.2 CRN: Education - Oral (concurrent session) - Abstract ID: 9

Ms. Nicky Cunningham (South Tees Hospitals NHS Foundation Trust), Mr. Marc Atkinson (South Tees Hospitals NHS Foundation Trust)

Abstract

South Tees Hospitals NHS Foundation Trust, in partnership with Teesside University, has developed a two-week bespoke nursing research placement that blends structured theory with immersive, in-practice learning. Catalysed by the NIHR Nursing and Midwifery Research Delivery Awareness Programme and a regional ambition to expand research exposure for student nurses, the placement moves beyond traditional shadowing into a competency-orientated, scalable model. Previous capacity was limited to two shadow-based placements per year; this programme was co-designed with students to increase access, enhance learning, and reduce the perceived "fear factor" surrounding research.

The placement integrates three pillars of innovation: an aligned curriculum combining NIHR modules with immediate application through themed buddying within research teams; a project-based showcase event translating national strategies and operational processes into practice; and a blended teaching approach using debates, reflective rounding, and digital learning tools. This design systematically builds understanding of research governance, patient pathways, protocol operations, and the professional responsibilities underpinning safe research delivery.

Cohorts have expanded from an initial pilot of five undergraduates to ten undergraduates and ten MSc students, demonstrating scalability and cross-level relevance. Students engage in hands-on activities such as screening, consenting, data capture, and communication with patients and staff, supported by structured reflection and NMC Code–aligned professionalism. A standardised moderated debate further develops critical thinking and evidence-based reasoning.

Evaluation shows increased confidence, reduced intimidation around research concepts, and improved awareness of research nursing and research career pathways. All students would recommend the placement, and many would consider a research role. Compared to the previous shadowing model, the programme has delivered a 900% increase in participation while maintaining quality through standardised materials, buddying structures, and a transferable package of resources.

This model offers a sustainable, reproducible, and practice-anchored approach to preparing the future nursing workforce for meaningful engagement, delivery, and leadership in research.

References

1. Henshall C, Dorgan S, Menzies J, Hopewell N, Briggs M, Cunningham N, Rostron H, Brand S, Allison J. Embedding clinical research in pre-registration nursing and midwifery programmes. Journal of Research in Nursing. 2024;29(1):65-80. doi:10.1177/17449871231225092

2. NHS England (2021) *Making research matter: Chief Nursing Officer for England's strategic plan for research*. Published 22 November 2021, updated 2 June 2023. Available at: https://www.england.nhs.uk/publication/making-research-matter-chief-nursing-officer-for-englands-strategic-plan-for-research/

Bridging the Educational Gap: Development of an Induction Resource for Early Phase Cancer Research Nurses Across the UK ECMC Network

Thursday, 17th September - 12:00: 7.2 CRN: Education - Oral (concurrent session) - Abstract ID: 72

Dr. Ben Hood (newcastle), Ms. Hannah Brown (Cancer Research UK)

Abstract

Background: Early phase cancer clinical trials are essential to therapeutic innovation but require advanced clinical, ethical and communication competencies not routinely addressed within nursing education. Phase I and II trials involve patients with advanced disease, complex protocols and significant uncertainty, requiring nurses to balance protocol fidelity with compassionate, person-centred care. In the UK, there is no nationally standardised induction for nurses entering early phase cancer research roles, leading to variable preparedness and practice across sites. The UK Experimental Cancer Medicine Centre (ECMC) Research Nurse Steering Committee identified this as a priority workforce development issue.

Aim: To co-design, implement and evaluate a structured induction resource for nurses transitioning into early phase cancer research roles, promoting safe, consistent and high-quality trial delivery across the ECMC network.

Methods: A collaborative, multi-site needs assessment was undertaken with ECMC research nurses using surveys and facilitated discussions. Identified learning priorities informed the co-production of a structured induction resource grounded in adult learning theory and reflective practice. Evaluation includes feedback from nurses and line managers focusing on preparedness, confidence and clinical applicability.

Results: The induction booklet provides structured learning across the early phase trial lifecycle, including drug development and regulatory frameworks, dose-escalation and first-in-human study principles, informed consent, safety reporting, ethics, genomics and advanced therapy medicinal products. Practical guidance is combined with reflective exercises, curated learning resources and signposting to local governance processes. The resource also explicitly addresses the emotional labour of early phase research nursing, supporting resilience and professional wellbeing.

Conclusion: This nurse-led, collaborative initiative addresses a recognised gap in early phase cancer research education, strengthening workforce capability and promoting shared standards across the ECMC network. The approach demonstrates how co-produced educational resources can improve research delivery and patient care, with learning transferable to other research nursing specialties.

References

King, O., West, E., Lee, S., et al. (2022). *Research education and training for nurses and allied health professionals: a systematic scoping review.* BMC Medical Education 22, 385. This systematic review summarises evidence on research education needs and training for nursing and allied health professionals, emphasising gaps and the need for targeted capability building

Cetroni, A. (2024). *Nursing students and clinical nurses' perception of research and the role of the clinical research nurse.* This UK-focused study explores how nurses view research roles and the importance of research competence in clinical practice.

A Swedish National Competency Framework for Clinical Research Nurses

Thursday, 17th September - 12:30: 7.2 CRN: Education - Oral (concurrent session) - Abstract ID: 536

Mrs. Sabine Linden (Uppsala university hospital), Mrs. Emma Esquivel (Skåne university hospital), Prof. Tove Godskesen (Nord university), Mrs. Monica Scharfenort (Skåne university hospital), Mrs. Helena Pollard (Skåne university hospital), Dr. Eva Isaksson (Danderyds hospital), Mrs. Susanne Widegren (Västmanland Hospital Västerås), Mrs. Karin Hubertsson (Västmanland Hospital Västerås), Mrs. Susanne Bouiche (St. Görans hospital), Mrs. Kajsa Holgersson (Sahlgrenska university hospital)

Abstract

Background: Clinical Research Nurses (CRNs) play a key role in ensuring quality, safety, and integrity in clinical research. Despite their central role in clinical trials and other research activities, structured national competency frameworks for CRNs are lacking in many countries. Establishing national standards can support professional recognition, guide education and role development, and strengthen research quality and patient safety.

Aim: To present a Swedish national competency framework for CRNs and describe the collaborative, multi-regional process used for its development and implementation.

Methods/Approach: A systematic, multi-phase development process was conducted involving representatives from multiple regions, professional roles, and educational backgrounds across Sweden. Advisory and working groups participated in iterative consultations and feedback cycles. The process included a review of relevant literature and national and international frameworks, followed by consensus-building to identify core competencies and role functions for CRNs. Simultaneously, a process framework was developed to guide governance, communication, and inclusive decision-making throughout the project.

Results: The Swedish national competency framework defines core domains of CRNs' practice, including study planning and design, ethical and regulatory compliance, study conduct and coordination, participant engagement, and interprofessional collaboration. The accompanying process framework highlights key principles for cross-regional collaboration and transparent stakeholder involvement, supporting a structured and reproducible development process.

Conclusion/Significance: The framework provides a national foundation for professional development and workforce capacity in Swedish clinical research nursing. The collaborative development model, grounded in Sherwood and Barnsteiner's quality and safety framework, offers a transferable approach for other countries seeking to establish national competency standards for CRNs.

Keywords: Clinical Research Nursing, Competency Framework, Sherwood & Barnsteiner Quality and Safety

References

Sherwood, G. & Barnsteiner, J.H. (2017). *Quality and safety in nursing: A competency approach to improving outcomes*. 2nd ed. Hoboken, NJ: Wiley-Blackwell.

7.3 CRN: Patient and public involvement and engagement (PPIE)

How patient involvement is shaping our research culture and making our research more accessible and inclusive.

Thursday, 17th September - 11:30: 7.3 CRN: Patient and public involvement and engagement (PPIE) - Oral (concurrent session) - Abstract ID: 460

Ms. Kelly Gleason (Imperial College London)

Abstract

Over the last fifteen years, patient involvement (PPI) in cancer at Imperial has evolved from a small group of twenty patients to a group of one hundred patients, a network of community groups in North West London, national cancer charities and patient groups from across the UK.

This growing network is helping us shape a research culture centred around the patient while incorporating different patient perspectives to ensure more voices are heard.

They help train our BSc, MSc and PhD students by facilitating Science Communication Workshops, they host drop-in PPI sessions in the buildings where our scientists work to make talking with patients is easy and accessible. They host their own annual Open Day to show how the department how they can deliver excellence in PPI.

They have a track record of delivering art projects such as photo exhibitions, art installations in the oncology clinic, books of poetry and dance performances to raise awareness of cancer and the value of research.

All this is led by our BRC Community Partners, a small group of patient representatives with the added responsibility of driving change in cancer research at Imperial.

Members of the PPI group have also co-created tools such as the Navigating Digital Health Guide to help train people new to PPI who would like to learn more about artificial intelligence in healthcare. They have also participated in co-production projects funded by a Kickstarter Fund at Imperial that helps researchers and patient representatives develop sills in coproduction in research.

This evolution has happened over 15 years, but the impact is now very clear. This group, who have traditionally been involved in individual projects (they support over 100 projects a year), are now having an even greater impact on our research culture and helping us to ensure research is for everyone.

References

A history of some of our art projects (bottom of page)
https://www.imperial.ac.uk/department-surgery-cancer/research/cancer/groups/involving-people-and-communities-in-cancer-research/

A list of some groups in our PPI network
https://www.imperial.ac.uk/department-surgery-cancer/research/cancer/groups/involving-people-and-communities-in-cancer-research/organisations-supporting-patient-involvement/

Some articles written my patients and staff on Science Communication Workshops and Annual Open Day
https://www.imperial.ac.uk/news/271513/students-learn-power-patient-public-voices/
https://www.convergencesciencecentre.ac.uk/news-events/news/news-archive/2026/03/03/learning-from-patients-to-strengthen-research-culture

Open Day
https://www.convergencesciencecentre.ac.uk/news-events/news/news-archive/2025/11/18/community-partners-lead-discussion-on-strengthening-ppie-in-cancer-research

Navigating Digital Health
https://www.imperial.ac.uk/medicine/research-and-impact/groups/icare/toolkits-education-and-training/navigating-digital-health/

Patient perspective for early detection cancer meeting

https://www.imperial.ac.uk/news/articles/2025/researchers-explore-new-approaches-to-early-cancer-detection/

Using Appreciative Inquiry to Co-Design Patient-Centred Improvements in an Oncology Clinical Trials Service: A Patient and Public Involvement and Engagement (PPIE) Initiative

Thursday, 17th September - 12:00: 7.3 CRN: Patient and public involvement and engagement (PPIE) - Oral (concurrent session) - Abstract ID: 194

Mr. Taiwo Oguntoyinbo (Guys and St Thomas' NHS trust), Mrs. Nicole Silva (Guys and St Thomas' NHS trust), Ms. Stefi Adebiyi (Guys and St Thomas' NHS trust), Ms. Mariam Jalllow (Guys and St Thomas' NHS trust), Ms. Loobna Hussain (Guys and St Thomas' NHS trust), Ms. Tamunoibim Anidima (Guys and St Thomas' NHS trust), Ms. Adaku Ajaegbu (Guys and St Thomas' NHS trust), Mrs. Angela Morgan (Guys and St Thomas' NHS trust), Mr. Edward Agyemang (University College London Hospitals NHS Foundation Trust)

Abstract

Background: Patient-centred care is a fundamental principle of nursing practice and is particularly critical within oncology clinical trials, where patients navigate complex care pathways and significant emotional burden. Patient and Public Involvement and Engagement (PPIE) is increasingly recognised within nursing research as essential to improving care quality and experience. However, traditional improvement approaches often emphasise deficits, which may limit meaningful patient engagement. Appreciative Inquiry (AI) offers a strengths-based framework that aligns closely with nursing values of partnership, compassion, and holistic care.

Aim: To explore patient experiences within an Oncology and Haematology Clinical Trials (OHCT) service and to co-design patient-centred, nursing-relevant improvement initiatives using Appreciative Inquiry.

Methods: A nursing-led PPIE event was conducted involving 16 participants, including oncology clinical trial patients and family members. Using the Appreciative Inquiry framework, participants progressed through the Discovery, Dream, and Design phases. Nurse facilitators supported structured group discussions, visual tools, and written feedback to identify service strengths, envision optimal patient experiences, and co-design practical improvement strategies. The project was undertaken as a service improvement and nursing research activity, with voluntary participation and anonymised feedback.

Results: Patients identified strong therapeutic communication, kindness and approachability of nursing staff, continuity of care, and long-term follow-up as key strengths. Three patient-led, nursing-relevant improvement initiatives were co-designed:

(1) a nurse-led guided introduction to the Cancer Centre prior to treatment initiation;

(2) an OHCT-specific thank-you card acknowledging patients' contribution and clarifying post-trial follow-up; and

(3) improved nursing–pharmacy communication to reduce treatment delays. Participants reported high satisfaction and a strong desire for ongoing involvement in service development.

Conclusion: Appreciative Inquiry is an effective, values-based approach for nursing-led PPIE within oncology clinical trials. Co-designed initiatives aligned closely with patient priorities and highlight the role of nursing leadership in driving patient-centred research and service improvement.

References

1. Staniszewska S, et al. Patient and public involvement in patient-reported outcome measures: Evolution not revolution. Patient. 2012;5(2):79–87.
2. Brett J, et al. Mapping the impact of patient and public involvement on health and social care research. Health Expectations. 2014;17(5):637–650.

3. Cooperrider DL, Whitney D. Appreciative Inquiry: A Positive Revolution in Change. Berrett-Koehler; 2005.
4. McCormack B, McCance T. Person-Centred Practice in Nursing and Health Care. 2nd ed. Wiley-Blackwell; 2017.
5. International Council of Nurses. Nursing leadership and patient-centred care. ICN; 2021.

Exploring parents' and healthcare professionals' experiences of prematurely terminating paediatric clinical trials.

Thursday, 17th September - 12:30: 7.3 CRN: Patient and public involvement and engagement (PPIE) - Oral (concurrent session) - Abstract ID: 144

Dr. Helen Pluess-Hall (University Hospitals Bristol and Weston NHS Foundation Trust), Dr. Paula Smith (University of Bath), Dr. Julie Menzies (University Hospitals Bristol and Weston NHS Foundation Trust), Dr. Abbie Jordan (University of Bath)

Abstract

Background: Approximately 10% of paediatric clinical trials prematurely terminate (Camara, 2020), in some instances resulting in abruptly stopping participants' access investigational medicines. Clinical trial protocols lack detail on managing participants in this situation (Pluess-Hall et. al., 2025) yet healthcare professionals delivering clinical trials are required to manage this situation and support participants and families. Little is known about how premature trial termination is experienced by participants, families and healthcare professionals.

