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Embedding a Culture of Research in Nursing

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Keynote address: Lessons learnt from the battlefield: Utilising lived experience in nursing research

Wednesday, 6th September – 10:20

Dr Alan Finnegan, PhD RN FRCN FRSA CF FAAN, Professor of Nursing and Military Mental Health (MMH) and Director of the Westminster Centre for Research in Veterans, UK.

Alan Finnegan is Professor of Nursing and Military Mental Health (MMH) and Director of the Westminster Centre for Research in Veterans. Alan joined the NHS as a porter in 1978, and then completed Registered Nurse Adult and Registered Nurse Mental Health training before joining the British Army as a Nursing Officer in 1987. During his military career he reached the rank of Colonel and his appointments included: Manager of Military Departments of Community Mental Health, the MoD Nurse Consultant in MMH and the MOD Nursing Advisor in MMH. Alan was Senior Military Nurse and Commanding Officer at the Royal Centre for Defence Medicine during the peak of the Iraq and Afghanistan campaigns. His final appointment was as the first MoD Professor of Nursing. He completed operational tours in Iraq, Afghanistan, Balkans, Northern Ireland and South Africa. Alan has experience leading military and veterans specific research. His results are disseminated through multiple peer review publications.

Since commencing at the University of Chester in 2016, Alan has been appointed as the principal investigator for over 35 research projects totalling over £8M; including awards from the NHS, Armed Forces Covenant Fund Trust (AFCFT), Forces in Mind Trust, and Business. These include partnerships with leading national charities and professional sports clubs. He has also received grants from Health Education England and the AFCFT to develop armed forces community educational modules and materials. During this period, he has published over 40 peer review articles.

Alan established the Royal College of Nursing (RCN) Defence Nursing Forum and is the RCN link member for military veterans. He is a Courtesy Professor at the University of South Florida, the Assistant Editor of Nurse Education Today, and an international editorial board member of the Journal of Advanced Nursing. Alan is a Fellow of: the Winston Churchill Memorial Trust; the RCN; the Royal Society of Arts, the faculty of Nursing and Midwifery Royal College of Surgeons Ireland and a Fellow of the American Academy of Nursing where he is a member of their expert panel for Military and Veterans Health. In 2022, Alan was inducted into the Sigma Theta Tau International Nurse Researcher Hall of Fame. Alan is a member of the Board of Trustees with Walking with the Wounded.

Keynote address: Embedding a culture of research in Nursing through Innovation

Thursday, 7th September – 10:45

Prof. Hester Klopper, PhD, MBA, FANSA, FAAN, ASSAF, Professor and Deputy Vice-Chancellor for Strategy, Global and Corporate Affairs at Stellenbosch University, Western Cape, SA

Prof Hester Klopper is the Deputy Vice Chancellor for Strategy, Global and Corporate Affairs, at Stellenbosch University, South Africa, a position she took up August 2016, where she is responsible for the overall institutional strategy, the data and analytics, business intelligence and information governance, corporate communication, marketing and student recruitment, and the international strategy and - relations. She holds a Full Professorship in the Faculty of Medicine and Health Sciences. In her academic capacity she has supervised 85+ Master and PhD students; and has an extensive publication list.

Her board roles include Consortium for Universities in Global Health (CUGH) (2018-2021), President of the International Network Universities (2021 -), and the Global Alliance for Universities in Climate (GAUC) (2019 -).

Hester was the 1st scholar from the continent of Africa to be an inducted as fellow of the American Academy of Nursing (FAAN) in 2015 and is inducted into the International Sigma Hall of Fame for Research Excellence in 2016. In South Africa, she is a Fellow of the Academy of Science (ASSAf), a member of the South African Academy for Science and Art, member of the Institute of Directors of South Africa (IODSA) and Fellow of the Academy of Nursing of South Africa (FANSA). In 2016, she received an Honorary Doctorate from Oxford Brookes University in recognition of her contribution to health science education and - research globally.

Keynote address: Embedding a culture of research within nursing in the NHS and universities

Friday, 8th September – 11:15

Prof. Lyvonne N Tume RN B Nurs MSc (Crit Care) PGDE PhD, Professor of Critical Care Nursing, Edge Hill University, UK

Lyvonne Tume is Professor of Critical Care Nursing at Edge Hill University. She is the co-editor in chief of Nursing in Critical Care and on the editorial board for Pediatric Critical Care Medicine. She is an intensive care nurse with over 30 years' experience both in Australia and in the UK and continues to maintain some clinical practice hours. She has over 130 peer reviewed publications and has held several NIHR research grants. She is currently is the chief investigator for an NIHR HTA-funded multicentre trial of no routine gastric residual volume measurement to guide enteral feeding in critically ill children (GASTRIC-PICU) and an NIHR RfpB funded observational study of muscle mass loss in during and after critical illness in children in relation to nutritional intake, and has just completed a feasibility study around a future trial of intravenous fluid volumes in critically ill children (Funded Health Innovation Manchester).

Her research takes an 'critical care across the lifespan' approach with work in neonatal, paediatric, and adult intensive care. However, her research interests focus mainly on improving nutrition in critically ill children, particularly around enteral feeding, but she also focuses on respiratory critical care: making endotracheal suctioning safer, weaning mechanical ventilation, and preventing extubation failure. She is also committed to implementing research evidence into clinical practice. She is a visiting professor for the School of Health Sciences in Geneva and is a member of the NIHR HTA and a European funding panel. She was previously the Nursing president for the European Society of Pediatric and Neonatal Intensive Care. She currently supervises 3 PhD students and 2 Research interns. She is on the scientific and education committee of the Paediatric Critical Care Society and the deputy chair of the Paediatric Critical Care Society Study group.

1.1 Children and young people

Developing a Patient-Reported Outcome Measure (PROM) to identify unmet needs for Adolescent and Young Adult survivors of a Central Nervous System tumour.

Wednesday, 6th September - 11:30: 1.1 Children and young people - Oral - Abstract ID: 369

Ms. Kate Law (The Christie Hospital NHS Foundation Trust), Dr. Martin G McCabe (University of Manchester, Division of Cancer Sciences), Dr. Sabine van der Veer (The University of Manchester), Prof. Janelle Yorke (The University of Manchester; The Christie NHS Foundation Trust)

Abstract

Background

Adolescent and young adult survivors of a central nervous system tumour represent a vulnerable group whose post-treatment symptoms impact overall health-related quality of life. Identifying their unmet needs is essential for providing personalised support but there are no validated needs assessment instruments available to support this.

Aim

Develop and validate a patient-reported outcome measure (PROM) to assess unmet need in adolescent and young adult (16-39 years) survivors of a central nervous system tumour.

Method

The COnsensus-based Standards for the selection of health Measurement INstruments (COSMIN) informed development. Phase 1: Item generation, cognitive interviews and draft PROM development; Phase 2: Eligible participants from four NHS clinics between June 2022-March 2023 were invited to complete the draft PROM, EQ 5-D and Supportive Care Needs Survey. Research ethics committee (21/NW/0344) approval was granted.

Results

Phase 1: 207 potential items generated from a systematic review of 27 qualitative studies were reduced to 41 in discussion with healthcare professionals and patient representatives. Thematic analysis of interview data (n=8 participants) resulted in a draft PROM (49 items). Phase 2: 122 of 313 eligible participants completed the questionnaires and 41 completed at a second timepoint for test-retest analysis one week later. Hierarchical analysis and Rasch analysis to inform item selection and assess structural validity of the final PROM is ongoing and expected to be completed by May 2023.

Discussion

Analysis will include assessment of construct validity using the EQ-5D and Supportive Care Needs Survey as comparators. Phase 2 analysis provides information on the measurement properties of the PROM.

Conclusion

This study provides the preliminary validation of a PROM to identify unmet needs. Future research will be directed by the results following Rasch analysis but is expected to focus on further validation and implementation of the newly developed PROM into routine practice to improve patient care.

Lead Presenter Biography

Kate Law

My interests lie in AYA oncology after a lengthy career at the Christie Hospital as staff nurse, senior staff nurse and latterly, Nurse Specialist for teenagers and young adults. The focus of my PhD is to develop a needs assessment tool for adolescent survivors of a brain tumour.

Previous research experience includes conducting a qualitative study examining the needs of bereaved parents, resulting in a change to the support offered in collaboration with the local Maggies centre.

My enthusiasm for pursuing a clinical academic career developed following a successful NIHR internship and have been an advocate for this ever since.

Lived experiences of parents and children participating in early-phase clinical trials: evidence synthesis

Wednesday, 6th September - 12:05: 1.1 Children and young people - Oral - Abstract ID: 175

Ms. Grainne O'Toole (Great Ormond Street Hospital), Prof. Martin McNamara (University College Dublin)

Abstract

Background Scientific advances have resulted in new treatments available for paediatric life-limiting diseases. However, most of these treatments are available only if children participate in early-phase clinical trials. Most clinical trial research focuses on safety and physiological outcomes, and little is known about the experiences of families who participate in phase I and phase II trials. Knowledge of the experiences and challenges encountered by participants can highlight areas where further support is needed.