Aims: To explore how UK healthcare professionals delivering clinical trials and parents of paediatric participants, have experienced the premature termination of paediatric clinical trials.

Methods: Ten semi-structured online interviews were conducted (03/23-07/24) with healthcare professionals (n=8) and parents (n=2). Interview data were analysed using reflexive thematic analysis (Braun and Clarke, 2019).

Results: Three themes were developed:

1. 'Upset, unaware and unprepared' - The helplessness caused or revealed by the prematurely terminating trial.
2. 'Caught in the middle' - This theme explores the core concept that the premature trial termination positioned participants in a state of tension, being stuck between two realities which caused discomfort.
3. "What now?" - The premature trial termination was disruptive and created uncertainty, impacting on both the immediate situation and future research activity.

Discussion: Premature termination was experienced as challenging and emotional. The event negatively influenced perceptions of research and the willingness to support future research. Improving communication, providing clearer expectations, and preparing for potential premature trial termination in advance may help mitigate these negative effects.

Conclusions: There are clear opportunities to improve the management and experience of prematurely terminated paediatric trials. Including information on potential early trial closure in consent conversations and study materials, alongside proactive planning for post-trial care, may better support families and help healthcare professionals to meet their responsibilities.

References

Braun, V. and Clarke, V. (2019). Reflecting on reflexive thematic analysis. Qualitative Research in Sport, Exercise & Health, 11(4), 589–597. https://doi.org/10.1080/2159676X.2019.1628806

Camara, C., 2020. Early termination of clinical trials in paediatrics. *British Journal of Nursing*, *29*(14).

Pluess-Hall, H., Smith, P. and Menzies, J., 2025. UK paediatric clinical trial protocols: A review of guidance for participant management and care in the event of premature termination. Clinical Trials, 22(2), pp.220-226.

7.4 Acute and critical care

Doing Rigorous Research on Complex Nursing Interventions: Lessons from a Stepped Wedge Cluster Trial to Prevent ICU Delirium

Thursday, 17th September - 11:30: 7.4 Acute and critical care - Oral (concurrent session) - Abstract ID: 567

Prof. Steve Frost (University of Wollongong)

Abstract

Background: Complex nursing interventions are multicomponent, context-dependent, and delivered by teams [1]; features that challenge fidelity and scalability. We illustrate an approach using a hybrid stepped-wedge cluster randomised controlled trial (SW-CRT)[2, 3] evaluating a nurse-led delirium-prevention protocol across four adult ICUs in Australia [4].

Methods: The intervention targeted cognitive assessment/orientation, optimisation of sensory input, environmental modifications and early therapeutic activities. Implementation used Pronovost's 4E model [5]. All adult ICU admissions meeting broad eligibility were included; delirium was screened each shift using CAM/CAM-ICU after RASS assessment. Primary outcomes were incident delirium and delirium-free days.

Results: Over 10 months, 2,566 patients were enrolled in the study. Incident delirium decreased from 14.1% at baseline to 10.7% post-implementation (adjusted rate ratio 0.78; 95% CI 0.57–1.08), delirium-free days increased (adjusted difference 0.24 days; 95% CI −0.12 to 0.60); neither reached statistical significance. Monthly documented CAM assessments increased more than four-fold.

Methodological insights for rigorous SW-CRTs: (1) **Design for real-world effect sizes and baseline rates.** Assumptions of 30% baseline delirium and one-third risk reduction overestimated detectable effects; observed baseline was ~14% with more modest effects, underscoring the need for piloting and adaptive power reviews. (2) **Guard against temporal confounding.** Calendar-time and exposure length were modelled explicitly, and the hybrid design supported concurrent implementation evaluation. (3) **Prioritise fidelity and dose.** Audit/feedback, local barrier assessments, and role-specific education supported uptake, yet night-shift workload and competing priorities limited delivery of sleep components—typical constraints to plan for a priori. (4) **Measure system change, not only patient endpoints.** Practice indicators (screening rates, coding trends) captured meaningful improvements complementary to clinical outcomes.

Conclusion: SW-CRTs enable rigorous, ethical evaluation of complex nursing interventions during scale-up. Our ICU delirium case demonstrates how to couple robust causal inference with implementation strategies and process measures to generate actionable, generalisable evidence—even when primary clinical effects are modest.

References

1. Damschroder LJ, Reardon CM, Widerquist MAO, et al. The updated Consolidated Framework for Implementation Research based on user feedback. *Implement Sci* 2022; 17: 75. 20221029. DOI: 10.1186/s13012-022-01245-0.
2. Helm RE, Klausner JD, Klemperer JD, et al. Accepted but Unacceptable: Peripheral IV Catheter Failure. *Journal of Infusion Nursing* 2015; 38: 189-203. DOI: 10.1097/nan.0000000000000100.
3. Hussey M and Hughes J. Design and analysis of stepped wedge cluster randomized trials. *Contemporary Clinical Trials* 2007; 28: 182-191.
4. Brennan K, Sanchez D, Hedges S, et al. A nurse-led intervention to reduce the incidence and duration of delirium among adults admitted to intensive care: a stepped-wedged cluster randomised trial. 2022.
5. Pronovost PJ, Berenholtz SM and Needham DM. Translating evidence into practice: a model for large scale knowledge translation. *BMJ* 2008; 337: a1714. 2008/10/08. DOI: 10.1136/bmj.a1714.

Making Sense of a Compression Therapy Care Provision: A Focused Ethnographic Study in a Large UK NHS Teaching Trust

Thursday, 17th September - 12:00: 7.4 Acute and critical care - Oral (concurrent session) - Abstract ID: 588

Mrs. Yaping Lian (University of Leicester), Dr. Linda Birt (University of leicester), Prof. Fiona Poland (Professor of Social Research Methodology, School of Health Sciences, University of East Anglia, Norwich NR4 7TJ.), Prof. Felix Naughton (University of East Anglia), Prof. Christine Moffatt (University of Nottingham), Prof. David Wright (University of Leicester)

Abstract

Background: Despite the number of inpatients with venous leg ulcers (VLUs) in acute hospitals,[1] little research has examined how VLU care, particularly compression therapy, is enacted in these settings.

Aims: To explore how compression therapy is delivered in practice for inpatients with VLUs in UK NHS hospitals.

Methods: Focused ethnographic fieldwork was undertaken over six months (7 April–7 October 2025) in a large NHS Foundation Trust in England where the local Tissue Viability team introduced a 2-layer compression bandages in the preceding 24 months. Observational fieldwork and ethnographic interviews examined how staff delivered VLU care, with data analysed using reflexive thematic analysis.

Results: Seventy-one episodes of participant observation and 53 ethnographic interviews were conducted with hospital clinicians caring for inpatients with VLUs. Additional data included Trust documents and anonymised photographs. Analysis generated four interlocking themes—organisational priority tensions, a culture of "fear" of workload burden, a culture of "fear" surrounding compression therapy, and ambiguity of ownership. Together, these themes explained why evidence-based compression therapy was challenging to deliver consistently within acute medical wards.

Discussion: The study provided interpretive insights into how clinicians used verbal and non-verbal narratives to convey their experiences of caring for inpatients with VLUs. It revealed a complex landscape of organisational tensions and clinical anxiety shaping how VLUs were managed in practice. It showed how organisational priorities, staffing pressures and clinical governance influenced the day-to-day reality of VLU care in an acute hospital trust.

Conclusions: Focused ethnography illuminated the largely unseen work underpinning VLU care and showed how medical wards functioned not only as clinical spaces but as organisational systems shaping communication, knowledge sharing and care practices. The findings highlight how local ward routines, environments and cultures can both support and constrain the consistent application of compression therapy, linking broader implementation challenges to the realities of local practice.

References

1. Lian Y, Anderson I, Keevil V, et al. A point prevalence audit of inpatients with leg ulcers eligible for compression therapy in a large university NHS hospital. *Journal of Wound Care* 2022; 31: 590-597.

Multimorbidity in unscheduled care: patterns, outcomes, points for intervention

Thursday, 17th September - 12:30: 7.4 Acute and critical care - Oral (concurrent session) - Abstract ID: 667

Dr. Chris McParland (School of Medicine, Dentistry & Nursing, College of Medical, Veterinary & Life Sciences, University of Glasgow, Glasgow, Scotland.), Prof. David Lowe (School of Health and Wellbeing, Clarice Pears Building, 90 Byres Road, University of Glasgow, Glasgow, G12 8TB), Prof. Frances Mair (School of Health and Wellbeing, Clarice Pears Building, 90 Byres Road, University of Glasgow, Glasgow, G12 8TB), Prof. Barbara Nichol (School of Health and Wellbeing, Clarice Pears Building, 90 Byres Road, University of Glasgow, Glasgow, G12 8TB)

Abstract

Background: Multimorbidity—living with multiple long-term conditions (LTCs)—is common among users of unscheduled care, yet little is known about how clinically recognisable multimorbidity phenotypes vary within this population or how they relate to outcomes. Understanding these patterns could inform targeted interventions to improve care.

Aims: To describe prevalence of multimorbidity phenotypes in unscheduled care attenders and to identify associations with healthcare use and mortality outcomes.

Methods: A retrospective data-linkage study of all adults (≥18 years) attending unscheduled care in NHS Greater Glasgow and Clyde between 1 July 2023 and 30 June 2024. Six multimorbidity phenotypes were defined a priori: general multimorbidity (≥2 conditions), complex multimorbidity (≥3 conditions affecting ≥3 systems), physical/mental comorbidity, cardio-renal-metabolic (CRM), respiratory-inclusive, and pain-inclusive multimorbidity. Outcomes included admission, bed-day use, reattendance, new discharge to a care home or hospice, arrival by emergency ambulance, and mortality up to one year. Logistic and negative-binomial regression models adjusted for age, sex, ethnicity, and socioeconomic status (SIMD) were used.

Results: Of 140,203 individuals, 37.6% had general multimorbidity. Prevalence and patterning varied by deprivation, age, sex and ethnicity. All phenotypes were associated with increased risk of admission, emergency ambulance arrival, reattendance, and mortality. Physical/mental comorbidity was associated with the greatest bed-day use (incidence rate ratio: 1.25, 95% confidence interval: 1.22-1.28) corresponding to 2.38 additional days per stay. Physical/mental comorbidity and pain-inclusive multimorbidity account for one in ten patients in this cohort (a third of people with general multimorbidity), and were associated with all negative outcomes.

Discussion: Multimorbidity is highly prevalent among unscheduled care users and strongly associated with adverse outcomes. Phenotypes incorporating physical/mental comorbidity and pain are common, socially patterned, and linked to higher service use.

Conclusion: Physical/mental comorbidity with pain represents a key target group for integrated, multidisciplinary interventions. Clinically recognisable multimorbidity phenotypes may support tailored care and inform system-level service redesign.

References

No references

7.5 End of life care

When lived experience shapes research: PPI integration in paediatric research working with bereaved parents and carers

Thursday, 17th September - 11:30: 7.5 End of life care - Oral (concurrent session) - Abstract ID: 73

Dr. Helen Pearson (The Royal Marsden NHS Foundation Trust/Solving Kids' Cancer UK), Mrs. Carol Bell (NA), Mr. Karl Cox (NA), Mrs. Catherine Kayum (NA), Mrs. Leona Knox (Solving Kids' Cancer UK), Prof. Faith Gibson (Great Ormond Street Hospital NHS Foundation Trust), Dr. Michelle Myall (University of Southampton), Prof. Anne-Sophie Darlington (University of Southampton), Mrs. Emma Potter (The Royal Marsden NHS Foundation Trust), Mr. Nicholas Bird (Solving Kids' Cancer UK)

Abstract

Background: Patient and Public Involvement (PPI) is fundamental to producing meaningful, high-quality impactful research (NIHR, 2021). Practical guidance on embedding meaningful PPI throughout the research cycle within doctoral research remains limited, particularly when researching sensitive subjects. This abstract provides insights and examples for researchers new to PPI, on the impact of active PPI in a paediatric focused doctoral research study with bereaved parents and carers.

Aim: To contribute to understanding of how PPI can be meaningfully and effectively embedded within a sensitive research subject, and to identify the impact of involvement throughout the research cycle.

Methods: PPI activities were informed by research cycle and reported using the GRIPP2 short-form checklist (Staniszewska et al., 2017). The research was funded by the National Institute for Health and Care Research.

Results: PPI strengthened the study through contributions to the study design, recruitment strategies, co-design of the study website and branding; and ethics amendments to increase participation in response to the COVID-19 pandemic. The literature review was extended to include a PPI consultation phase which added an additional research question added to the empirical research. Members contributed to data analysis, offering insights which enriched interpretation and supported theme development. Meetings were flexible and iterative scheduled based on parent preferences avoiding key dates being adapt to members' needs and emotional capacity.

Conclusion: There is a limited knowledge base on embedding PPI within doctoral research and within the paediatric setting working in partnership with bereaved parents and carers. Meaningful involvement was achieved through adaptive approaches to meet individual PPI needs, fostering trust, shared ownership and a respectful partnership providing emotional safety, and valuing lived experience as expertise. An adaptive, partnership-focused approach enabled PPI to shape the study in substantive ways, demonstrating that doctoral researchers can successfully integrate PPI within sensitive and emotionally complex research environments.

References

1. National Institute for Health and Care Research. Briefing notes for researchers – public involvement in NHS, health and social care research. [Internet]. 2023a [cited 2023 Jun 12]. Available from: www.nihr.ac.uk/documents/briefing-notes-for-researchers-public-involvement-in-nhs-health-and-social-care-research/27371.
2. Staniszewska S, Brett J, Simera I, Seers K, Mockford C, Goodlad S, et al. GRIPP2 reporting checklists: tools to improve reporting of patient and public involvement in research. Res Involv Engagem [Internet]. 2017 Aug [cited 2022 Jun 4]; 3(13). Available from: doi: 10.1186/s40900-017-0062-2.