Research Question 'How do families and children perceive their experiences of participating in early-phase clinical trials?' The aim of the research synthesis was to critically evaluate existing evidence representing the experiences of children and families who have participated in early-phase trials.

Search Strategy A comprehensive search of two databases CINAHL and PubMed was performed using key words which included 'family', 'child', 'paediatric', 'Clinical Trials' and 'experience'. Five qualitative papers were selected as best available evidence to answer this meaning type question.

Key Findings The five articles selected examined the experiences of parents and adolescents in early-phase trials. The data demonstrated pressures felt by parents to advocate for their child's inclusion in trials, as all participants faced a life-limiting disease. Findings were grouped into five themes a) Managing expectations but maintaining hope, b) Motivations to participate, c) Information seeking, d) Logistical impact of trial participation and e) Running out of time.

Conclusion Literature on parent and child experiences of participating in early-phase trials is scant, with no qualitative research sourced representing the voice of the child. However, a need for psychological and emotional supports is evident for parents and adolescents. Despite efforts of healthcare professionals' participants hold unrealistic hopes of benefit even though efficacy of these trials has not been proven. Further collaboration between parents, healthcare professionals and pharmaceutical companies needs to recognise the emotional burden of participation.

Lead Presenter Biography

Gráinne O'Toole

I am a research nurse facilitating Gene Therapy trials at GOSH. I hold a dual qualification in adult and children's nursing. I am interested in children's experiences of participating in research and their experiences of living with rare diseases.

Adverse Childhood Experiences and Health Outcomes among a Nationally Representative Sample of Sexual Minority Women in the United States

Wednesday, 6th September - 12:40: 1.1 Children and young people - Oral - Abstract ID: 48

Dr. Marvin Solberg (Wayne State University), Dr. Lisa Blair (Wayne State University)

Abstract

Background: Adverse childhood experiences (ACEs; abuse, neglect, household dysfunction) are associated with detrimental health outcomes. However, widely cited ACE research predominantly focus on heterosexual participants. The true burden of ACEs is unknown, as a paucity of research examines the impacts of ACEs and health outcomes among sexual minority women (SMW).

Aims: The aim of this study was to determine the effects of ACEs on health indicators in SMW.

Methods: We conducted a secondary data analysis using the 2021 Behavioral Risk Factor Surveillance System, a national telephone-based survey administered by the Centers for Disease Control and Prevention. Respondents from the states of Arkansas, Iowa, Mississippi, Nevada, and Wisconsin completed modules on ACEs, SMW status, chronic health conditions, and risky health behaviors from January through December 2021. Analyses were conducted using SAS 9.4 *survey* procedures and weighted to be population-representative. ACEs, demographics, and SMW status were calculated using Rao-Scott chi-square statistics. Health outcomes were analyzed using logistic regression.

Results: Of the 38,483 eligible participants, 1,281 identified as SMW. Over 81% of SMW reported at least one ACE, while 44.3% reported four or more. Among heterosexual women, 63.8% reported at least one ACE, while 22.1% reported four or more. SMW had higher odds of reporting any ACEs (OR=2.57, 95%CI=1.98-3.33) and four or more ACEs (OR=3.38, 95% CI=2.80-4.08) compared to heterosexual women. After controlling for ACEs, SMW had higher odds of reporting depression (OR=2.07; 95% CI=1.64-2.61), using electronic nicotine delivery systems (OR=1.67, 95% CI=1.18-2.37), binge drinking (OR=1.37, 95% CI=1.04-1.81), and cannabis use (OR=2.09, 95% CI=1.29-3.39) than heterosexual women.

Discussion and Conclusion: SMW report higher levels of ACEs compared to heterosexual women. ACEs may additionally account for some risk of poor health outcomes experienced by SMW. Nurses must screen SMW for ACEs and implement secondary-prevention interventions to mitigate ACE-associated sequelae in this high-risk population.

References

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Lead Presenter Biography

Dr. Marvin Solberg, PhD, RN

Dr. Solberg's program of research examines the impact of adverse childhood experiences (ACEs) and current life experiences on mental health and substance use outcomes in minority populations. He additionally examines the intervening effects of coping, resilience, and chronic stress in the ACE and health outcome relationship.

His long-term research goal is to develop population-specific, secondary-prevention interventions to mitigate the further progression of ACE-associated sequelae, reducing health disparities in minority populations. To accomplish this goal, it is critical to understand the effects of ACEs and current life experiences on health in various populations and the mechanisms that contribute to poor outcomes.

1.2 Cancer

The barriers and enablers to participation in oncology clinical trials across ethnic diverse communities or socioeconomic status: A qualitative Systematic Review using meta-ethnography

Wednesday, 6th September - 11:30: 1.2 Cancer - Oral - Abstract ID: 341

Ms. Lorraine Turner (The Christie NHS Foundation Trust), Dr. Sally Taylor (The Christie NHS Foundation Trust), Ms. Ashleigh Ward (The Christie NHS Foundation Trust), Prof. Janelle Yorke (The University of Manchester; The Christie NHS Foundation Trust)

Abstract

Background: Racial, ethnic and socio-economic inequities exist in cancer clinical trial participation. Low recruitment across ethnically diverse communities and areas of lower socio-economic status (SES) contributes to further cancer health inequalities disproportionately affecting these groups. Understanding barriers and enablers to clinical trial participation across underrepresented populations is key to developing strategies to address this problem.

Aim: Develop a conceptual model that illustrates barriers and facilitators associated with underrepresentation in oncology clinical trial participation for patients from ethnic diverse communities or lower SES.

Methods: A qualitative meta-ethnographic systematic review was carried out using PRISMA guidelines. Six databases were searched and forward/backward searching conducted. Inclusion criteria: Qualitative studies published in English 2012 to 2022; patients aged 18 and over with any cancer diagnosis with lower SES or from ethnically diverse communities; cancer patients' family / carers, health care professionals (HCP) and health care leaders (HCL) involved in care of adult oncology patients or delivery of cancer clinical trials. Quality appraisal was conducted using JBI Critical Appraisal Checklist for qualitative research.

Results: Twenty were selected for inclusion. Nineteen were conducted in the United States. Most common ethnic subgroups include 'African American', 'mixed ethnicity', 'Black' & 'Hispanic.' Breast cancer most common cancer type. Twelve papers included cancer patients, 9 HCPs and one HCL. Themes from data synthesis: information & communication, interpersonal relationships, patient attitudes and beliefs, patient specific barriers, HCP perception of patient barriers, HCP factors, service level factors.

Discussion: The findings help to understand experiences and beliefs of patients and HCPs. Published empirical research is limited as it is United States focused, and therefore may not be generalisable to UK ethnic minority groups.

Conclusion: The results of the review will inform future research exploring the barriers and enablers to cancer clinical trials for South Asian and Afro-Caribbean communities in Greater Manchester.

Lead Presenter Biography

Lorraine Turner

My career in oncology research has spanned across 22 years. Initially as a clinical research nurse before completing my MSc in Advanced Practice at The University of Manchester in 2008. I was awarded Oncology Nurse of the Year by the British Journal of Nursing in 2016 for audits which identified gaps in patient referrals into early phase oncology trials from underserved communities across Greater Manchester (GM). In 2019 I commenced a part-time PhD in Cancer sciences at The University of Manchester. The aim to identify barriers and enablers to cancer clinical trials for South Asian and Afro-Caribbean communities in GM.

Experiences of Diagnosis, Treatment and Care of Patients with a Rare Cancer: Lessons from Peritoneal Mesothelioma

Wednesday, 6th September - 12:05: 1.2 Cancer - Oral - Abstract ID: 410

Ms. Clare Warnock (University of Sheffield), Dr. Stephanie Ejegi-Memeh (University of Sheffield), Dr. Virginia Sherborne (University of Sheffield), Prof. Clare Gardiner (University of Sheffield), Dr. Sophia Stanford (Hampshire Hospitals NHS Trust), Ms. Rayan Tahar (Kings College London), Ms. Lynne Squib (HASAG Asbestos disease support), Ms. Carrie Twist (Mesothelioma Research Centre, University of Sheffield), Ms. Samantha Westbrook (Hampshire Hospitals NHS Trust)

Abstract

Background

Rare cancers are associated with diagnostic delays, treatment limitations and lack of specialist information (de Heus *et al*., 2021). Mesothelioma is a rare cancer. Most cases arise in the pleura but it also occurs in the peritoneum. While experiences of patients with pleural mesothelioma have been explored (Ejegi-Memeh *et al.*, 2022), less is known about the context of peritoneal disease.

Aims

To explore experiences of care and treatment pathways for peritoneal mesothelioma in the UK.

Methods

A longitudinal multiple case study design was used. Each case contained one patient, who was interviewed up to 3 times over one year, an informal carer and a professional, nominated by the patient, who were each interviewed once. Data was collected between February 2022 and December 2022 and analysed using case study techniques. Seven cases were included; thirteen patient interviews, eight carer or patient/carer interviews and six professional interviews were completed. University and Health Research Authority ethics approvals were received.