Co-Designing A Bereavement Support Toolkit for Care Home Staff

Thursday, 17th September - 12:00: 7.5 End of life care - Oral (concurrent session) - Abstract ID: 419

Dr. Maria Drummond (School of Medicine, Dentistry & Nursing, College of Medical, Veterinary & Life Sciences, University of Glasgow, Glasgow, Scotland.), Dr. Jennifer Burton (Academic Geriatric Medicine, School of Cardiovascular and Metabolic Health, University of Glasgow College of Medical Veterinary and Life Sciences, Glasgow, UK), Prof. Bridget Johnston (School of Medicine, Dentistry & Nursing, College of Medical, Veterinary & Life Sciences, University of Glasgow, Glasgow, Scotland.)

Abstract

Background:

Death is a frequent and expected event within care homes, yet bereavement support for residents, relatives and staff remains inconsistently addressed in practice. While end-of-life care has received increased attention, the broader emotional and relational impact of death within care home communities is less well understood. Bereavement in these settings is collective and ongoing: residents lose companions, families navigate complex relationships with staff and place, and staff experience repeated exposure to death within demanding organisational environments. Traditional procedural approaches to intervention development may not fully consider these relational and cultural dimensions.

Aim:

To describe the refinement and early implementation of the Tapestry Toolkit, a co-designed resource intended to support healthy bereavement practices within care homes.

Methods:

The toolkit was developed through a four-phase co-design process:

1. Literature synthesis examining bereavement support within care homes.
2. Seven focus groups with care home staff across Scotland exploring lived experiences of death and bereavement. Findings informed an initial toolkit draft structured around everyday practices, planned supports, emotional resources and organisational culture.
3. Stakeholder engagement events with care home leaders, sector representatives and palliative care specialists to refine the toolkit.
4. Six-week pilot in four care homes. Semi-structured interviews with staff and managers explored implementation, focusing on acceptability, feasibility and cultural resonance.

Results:

Stakeholder design and refinement emphasised resource should include information for all staff groups within the care home, leadership responsibility and dementia-sensitive communication. Early feedback suggested the toolkit functions less as a procedural guide and more as a form of organisational emotional infrastructure. Healthy bereavement requires open dialogue, informal debriefing and memorial rituals.

Conclusion:

Co-designed tools may help embed bereavement awareness within everyday care home culture. Early findings indicate that supporting grief in a group living environment requires attention to procedures as well as leadership and symbolic practices. Ongoing evaluation will examine integration and impact.

References

Drummond, M., et al., Bereavement practices within older adult care homes in Scotland: a focus group study. BMJ Open, 2026. 16(2): p. e115592.

Raman, S. and T. French, Participatory design in sensitive contexts: A proposal for a conceptual framework. The Design Journal, 2022. 25(5): p. 752-767.

Hodson, E., A. Svanda, and N. Dadashi, Whom do we include and when? participatory design with vulnerable groups. CoDesign, 2023. 19(4): p. 269-286.
Dönmez Ç, F. and B. Johnston, Exploring the bereavement support interventions, facilitators and barriers before and after the death of a resident in care home settings: a rapid mixed-methods review. Curr Opin Support Palliat Care, 2025.

7.6 Nursing, midwifery or support worker education

Lived Experiences of Nursing Students and Educators on Self-Management in Teaching and Learning in Ghana: An Interpretive Phenomenological Study

Thursday, 17th September - 11:30: 7.6 Nursing, midwifery or support worker education - Oral (concurrent session) - Abstract ID: 12

Dr. Mercy Kokuro (College of Nursing and Midwifery, Kwapong), Prof. Talitha Crowley (University of the Western Cape), Prof. Anita S Van der Merwe (Stellenbosch University), Dr. Cornelle Young (Stellenbosch University)

Abstract

Introduction: As students enter nursing education, they shift away from parental control and school support, taking responsibility for themselves and their academic performance. This independence requires self-management abilities. However, few studies have explored the experiences of nursing students and educators on self-management in the teaching and learning.

Objective: The study aimed to understand the lived experiences of self-management in the teaching and learning context from the perspectives of nursing students and educators from different nursing colleges in Ghana.

Method: A qualitative interpretive phenomenological approach was used. Individual in-depth interviews were conducted with 17 first- and third-year nursing students and eight nurse educators. Verbatim transcriptions were analyzed using the steps of the interpretive process and the hermeneutic circle, with continual review and analysis between the parts and the whole.

Results: This study explored self-management in the teaching and learning context among nursing students, revealing four major themes: strategizing for progress and success, nurturing health and well-being, developing self-belief, and partnering with others, each with associated subthemes. The findings indicate that self-management elements are deeply interconnected and interdependent. Strategizing for progress and success involves time management, goal setting, self-discipline, and continuous self-evaluation. Nurturing health and well-being is essential for a sound mind and body through self-care. Developing self-belief, including confidence and self-assurance, is key to academic success. Both students and educators emphasized partnering with others, highlighting collaborative learning and support networks as crucial to self-management in nursing education.

Conclusion: These themes provide valuable insights for nursing students, educators, and institutions by shedding light on their experiences with self-management in teaching and learning. By understanding these perspectives, educators and institutions can implement innovative teaching approaches that effectively support students in developing self-management skills.

References

1. Brouwer K. R., Walmsley L. A., Parrish E. M., McCubbin A. K., Welsh J. D., Braido C. E. C., Okoli C. T. C. (2021). Examining the associations between self-care practices and psychological distress among nursing students during the COVID-19 pandemic.*Nurse Education Today*, 100, Article 104864. https://doi.org/10.1016/j.nedt.2021.104864
2. Duprez V., Beeckman D., Verhaeghe S., Van Hecke A. (2017). Self-management support by final year nursing students: A correlational study of performance and person-related associated factors. *International Journal of Nursing Studies*, 74, 120–127. https://doi.org/10.1016/j.ijnurstu.2017.06.010
3. Kokuro M, Crowley T, Merwe AS van der, Young C. (2025) Lived Experiences of Nursing Students and Educators on Self-Management in Teaching and Learning in Ghana: An Interpretive Phenomenological

Study. *SAGE Open Nursing, 11:* 1-12. https://doi.org/10.1177/23779608251360829

Using Quality Improvement Methods to drive increased participation in the NIHR Associate Principal Investigator Scheme

Thursday, 17th September - 12:00: 7.6 Nursing, midwifery or support worker education - Oral (concurrent session) - Abstract ID: 578

Mrs. Emma Heron (Aneurin Bevan University Health Board)

Abstract

The NIHR Associate Principal Investigator (API) scheme has grown in popularity and impact across the UK in recent years, particularly since the Pandemic. The scheme supports the mentoring of health care professionals who do not have research as part of their core role to gain practical insight into leading research at a trial location.

In one Health Board looking to embed research into clinical services, the API scheme had been recruiting staff members ad hoc and the withdrawal rate was high once professionals were on the scheme. It was realised there was a lost potential as clinicians taking part in the scheme leave with increased research awareness and practical skills to support them to be the PIs of the future.

“Quality improvement is about giving the people closest to issues affecting care quality the time, permission, skills and resources they need to solve them. It involves a systematic and coordinated approach to solving a problem using specific methods and tools with the aim of bringing about a measurable improvement.” (The Health Foundation (2021)

Using Quality Improvement methods has enabled the R&D team to target it’s support of professionals interested in and entering the scheme to interventions that have real impact and has to date seen an increase in uptake and completion of the programme.

Using the Model for Improvement and several Plan Do Study Act (PDSA) cycles has enabled the team to fine tune the support offered to professionals on the scheme, and reduce the number of withdrawals (to Feb 2026) to 0.

This poser/oral presentation will explain more about the methods used and hopefully inspire other trial locations to use QI methods to support an increase in the right kind of support for their own health care professionals to thrive and get the most out of the scheme.

References

The Health Foundation (2021) Quality improvement made simple. What everyone should know about health care quality improvement. Online Publication. Available at: https://www.health.org.uk/sites/default/files/QualityImprovementMadeSimple.pdf Accessed 9th March 2026

Investing in People, Improving Practice: The impact and legacy of Charitably funded research capacity building in the NHS

Thursday, 17th September - 12:30: 7.6 Nursing, midwifery or support worker education - Oral (concurrent session) - Abstract ID: 644

Mrs. Rachel Orwin (Newcastle upon Tyne NHS Foundation Trust), Dr. Linda Tinkler (Newcastle upon Tyne NHS Foundation Trust)

Abstract

Background.

In 2022, The Newcastle upon Tyne Hospitals NHS Foundation Trust launched a five-year fellowship programme supported by a £3.2 million charitable grant[1,2].

Fellowships play a critical role in developing research capacity and capability alongside clinical practice, forming building blocks to clinical academic career pathways that ultimately benefit patients and communities.

However, research fellowships represent long-term investments, and their impact may take time to become evident[1]. Early evaluation is therefore challenging but important for understanding experiences and supporting sustainable integration of research into clinical practice.

Objectives

1. Assess the impact and outputs of the NMAHP Researcher Development Institute.
2. Evaluate the feasibility of applying a validated tool to measure impact from internship through post-doctoral fellowships.
3. Identify areas of excellence and opportunities for improvement to inform future capacity building.
4. Develop a sustainable and innovative roadmap for the future.

Methods

An adapted version of the VICTOR (making Visible the ImpaCT Of Research) tool[3] was used to explore research impact and outputs across all stages of fellowships (pre-doctoral to post-doctoral).

Results

All 31 current and former fellows were invited to complete the VICTOR tool[3]. 23 responded. Data were transcribed and analysed using the VICTOR[3] framework, generating five themes. Findings indicated patient-focused impacts including improved communication and reduced harm, alongside staff-related outcomes highlighting strengthened research culture, and improved individual confidence and skills.

Across the six VICTOR[3] domains, and contrary to expectations, no significant differences were observed according to fellowship level, suggesting early-stage fellows were able to demonstrate measurable impact comparable to more advanced fellows.

Conclusion

The findings challenge assumptions that early-career researchers produce limited measurable impact. Using a validated tool such as VICTOR may support cultural shifts in research by establishing early expectations for impact reporting, strengthening research capacity, and enhancing evidence generation to secure future funding whilst cultivating future research leaders.

References

1. Pope,F., Cushlow,M., Joy,I., Hand,A., Faraday,J., Orwin,R. and Tinkler,L. Developing Clinical Research Careers in Nursing, Midwifery and Allied Health Professions. British Journal of Nursing, In Press

2. Tinkler,L., Robertson,S. & Tod,A. (2022) *Support, Resist, Avoid*: Group Concept Mapping the factors influencing relationships at the interface between research delivery and clinical service delivery in the NHS.
3. NIHR (2019) A VICTOR-y for measuring research impact in the NHS | NIHR

7.7 Workforce

Impact of declining numbers of Registered Learning Disabilities Nurses in the UK; mixed methods study

Thursday, 17th September - 11:30: 7.7 Workforce - Oral (concurrent session) - Abstract ID: 98

Prof. Vanessa Heaslip (University of Salford), Prof. Claire Pryor (University of Salford), Dr. Siobhan Kelly (University of Salford), Dr. Lorraine Henshaw (University of Salford), Mr. Dan Redfearn (University of Salford), Dr. Lorna Chesterton (University of Salford), Mr. Aaron Hume (University of Salford)

Abstract

Background: Since 2019, Nursing Midwifery Council (NMC) data has noted a continued decline in the number of Registered Nurses Learning Disabilities (RNLDs) on the NMC register. This is despite an increase adults with a learning disability requiring long term support and established health inequities evidenced by higher morbidity and premature mortality.

Aims: To explore RNLDs perceptions of registration with the NMC, RNLDs, wider stakeholder and People living with a Learning Disability thoughts on the impact of RNLDs and future of RNLD nursing.

Methods: Convergent mixed methods study including purposeful sampling of RNLD (n=510 online survey) and group/one-to-one interviews with people living with a disability, parents and carers (n=23), wider stakeholders (n=13) and RNLDs who lapsed their registration with the NMC in the last ten years (n=5). Data was collected between 1st September 2025 and 10th September 2026. SPSS descriptive statistics and Thematic Analysis was used to analyse data.10th Sept 2025

Results: 93.9% (n= 479) RNLDs were registered, 6.1% (n = 31) had lapsed their registration with the NMC but only 62.5% (n = 319) expected to still be registered in five years. Those with an established career development pathway were more likely to expect to remain registered in 5 years, yet only 32.6% (*n* = 156) noted this was in place. Qualitative data highlighted lack of RNLD career development and senior roles driving the profession despite their valuable role in public health, health access and specialist nursing skills

Discussion: RNLD role has evolved, yet their skills in terms of health access and addressing inequity is currently not being maximised to the detriment of those living with a Learning Disability

Conclusion: the evolving role of RNLD heralds' new opportunities for nursing that requires further exploration

References

Cresswell, JW., & Piano-Clarke, VL., 2011. Designing and conducting mixed methods research (2nd ed.). Thousand Oaks: Sage.

Nursing Midwifery Council., 2025. The NMC register UK mid-year update 1 April – 30 September 2025. Available from: https://www.nmc.org.uk/globalassets/sitedocuments/data-reports/september-2025/data-report-uk-web.pdf [Accessed 05.01.2026]

White, A; Sheehan, R; Ditzel, N; Ding, J; Roberts, C; Magill, N; Yu, MKL; Keagan-Bull, R; Chauhan, U; Tuffrey-Wijne, I; Strydom, A., 2024. Learning from Lives and Deaths - People with a learning disability and autistic people (LeDeR) report for 2023. LeDeR Autism and Learning Disability partnership, King's College London.

The paradoxical image of nursing in the last 20 years and how nurses can transform this paradox: A scoping review

Thursday, 17th September - 12:00: 7.7 Workforce - Oral (concurrent session) - Abstract ID: 265

Dr. C.J. Cabilan (Princess Alexandra Hospital), Mr. Matthias Williams (Australian College of Nursing)

Abstract

Background: The public image of nursing plays a critical role in shaping the profession's social status, workforce sustainability, and professional advancement. Longstanding stereotypes undermine nursing image, thus obscuring nurses' expertise, credibility, professional identity, and contributions to healthcare. Emerging evidence suggests that the COVID19 pandemic may have disrupted these stereotypes, yet the extent and durability of this shift remain unclear.

Aim: To explore the evolution of nursing image in the past 20 years (2005–2025); and critically analyse the influence of COVID-19 pandemic on nursing image.

Methods: A systematic scoping review was conducted using the enhanced Arksey and O'Malley framework. Searches were undertaken in CINAHL Complete, Medline Complete, and EMBASE for primary studies published between 2005 and August 2025. Studies reporting public perceptions or media portrayals of nursing image were included. Data were extracted and synthesised narratively, with findings organised into three periods: pre-COVID (2005–2019), intra-COVID (2020–2022), and post-COVID (2023-2025).