Results

Peritoneal mesothelioma had a significant impact on patients and carers lives. Variability, delays and challenges in diagnosis, treatment and support pathways were observed. This was influenced by living with a rare cancer, the involvement of multiple specialities and lack of expertise outside of specialist services. Where specialist support was accessed, it was valued and improved care coordination.

Discussion

The study provides new understanding of patient, carer and professionals perspectives of living with peritoneal mesothelioma. Difficulties were influenced by the experience of living with a rare cancer as well as variability in the care pathway providing additional insight into how this can influence patient experience.

Conclusions

Unique challenges associated with peritoneal mesothelioma were identified which can be used to develop recommendations for improved services. The findings highlight how rare cancers provide an additional context that needs to be addressed.

References

de Heus E, van der Zwan JM, Husson O, Frissen AR, van Herpen CML, Merkx MAW and Duijts SFA (2021) Unmet supportive care needs of patients with rare cancer: A systematic review. *European Journal of Cancer Care*, 30(6):e13502. doi: 10.1111/ecc.13502.

Ejegi-Memeh S, Sherborne V, Harrison M, Taylor B, Senek M, Tod A and Gardiner C (2022) Patients' and informal carers' experience of living with mesothelioma: A systematic rapid review and synthesis of the literature, *European Journal of Oncology Nursing*, 58:102122. doi: 10.1016/j.ejon.2022.102122.

Lead Presenter Biography

Clare Warnock

Clare Warnock is a Researcher in Residence, Cancer Experience at Weston Park Hospital, Sheffield, the South Yorkshire regional cancer centre. She is an Honorary Research Fellow at the University of Sheffield and a Fellow of the Royal College of Nursing. Clare has worked in oncology for over 30 years in clinical, leadership, research, and practice development roles. Her research interests focus on clinical practice, patient and staff experience and improving patient care. They have involved diverse topics including malignant spinal cord compression, high dose chemotherapy, neutropenic sepsis, participation in clinical trials, mesothelioma, and Breaking Bad News.

Cancer-related mortality among older people with intellectual disabilities: Results from Waves 1-4 of Intellectual Disability Supplement to The Irish Longitudinal Study on Ageing (IDS-TILDA)

Wednesday, 6th September - 12:40: 1.2 Cancer - Oral - Abstract ID: 46

Dr. Martin Mc Mahon (School of Nursing & Midwifery, Trinity College Dublin), Dr. Andrew Wormald (School of Nursing & Midwifery, Trinity College Dublin), Prof. Philip McCallion (Temple University), Prof. Mary McCarron (Trinity College Dublin)

Abstract

Background: People with intellectual disabilities experience inequalities in cancer screening and treatment frequently leading to delayed diagnoses and increasing the risk of death. Improved cancer care is complicated by diagnostic and methodological challenges and epidemiological evidence is lacking.

Aims: This study aimed to describe the prevalence and types of cancer for decedents enrolled in the Intellectual Disability Supplement to The Irish Longitudinal Study on Ageing (IDS-TILDA).

Methods: IDS-TILDA is a longitudinal nationally representative study following the determinants of health and well-being in older adults with intellectual disability in Ireland aged 40 years and older. Ethical approval was granted from The Faculty of Health Sciences Trinity College Research Ethics Committee and participating services. The General Register Office, Ireland's national primary repository for records concerning deaths, provided the cause of death for 197 of the 208 deaths recorded over Waves 1-4 of IDS-TILDA. Associated IDS-TILDA data was analysed to identify decedents who had previously reported a doctor's cancer diagnosis, treatment, and length of diagnosis.

Results: Cancer was recorded as the primary cause of death in 31 (15.71%) out of 197 decedents. Cancer of the gastrointestinal system accounted for the largest number of cancer at 29% (n=9). The second and third most prevalent malignancies included Ill-defined, secondary and unspecified sites, 23% (n=7), and primary, of lymphoid, haematopoietic and related tissue, 19% (n=6). The remaining cancers arose from respiratory and intrathoracic, female genital organs, urinary tract, neoplasms of skin, breast, eye, brain, or CNS. Nearly half of all cancer deaths were diagnosed 1-3 months before death. 68% (n=21) of people who died from cancer didn't have a doctor-reported cancer diagnosis and didn't report receiving treatment.

Conclusion: Descriptive epidemiological research, increased surveillance and education are crucial to meeting the cancer care needs of this at-risk group.

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McMahon, M. O'Connor, A. M, Dunbar, P, Delany, A, Behan, B, Grogan, C, Keyes, L. M. (2023 in press) Mortality in residential care facilities for people with disability: a descriptive cross-sectional analysis of statutory notifications in Ireland. BMJ Open

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Lead Presenter Biography

Dr Martin McMahon

Dr Martin McMahon (BNSc (hon), MSc, H.Dip, PGCE, PhD) is Assistant Professor in Intellectual Disability at the School of Nursing and Midwifery at Trinity College Dublin. Martin is a registered nurse in the intellectual disability, children's and tutors' division and a fellow of the HEA. Martin has worked in a variety of nursing and specialist nursing posts including paediatric nephrology; children with life-limiting conditions; community intellectual disability nursing; psychiatry of intellectual disability (where he was an independent and supplementary prescriber), practice education and regulation. Martin's primary research area of interest is the health inequalities that people with intellectual disability experience.

1.3 Mental health

The experiences of service users accessing the Emergency Department for a mental health crisis - a systematic review

Wednesday, 6th September - 11:30: 1.3 Mental health - Oral - Abstract ID: 80

Mrs. Maya Sacre (City, University of London), Prof. Juanita Hoe (University of West London), Ms. Rikke Albert (East London NHS Foundation Trust/ The Royal London Hospital)

Abstract

Introduction - Historically, dualistic healthcare systems have resulted in limited mental healthcare provision within physical health settings, with service users reporting poor care specifically while attending emergency departments (EDs) in a mental health crisis. Modern approaches to healthcare recognise these inequalities and are moving towards integrating healthcare systems that allow more holistic and seamless experiences for service users.

Aim – To examine the experiences and perceptions of service users attending EDs for a mental health crisis.

Method – Mixed method systemic review; eight databases were searched on two platforms (EBSCO, OVID) and grey literature databases (Open Grey, Base) were conducted in January 2020. Studies were systematically screened for inclusion based on predetermined eligibility criteria and quality assessed using the Mixed Methods Appraisal Tool. Findings were tabulated and synthesized using thematic synthesis.

Results - Ten studies ranging from 2015-2019 consisting of qualitative and mixed-method designs were included in the review. Five overarching themes emerged from the synthesis: *social constructs, service provider, service provision, effectiveness*, and *emotional impact*.

Implications - The findings from this review show that service users continue to have negative experiences in EDs due to stigmatizing attitudes and low skill in managing mental health needs, whereas more positive experiences are attributed to the availability of mental health liaison services. Tackling stigma, improving communication and staff training, providing calm environments, and addressing structural issues that promote better interagency working and reduced gaps in services are needed to improve mental health service user experience. This paper highlights the need for future research to focus on trauma-informed approaches in EDs to improve person-centred care for service users experiencing a mental health crisis

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Lead Presenter Biography

Maya Sacre

Maya completed a masters degree in combined adult and mental health nursing in 2017 at City, University of London. Here, she carried out a systematic review who's aim was to highlight the need for improved integrated care, in particular, mental health care in general settings. Since then, she has worked as a senior mental health practitioner for CAMHS. She is now working as child and young person mental health link worker in primary care. Here, she continues to champion the need for better integrated mental health care in general settings through training and liaison work.

Embedding research into practice in acute mental health inpatient settings: barriers and enablers to implementation of the therapeutic engagement questionnaire

Wednesday, 6th September - 11:45: 1.3 Mental health - Oral - Abstract ID: 353

Ms. Francesca Taylor (Kingston University), Prof. Mary Chambers (Kingston University)

Abstract

Background

Evidence-based health care is accepted as a quality standard of mental health practice. However, acute mental health inpatient settings internationally present significant challenges to embedding evidence-based interventions into practice. Evidence is limited on elements that can influence successful implementation of therapeutic engagement interventions in these settings. This study sought to address the evidence gap by examining factors influencing implementation of the Therapeutic Engagement Questionnaire (TEQ), an evidence-based intervention.

Aims

To understand barriers and enablers to implementation of the TEQ in acute mental health inpatient settings.

Methods

Qualitative methods were used in which data were collected from ethnographic field notes and documentary review, coded and thematically analysed. Theoretical framing supported data analysis and interpretation. Data were collected across fifteen acute inpatient wards in seven English mental health organisations June 2020 - October 2021.

Results

Eight themes were identified in the implementation process experienced by study sites: philosophy of the TEQ, fit with organisational goals, therapeutic engagement know-how, Covid-19 pandemic challenges, data collection, reflective and facilitative conversations, therapeutic engagement training and learning, ward-level agents of change.

Discussion

The TEQ as an evidence-based intervention co-produced by service users and nurses was valued and welcomed by many nurse directors, senior clinicians and ward managers. However, a range of practical and perceptual factors impeded implementation, often magnified by the COVID-19 pandemic. Our study suggested several facilitation methods to address these barriers, brought together in a conceptual model, including encouragement of reflective, facilitative discussion meetings among stakeholders and researchers, effort put into winning nurse ‘buy in’, and identifying and supporting ward-level agents of change.