Results: Twenty-three studies were synthesised. Pre-COVID evidence indicated generally positive public perceptions of nurses as knowledgeable, professional, and caring, contrasted with media depictions that were frequently gendered, sexualised, and subordinate. During the pandemic, media discourse seemed to shift. Nurses were portrayed as heroes and praised for their contributions to public health, alongside strong advocacy for improved working conditions and remuneration. It was intriguing that public perceptions were paradoxical. While some come to view nurses more positively, it was clear that stereotypes – gendered, sexualised, and subordinate - remained in people's minds. There were no studies reporting on the nursing image post-COVID.

Conclusion: Across two decades, evidence shows the evolving and paradoxical image of nursing before and during the pandemic. The absence of studies post-COVID is a call to action for researchers to influence media discourse and replace stereotypes with 'Nurses are skilled professionals central to the delivery of safe and effective healthcare'.

References

Hoeve Yt, Jansen G, Roodbol P. The nursing profession: Public image, self-concept and professional identity. A discussion paper. Journal of Advanced Nursing. 2014;70(2):295-309.

Girvin J, Jackson D, Hutchinson M. Contemporary public perceptions of nursing: a systematic review and narrative synthesis of the international research evidence. Journal of Nursing Management. 2016;24(8):994-1006.

González H, Errasti-Ibarrondo B, Iraizoz-Iraizoz A, Choperena A. The image of nursing in the media: A scoping review. International Nursing Review. 2023;70(3):425-43.

Duan Y, Feng X, Xiao H. Public image of nursing in modern society: an evolving concept analysis. Nursing Open. 2024;11(9):e70033.

Moghbeli G, Gardashkhani S, Soheili A. Public image of nursing: an integrative review of challenges and solutions. BMC Nursing. 2025;24(1):573.

Yeo A, Lee SS, Lim VK, Godsey JA, Kuok K, Gunawan J, et al. Strategies to elevate the brand image of nursing: A scoping review. International Nursing Review. 2025;72(2):e70026.

Poster Tour I: CRN - Inclusivity

Poster 1 - Research Delivery in Custodial Settings- The Importance & The Challenges

Thursday, 17th September - 13:25: Poster Tour I: CRN - Inclusivity - Poster - Abstract ID: 195

Mrs. Anna Lartey (Norfolk Community Health and Care NHS), Mrs. Kate McCloskey (East of England RRDN), Ms. Kirsti Withington (East of England RDN)

Abstract

Background: People in prison experience significant health inequalities yet remain under-represented in health and social care research. Conducting research in custodial settings is essential to addressing these inequalities; however, the prison environment presents unique and complex barriers to research delivery. This poster explores key challenges identified by the East of England Regional Delivery Network (RRDN) and how they are hoping to overcome them in order to support delivery of research in prison settings.

Methods: This work draws on literature around of delivering research within prison settings, alongside reflection on governance processes, and a range of stakeholder engagement through visits to prisons, and survey of prison officers, and prison healthcare practitioners.

Results: Through a range of focus groups key barriers included complex and time-consuming governance and approval processes, involving multiple organisations. Security requirements and regime restrictions frequently limited access to participants, with lockdowns, staffing shortages, and competing prison priorities resulting in cancelled or delayed research activity.

Workforce-related challenges were also significant. Research staff required additional security clearance and bespoke training, and high staff turnover within prison healthcare teams affected continuity and engagement. Communication barriers, including limited access to digital systems and reliance on paper-based processes, increased administrative burden and risk of delays.

Ethical aspects need to be considered including ensuring informed consent in an environment where power imbalance and coercion may be perceived. Low health literacy, language barriers, and mistrust of research.

Conclusion: Delivering research in prison settings is complex and resource-intensive, requiring flexibility, persistence, and strong cross-organisational collaboration. Early engagement with prison and healthcare stakeholders, realistic timelines, clear governance pathways, and tailored communication strategies are essential to overcoming barriers. Research staff training is essential. Addressing these challenges is critical to improving research inclusion and reducing health inequalities for people in prison.

References

1. Ministry of Justice & Department of Health and Social Care. (2018). *Health and justice partnership: A concordat for England.* UK Government.

2. National Institute for Health and Care Research (NIHR). (2021). *Guidance for the inclusion of under-served groups in clinical research.* NIHR.

3. Watson, R., Stimpson, A., & Hostick, T. (2004). Prison health care: A review of the literature. *International Journal of Nursing Studies*, 41(2), 119–128.

4. Shepherd, A., & Spivak, B. (2020). Ethical challenges of conducting research in prison populations. *Journal of Medical Ethics*, 46(8), 515–520.

Poster 2 - Expanding Pediatric Clinical Trial Access in Remote Communities Through Geospatial Computing: A Validation Study

Thursday, 17th September - 13:25: Poster Tour I: CRN - Inclusivity - Poster - Abstract ID: 373

Dr. Elizabeth Johnson (Montana State University)

Abstract

Background: Travel burden remains a major barrier to clinical trial participation, disproportionately affecting rural and frontier populations (average 58 miles versus 14 miles in higher-income regions). Children enrolled in clinical trials are particularly vulnerable when pediatric-specific protocol guidance is not aligned with local services in remote settings where they are more likely to access emergency care without trial information immediately available. While geospatial satellite systems have been used to map community resources, they have not been operationalized to support real-time clinical trial information exchange or adverse event prevention. This validation study evaluated TrialWear, a wearable smartpatch integrating geospatial computing to detect participant arrival at healthcare facilities and trigger protocol-specific safety notifications to local providers.

Aims: The primary aim was to assess geospatial detection accuracy and alert functionality. The secondary aim evaluated usability and form factor of a chest-worn smartpatch in frontier environments.

Methods: A field-based validation study was conducted across coastal and interior Alaska, including remote Alaska Native medical facilities, regional hospitals, and small clinics. Twenty field tests were performed using customized geospatial computing built on ArcGIS infrastructure with proprietary programming. Usability metrics of TrialWear, worn on the chest, with embedded computing included durability, comfort, signal reliability, and environmental resilience.

Results: The system achieved 96% geospatial detection accuracy for facility arrival alerts (emergency/urgent care). Challenges included antenna orientation variability and signal interference in high-density urban structures. TrialWear demonstrated reliable performance for walk-in care, car arrival, and fixed-wing medical transport. Material testing identified stress-point fissuring in 50% of early smartpatch prototypes, prompting iterative redesign to enhance durability with children focus groups.

Conclusions: Geospatially enabled wearable technology shows promise in strengthening clinical research nursing capacity to support safe trial participation in remote and frontier settings through location-based notifications. Parallel usability testing in older adult populations with complex medical management is ongoing.

References

1. Borno, H. T., Zhang, L., Siegel, A., Chang, E., & Ryan, C. J. (2018). At What Cost to Clinical Trial Enrollment? A Retrospective Study of Patient Travel Burden in Cancer Clinical Trials. *The oncologist*, *23*(10), 1242–1249.

2. Leyenaar, J. K., Freyleue, S. D., Arakelyan, M., Schaefer, A. P., Moen, E. L., Austin, A. M., Goodman, D. C., & O'Malley, A. J. (2024). Rural-Urban Disparities in Hospital Services and Outcomes for Children With Medical Complexity. *JAMA*, *7*(9), e2435187.

3. Comer, K. F., Grannis, S., Dixon, B. E., Bodenhamer, D. J., & Wiehe, S. E. (2011). Incorporating geospatial capacity within clinical data systems to address social determinants of health. *Public health reports (Washington, D.C. : 1974)*, *126 Suppl 3*(Suppl 3), 54–61.

4. Fadiel, A., Eichenbaum, K. D., Abbasi, M., Lee, N. K., & Odunsi, K. (2024). Utilizing geospatial artificial intelligence to map cancer disparities across health regions. *Scientific Reports, 14*, 7693.

Poster 3 - How can a research delivery team can help people with an Intellectual/Learning disability to take part in health research? Some examples from an NHS community trust in East of England.

Thursday, 17th September - 13:25: Poster Tour I: CRN - Inclusivity - Poster - Abstract ID: 583

Mrs. Julia Fromings Hill (Norfolk Community Health and Care NHS), Mrs. Anna Lartey (Norfolk Community Health and Care NHS)

Abstract

This poster will outline how the Research Delivery Team in a Community NHS Trust in the East of England has developed a number of initiatives to improve the way that it supports people with an intellectual/learning disability (I/LD) to take part in health research.

People with a learning disability are more likely to have a health problem than someone who doesn't have a learning disability yet are less likely to take part in health research. (Mencap 2014). This may have implications for the generalisability and validity of the evidence base being used by clinicians.

Nurses make up over 50% of the worlds health workforce and have potential to address many of the barriers and inequalities that people with I/LD face (Fisher et al 2024), including access to health research.

Our multi-disciplinary team of Research delivery practitioners includes a I/LD link practitioner role which helps us to give particular attention to the inclusion of people with I/LD. We used a small grant from National Institute of Health and Care Research to develop a workshop session and some Easy Read resources, to help us talk to people with I/LD about taking part in health research, and find out how they can be supported to be involved.

Both the workshop session and the Easy Read resources were co-designed by a group of people with lived experience of I/LD who were trained to consult on the design, content and delivery.

These initiatives have helped us to establish some valuable long-term connections with local people in our community with I/LD, and some of the local organisations working with them and supporting them. Through this work, we have challenged, stretched and grown our understanding of how we can and should find ways to be inclusive in our professional practice.

References

K, Lewis. 2014. 'Participation of people with a learning disability in medical research Scoping Review - Royal Mencap Society working paper 14.01'

Fisher, K.M., Desroches, M.L., Northway, R., Marsden, D.,Horan, P. & Rees, S. (2024) The Global Intellectual Disability Nursing Research Collaboratory: Forming an internationaltransformational nursing network. *InternationalNursing Review*, 71, 689–694. https://doi.org/10.1111/inr.13000. accessed 09/03/2026.

Poster 4 - The Teenage and Young Adult Cancer Research Champions Group- A UK Workforce Initiative to Manage the Challenges of a High Need Population Underrepresented in Research

Thursday, 17th September - 13:25: Poster Tour I: CRN - Inclusivity - Poster - Abstract ID: 160

Mrs. Amanda Nordoff (The Royal Marsden NHS Foundation Trust), Ms. Donna Gillen (University Hospitals Birmingham), Ms. Rachel Wane (LCRN Yorkshire and Humber Partner Organisation | NIHR Clinical Research Network (CRN))

Abstract

Teenagers and Young Adults (TYAs) experience slower improvements in cancer survival compared with children and older adults. Driven in part by inequitable access to clinical trials and a shortage of biological samples available for research, restricting progress in understanding TYA-specific cancer biology and developing targeted treatments. National strategies aim to address this gap: the NHS Long Term Plan (2019) committed to increasing TYA clinical trial recruitment to 50% by 2025, and the NHSE TYA service specifications (2023) emphasise expanding participation in tumour banking. Barriers to meeting these targets include complexities in treatment pathways, transitions between paediatric and adult services, geographical inequity, constraints of trial design, and the limited availability of TYA-focused research posts within the workforce.

To help address these barriers, the TYA Research Nurse Champions group was formed in 2020 with five members and has since grown to over twenty in 2026. The group comprises of nurses from various clinical, research and strategic backgrounds; many working in isolation, within unique and insecurely funded roles. The Champions provide peer support, share solutions to trial specific challenges, highlight TYA-eligible studies, and advocate for improved trial access at both local and national levels. Members also contribute to national research networks, including the Experimental Cancer Medicine Centres (ECMC), the Children's Cancer and Leukaemia Group (CCLG), and the Innovative Therapies for Children and Adolescents with Cancer (ITCC), embedding clinical insight into discussions on TYA trial inclusion and strengthening the dissemination of information and opportunities.

The 2026 Cancer Plan reinforces the priority of improving trial availability, accessibility, and visibility for TYA patients. Through workforce mapping and defining optimal staffing models, it is hoped that TYA-specific research roles will be recognised as essential within all TYA Principal Treatment Centres, supporting efforts to raise the profile of TYA research and drive sustained improvements both locally and nationally.

References

Department of Health and Social Care and NHS England (2026) *National Cancer Plan for England: delivering world class cancer care*. CP 1500. London: DHSC.

NHS England (2023) *Teenage and Young Adult (TYA) Principal Treatment Centre (PTC) Service Specification*. Available at: https://www.england.nhs.uk/wp-content/uploads/2023/05/service-spec-tya-ptc.pdf (Accessed: [29/01/2026]).

The NHS Long Term Plan 2019 [Online]. Available https://www. longtermplan.nhs.uk/publication/ nhs-long-term-plan/ [accessed 29/01/2026]

Poster 5 - Embedding the Professional Nurse Advocate (PNA) Role Within Research & Innovation: Strengthening Wellbeing, Professional Practice and Workforce Resilience

Thursday, 17th September - 13:25: Poster Tour I: CRN - Inclusivity - Poster - Abstract ID: 663

Mrs. Imelda Mayor (Manchester University NHS Foundation Trust (MFT))

Abstract

Manchester University NHS Foundation Trust (MFT) Research & Innovation (R&I) has implemented a structured approach to embedding the Professional Nurse Advocate (PNA) role, recognising its pivotal impact on workforce wellbeing, reflective practice, and the delivery of high-quality research. Grounded in the A-EQUIP model, PNAs deliver Restorative Clinical Supervision (RCS), facilitate reflective practice, and provide support, guidance, career conversations and return-to-work support, helping staff navigate emotional, professional and workload pressures in a psychologically safe environment.

R&I has proactively supported multiple staff to undertake PNA training, recognising the strategic importance of the role in building a compassionate, resilient and future-ready research workforce. This investment has contributed to R&I achieving the national ambition of a 1:20 PNA-to-nurse ratio, ensuring equitable access to restorative support across research teams.

The PNA model is closely aligned to international and national workforce priorities, including the World Health Organization's global guidance on workforce wellbeing (WHO, 2022 and the NHS Long Term Plan (NHS England, 2023) which emphasise restorative leadership, compassionate cultures and sustainable workforce transformation. R&I's approach also maps directly to Care Quality Commission (CQC) domains, Safe, Effective, Caring, Responsive and Well-Led (CQC, 2023)

A dedicated R&I PNA Forum provides governance oversight, peer support, and structured monitoring of PNA activity, training and evaluation, supporting consistency and alignment with Trust values. Ongoing evaluation has led to targeted improvements in communication, manager engagement, and accessibility.