Conclusion

Successful implementation of the TEQ into practice is feasible. However, the challenges faced in translating the intervention into a non-receptive context suggest several practice implications for others implanting the TEQ or other interventions into the acute inpatient mental health environment.

References

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Taylor F, Galloway S, Irons I, Mess L, Pemberton L, Worton W and Chambers M (2022) Barriers and enablers to

implementation of the therapeutic engagement questionnaire in acute mental health inpatient wards in England: A qualitative study, *International Journal of Mental Health Nursing,* 31,pp.1467-1479.

Lead Presenter Biography
Mary Chambers
Mary Chambers is Emerita Professor with extensive experience of mental health nursing. She has held senior positions in clinical practice, education, management, leadership and research. Her research activity in mental health nursing and servicer user involvement has had national and international impact.
She has published scientific and professional peer reviewed articles and regularly sits on research review panels and other scientific committees. Currently, she is the Patient and Public Involvement Research Theme Lead of the NIHR funded Applied Research Collaboration South London. She is a Fellow of the European Academy of Nursing Science and Member of *Academia Europaea.*

1.4 Systematic review

What does success look like for leaders of integrated health and social care systems? A realist review.

Wednesday, 6th September - 11:30: 1.4 Systematic review - Oral - Abstract ID: 453

Prof. Ruth Harris (King's College London), Dr. Simon Fletcher (Kingston University), Mrs. Sarah Sims (Kings College London), Prof. Fiona Ross (Kingston University), Ms. Sally Brearley (Kings College London), Prof. Jill Manthorpe (Kings College London)

Abstract

Background: As health and social care in England move towards more integrated models of working with increasing cross-sector and interagency collaboration, leadership is becoming more complex. While there is much descriptive research on leadership and leadership development within health services, there is little understanding of what the mechanisms are for effective leadership across integrated health and social care systems, the contexts that influence good leadership, or the nature of the resulting outcomes.

Aims: To identify and refine the programme theories of leadership of integrated team-based services in health and social care, exploring what works, for whom and in what circumstances.

Methods: A realist synthesis was undertaken. Databases were searched for published and grey literature. In line with realist synthesis methodology, each study's 'fitness for purpose' was assessed by considering its relevance and rigour. A stakeholder group of integrated service managers, researchers and patient/service user and carer representatives was closely consulted and helped shape the overall findings.

Results: Thirty-six papers were included generating evidence for seven potentially important components or 'mechanisms' of leadership in integrated care teams and systems. These were: 'inspiring intent to work together'; 'creating the conditions to work together'; 'balancing multiple perspectives'; 'working with power'; 'taking a wider view'; 'a commitment to learning and development' and 'clarifying complexity'. No research evidence was found for an eighth mechanism, 'fostering resilience', although our stakeholders felt that this was important.

Discussion: Research into the leadership of integrated care teams and systems is limited, with ideas often reverting to existing framings of leadership, where teams and organisations are less complex. Research often focuses on the importance of who the leader is rather than what they do.

Conclusion: This review has generated new perspectives on the leadership of integrated care teams and systems that can be built upon, developed, and tested further.

References

Harris R, Fletcher S, Sims S, Ross F, Brearley S, Manthorpe J. Developing programme theories of leadership for integrated health and social care teams and systems: a realist synthesis. Health Soc Care Deliv Res 2022;10(7).

Lead Presenter Biography

Ruth Harris

Ruth Harris is Professor of Health Care for Older Adults at King's College London. She has a clinical background in acute medical nursing and the care of older people. Her research focuses on understanding how complex nursing and interprofessional interventions contribute to healthcare delivery, patient outcome, and patient experience of care, particularly for older people and those with long-term conditions. Ruth is a member of the Editorial Board of the International Journal of Nursing Studies. For further information please see: https://www.kcl.ac.uk/people/ruth-harris

Nurses’ contribution during pandemic conditions: A synthesis of qualitative literature

Wednesday, 6th September - 12:05: 1.4 Systematic review - Oral - Abstract ID: 31

Dr. Ashfaque Talpur (The University of Sheffield)

Abstract

Objective

To synthesise the evidence relating to the contribution nurses make during respiratory infectious disease pandemics.

Background

Pandemics are known for their abrupt and contagious nature, as well as their impact on individuals and society. Nurses are more likely to work closely with patients experiencing illness and disease during pandemics, and studies on the role of the profession have mainly focused on the challenges, barriers and shortfalls in nursing care provision. The nursing role in service delivery and their contribution in improving patient well-being has received far less attention.

Methods

In May 2020, three review registers, grey literature and the following databases were searched: Medline via Ovid, Web of Science, CINAHL via EBSCO and Cochrane Library. The specific focus was on qualitative literature that considered the experiences and perceptions of nurses providing care during several respiratory pandemics. Selected papers were appraised using CASP checklist. ENTREQ checklist was used to inform stages associated with the synthesis of selected papers.

Results

From 5553 retrieved citations, the analysis of 24 eligible papers resulted in three key themes: the implications of working during pandemics on nurses’ personal and family life, nursing contribution in challenging conditions, and working above and beyond. Considering nurses’ role in healthcare system, research on their contribution found to have received little appreciation in peer-reviewed journals.

Conclusions

This review pertains to nurses’ work in global context and highlights the huge contribution made by the profession in the context of respiratory pandemics. It confirms that nurses’ experiences outweighed economic, social and psychological implications of providing care during the pandemic crisis. Acknowledging nurses’ resilience and professional motivations, we also argue that the nurse contribution during pandemics can be enhanced when resources, support and training are provided. Further research on contexts and conditions which mitigate nurses the potential for sustained contribution is needed.

Lead Presenter Biography

Dr. Ashfaque Talpur

Ash Talpur is a Research Fellow at the University of Sheffield and Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust. Ash Research engagement includes building research capacity and capabilities among Nurses, midwives and allied health professionals, ethnicity and inequalities, adult safeguarding, loneliness and social isolation, palliative care, and nursing research.

Informed Consent Models in Tissue Banking: Results from a Systematic Review

Wednesday, 6th September - 12:40: 1.4 Systematic review - Oral - Abstract ID: 176

Dr. Claire Lewis (Queen's University Belfast), Dr. Rachel McCarter (University of Ulster), Prof. Jacqueline James (Queen's University Belfast), Ms. Hazel Fisher (Belfast Health and Social Care Trust), Dr. Julie McCarroll (HSC NI Public Health Agency), Dr. Ethna McFerran (Queen's University Belfast), Prof. Joanne Reid (Queen's University Belfast)

Abstract

Background: Nurses are increasingly involved in obtaining consent for tissue banking as part of a clinical study, or as a standalone biobanking activity. Consent for tissue banking is generally obtained only once at the time of sample collection, and is considered enduring to cover future research use of the sample. This 'one-time' model is considered the most practical for the patient and is regarded as ethically valid[1], however it has been contested by some critics who maintain that consent can only be fully informed if is obtained every time a sample is used ie 'study specific' consent. Numerous studies have been conducted to investigate patient preferences for consent but with variable conclusions. There is a timely need to review the literature to identify an evidence based approach to consent for tissue banking.

Methods: This review followed the methods set out in The PRISMA Statement. Studies were retrieved following searches of four databases (CINAHL, MEDLINE, EMBASE and Web of Science) for empirical research studies which reported on informed consent for tissue banking until July 2019. Studies were subject to quality assessment, and findings were thematically analysed as statistical analysis was not feasible.

Results: 43 studies were included for review: 23 quantitative, 16 qualitative, and 4 mixed-methods. Two main themes were generated 1) Preference for Consent 2) Format of Consent. Where quantitative data was reported, the overwhelming preference was in favour of a one-time model. Qualitative data also supported a preference for one-time consent for reasons including less hassle and desire to advance research. Only five studies reported on consent format which included a preference for face-to-face consent.

Conclusions: Findings suggest patients prefer a one-time model of consent, with less evidence regarding preference for the format of consent. Better quality studies are needed, and standardisation of consent definitions to facilitate study comparison.

References

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Lead Presenter Biography

Dr Claire Lewis

Dr Claire Lewis is a registered adult nurse with over 20 years' clinical, research and teaching experience predominantly in the field of cancer. Her research interests span two themes: innovation in teaching; and ethical issues in tissue banking.

Claire is currently employed as the Operational Manager of The Northern Ireland Biobank and holds an honorary lecturer post in the School of Medicine, Dentistry and Biological Sciences in Queen's University Belfast.

1.5 Ethical and philosophical issues

“I can’t talk about it, am I allowed to think about it?”: a qualitative analysis of the views of gender critical nurses and midwives.

Wednesday, 6th September - 11:30: 1.5 Ethical and philosophical issues - Oral - Abstract ID: 382

Ms. Laura Jackson (University of the West of Scotland), Dr. Robin Ion (Independent Scholar)

Abstract

Keywords: gender critical, patient safety, qualitative, interviews, thematic analysis

Aim

To explore the views and experiences of registered nurses and midwives who identify as gender critical (GC).

Background

Recently, the belief that humans are sexually dimorphic and that gender is a social construct has been challenged, some argue that gender identity should take precedence over sex (Faye, 2021). There may be implications for nursing and midwifery, through use of language and the impact on single-sex spaces (Ion et al, 2021). The discussion surrounding this issue has become highly charged, making open debate difficult.

Design

A descriptive qualitative study.

Method

19 nursing, midwifery, and academia participants were interviewed online. Thematic analysis was conducted using the method outlined by Braun and Clark (2006).

Findings

The study identified four themes: “being gender critical”, “censure”, “safety”, and “concerns for the future”. Participants expressed compassion for individuals with gender dysphoria and desired improvements in trans care. They had concerns about the evidence base for gender-affirming care and were uneasy about ‘self-ID’ and its impact on safeguarding and women’s care. Participants were unable to express concerns for fear of complaint or risk to employment. Apprehension about the future and influence of lobby groups on employers and regulatory bodies was highlighted.

Conclusions

GC nurses and midwives are afraid to express concerns about trans care and the impact of gender-affirming approaches due to a hostile environment. When concerns are suppressed, there is a risk to patient safety.

Implications for Practice

This research presents a hidden perspective within practice and will encourage debate of gender in healthcare.

References

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Faye, S., 2021. *The transgender issue: An argument for justice*. Penguin UK

Ion, R., Patrick, L., Hayter, M. and Jackson, D., 2021. Sex, gender and nursing. *Journal of advanced nursing*, *77*(7): pp.10-12.

Lead Presenter Biography

Laura Jackson

Laura Jackson is a lecturer in healthcare at the University of the West of Scotland.

Her research interests centre the health and wellbeing of women and their children with a specific interest in highlighting the experiences of single mothers, class, education and poverty.
Laura is a PhD student at the University of Strathclyde, her project is explores the experiences of single mothers completing an undergraduate degree in nursing in Scotland.

Contextual sense-making when raising concerns in clinical practice: A student nurse perspective

Wednesday, 6th September - 12:05: 1.5 Ethical and philosophical issues - Oral - Abstract ID: 235

Dr. Patricia Brown (Cardiff University)

Abstract

Background

Raising concerns is a crucial element of prosocial behaviour that can address and prevent patient safety violations or sub-standard care in clinical practice . However, research conducted internationally has identified that student nurses find it challenging to raise concerns when they encounter poor practice (Pohjanoksa et al. 2018; Fagan et al. 2020). The fear of repercussions coupled with the desire to 'fit in' on clinical placement can deter students from raising concerns (Brown et al.2020).

Aim

To present key findings from a PhD study which explored the dynamics of raising clinical concerns from a student nurse and nurse mentor perspective.

Method

A constructivist grounded theory captured the perceptions and experiences of the raising concerns process. Ethical approval was granted by the ethics committee of the local health board and university to interview student nurses' (n=16), nurse mentors' (n=14), and personal tutors' (n=7) from May 2016 - October 2018. Concurrent data analysis of the interview data, resulted in the grounded theory of 'reading the context'.

Results

This theory identifies that students use 'contextual sense-making' to evaluate whether the clinical environment is a safe space to escalate concerns. Decisions and behaviours are strongly influenced by students own perceptions of psychological safety, as well as the nature of supervisory relationships, clinical leadership, standards of care and team dynamics.

Discussion

This study recommends a renewed focus on enabling student nurses' to confidently raise concerns whilst working in clinical placements. This includes providing additional resources and support on the reality of raising concerns. Understanding how student nurses' evaluate the immediate interpersonal, organisational, and educational context should form part of the preparation for student nurses' and clinical supervisors.

Conclusion

These findings add to the body of knowledge on student nurses' raising concerns and has international relevance for nurse education and practice learning.

References

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Pohjanoksa, J., Stolt, M., Leino-Kilpi, H., Suhonen, R. and Löyttyniemi, E. 2018Whistleblowing process in healthcare: From suspicion to action. *Nursing*
Ethics. pp. 1-15. https://doi.org/10.1177/0969733017705005

Lead Presenter Biography

Patricia Brown

I am an adult nurse lecturer currently working in Cardiff University. I am passionate about practice learning and how student nurses' integrate into the culture of clinical practice. My PhD, which I completed in 2022, focused on the social process of raising concerns. I am keen to develop a national resource on raising concerns which can be accessed by students, academics, and practice-based staff to support all involved in raising concerns.

Enabling authentic engagement in research for communities that are labelled ‘hard-to-reach’.

Wednesday, 6th September - 12:40: 1.5 Ethical and philosophical issues - Oral - Abstract ID: 442

Dr. Megan Dickson (University of the Highlands and Islands)

Abstract

Background

The challenges of conducting research with those who are labelled ‘hard-to-reach’ are widely documented in the literature. The term ‘hard-to-reach’ refers to underrepresented communities who are often regarded as difficult to engage in research. Understanding the factors that contribute to a lack of engagement of such communities is critical to developing effective strategies to increase participation in research.

Methodological Discussion

This presentation draws from the researcher’s experience of conducting doctoral research with deaf, British Sign Language users in Scotland. In healthcare and research, deaf people are often ascribed a ‘disabled’ label and denied access in their first language (British Sign Language). As a result, deaf people have been misrepresented, pathologised and problematised by research processes. Subsequently, deaf people are reluctant to participate in research. This presentation will provide a critical reflection on the methodological challenges involved in conducting research with deaf, British Sign Language users in Scotland.

This presentation will explore:

- The significance of social, historical and political contexts in which research takes place and knowledge is produced.
- The ethical implications of navigating between two cultures (deaf and hearing) and languages (British Sign Language and English).
- The development of a culturally sensitive research methodology and methods.

Conclusion

In this presentation, rather than participants being viewed as ‘hard-to-reach’, it is suggested that research may be ‘hard-to-access’ for people from minority groups. From this perspective, access to and participation in research is a social responsibility that requires a commitment from researchers to develop methodologies and methods that enable participation. Such a commitment is critical to promoting social justice.

Lead Presenter Biography

Dr Megan Dickson

Dr Megan Dickson is a lecturer at University of the Highlands and Islands and an early career researcher. Her research practices are focused on creating new knowledge that enacts social justice with marginalised groups.

1.6 Pt 1. Workforce and employment | Pt.2 Disability

Building research capacity and capability within community nursing settings – A system approach bringing together education, health and social care system and the community

Wednesday, 6th September - 11:30: 1.6 Pt 1. Workforce and employment | Pt.2 Disability - Oral - Abstract ID: 260

Dr. Kirsty Marshall (University of Salford), Ms. Donna Massey (The University of Salford), Ms. Chloe Warburton (The University of Salford)

Abstract

Background

Research capacity is essential to the quality, safety, and enhancement of nursing disciplines. Research engagement has been linked to positive nurse, patient, and healthcare outcomes[1]. In community and primary care, nurse-led research is vital to generating high-quality evidence that addresses the priorities of patients, families, and practitioners[2]. There is now wide acknowledgement that to solve some of the complex health issues brought about by changing demographics, epidemiology and health inequality there needs to be increased nurse research activity within community health care setting[3]. The challenge faced is that traditionally there has been a lack of capacity, capability, and opportunity to engage in research within these settings, and while there are some excellent examples there is an immediate need to increase opportunities for community nurses[3].

Activity

To address this issue, the Northern Care Alliance [NCA], Rochdale Care Organisation [RCO] and the University of Salford brought partners from the local health and social care system to develop creative opportunities to increase research capacity and capability within our local community health and social care settings. These included:

- Development of a joint university and trust role (RCO) to work directly with the teams to support research capacity building
- Development of opportunities for community nurses to write for publication and conferences (writing groups, book chapters)
- Launching of new community nursing specialist practice programmes with a direct pathway Masters
- Development of opportunities for research engagement embedded into the education programme and practice activities.

Results

The adoption of a collaborative approach across practice and education has already provided opportunities to increase the capacity and capability for research. the following are some examples of successes:

- writing group publications
- practitioners and academics have collaborated on writing book chapters,
- Students have actively engaged in research bid development
- Student district nurses have supported innovations in practice (blended role development).

References

1. Chen Q, Sun M, Tang S, Castro AR. Research capacity in nursing: a concept analysis based on a scoping review. BMJ open. 2019 Nov 1;9(11):e032356.

2. Bowers, B and Evans, C.
3. NHS England. Making research matter: Chief Nursing Officer for England's strategic plan for research. 2021. www.england.nhs.uk/wp-content/uploads/2021/11/B0880-cno-for-englands-strategic-plan-fo-research.pdf

Lead Presenter Biography

Kirsty Marshall

Kirsty educator, district nurse, and integrated care researcher. She has worked in a range of strategic roles locally, regionally, and nationally focusing on the delivery of care that is joined up and integrated. In 2017 she joined the University of Salford and is now a senior lecturer for integrated care and specialist community nursing practice, she continues to teach, present (nationally and internationally), and published on a range of integrated care topics. Kirsty is currently working on the development of post-graduate community programmes and increasing research capacity within integrated care setting. She completed her professional doctorate in 2020.