By embedding PNAs at scale, R&I has strengthened its culture of compassion, reflection and continuous improvement, creating a resilient workforce equipped to deliver safe, effective and person-centred research practice.

References

World Health Organization (2022) *Guidelines on mental health at work*. Geneva: WHO. Available at: https://www.who.int/publications/i/item/9789240053052

NHS England (2023) *NHS Long Term Workforce Plan*. NHS England. Available at: https://www.england.nhs.uk/wp-content/uploads/2023/06/nhs-long-term-workforce-plan-v1.21.pdf

Care Quality Commission (2026)*The 5 key questions we ask: Safe, Effective, Caring, Responsive, Well-Led*. Available at: https://www.cqc.org.uk/about-us/how-we-do-our-job/the-5-key-questions-we-ask

Care Quality Commission (CQC) Domains

Poster 6 - Improving Access to Cancer Research for Teenagers and Young Adults in the West Midlands: A Clinical Research Nurse led Initiative.

Thursday, 17th September - 13:25: Poster Tour I: CRN - Inclusivity - Poster - Abstract ID: 303

Ms. Donna Gillen (University Hospitals Birmingham)

Abstract

Background: Cancer remains a leading cause of death in teenagers and young adults (TYA), yet this population remain underrepresented in clinical research. Despite overall survival rates improving many TYA cancers still lack effective treatment options, with young survivors having a higher incidence of long -term side effects than children and adults. As incidence rates increase and research highlights the distinct biological and psychosocial characteristics of TYA cancers, expanding research access for this population is increasingly recognised as a priority (Danielson et al 2024).

Aims: In 2024 a clinical research nurse was appointed to lead the West Midlands TYA Research Project. The project benchmarked regional practice against the NHS TYA Service Specification (2023) to assess alignment with national standards for research participation and genomic access. The objectives were to measure activity, identify barriers and highlight opportunities for sustainable regional improvement.

Results: Six system-level challenges were identified:

- Limited and inconsistent TYA data.
- Restricted availability and accessibility of age-appropriate clinical trials.
- Inequitable access to tumour banking.
- Variation in pathways for whole genome sequencing (WGS).
- Limited opportunities for patient engagement in research development.
- Workforce gaps in TYA research delivery.

Conclusion: A phased regional approach is proposed to strengthen research access across principal treatment centres and designated hospitals for patients aged 13–25. Planned actions include development of a regional TYA cancer registry, creation of TYA research delivery roles, extension of Vivo Biobank access, standardisation of WGS pathways, establishment of a regional TYA Research Advisory Group, and development of a workforce model to strengthen adult and paediatric research delivery capacity and capability.

The West Midlands has the expertise and infrastructure to meet national ambitions for embedding TYA cancer research and genomics into routine care. Achieving this will require coordinated regional action to ensure all young people benefit from and contribute to advances in cancer research.

References

Danielson L, Prime P and Larter R (2024) '*Mind the gap: why we need to consider teenage and young adult cancers across the research pipeline' Science Direct: Trends in Cancer, 10* (9), pp 774-776. Available at: https://doi.org/10.1016/j.trecan.2024.06.010

National Health Service England (2023) *Teenage and young adult cancer clinical network specification.* Available at: https://www.england.nhs.uk/publication/teenage-and-young-adult-cancer-clinical-network-specification/

Poster 7 - Delivering world class cancer care through world class research – The value and role of the CRUK Senior Research Nurse Network

Thursday, 17th September - 13:25: Poster Tour I: CRN - Inclusivity - Poster - Abstract ID: 302

Ms. Anne Croudass (Cancer Research UK), Dr. Sally Anne Pearson (The Christie NHS Foundation Trust and University of Manchester), Ms. Andrea Ingham (The Christie NHS Foundation Trust), Dr. Ben Hood (newcastle)

Abstract

Background: Research has transformed cancer care, offering patients earlier access to new treatments and technologies, providing a more positive experience of care and the opportunity to help others, whilst contributing to future scientific discovery (NHS England, 2024).

A central pillar of the NHS Cancer Plan is *"delivering world-class cancer care through world-class research"*, highlighting research as a core operational function of cancer services not an optional add-on, and the clinical research workforce is key in delivering against this goal.

The Cancer Research UK Senior Research Nurses based throughout the UK play a critical role in driving improvements in patient care, bringing new treatments to patients through clinical research and improving patient outcomes, which is critical to achieving objectives set out in the National Cancer Plan. (Cancer Research UK, 2026).

Session aim: To showcase how clinical research nursing contributes to the strategic objectives of the National Cancer Plan, demonstrating its essential role in advancing innovation, improving cancer pathways, and strengthening research-active clinical environments.

Our session will be presented in an innovative way, using impact case studies from clinical research nursing practice reflecting conference themes and will include;

- research that transcends traditional boundaries, including cross-sector and cross-disciplinary studies
- innovative methodologies and emerging technologies, highlighting approaches such as digital health, artificial intelligence, co-design, and creative methods
- collaborative research partnerships that bring together clinicians, academics, communities, and global networks to accelerate discovery, enhance implementation and widen reach.
- how to meaningfully involve patients, the public and communities in all stages of research to maximise impact and benefit of research across diverse communities.

Conclusion: This session will offer new perspectives on the unique contributions and expanding opportunities for clinical[AC1] research nursing within the National Cancer Plan. Shared learning will support the ongoing integration of research into cancer pathways and strengthen the delivery of national strategic objectives.

References

NHS England (2024). Research in the NHS. Available at: NHS England » Research in the NHS (Accessed: 12 March 2025).

https://assets.publishing.service.gov.uk/media/698315a35a7e802e96d343a4/national-cancer-plan-for-england-delivering-world-class-cancer-care.pdf

https://www.cancerresearchuk.org/for-researchers/how-we-deliver-research/our-research-infrastructure/research-nurses

Poster Tour J: CRN - Leadership & workforce

Poster 8 - Essential but Unseen: Clinical Research Nurses – Findings from a Literature Review and Implications for Doctoral Study

Thursday, 17th September - 13:25: Poster Tour J: CRN - Leadership & workforce - Poster - Abstract ID: 148

Ms. Chelsea Oliphant (NHS Lothian), Prof. Nicola Ring (Edinburgh Napier University), Dr. Gosha Colquhoun (Edinburgh Napier University)

Abstract

Background: Clinical Research Nurses (CRNs) are central to the safe and effective delivery of high-quality clinical research across healthcare. Their role requires an in-depth knowledge of research governance, protocols and procedures, alongside specialist clinical skills and effective communication with multidisciplinary teams.[1] Despite their essential contribution to participant safety, recruitment, and trial delivery. CRNs are not formally recognised as a specialist nursing role. Inconsistent definitions within policy and research frameworks contribute to a sense of professional invisibility.[2]

Methods: A rapid review of international policy documents, peer-reviewed literature and workforce reports was conducted to explore how CRNs are described, supported and integrated within research systems. No restrictions were applied regarding geographical location, healthcare setting, or publication date.

Findings: Evidence highlights CRN's crucial contributions to recruitment, retention and participant safety. However, structural and systemic barriers, such as unclear role boundaries, limited career progression, gaps in education and training, lack of formal mentorship, inconsistent job titles, and variable support across health systems, constrain professional development and threaten workforce sustainability.[3] Innovative local initiatives, such as advanced practice roles, CRN-led trial delivery models, and engagement in postgraduate education, demonstrate potential to enhance practice.[4] Yet these developments are inconsistently implemented and remain unsupported by national standards or policy, risking undermining research capacity, patient safety and workforce retention.[5,6]

Conclusions: This review highlights the need for formal recognition of CRNs as a specialist field, standardised role definitions, and structured education pathways to support professional development and workforce planning. This review forms the first stage of a UK-wide doctoral study examining CRNs' career support and professional identity, alongside their educational and training needs to support effective clinical trial delivery. Findings will inform evidence-based recommendations to strengthen policy, education, and research delivery, ensuring the full potential of the CRN workforce is realised.

References

1. Chen LH et al. Becoming, being and building: A qualitative descriptive study of the experiences of clinical research nurses. J Adv Nurs. 2026.
2. Colquhoun G et al. Invisible yet indispensable: Why clinical research nursing remains a neglected policy priority. J Clin Nurs. 2025;0:1–3.
3. Hill G & MacArthur J. Professional issues associated with the role of the research nurse. Nurs Stand. 2006;20(39):41–47.
4. Peters A et al. Inequalities of provision of nationally funded clinical academic training awards for healthcare professionals: Quantitative comparisons across the four nations of the UK. J Res Nurs. 2025;30(2):187–201.
5. Nursing, Midwifery and Allied Health Professions Task and Finish Group. Clinical researchers in the United Kingdom: Building capacity to improve population health and promote economic growth. MRC; 2025.

6. Bozzetti M et al. Uncovering the professional landscape of clinical research nursing: A scoping review with data mining approach. Nurs Rep. 2025;15(8):266.

Poster 9 - Embedding Clinical Research in Student Nurse Training: Building Research-Ready Practitioners

Thursday, 17th September - 13:25: Poster Tour J: CRN - Leadership & workforce - Poster - Abstract ID: 189

Mrs. Chelsea HARVELL (Alder Hey Children's Hospital), Mrs. Paris-Lucia Harrison (Alder Hey Children's Hospital)

Abstract

Exposure to research nursing during undergraduate training remains limited, despite its critical role in advancing evidence-based practice and improving patient outcomes. Historically, student nurse placements within research were confined to the Clinical Research Facility (CRF), offering valuable but narrow insight into research delivery. To better prepare future nurses for research-informed practice, we redesigned our placement model to broaden engagement and embed research learning across the wider Clinical Research Division (CRD).

Students are now provided structured opportunities to experience multiple research specialties, alongside dedicated time with the research governance team to develop understanding of regulatory frameworks, ethical approval processes, and study coordination. This exposure enhances understanding of the full research pathway, from protocol development to implementation in clinical settings.

To strengthen the link between research and direct patient care, we introduced a rotational placement model in response to extended placement durations. Students spend one week within a specialty research team (e.g., oncology research) followed by one week in the aligned clinical ward, enabling them to contextualise research processes within everyday nursing practice. Additionally, we facilitate "spoke" days for both research-placed students and ward-based student nurses, widening access to research nursing experiences and increasing visibility of the specialty as a viable career pathway.

Recognising fluctuations in research activity, we incorporated structured self-directed learning—including Good Clinical Practice (GCP) training, informed consent education, and research nursing workbooks—to optimise quieter periods and promote professional development.

This evolving model has strengthened our student nurse's knowledge, enhanced their confidence, and fostered a deeper appreciation of the research nurse's role, contributing to the development of a future workforce equipped to embed research within clinical practice.

References

N/A

Poster 10 - Enhancing Commercial Clinical Trial Start-Up: The Role of Research Nurses and a Site Readiness Planner

Thursday, 17th September - 13:25: Poster Tour J: CRN - Leadership & workforce - Poster - Abstract ID: 156

Ms. Myril Mariveles (Imperial College Healthcare NHS Trust), Ms. Meredith Cruz (Imperial College Healthcare NHS Trust)

Abstract

Background: Delays in commercial clinical trial initiation often arise from fragmented communication and incomplete site preparation, affecting credibility with sponsors and limiting early patient access to innovative treatments. Research nurses provide clinical insight and operational expertise that can streamline trial setup. Structured tools, such as site readiness planners, can further standardise processes and reduce variability.

Objectives: To evaluate the impact of engaging research nurses early in the site selection process and implementing a site readiness planner on start-up timelines for commercial clinical trials.

Methods: A process improvement initiative was introduced across multiple commercial clinical trials within a cardiovascular research delivery team at Imperial College Healthcare NHS Trust. Research nurses participated from the site selection visit through protocol review, feasibility assessment and logistical planning. A site readiness planner was developed to track key pre-activation tasks, including regulatory submissions, training and resource allocation. Metrics such as time from HRA approval to site activation and first participant consent were compared pre- and post-implementation.

Results: After implementation, one study opened first globally, two first in Europe and two first in the UK. By early 2026, 29% of studies were activated within planned timelines, demonstrating improved compliance and operational efficiency. Early research nurse involvement enhanced communication, feasibility accuracy and operational alignment. The site readiness planner has standardised the workflows, clarified accountability and supported timely greenlight issuance. The time from greenlight or activation to first participant consent improved by 54%, representing a substantial acceleration in trial delivery. The readiness planner has now been adopted Trust-wide.

Conclusion: Early integration of research nurses, combined with a structured site readiness planner, significantly accelerates commercial clinical trial start-up, optimises resource use and strengthens multidisciplinary collaboration. This approach supports the UK government's 150-day target for study setup, improves sponsor confidence and facilitates faster patient access to innovative therapies.

References

Applied Clinical Trials Online (2025) *New ICON survey shows delays and communication gaps in study startup.* Available at: https://www.appliedclinicaltrialsonline.com/view/icon-survey-sites-growing-delays-communication-gaps-study-startup (Accessed: 14 January 2026).

BMJ (2025) *UK launches plan to speed up clinical trials and improve access to new treatments.* Available at: https://doi.org/10.1136/bmj.r1510 (Accessed: 09 February 2026).

Health Research Authority (2026) *UKCRD work to streamline study set-up.* Available at: https://www.hra.nhs.uk/planning-and-improving-research/improving-research/our-work-part-ukcrd-streamline-and-reform-study-set-/ (Accessed: 09 February 2026).

IQVIA (2024) *Study start up challenges: Hard realities.* Available at: https://www.iqvia.com/-/media/iqvia/pdfs/library/white-papers/oct-wp-study-start-up-webinar-bcs2024-1003-04apr.pdf (Accessed: 14 January 2026).

RealTime E Clinical (2025) *How to accelerate study start up: From feasibility to first patient in.* Available at: https://realtime-eclinical.com/2025/07/08/how-to-accelerate-study-start-up-in-clinical-trials-from-feasibility-to-first-patient-in/ (Accessed: 02 February 2026).

WCG Clinical (2025) *Site complexities and start up barriers in clinical trials.* Available at: https://www.wcgclinical.com/insights/site-complexities-and-start-up-barriers-in-clinical-trials/ (Accessed: 14 January 2026).

Viera, L. *et al.* (2023) 'Site readiness practices for clinical trials', *Journal of Clinical and Translational Science*, 7, p. e146. Available at: https://www.cambridge.org/core/services/aop-cambridge-core/content/view/D97714EE860E04DA1E7C2719AC4C8523/S2059866123005691a.pdf/div-class-title-site-readiness-practices-for-clinical-trials-considerations-for-ctsa-hubs-div.pdf (Accessed: 09 February 2026).