“Forced to be numb”: The impact of normalising assaults on mental health nurses

Wednesday, 6th September - 12:05: 1.6 Pt 1. Workforce and employment | Pt.2 Disability - Oral - Abstract ID: 241

Ms. Helen Ayres (Oxford Brookes University), Dr. Olga Kozlowska (Oxford Brookes University), Dr. Sue Schutz (Oxford Brookes University)

Abstract

Background: The prevalence of assaults on mental health nurses in inpatient settings is high and research has identified negative outcomes including depression and anxiety, PTSD, burnout and intention to leave. **Aim:** The aim of this exploratory study was to develop existing understanding of the experiences of mental health nurses who are assaulted by patients in secure settings. **Methods**: Sixteen registered mental health nurses working in secure services across the UK were interviewed, and the data were analysed using Reflexive Thematic Analysis. Ethical approval for the study was granted by Oxford Brookes University Research Ethics Committee. **Results**: Three themes were generated : ‘Expected does not mean normal’; ‘Keep emotions under wraps and carry on’ and ’The response to assault can make or break us“. The themes each speak to the enduring narrative that assaults on mental health nurses are normal. Whilst nurses explicitly rejected this narrative, its impact was evident in both their own responses to being assaulted, and the responses they received from others. In order to protect themselves from the shame of being exposed as weak and a failure, they suppressed their emotional responses to being assaulted. The expectations on nurses to ”crack on” was frequently reinforced by the responses they received from others both within and beyond their organisations. **Conclusions**: The normalisation of assaults on mental health nurses is understood with reference to the concept of epistemic - specifically hermeneutical - injustice, and the nursing profession’s historical and sociopolitical context. It is argued that if mental health nurses’ wellbeing is to be improved, the causal explanations for their experiences should be a key focus for future research and action.

References

Ayres, H., Schutz, S. & Kozlowska, O. (2023) Exploring mental health nurses’ experiences of assault by patients in inpatient settings. *Mental Health Practice*, doi: 10.7748/mhp.2023.e1638

Lead Presenter Biography

Helen Ayres

Helen Ayres is a mental health nurse in Oxford. Her clinical experience is in secure inpatient, PICU and prison settings, and she has lecturing experience at Oxford Brookes University, having developed and led the forensic mental health nursing undergraduate module. Together with the Council of Europe, Helen has undertaken projects in Georgia and Kosovo to improve nurses’ skills and knowledge in the assessment and treatment of people experiencing mental health difficulties in secure settings. Helen is in her final year of a Professional Doctorate in Nursing and is studying the experiences of mental health nurses who have been assaulted.

‘Stories Beyond Words’ - exploring creative and co-design methods to challenge the marginalisation of disabled communicators

Wednesday, 6th September - 12:40: 1.6 Pt 1. Workforce and employment | Pt.2 Disability - Oral - Abstract ID: 376

Ms. Cathy Soreny (Sheffield Hallam University / Salford Care Organisation), Prof. Esther Johnson (Sheffield Hallam University), Prof. Claire Craig (Sheffield Hallam University), Dr. Jen Slater (Sheffield Hallam University)

Abstract

Background and aims

Across communities of people with communication impairments, there is growing momentum around communication diversity and ‘dysfluency pride’, challenging ableist assumptions (Campbell et al, 2019). *Stories Beyond Words* is a creative co-design research project, exploring radical self-representation of non-normative voices. Bringing together people with diverse communication disabilities, we are co-creating immersive audio-visual installations using documentary film, projections and multichannel audio to explore voice and challenge preconceptions. These artworks seek to creatively confront ‘dyslistening’ and usurp dominant non-disabled paradigms of communication, through actively engaging key stakeholder groups with the artworks, to provoke and support discussion.

Methods

This practice-based PhD research reflects the transdisciplinary approach of the researcher - building on her diverse and interwoven practices as a nurse, healthcare researcher, artist and filmmaker. Through ongoing co-design workshops and creative sessions, we have collectively developed the research design and university ethics application, discussed and refined the concepts and messages we wish to share, and co-created/co-curated the artworks. Creativity as a research process takes people through a ‘thoughtful physical process’ which gives them a different context (to interviews, for example) to discuss and create their responses to issues, and also reflect upon their own identities as expressed through creativity (Gauntlett, 2018).

Interim results and discussion

The creative activity and data collection started in October 2022. Iterative cycles of workshops, creativity, exhibitions and engagement activities will run until autumn 2024. This presentation will share findings and creative outputs from the first cycle (Oct ‘22- Jul ’23) which has involved a group of 8 collaborators. This will focus on insights around the co-design approach, and impact upon the targeted audiences, including nurses and AHPs. The researcher will also reflect on her evolving role as a ‘creative nurse’ and the ways that creative transdisciplinary approaches can facilitate meaningful inclusion of marginalised groups in research.

References

Campbell, P, Constantino, C, Simpson, S, 2019. Stammering Pride and Prejudice: Difference Not Defect. J & R Press, Guildford, UK.

Gauntlett, D, 2018. Making Is Connecting: The Social Power of Creativity, from Craft and Knitting to Digital Everything, 2nd ed. Polity, Medford, MA.

Lead Presenter Biography

Cathy Soreny

I am a transdisciplinary researcher bringing together nursing, co-design and applied creative practice. I originally studied fine art before moving into nursing, healthcare research and then documentary filmmaking. This focused on co-creating health education resources and research engagement films. I am presently undertaking a part-time mid-career PhD consolidating and exploring links across these varied practices. I am also a part-time research nurse within the renal team at Salford Care Organisation, where my creative approaches are helping to develop and test a home blood test service for patients with longterm conditions, to increase accessibility and reduce pressure on services.

1.7 Leadership

Evaluation of the impact and value of the National Institute Health and Care Research Senior Nurse Midwife Research Leader programme

Wednesday, 6th September - 11:30: 1.7 Leadership - Oral - Abstract ID: 240

Dr. Julie Menzies (University Hospitals Bristol and Weston NHS Foundation Trust), Dr. Rachel Ford (Office for Data Analytics), Dr. Catherine Henshall (National Institute for Health and Care Research)

Abstract

Background

The National Institute for Health and Care Research Senior Nurse and Midwife Research Leader (SNMRL) Programme was designed to support the development of 70 future research leaders and increase research capacity and capability amongst nurses/midwives.

Aim

To evaluate whether the three-year programme (2019-2022) was effective in achieving eight NIHR programme objectives and evaluate impact at individual, local, organisational, and national levels.

Method

A mixed methods programme evaluation was conducted. Self-report templates were developed to capture i) academic activity (n=183), ii) research delivery/capacity building/leadership activity (n=120), iii) case studies of research initiatives(n=117) coded using the modified Visible ImpaCT Of Research framework, iv) impact of SNMRL's within NHS Trusts (survey of Chief Nurses) (n=75). Quantitative data was entered into Microsoft Excel and descriptive statistics were calculated.

Results

All eight programme objectives were achieved, with increased **leadership**, **ambassadorial** roles and **funded** pre-doctoral/ doctoral and 'other' fellowship submissions supported. Seventy-three percent of Chief Nurses reported a 'good-vibrant' **research culture**, and SNMRL's were reported to have made a 'good-very good' contribution to identifying research gaps (73%), building research capacity and capability(76%), and promoting the value of research(97%). **Research excellence** was evidenced through **increased publications** around specialist practice (year one (n=50), year three (n=100)), research delivery/clinical academic roles, (year one (n=14), year three (n=29)) and **COVID-19** (total 51). Conference presentations also increased (from 15 year one to 44 in year three). By year three, 77% of SNMRLs were **leading research** (increased from 65% in year one), with 21%(n=13) Chief Investigators, 55%(n=33) Principal Investigators and 45%(n=27) co-investigators.

Conclusion

Anticipated programme aims were met and impact was reported from individual to national levels. A national Senior Nursing and Midwifery research leadership community can role-model and provide valuable resources for future nursing and midwifery cohorts, as well as contributing to operationalising the England's Chief Nursing Officer research strategy.

Lead Presenter Biography

Dr Julie Menzies

Dr Julie Menzies is a Registered Children's Nurse, with 25 years of paediatric nursing experience. Julie is currently employed as a Clinical Academic Nurse Researcher in Paediatric Intensive Care, Bristol Royal Hospital for Children, UK, past member of the UK Paediatric Critical Care Society (2018-2021) and elected Chair for the Paediatric and Neonatal Section, European Paediatric Critical Care Society (ESPNIC). She is a Principal Investigator for several multi-centre studies, a co-applicant on several NIHR-funded grants and recently completed an NIHR Senior Nurse/Midwife Research Leadership programme (2019-2022), designed to help build capacity and capability of nurses/midwives to engage with research.

Codesign of a research leadership toolkit for matrons and health and social care leaders in England

Wednesday, 6th September - 12:05: 1.7 Leadership - Oral - Abstract ID: 187

Mrs. Nichola Verstraelen (NIHR Clinical Research Network, North West Coast), Dr. Philippa Olive (University of Central Lancashire and Lancashire Teaching NHS Foundation Trust)

Abstract

Background

In September 2021 we hosted a section about research at the national Matrons' Virtual Conference. Following a brief presentation titled 'what is research', we asked matrons about research in practice and what could help them achieve the research leadership aspects of their role as described in the Matron's Handbook (NHSE, 2021). Mentimeter software was used to capture responses from over 90 matrons. Their responses illustrated a real enthusiasm and appetite for an accessible, one-stop shop-styled toolkit offering concise, practical guides about how to lead and embed research in practice. In January 2022 we received funding to take this work forward as part of the Chief Nursing Officer for England's Strategic Plan for Research implementation plan (NHSE, 2022).

Objective

The objective for Stage 1 of the project, and which ran from January to May 2022, was to codesign, with matrons, the content and structure of a research leadership toolkit.

Methods

Taking a participatory, solution-focused, codesign approach we convened a Clinical Matrons' Research Interest Group (CMRIG) and facilitated a series of online events. At these events we used participatory methods to stimulate and capture matrons' ideas and views and presented back worked-through ideas generated from previous events for further feedback until consensus for the content and structure of a research leadership toolkit was achieved.

Results

Over 200 matrons joined the CMRIG and six content sections for the research leadership toolkit (Research and Innovation, Research Delivery, Evidence-based Practice, Clinical Academic Research, Embedding Research Culture, and Community of Practice) were agreed along with a structure template for the toolkit sections to follow.

Conclusions

Matrons' appetite for practical, research leadership skills development in the clinical world is clear. Employing participatory, codesign methods ensures the proposed research leadership toolkit is relevant for matrons' day-to-day practice. Stage 2, populating the online toolkit content is presently underway.

References

NHS England (2021) *The Matron's Handbook*. Available at: https://www.england.nhs.uk/publication/the-matrons-handbook/ (Accessed 9th March 2023).

NHS England (2022) *Nursing research and evidence underpinning practice, policy and system transformation: Strategic focus 2: Releasing nurses' research potential*. Available at: https://www.england.nhs.uk/nursingmidwifery/research-and-evidence/ (Accessed 9th March 2023).

Lead Presenter Biography

Nichola Verstraelen

Nichola has a background as a neuro nurse in research delivery supporting clinical trials within CRF's and research departments across community, acute and mental health settings. Growing capacity and capability for research with her clinical colleagues across the North West has been a journey enhanced with her time as an NIHR 70@70 nurse leader. This led her to delve deep into the culture of the NHS to understand how we can embed research. She is an active member of the NHS England steering group for the national matrons' webinars where she is embedding the message of research across the country.

Learning to Lead- simulated practice- preparing the future nurses

Wednesday, 6th September - 12:40: 1.7 Leadership - Oral - Abstract ID: 404

Mrs. Melanie Rushton (University of Salford), Mrs. Joyce Smith (University of Salford)

Abstract

***Background*:**

The NMC Future Nurse Proficiencies (2018) state that student nurses at the point of registration must be competent in their leadership and delegation role. Ill prepared student nurses experienced increased anxiety about their leadership skills and being left in charge (HEE 2018; Smythe and Carter 2022).

Simulation provides an opportunity for student nurses to develop their delegation and management skills in a safe environment. Silva et al (2022) found that learning in a simulated environment reduced the student's anxiety and increased their self-confidence. This study aimed to increase the student's confidence in leadership by the simulated experience of co-ordinating patient care.

***Objectives*:**

To evaluate the effect of a simulated learning environment in developing the delegation and management skills of third year student nurses in preparation for their transition to a newly qualified nurse.

Research Method:

A mixed methods study involving 3rd year adult field student nurses in one university in the North of England. Ethical approval for the study was obtained. Participants were recruited by convenience/ purposive sampling as the groups were already established and the sample consisted of 101 participants out of a possible 138 students. Data was obtained through an adapted Casey Fink tool, a quantitative pre and post questionnaire which included Likert type questions regarding confidence in delegation and elements of patient care. Qualitative data was obtained from four focus groups, participants volunteered following the simulation and there were 6-8 in each focus group. Qualitative data was analysed by thematic analysis, and SPSS was used to analyse the quantitative data.

Results

Data revealed the students had difficulty in delegation in practice. The simulated shift felt safe and helped to build confidence in leadership. There was a positive shift in confidence for students and a realisation of elements of their practice that needed further development.

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Lead Presenter Biography

Melanie Rushton

Melanie Rushton a Registered Nurse (Adult) with a master's degree in education (Research), currently studying towards a PhD. Melanie has been employed by the University of Salford as a lecturer in adult nursing for thirteen years and has had several roles during this time, including lead for simulated nursing practice and programme leader. Currently Melanie is head of adult nursing in the School of Health and Society. Melanie's clinical background is in cardiology. Melanie's research interests in simulation uses a variety of educational approaches, technologies and environments, with the aim of improving student nurse confidence in preparation for clinical practice.

Poster tour A | Acute and critical care

Poster 1 | Rectus Sheath Catheters: nursing perceptions of benefit and cost

Wednesday, 6th September - 13:45: Poster tour A | Acute and critical care - Poster - Abstract ID: 322

Mrs. Mollie Gobey (Royal Devon University Healthcare NHS Foundation Trust), Mrs. Elizabeth Gordon (Royal Devon University Healthcare NHS Foundation Trust), Prof. Maggie Shepherd (Royal Devon University Hospital)

Abstract

BACKGROUND

Rectus Sheath Catheters (RSC) have been used as an effective means of pain management following extensive abdominal surgeries. Commonly used post laparotomy, RSC are typically used in enhanced recovery after surgery programs (ERAS) (Rucklidge, 2018). However, providing regular topping up of RSC medication is very costly in nursing time, medication and equipment (Tilleul, 2012).

AIM

To ascertain nursing opinions on providing RSC relating to patient care, nursing time and cost.

METHODS

A questionnaire was created and distributed to the registered nurses on a colorectal surgical ward from 06.03.23-06.04.23. Data points included: staff demographics, perceived cost (drug and nursing time), whether RSC was considered beneficial, potential problems and time considerations.

RESULTS

9/18 questionnaires have been returned to date. This interim analysis indicated only 33% of staff managed to correctly identify the total cost of both the medication and nursing time to administer, while 44% undervalued the cost.

3 (33%) considered RSC to be highly beneficial and 4 (44%) felt it was beneficial for patients.

Free text comments indicated 6 (66%) considered the time to administer RSC was the biggest concern followed by administration difficulties (22%), infection risk (22%) and availability of staff with the skills to deliver RSC care (22%).

9 (100%) staff reported administering RSC had an impact on other nursing functions including delays in providing both oral and intravenous medications and perceived quality of care provided.

CONCLUSION

Despite the majority of nurses believing RSC was beneficial for patients, the time taken to administer was of concern and could therefore potentially be affecting the quality of care for patients.

Alternative medications may need consideration to improve patient's quality of care and significantly cut back on the time required for nurses to administer the procedure. Further research will be needed to answer this question.

References

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Lead Presenter Biography

Mollie Gobey

Mollie trained at Plymouth University and works as a Ward Sister on a Colorectal ward at the Royal Devon University Healthcare NHS Foundation Trust. She has recently joined the Chief Nurse Research Fellowship supported by the National Institute for Health and Care Research. She was invited to participate and contribute to nursing research as part of the fellowship to investigate current practice and to consider alternatives to aid and enhance the quality of patient care. Her aim is to constantly review the challenge of nursing time pressures along with current practice.

Poster 2 | How a critical care environment influences nurses' health status and nursing practice: a scoping review.

Wednesday, 6th September - 13:45: Poster tour A | Acute and critical care - Poster - Abstract ID: 302

Mrs. Aimee Lamb (University of Technology, Sydney, Australia), Prof. Margaret Fry (University of Technology, Sydney), Dr. Suzanne Sheppard-Law (University of Technology, Sydney)

Abstract

Background: Critical care nurses have been characterised as having demanding workloads including physical, mental, and emotional situations in stressful environments. Yet, it remains unclear how critical care environments influence nurses' health status and ability to deliver patient care. Therefore, the aim of this scoping review was to explore the influence of a critical care environment on a nurse's health status and impact on nursing practice.

Methods: A scoping review was conducted according to PRISMA-ScR guidelines in March 2023, Only English language studies were collected. Database extraction included: MEDLINE complete, PubMed, Scopus and Embase. Search terms included critical care, nurs*, nurse workforce, health-status, chronic condition.

Findings: From 506 studies, nine studies met inclusion criteria and were selected for data extraction. Of the nine studies, three comparative studies demonstrated that critical care nurses reported poorer health status' compared to general ward or outpatient nurses. Three key themes identified: i) Physical symptoms affecting critical care nurses' health status; ii) Psychosocial factors affecting critical care nurses' health status; and iii) Critical care nurses' health status and nursing practice.

Conclusion: Critical care nurses' suboptimal health status and the impact on nursing practice were identified. Six studies reported a large portion of participants with chronic disease (physical and mental) and identified the critical care environment had an adverse effect on health status. Future studies will investigate the influence of critical care environments on a nurses' health status, nursing practice and its influence on workforce retention.