Poster 11 - Building Leadership Capacity to Transform Clinical Research Delivery: Developing and Delivering a Clinical Research Community Strategic Plan: A Co-Produced, Workforce-Led Approach

Thursday, 17th September - 13:25: Poster Tour J: CRN - Leadership & workforce - Poster - Abstract ID: 80

Ms. Rachel O'Brien (NHS Lothian), Ms. Miranda Odam (NHS Lothian), Ms. Alice Thomson (NHS Lothian), Ms. Carla Pettifor (NHS Lothian), Ms. Emma Fleming (NHS Lothian), Ms. Marian Montanha (NHS Lothian), Ms. Clare Gray (NHS Lothian), Ms. Ikeoluwa Adekoya (NHS Lothian), Ms. Sharon Ritchie (NHS Lothian)

Abstract

Background: Clinical research delivery depends on a skilled, engaged workforce, yet research staff are often underrepresented in strategic decision-making. This abstract describes the development and delivery of a Clinical Research Delivery Community Strategic Plan (2026–2029) using a co-produced, bottom-up model led by the research workforce.

Aim: To describe how a multidisciplinary clinical research workforce collaboratively developed a strategic plan and how it will be implemented to strengthen research delivery, workforce sustainability, and clinical integration.

Methods: A participatory mixed-methods approach was used. An organisation-wide staff survey explored experiences of research delivery, development, wellbeing, and operational challenges. Findings informed a voluntary Strategic Plan Working Group of Band 3–8a staff, including clinical research nurses, clinical studies officers, trial assistants, and project support staff. Over nine months, the group analysed findings and co-designed strategic themes, objectives, actions, and measures of success. The process prioritised inclusivity, psychological safety, and distributed leadership, aligning with organisational and national nursing and research strategies.

Results: Six strategic themes were identified: People and Culture; Operational Research Management; Organisational Governance; Learning and Development; Communication; and Research Governance. Outputs included a three-year implementation plan with defined actions, responsible leads, and measurable outcomes. The strategy was launched at a dedicated community event, where structured feedback demonstrated strong engagement and positive responses, with attendees reporting increased clarity and ownership. Participation increased staff ownership, confidence, and professional identity, particularly among early-career and non-registered staff, strengthening engagement across clinical and academic interfaces.

Moving Forward: Existing research community groups will align their work to the six themes. Multidisciplinary clinical and academic teams will deliver actions over three years, embedding shared accountability.

Conclusion: Co-produced strategic planning enabled a practical, implementable strategy grounded in frontline experience.

Implications for Nursing Research: This transferable model strengthens inclusive leadership, multidisciplinary collaboration, and sustainable clinical research delivery.

References

Nil

Poster 12 - Building Leadership Capacity to Transform Clinical Research Delivery - From Risk to Resilience: Implementing the Safe Staffing Matrix in Clinical Research

Thursday, 17th September - 13:25: Poster Tour J: CRN - Leadership & workforce - Poster - Abstract ID: 301

Mrs. Ruth Moss (NHS Lothian), Mrs. Jean Bruce (NHS Lothian), Prof. Juliet MacArthur (NHS Lothian)

Abstract

Background: The Health and Care (Staffing) (Scotland) Act (Scottish Government, 2019) requires NHS services to demonstrate that safe staffing principles are applied across all clinical environments, including research. Historically, clinical research teams lacked a specialty-specific tool to evidence daily staffing safety or escalate concerns systematically. NHS Lothian developed a bespoke 'Safe to Start' staffing matrix to support compliance with the Common Staffing Method and strengthen decision making around research workload, risk mitigation, and operational safety.

Aim: To evaluate the Safe Staffing Matrix within Clinical Research Teams and demonstrate how increased leadership capacity enabled consistent daily assessment, escalation, and reporting of staffing risks.

Methods: A three-component Safe to Start system was introduced consisting of;

1. **Daily 'Safe to Start' RAG assessment** documenting skill mix, staffing adequacy, and mitigating actions.
2. **An incident-reporting** framework for structured escalation when amber or red thresholds were triggered.
3. **Quarterly reporting** to identify recurrent staffing gaps and inform strategic workforce decisions.

Results: Implementation showed that the matrix:

• Provided a low-burden, reliable, reproducible method for assessing daily staffing safety.

• Enabled the surfacing of hidden workload pressures.

• Increased visibility of pressures, enabling targeted leadership interventions such as redeployment, adjusted scheduling, and controlled pausing of non-urgent tasks.

Discussion: Senior nurse oversight and Band 7 leadership were central to successful implementation. Leaders consistently reviewed daily assessments, ensured escalation, coordinated cross-team support, and converted matrix findings into informed staffing decisions. These insights contributed directly to quarterly Board reports on safe staffing.

Conclusion: Introducing the Safe to Start matrix strengthened NHS Lothian's ability to evidence safe research staffing and meet regulatory requirements. The structured approach improved transparency, supported safer decision making, and increased operational resilience. Wider adoption could enable more consistent national approaches to safe staffing in clinical research.

References

Scottish Government, 2019. Health and Care (Staffing) (Scotland) Act 2019).
Available at: https://www.legislation.gov.uk/asp/2019/6/enacted
(Accessed: 27 February 2026)

Poster 13 - “Wearing Many Hats”: A Reflective Account of the Research Nurse Role Complexity in Multi-Site Trial Coordination

Thursday, 17th September - 13:25: Poster Tour J: CRN - Leadership & workforce - Poster - Abstract ID: 305

Mr. Philip Anim (NHS Greater Glasgow & Clyde)

Abstract

Background

Multi-site clinical trials are vital for generating robust, generalisable evidence, yet their success relies heavily on the often under-recognised work of research nurses. Within complex operational and regulatory landscapes, research nurses simultaneously act as coordinators, clinicians, educators, data managers, and patient advocates[1]. Drawing on my experience coordinating a commercial study across multiple NHS sites, this reflective account explores the layered complexity of the research nurse role and the concept of “wearing many hats” in practice.

Aim

To explore the complexity of the research nurse role through reflection on a 2024 multi-site trial I coordinated across our Health Board.

Discussion

In practice, my days moved fluidly between clinical care and strategic oversight. I might consent a participant in the morning, manage protocol-related adverse events at midday, and spend the afternoon resolving data queries or supporting another site struggling with recruitment. Balancing participant advocacy with protocol adherence was a constant ethical and clinical challenge.

Much of this work occurred in relational spaces. I relied on influence, credibility, and trust to align principal, sub-investigators and research staff across multiple sites. Supported colleagues through trainings and amendments, chased signatures, coordinated multi-site deliveries and shipments and bore responsibility for timelines shaped by factors beyond my direct control. This often invisible coordination work carried significant cognitive and emotional demands while simultaneously developing adaptive leadership skills and systems-level thinking.

Conclusion

High-quality multi-site trial delivery requires recognition of the research nurse’s multifaceted role. Organisations should provide formal training in project management and systems leadership and acknowledge emotional labour through supervision and peer support. Sponsors should allow realistic timeframes for completing logs to reflect the operational realities of coordinating staff across sites. Recognising and resourcing the complex, hybrid nature of “wearing many hats” is essential to workforce sustainability and the delivery of safe, patient-centred multi-site clinical research.

References

1. Bevans M, Hastings C, Wehrlen L, Cusack G, Matlock AM, Miller-Davis C, Tondreau L, Walsh D, Wallen GR. Defining clinical research nursing practice: Results of a role delineation study. Clinical and Translational Science, 4(6), 421–427. https://doi.org/10.1111/j.1752-8062.2011.00365.x

Poster 14 - Objective Workload Assessment for Cancer Clinical Trials: Developing a Trial Complexity Tool

Thursday, 17th September - 13:25: Poster Tour J: CRN - Leadership & workforce - Poster - Abstract ID: 625

Mrs. Tara Robinson (University College London Hospitals NHS Foundation Trust), Mrs. Sophie Short (University College London Hospitals NHS Foundation Trust), Ms. Chantelle Hughes (University College London Hospitals NHS Foundation Trust), Mr. Leigh Wood (University College London Hospitals NHS Foundation Trust), Ms. Lydia Ward (University College London Hospitals NHS Foundation Trust), Mrs. Laura Favero (University College London Hospitals NHS Foundation Trust)

Abstract

Background:

Recent UK government efforts to increase access to research in the NHS[1] combined with limited capacity to expand the workforce due to financial pressures, means teams must work more efficiently. Team leads report challenges assessing staff capacity due to the varying complexity of trials. We found that current practice was subjective but recognised that shared features of complex trials could support a more standardised approach. A brief literature review identified the Ontario Protocol Assessment Level (OPAL) tool[2] as a suitable foundation. We sought to develop tailored tools for our Cancer Clinical Trials Unit to objectively assess data manager and clinical staff workload and complexity of trials, enabling fair and efficient distribution of workload across individual staff members and teams.

Methods:

We adapted OPAL to fit with trial designs delivered in our unit and two tools were developed: for clinical and data workloads. The tools incorporate locally defined complexity modifiers[3] and were built as spreadsheets that score and weight key criteria, allowing consistent calculation of individual and team acuity scores. A pilot was conducted and feedback on usability, clarity, and usefulness was collected to inform refinements.

Results:

Pilot feedback highlighted the need for clearer definitions and a guidance document. Scoring adjustments included increased weighting for patient screening and differentiating observational studies based on whether blood sampling is required. For one pilot team it highlighted one of a team of three data managers had 48% of the workload and supported immediate fairer redistribution. It was added to monthly management scorecards to capture workload snapshots. Scores have been incorporated into trial feasibility assessments at set-up.

Conclusion:

Following refinements, department-wide rollout is planned for April 2026. A survey in July 2026 will evaluate usefulness and impact. Analysis of acuity scores will inform potential workload thresholds to support future workforce planning.

References

Department of Health and Social Care (2025) *Transforming the UK clinical research system: August 2025 update.* Available at: https://www.gov.uk/government/publications/transforming-the-uk-clinical-research-system-august-2025-update/transforming-the-uk-clinical-research-system-august-2025-update (Accessed: 9 March 2026).

Smuck, B., Bettello, P., Berghout, K., Hanna, T., Kowaleski, B., Phippard, L., Au, D. and Friel, K., 2011. Ontario protocol assessment level: clinical trial complexity rating tool for workload planning in oncology clinical trials. Journal of Oncology Practice, 7(2), pp.80–84. https://doi.org/10.1200/JOP.2010.000051

Tyson, K., 2023. Mapping the Opal Score for Clinical Trials to Coordinator Hours: A Single Site Study. MUSC Theses and Dissertations, 762. Available at: https://medica-musc.researchcommons.org/theses/762 (Accessed: 9 March 2026).

Poster 15 - Does the availability of a point-of-care white cell count differential machine within a Same Day Emergency Care unit reduce the length of stay in hospital for patients with suspected neutropenic sepsis? A retrospective service evaluation.

Thursday, 17th September - 13:25: Poster Tour J: CRN - Leadership & workforce - Poster - Abstract ID: 543

Mr. Christopher Bruce (Great Western Hospitals NHS Foundation Trust)

Abstract

Background: This evaluation examined the impact of implementing a point-of-care white cell count differential analyser (HemoCue) within a Same Day Emergency Care (SDEC) setting for patients presenting with suspected neutropenic sepsis. The primary objective was to determine whether access to rapid diagnostic testing reduced hospital length of stay (LOS) and thereby decreased exposure to healthcare-associated infections in this immunocompromised population.

Methods: A retrospective pre- and post-implementation service evaluation was conducted using the Revised Standards for Quality Improvement Reporting Excellence (SQUIRE) guidelines as the methodological framework. Admission and discharge data for patients referred from the oncology/haematology triage line were analysed using SPSS Statistics Comparative analysis focused on LOS and outpatient management rates before and after introduction of the HemoCue device.

Results: Implementation of point-of-care testing was associated with a statistically significant reduction in LOS ($p = 0.003$). Mean LOS decreased by 57.46%, from 136.84 hours pre-implementation to 78.63 hours post-implementation. Corresponding confidence intervals narrowed from 100.03–173.65 hours to 58.06–99.19 hours, with standard deviations of 154.39 and 104.06 hours, respectively. Outpatient management also improved markedly, increasing from 17.14% in the pre-implementation cohort to 44.05% following introduction of the device.

Conclusions: The integration of point-of-care white cell count testing within the SDEC pathway demonstrated a meaningful and statistically significant reduction in hospital LOS for patients with suspected neutropenic sepsis. The increase in outpatient management further suggests enhanced clinical efficiency and reduced inpatient exposure risks for this vulnerable group. These findings support the value of point-of-care diagnostics in optimising acute oncology pathways and improving patient safety.

References

IBM (2025) 'IBM SPSS Software'. IBM. Available at: https://www.ibm.com/products/spss.

Ogrinc G, Davies L, Goodman D, Batalden P, Davidoff F and Stevens D (2016) SQUIRE 2.0 (*Standards for QUality Improvement Reporting Excellence)* : revised publication guidelines from a detailed consensus process, *BMJ Quality & Safety*, 25(12), pp. 986–992.

Poster Tour K: Public and patient involvement

Poster 16 - Jays study; Develop tailored implementation of a personalised safety planning toolkit for adults experiencing self-harm and suicidality

Thursday, 17th September - 13:25: Poster Tour K: Public and patient involvement - Poster - Abstract ID: 389

Mrs. katherine Mcgleenan (RCN), Ms. Rebecca Lilley (North of England Care System Support), Ms. Wendy Hope (Cumbria Northumberland Tyne and Wear NHS Trust)

Abstract

Background: Although safety plans are widely used, there is limited evidence from people with personal experience on their effectiveness.

Building on a previously developed prototype safety planning framework (1), we co-produced a toolkit and implementation plan based on lived experience perspectives of what constitutes *meaningful* safety planning to support individuals' uniqueness.

The research is dedicated to Jay who sadly died by suicide. Jay's mum, Paula, has been an integral part of the study from the outset.

Aims: To refine a co-produced personalised suicide and self-harm safety planning toolkit and create tailored guidance to support its implementation across health and social care.

Methods: A mixed-methods study with lived experience involvement throughout.

1. **Evidence synthesis** - to provide context sensitive theoretical underpinning for personalisation and tailored implementation of the toolkit.
2. **Qualitative focus groups with practitioners** (n=35) - across five settings (secondary mental health, primary care, ambulance services, third-sector, policymakers) exploring context specific barriers and enablers to implementation of personalised safety planning.
3. **Co-production workshops** - bringing together practitioners and people with lived experience to develop the toolkit and implementation plan.

Results: Five themes emerged as important in rethinking safety planning:

1. From "tick-box" to collaborative approach.
2. From one-off intervention to pathway/journey.
3. From crisis response to system wide approach.
4. Supported, trained and resourced support people.
5. Focus on person-centred outcomes/impact, not targets.

These themes informed the development of a personalised safety planning toolkit and implementation plan for individuals and their support people.

Discussion: Our research highlights the need to move away from one-off standard approaches limited to crisis situations. Safety planning is preferred when carried out as a collaborative journey.

Conclusion: The toolkit details the core elements needed to support a personalised, meaningful and impactful safety planning journey. The implementation plan outlines the actions needed to embed personalised safety planning across contexts where people seek support.

References

1) McGleenan, K., Gordon, I., Smith, H., Barker, J., Lilley, R., Scott, T.,& Flynn, D. (2025). Developing a co-produced practice framework to support personalised safety planning for adults experiencing suicidality. *Health Expectations*, *28*(5), e70423.

Poster 17 - Co-designing for inclusivity: A PPIE approach to enhancing a nurse-led paediatric perioperative intervention.

Thursday, 17th September - 13:25: Poster Tour K: Public and patient involvement - Poster - Abstract ID: 651

Ms. Patricia Velazquez-Ruta (NMC)

Abstract

Background: The Little Platypus initiative is a nurse-led intervention aimed at reducing perioperative anxiety by providing paediatric patients with fabric surgical caps matched by the anaesthetic team. Previous evaluation indicated positive outcomes regarding rapport, patient and parent/carer perioperative experience and project participation. However, data suggested the intervention was less effective for neurodivergent children or those with high sensory-processing needs, highlighting a gap in equitable care delivery (Velazquez-Ruta et al., 2026) and informing the need for further research to address it.

Aims: This paper reports on a Patient and Public Involvement and Engagement (PPIE) event conducted in January 2026. The primary aim was to collaborate with children and young people to co-design alternative, sensory-friendly intervention items and refine project documentation for better inclusivity.

Methods: Using a qualitative, participatory approach, a workshop was held with a Young People's Advisory Group (YPAG) (n= 8). Participants were presented with prototypes, including doll-sized surgical caps, cuddly toys, and sensory-weighted animals made from matching fabrics. Data was collected through thematic group discussions and hands-on "usability" testing of the items.

Results: Feedback showed sensory-weighted toys were the preferred alternative. The YPAG said that pairing the clinician's cap with a child's own comfort item created a sense of 'team belonging.' Participants also reviewed the project's welcome letter and evaluation tools to ensure language was age-appropriate and inclusive. Finally, they suggested alternative options, such as matching scrunchies or bracelets.

Discussion and Conclusions: This study shows that PPIE is a vital methodological tool for identifying hidden barriers and "blind spots" in clinical interventions. By shifting from a "one-size-fits-all" model to a co-designed, flexible approach, nurses can provide more equitable care. These findings yield a scalable framework for other paediatric settings to support patient autonomy and reduce psychological distress through inclusive, nurse-led innovation.

References

- Velazquez-Ruta P, Plews E, Cockcroft J, Allen C (2026) - Awaiting publication.

Poster 18 - The Little Platypus initiative: A mixed-method evaluation of a novel nurse-led intervention to improve paediatric perioperative experience.

Thursday, 17th September - 13:25: Poster Tour K: Public and patient involvement - Poster - Abstract ID: 626

Ms. Patricia Velazquez-Ruta (NMC), Dr. Eleanor Plews (GMC), Dr. John Cockcroft (GMC), Dr. Catherine Allen (GMC)

Abstract

Background: Preoperative anxiety affects 65–80% of paediatric surgical patients, which may lead to adverse clinical and developmental outcomes (Mustafa et al., 2024, p.2; Lerwick, 2016, p.149). Current clinical and research strategies often fail to meet the needs of children and young people (CYP) by omitting interactive components that promote active participation (Lööf & Lönnqvist, 2022, p.606). Leaving them under-represented, reducing generalisability, and perpetuating health disparities.

Aims: To evaluate the Little Platypus Initiative —a nurse-led intervention where CYP select matching themed surgical caps for themselves and the anaesthetic team— reviewing its impact on autonomy, rapport, and the perioperative experience.

Methods: This cross-sectional, quasi-experimental study used a mixed-methods methodology. From October 2022 to October 2023, 197 eligible surgical patients at an NHS District General Hospital received the intervention. 81 questionnaires were collected anonymously. Quantitative data was analysed using descriptive statistics; 65 free-text qualitative responses were subjected to reflexive thematic analysis. Ethical approval Trust R&I team: ID 2022/GAP/26.

Results: Results were predominantly positive: 91.4% of patients valued the option to choose a cap, and 77.8% reported increased comfort with the anaesthetic team. Qualitative themes identified the caps as a 'gesture of kindness' that 'softened' the clinical environment and built trust. However, worry reduction was variable (63.0% of patients; 45.7% of caregivers). This suggests limited efficacy for highly anxious or neurodivergent groups.

Discussion: By positioning CYP as active decision-makers, this initiative challenged the "small adult" approach and promoted authentic engagement. It created a visual connection between staff and families, helping to humanise care and build rapport. Results showed it significantly improved experience of most CYP, while highlighting areas for improvement.

Conclusions: The initiative successfully operationalises shared decision-making. Future implementation must prioritise institutional integration and PPIE-led development to overcome persistent barriers to participation and ensure inclusive, evidence-based paediatric care.

References

- Lerwick JL (2016) Minimizing pediatric healthcare-induced anxiety and trauma, *World Journal of Clinical Pediatrics*, 5(2), 143. doi.org/10.5409/wjcp.v5.i2.143
- Lööf G and Lönnqvist PA (2022) Role of information and preparation for improvement of pediatric perioperative care, *Paediatric Anaesthesia*, 32(5), 600–608. doi.org/10.1111/pan.14419
- Mustafa MS, Shafique MA, Zaidi SDEZ, Qamber A, Rangwala BS, Ahmed A, Zaidi SMF, Randwala HS, Uddin MMN, Ali M, Siddiq MA and Haseeb A (2024) Preoperative anxiety management in pediatric patients: a systematic review and meta-analysis of randomized controlled trials on the efficacy of distraction techniques, *Frontiers in Pediatrics*, 12. doi.org/10.3389/fped.2024.135350

Poster 19 - Adverse Event Reports in England (2018–2025): Types, Profiles, Engagement, and Outcomes

Thursday, 17th September - 13:25: Poster Tour K: Public and patient involvement - Poster - Abstract ID: 508

Ms. Pamela Uemoto (School of Nursing University of São Paulo), Prof. Maristela Martins (School of Nursing University of São Paulo), Prof. Helena Rezende (University of Limerick)

Abstract

Context: Adverse events (AEs) remain a major challenge for healthcare systems, with consequences ranging from temporary harm to death[1]. Understanding the characteristics and outcomes of these events, as well as the level of patient and family engagement in their analysis, is essential for improving patient safety[2].

Objective: To analyse AE reports collected in England, focusing on event types, patient demographics, the level of patient and family engagement in event analyses, and outcomes.

Methods: A retrospective review of reports from the Healthcare Safety Investigation Branch (HSIB) between 2018 and 2025 was conducted. Data included age group, event classification, levels of engagement (Level 1: communication; Level 2: consultation; Level 3: participation)[3], as well as documented harm and outcomes.

Results: Fifty-two adverse events were identified. Most cases involved adults and the elderly, with 38% (n=20) aged between 26 and 93 years and 31% (n=16) aged between 18 and 85 years. The most frequently reported types of events included diagnostic errors, medication errors, procedural failures, risk assessment failures, delays in care transfer, therapeutic delays, bronchoaspiration, and gas embolism. Most reports (77%) showed a medium level of engagement (consultation), while 23% demonstrated a higher level (participation). Family members were the most engaged group (52%), followed by patients (25%) and healthcare professionals/social workers ($\leq$2%). Reported outcomes ranged from additional treatment needs and long-term psychological harm to prolonged hospital stay, surgical intervention and death, with variation across groups.

Conclusion: The findings highlight persistent systemic vulnerabilities in clinical processes, communication and risk management. Engaging patients and families in adverse event analyses enabled a deeper understanding of failure modes and supported the implementation of measures aimed at reducing such events. The spectrum of harms, particularly those requiring additional intervention or causing long-term impacts, underscores the need for targeted safety strategies and an improved reporting culture.

References

1. Bates DW, Levine DM, Syed S, Syed A, Das V, Landman A, et al. The safety of inpatient health care. N Engl J Med. 2023;388(2):142-53. Available from: https://doi.org/10.1056/NEJMsa2206117.
2. Ramsey L, Waterson P, Debray TPP, Elsheikha H, Fitzsimons J, et al. Patient and family involvement in serious incident investigations from the perspectives of key stakeholders: a review of the qualitative evidence. J Patient Saf. 2022;18(8):e1203-e1210. Available from: https://doi.org/10.1097/PTS.0000000000001011
3. Rowe G, Frewer LJ. A typology of public engagement mechanisms. Sci Technol Hum Values. 2005;30(2):251-90. Available from: https://doi.org/10.1177/0162243904271724.

Poster 20 - Exploring the Perceptions of People Diagnosed with Schizophrenia and Their Family Members to Inform the Cultural Adaptation of Cognitive Behavioural Therapy for Psychosis

Thursday, 17th September - 13:25: Poster Tour K: Public and patient involvement - Poster - Abstract ID: 157

Dr. Muteb Aljuhani (Department of Community Health, Mental and Psychiatric Nursing, Imam Mohammad Ibn Saud Islamic University (IMSIU), Riyadh, Saudi Arabia), Prof. Karina Lovell (Division of Nursing Midwifery and Social Work, Faculty of Biology, Medicine and Health, The University of Manchester, Manchester, UK), Dr. Owen Price (Division of Nursing Midwifery and Social Work, Faculty of Biology, Medicine and Health, The University of Manchester, Manchester, UK), Dr. Asrar Almutairi (College of Nursing, Princess Nourah Bint Abdulrahman University,84428Riyadh, Saudi Arabia,)

Abstract

Background: Cognitive behavioural therapy (CBT) is one of the best-evidenced psychosocial interventions for psychosis and is recommended by the National Institute for Health and Care Excellence and the American Psychiatric Association. CBT was developed and derived from Western cultural values, which may not be appropriate for non-Western cultures. Trials of CBT in Western countries have indicated that participants from ethnic minority groups demonstrate low rates of engagement, retention, and recruitment. This indicates that the principles underlying CBT may conflict with individual beliefs and cultural values in non-Western countries.

Objective: To explore, for the first time, the beliefs and attitudes of people with diagnosed with schizophrenia and their family members concerning a proposed CBT intervention for schizophrenia in the Saudi context.

Ethical approval: The study procedures were approved by the Ethics Committee of the University of Manchester (Ref: 2020-8809-15483)

Methods: Qualitative semi-structured interviews were conducted with 15 individuals diagnosed with schizophrenia and 15 family members between November 2020 and March 2021. Data were analyzed using framework analysis.

Result: The analysis generated four main themes: (1) acceptability of CBT components, (2) family needs and recommendations, (3) session format, and (4) duration and frequency of sessions.

Discussion: The findings revealed that most participants accepted the proposed intervention. Important factors that influenced participants' engagement and motivation in the CBT intervention were related to the therapist's qualities (sex, empathy, and competence), family involvement, religion, and the number and format of CBT sessions for psychosis

Conclusion: The results showed that the proposed CBT was accepted by the majority of the participants and four main cultural issues were revealed – namely, cultural beliefs and practices, family, communication delivery, and therapeutic alliance – that must be incorporated into the development of the CBT intervention to make it suitable for participants' needs and the culture of Saudi Arabia.

References

Algahtani, H., et al. (2019). Cultural adaptation of cognitive behavioural therapy (CBT) for patients with depression and anxiety in Saudi Arabia and Bahrain: A qualitative study exploring views of patients, carers, and mental health professionals. *The Cognitive Behaviour Therapist.*

Lehman, A. F., et al. (2004). Practice guideline for the treatment of patients with schizophrenia (2nd ed.). *American Journal of Psychiatry.*

Naeem, F., et al. (2016). An evidence-based framework for cultural adaptation of cognitive behaviour therapy: Process, methodology and foci of adaptation. *World Cultural Psychiatry Research Review.*

National Institute for Health and Care Excellence (NICE). (2014). *Psychosis and schizophrenia in adults:*

Prevention and management .

Rathod, S., Phiri, P., & Naeem, F. (2019). An evidence-based framework to culturally adapt cognitive behaviour therapy. *The Cognitive Behaviour Therapist.*

Ritchie, J., & Spencer, L. (1994). Qualitative data analysis for applied policy research. In A. Bryman & R. G. Burgess (Eds.), *Analyzing qualitative data* .

Poster Tour L: Patient experience / inequalities in health / CRN Workforce

Poster 21 - Developing a prehabilitation intervention for cardiac surgery: understanding the views of patients and healthcare professionals.

Thursday, 17th September - 13:25: Poster Tour L: Patient experience and inequalities in health - Poster - Abstract ID: 606

Mrs. Elizabeth Lumley (The University of Sheffield), Mrs. Emma Hopkins (University Hospitals Bristol), Mrs. Lathishia Joeldavid (University Hospitals Leicester), Mrs. Christina King (PPIE MEMBER), Dr. Ben Gibbison (University Hospitals Bristol), Dr. Maria Pufulete (University of Bristol), Prof. Alicia O'Cathain (The University of Sheffield)

Abstract

Background: Over 32,000 people have heart operations every year in the UK. Many of these people have low fitness levels. Patients with poor physical and mental fitness have more complications after surgery, recover more slowly and have a poorer quality of life. Few cardiac surgery patients are offered prehabilitation (prehab). Consulting stakeholders is important to ensure that any prehab intervention is feasible, and patient centred.

Aims: To understand patients and Healthcare Professionals views of potential prehabilitation interventions.

Methods: A qualitative study using semi-structured interviews and framework analysis.

Results: Forty participants were interviewed between October 2024-October 2025. The Seventeen Healthcare Professionals (HCPs) were from seven professional backgrounds and nine NHS sites. Of the twenty-three patients, fourteen were elective waiting at home and nine were urgent hospital in-patients.

Discussion: Patients and HCPs were positive about the idea of prehab before cardiac surgery with both groups recognising potential patient benefits. Patients like the idea of a personalised programme that gave them a sense of control and a point of contact in the HCP that would deliver prehab. Whilst enthusiastic about prehab HCPs questioned how it could be delivered in the current cardiac surgery pathway, had concerns about resources and highlighted the importance of buy-in from multiple members of the surgical team.

Concerns were raised by both groups around safe exercising and a lack of knowledge in this area. The need for a programme to be delivered on multiple levels and locations rather than a reliance on online access was also highlighted by both patients and HCPs.

Conclusion: There is strong support for cardiac prehabilitation among both patients and HCPs. However, successful implementation requires addressing significant barriers including professional resource constraints and concerns regarding exercise safety. Future interventions must be personalised and delivered through flexible, multi-level platforms to ensure equitable access and patient confidence.

References

No references

Poster 22 - The importance of using reflexivity when conducting research in sensitive subject areas such as EOL care when you are a subject matter expert.

Thursday, 17th September - 13:25: Poster Tour L: Patient experience and inequalities in health - Poster - Abstract ID: 374

Mrs. Debbie Dyer (University of Suffolk), Dr. Noreen Cushen-Brewster (University of Suffolk)

Abstract

Introduction: It's important to understand and use reflexivity in research when exploring phenomena that's sensitive, especially when the lead researcher is a subject matter expert. This presentation presents the challenges encountered by a lead end-of-life (EOL) practitioner following the completion of qualitative interviews exploring EoL care.

Background: Research involving sensitive or complex topics often relies on qualitative approaches to explore emotional experiences in-depth. Studying individuals approaching EOL can be ethically challenging due to perceived vulnerability and concerns regarding participant burden. Collaborative engagement with those with lived experience is essential to enhancing sensitivity and minimising bias in research design and conduct. Contemporary perspectives position reflexivity as an ongoing, iterative and relational process in which researchers critically examine their assumptions, roles and influence. While neutrality may be aspired to, complete objectivity is neither achievable nor desirable in qualitative inquiries.

Method: Experts, through experience, participated in face-to-face semi-structured interviews. . Recorded and transcribed interviews were validated by the participants. Following this process, the researcher's reflections on the interviews were subjected to Hibbert et al.'s (2010) four-stage meta-process of reflexivity, then thematic analysis, enabling a structured examination of reflexive practice across the research process.

Results: Pre-research reflexive questioning fostered awareness of motivations, positionality and potential bias arising from clinical expertise and personal experience. Thematic analysis of reflections identified four interconnected themes: emotional experience of bereavement encounters; professional identity and boundary negotiation; communication and support dynamics; and participation meaning. Key findings included anticipatory tension, exposure to raw grief, challenges in navigating the clinician–researcher role blend, deliberate efforts to reduce bias, prioritise participant well-being, and framing participation as both emotionally demanding and professionally enriching.

Discussion: Embedding reflexivity within research practice extends beyond methodological rigour; it generates valuable insight into the transition between clinician and researcher roles and deepens understanding of how positionality shapes knowledge production.

References

Hibbert, P., MacIntosh, R., and Coupland, C. (2010) Reflexivity, Recursion and Relationality in Organisational Research Processes. Qualitative Research in Organizations and Management: An International Journal, 5(1), pp. 47-62.

Braun, V. & Clarke, V. (2022). Thematic Analysis: A Practical Guide. SAGE Publications Ltd. London.

Poster 23 - A Peer-facilitated, Acceptance- and Recovery-based Self-Management Program for Recent-Onset Psychosis: A Randomized Controlled Trial

Thursday, 17th September - 13:25: Poster Tour L: Patient experience and inequalities in health - Poster - Abstract ID: 264

Prof. Wai Tong Chien (Nethersole School of Nursing, The Chinese University of Hong Kong), Prof. Connie Chong (Nethersole School of Nursing, The Chinese University of Hong Kong), Dr. Eric Morris (School of Psychology and Public Health, La Trobe University)

Abstract

Background: Psychosocial interventions for people with psychosis are increasingly focusing on facilitating recovery and self-care. Despite having convincing short-term positive effects on psychotic symptoms and hospitalizations, there has been limited evidence on long-term effectiveness of psychosocial interventions for early-stage or recent-onset psychosis (ROP).

Methods: A multi-center randomized controlled trial with repeated measures, 3-arm design (funded by GRF, Research Grants Council, UGC; Ref. 14604722 & 14609324) was conducted to test and compare the effects between two alternative 4-month (10 two-hour sessions) interventions (Peer-facilitated, Acceptance-based Self-learning for Illness-Management program, PASIM, and Psychoeducation Group, PG; both conducted by a trained psychiatric nurse), and a usual-care-only (TAU) group for 186 adults with ROP (62/group) over an 18-month follow-up. Study outcomes, including progress of recovery and functioning levels (primary outcomes) and a few secondary outcomes, were measured at baseline (T0) and immediate (T1), 9 months (T2), and 18 months (T3) post-intervention, and analyzed using GEE test.

Results: The results of GEE followed by pairwise contrasts tests indicated that the PASIM reported significantly greater improvements in recovery and functioning (primary outcomes), and most secondary outcomes (problem-solving, psychotic symptoms, average duration of rehospitalizations, and service satisfaction (p=0.001-0.01, moderate-to-large effect sizes) than the TAU at T1-T3, and PG at T3. Furthermore, significant decreases in total patients being hospitalized were observed in the PASIM at T1-T3 (KW=8.42, p=0.01), that is, a consistent decrease from 20 at T0 to 6 (70% reduction) at T3 (versus 13 and 18 for PG and TAU, respectively).

Conclusions: The PASIM can enhance long-term recovery, psychosocial functioning, problem-solving ability, and self-care in early-stage psychosis. This innovative intervention can be adopted by community mental healthcare services locally and regionally, and replicated in other countries, to enhance early psychosis intervention by peer-supported, illness self-management approach.

References

[1] Chien WT, Chong YY, Bressington D, McMaster CW. A randomized controlled trial of an acceptance-based, insight-inducing medication adherence therapy (AIM-AT) for adults with early-stage psychosis. Psychiatry Res. 2024;339:116046.

[2] Johnson S, Lamb D, Marston L, Osborn D, Mason O, Henderson C, et al. Peer-supported self-management for people discharged from a mental health crisis team: a randomized controlled trial. The Lancet. 2018;392:409-18.

[3] Russell MT, Linton IS, Vohs JL, Minor KS. Optimizing recovery in first-episode psychosis: A systematic review of psychosocial interventions. Schizophr Res. 2025;275:166-78.

[4] Scott AJ, Webb TL, Rowse G. Self-help interventions for psychosis: A meta-analysis. Clin Psychol Rev. 2015;39:96-112.

Poster 24 - From Workforce Readiness to Implementation: Developing a Nurse-Led Diabetes Care Model in a Lower-Middle-Income Country

Thursday, 17th September - 13:25: Poster Tour L: Patient experience and inequalities in health - Poster - Abstract ID: 228

Ms. Farhana Tabassum (King's College London), Ms. Daizi Jafer (Rawal Institute of Health Sciences)

Abstract

Background: The rising worldwide burden of diabetes necessitates strengthened nursing capacity, particularly in lower-middle-income countries like Pakistan where structured preparation for advanced practice roles remains limited. Nurses readiness from primary to advanced care is critical for enabling nurse-led innovation in diabetes care and improving population health outcomes.

Aim: To assess graduate nurses' knowledge, awareness and readiness for extended roles in diabetes care and to translate findings into a structured nurse-led education model.

Methods: A national cross-sectional online survey was conducted between June and November 2025 involving 1220 graduate nurses across Pakistan recruited through professional networks and digital dissemination. The structured validated questionnaire assessed diabetes knowledge, confidence in clinical decision-making, professional development needs and perceptions of role expansion. Descriptive and comparative statistical analyses were undertaken.

Results: While most respondents from 67 cities recognised the importance of diabetes education, 69% reported difficulty keeping up-to-date with diabetes management guidelines. Although 78% indicated diabetes education was prioritized within their facility, 88% strongly supported regular diabetes-specific nurse training. Additionally, 84% highlighted the importance of sustained patient motivation in diabetes management. These findings revealed significant demand for structured, competency-based professional development and highlighted gaps in preparedness for advanced roles.

Discussion: Findings directly informed the development and successful implementation of a structured eight-week nurse-led Diabetes Care Course. The programme subsequently expanded into beginner, intermediate and advanced levels, supported by a purpose-designed Diabetes Care Course textbook developed for nurses by nurses to standardised training and enhance scalability.

Conclusion: This research demonstrates a translational pathway from national workforce assessment to education reform and clinical innovation. The model offers a scalable framework for strengthening nurse-led diabetes care in resource-constrained settings and contributes to global discussions on workforce development, collaboration and impact in non-communicable disease management.

Keywords: Diabetes Care, Advanced Practice Nursing, Research Innovation, Professional Development, Global Health

References

Basit, A., Fawwad, A., Qureshi, H. and Shera, A.S., 2018. Prevalence of diabetes, pre-diabetes and associated risk factors: second National Diabetes Survey of Pakistan (NDSP), 2016–2017. *BMJ open*, *8*(8), p.e020961.

International Diabetes Federation (2023) *IDF Diabetes Atlas*, 10th edn. Brussels: International Diabetes Federation.

Maier, C.B., Aiken, L.H. and Busse, R., 2017. Nurses in advanced roles in primary care: Policy levers for implementation

World Health Organization (2023) *Noncommunicable Diseases Progress Monitor 2023*. Geneva: WHO.

Poster 25 - Centring Lived Experience Through Co-operative Inquiry

Thursday, 17th September - 13:25: Poster Tour L: Patient experience and inequalities in health - Poster - Abstract ID: 400

Dr. Katie Davis (The Open University)

Abstract

Co-operative inquiry is a methodology that focuses on research 'with' rather than 'on' people. In co-operative inquiry, there is a clear emphasis on participation and a belief in the involvement of 'ordinary' people without a research background (Heron and Reason, 2006). In a co-operative inquiry, all inquiry group members are involved in its initiation, development and management and become intrinsically involved in the inquiry itself. Through its formation, inquiry group members, acting as co-researchers, can influence all stages of the inquiry process and the direction of subsequent actions (Heron and Reason 2006). Accordingly, co-operative inquiry honours the right of individuals to have their say in decision-making that affects them (Reason and Heron, 1995; Heron, 1996). The person is placed at the heart of the research and the research topic is defined and fluctuates depending upon its meaning to the individual and the group and how it is interpreted from a personal perspective (Heron, 1996).

Co-operative inquiry is a well-established methodology commonly used in fields such as education and social work, yet it remains under-utilised within health and nursing research. This poster will showcase examples where co-operative inquiry has been successfully applied in health settings. The poster will explore the key facilitators that enable co-operative inquiry to flourish such as shared ownership, reflective dialogue, and genuine partnership. It will also identify common barriers, including time constraints, power imbalances, and organisational factors that can limit participation and success of the inquiry. By presenting both its strengths and challenges, this poster aims to encourage nursing researchers to consider co-operative inquiry as a rigorous and transformative approach. Co-operative Inquiry offers nursing research a powerful way to advance person-centred, inclusive, and practice-grounded knowledge.

References

Heron, J. (1996). Co-operative inquiry: research into the human condition. London: SAGE.

Heron, J. and Reason, P. (2006). 'The practice of co-operative inquiry: Research 'with' rather than 'on' people'. *Handbook of action research*, 2, pp. 144-154.

Reason, P. and Heron, J. (1995). 'Cooperative inquiry', in Smith, J.A., Harre, R. and Van Langenhove L. (eds) *Rethinking Methods in Psychology*. London: Sage, pp.122-142.

Poster 26 - Research Without Boundaries: Embedding GeoSentinel Surveillance into Clinical Practice in Lothian

Thursday, 17th September - 13:25: Poster Tour L: Patient experience and inequalities in health - Poster - Abstract ID: 245

Mrs. Amy Shepherd (NHS Lothian), Ms. Louise Sharp (NHS Lothian), Mrs. Anne Saunderson (NHS Lothian), Ms. Susie Ferguson (NHS Lothian), Ms. Jacqueline Henderson (NHS Lothian), Ms. Tallulah Armstrong (NHS Lothian)

Abstract

Background: Rapid global mobility and climate-driven shifts in infectious diseases demand surveillance models that integrate research within frontline care. In 2025, the Clinical Infection Research Group in Lothian became a site within the GeoSentinel Surveillance Network, a collaboration between the International Society of Travel Medicine and the Centres for Disease Control and Prevention. This initiative strengthens regional detection of travel-related and emerging infections while contributing to coordinated global intelligence.

Aim: To describe the implementation and clinical embedding of the GeoSentinel project in Lothian, highlighting the leadership and collaboration of clinical research nursing in delivering sustainable, practice-integrated surveillance.

Discussion: The project was established with institutional approvals and data governance frameworks. It uses a collection of routinely recorded non-consented clinical data in line with regulatory guidance. Clinical Research Nurses (CRNs) were central to operational delivery, embedding systematic data capture into routine workflows, ensuring high data quality, maintaining compliance with UK data protection standards, and facilitating secure anonymised reporting to the global network.

CRNs coordinated multidisciplinary collaboration across infectious diseases clinicians and clinical care teams, embedding surveillance awareness into daily practice. Since launch, the Lothian site has prioritized high-quality, standardized datasets and clear referral pathways within routine services. Formalised pathways ensure patients presenting with travel-related infections are systematically included in surveillance processes.

This structured model enhances dataset robustness while creating a platform to identify research opportunities related to locally encountered infections. Early identification of eligible patients supports observational studies, antimicrobial resistance projects, and emerging infection research. Integrating surveillance infrastructure strengthens the research pipeline, transforming routine encounters into opportunities for high-quality data generation and broader study recruitment.

Conclusion: This model exemplifies research without boundaries, converting routine clinical data into actionable global intelligence. Embedding clinical research nursing within frontline services has created a scalable surveillance framework linking local practice to international impact

References

Heidema S, Stoepker IV, Flaherty G, Angelo KM, Post RAJ, Miller C, Libman M, Hamer DH, van den Heuvel ER, Huits R. *From GeoSentinel data to epidemiological insights: a multidisciplinary effort towards artificial intelligence-supported detection of infectious disease outbreaks.* Journal of Travel Medicine. 2024; 31(4):taae013. Published 17 January 2024. doi:10.1093/jtm/taae013

Authors Index

Royal College of Nursing

September 2026 | 012 632