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Lead Presenter Biography

Aimee Lamb

Dedicated and knowledgeable Nurse Lecturer in Sydney, Australia, with extensive teaching experience in clinical and tertiary nursing education. A Clinical Nurse Specialist with 12 years of clinical service, specialising in Emergency and Intensive care nursing.

The focus of her PhD research is on improving the quality of nursing care and patient outcomes. Exploring how a critical care environment influences nurses' health status and ability to provide care.

Poster 3 | Liver reducing diets before oesophageal cancer surgery and Dietitians' perspective.

Wednesday, 6th September - 13:45: Poster tour A | Acute and critical care - Poster - Abstract ID: 277

Mrs. Louisa Taylor (NHS), Dr. Sharon Huish (Royal Devon University Healthcare NHS Foundation Trust),
Prof. Maggie Shepherd (Royal Devon University Hospital)

Abstract

Background: Patients with oesophageal cancer are at high risk of malnutrition due to catabolic tumour effects, abnormal metabolism, malabsorption, GI tract obstruction, reduced oral intake and treatment side effects (Davies, 2021). Liver reducing diets(LRDs) are often used before bariatric or liver surgery with aim to reduce liver size, however LRDs could prolong unnecessary dietary restrictions (Holderbaum, 2018). There are no guidelines on the use of LRDs preoperatively for oesophageal cancer patients and practice varies across England.

Aims: i) identify how many surgical cancer centres in England recommend LRDs before oesophagectomy, ii) collect dietitians' views of LRDs.

Method: A Microsoft forms survey was distributed to the UK oesophago-gastric(OG) dietitians' group, British Dietetic Association oncology group discussion forum and on Twitter. Seven questions included; current use of LRDs, type of diet recommended for LRDs and a free text box. Responses were checked against the Association of Upper Gastrointestinal Surgeons list of OG surgical centres, of which there are 33 in England.

Results: 12 responses were received. 3 were excluded; as 1 not in England, 2 not OG surgical centres. 3/9 (33%) were actively using LRDs. 1/9(11%) is using LRDs on an adhoc basis, 5/9 (56%) were not using LRDs. 1/5 centres not using LRDs had discontinued LRDs because of no clear impact on post operative complications, theatre time and lack of evidence.

Dietitians reported a lack of evidence, over-restrictive diets and limited resources for monitoring patients as barriers to recommending LRDs. However it was acknowledged LRDs may have a role for some patients.

Conclusion: This was a small survey and limited by only 9/33 OG centres responding. There was widespread variation on use of LRDs. Dietitians have concerns and would welcome guidance on using LRDs before oesophagectomy. Wider MDT members may have different views. Further research is needed to identify best practice.

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Lead Presenter Biography

Louisa Taylor

Qualified from UWIC in 2003 Postgraduate Diploma in Dietetics. Has worked with Upper GI cancer patients since 2006. Currently working at Royal Devon University Healthcare NHS Foundation Trust as the Lead Oncology and Upper GI Dietitian. Member of the British Dietetic Association and regional oncology groups.

Poster 4 | Challenging the surgical practice of incision and drainage in patients with a purulent skin or soft tissue abscess: A scoping review

Wednesday, 6th September - 13:45: Poster tour A | Acute and critical care - Poster - Abstract ID: 58

Mr. Liam Stout (University of Salford), Dr. Melanie Stephens (University of Salford), Dr. Farina Hashmi (University of Salford)

Abstract

Background: The surgical practice of incision and drainage in the treatment of purulent skin and soft tissue abscesses is failing, concomitant with the rise of community acquired methicillin resistant staphylococcus aureus, resulting in increasing rates of abscess recurrence or wound breakdown. It is further premised that the holistic effects of this technique, such as, pain, emotional stress and reduced activities of daily living are impactful within this patient group yet seldom appreciated by healthcare professionals or institutions.
Aims: A scoping review was undertaken to critically appraise and map the current body of research evidence in the management practices of purulent skin and soft tissue abscesses.
Design: Electronic searches were performed over CINAHL, Medline, Cochrane Library, British Nursing Index, Science Direct, the NICE institutional evidence database, ClinicalTrials.gov and MedNar. The Population Intervention Comparison Outcome and the Preferred Reporting Items for Systematic Reviews and Meta-analyses tools were utilised to support a rigorous, repeatable appraisal and synthesis of the available literature.
Results: Fifteen papers were included in the review. On appraisal of the literature, the authors found that antibiotics, needle aspiration, loop drainage, catheter drainage and suction drainage demonstrated statistically and clinically effective treatment adjuncts or alternatives to incision and drainage. The quality of the studies examined were variable.
Conclusion: The scoping review demonstrated that although alternative abscess management practices have been offered, incision and drainage remain ritualistically practiced at the forefront of surgical preference for the acute management of purulent skin or soft tissue abscesses. This is despite evidence suggesting that there are empirically and holistically favourable alternatives.
Relevance to clinical practice: The ritualistic practice of incision and drainage must be challenged if nurses are to improve empirical and holistic outcomes for this patient group. This will lead to the enhancement and further innovation of clinical practice within this phenomenon.

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Lead Presenter Biography

Mr Liam Stout

I first gained my adult nursing registration in 2007 where I began my career as an operating theatre nurse, specialising in vascular and colorectal surgery. My desire to progress my skills and abilities within the operating department led me to undertake my advanced scrub practitioner qualification, in 2011, and a master's degree in surgical practice. Upon completion, I became a surgical advanced clinical practitioner, specialising in colorectal surgery. I have gained a keen interest in acute abscess and chronic sinus management, guiding me towards a doctoral research study at the University of Salford.

Poster 5 | The views and experiences of Registered Nurses in Delivering Trauma Care as a result of the conflict at the Saudi Southern Border

Wednesday, 6th September - 13:45: Poster tour A | Acute and critical care - Poster - Abstract ID: 170

Mr. ABDULLAH SADHAAN (Queens university Belfast), Prof. Michael Brown (School of Nursing and Midwifery, Queen's University Belfast), Dr. Derek McLaughlin (Queens University Belfast)

Abstract

Background

Registered Nurses provide care and support for patients affected by major traumatic injuries and can be challenged in meeting their physical, cognitive and emotional demands (Von Rueden et al., 2010). Registered Nurses in trauma care settings are often exposed to threats and fear that impacts on them personally and professionally (Freeman, et al., 2014).Nurses may lack the appropriate support to meet their emotional needs as a result of caring for trauma patients. Therefore, it is necessary to gain an understanding of their views and experiences to improve clinical and personal experiences of trauma nurses (Alzghoul, 2014).

Research Aim

To identify the views and experiences of Registered Nurses providing care for patients requiring trauma care at the Saudi southern border as a result of the conflict.

Methodology

Interpretative Phenomenological Analysis (IPA) was used through semi-structured interviews. Sampling: The study used a homogeneous purposeful sample. Analysis: collected data was carried out using IPA (Braun and Clarke, 2006).

Finding of ER

The study sought the views and experiences from the ED participants on different aspects of trauma care. Understandably, the ED offered a unique trauma care experience and service to the patients vis-à-vis other departments such as ICU. The inclusion of ED participants aimed to determine the instrumental role of the department in defining trauma care for the injured patients from the conflict zones in Saudi Arabia. The following analysis focused on the four key themes emerging from the data of the transcripts of ED participants. The themes included the views and experiences of nurses regarding (i) trauma care in the ED, (ii) education and practice development of nurses while providing care and support for trauma patients, (iii) barriers of RNs while providing care and support for trauma patients, (iv) and solutions to barriers and effective trauma care in the ED.

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Lead Presenter Biography

Abdullah Sadhaan

I began my journey at a Nursing college and graduated with Bachelor's in Nursing in 2011, king Saud University; in 2017, I master in Nursing Science from Salford University, UK. I worked as a clinical nurse manager in the trauma unit for three years at King Saud medical city in Riyadh. In 2021, I started as a PhD student in qub.

Poster 6 | Implementing a hospital-wide program to prevent and manage incontinence associated dermatitis and improve hospital acquired pressure injuries

Wednesday, 6th September - 13:45: Poster tour A | Acute and critical care - Poster - Abstract ID: 211

Prof. Val Wilson (SWS Nursing & Midwifery Research Alliance, Ingham Institute), Ms. Samara Geering (SWS Nursing & Midwifery Research Alliance, Ingham Institute), Ms. Leena Jacob (Bankstown Hospital), Prof. Josephine Chow (SWS Nursing & Midwifery Research Alliance, Ingham Institute)

Abstract

Incontinence associated dermatitis (IAD) is a common, under recognised and painful skin condition that represents a serious risk factor for sacral pressure injuries, infection, and morbidity (Beckman et al., 2014). IAD is caused by skin exposure to urine and/or faeces, causing erosion of the skin. Patients often have multiple layers in-situ adding to humidity, moisture and increasing skin temperature, impairing the microclimate, and increasing patients' risk (Barakat-Johnson et al., 2021). In 2014 International Best Practice Guidelines were developed for IAD (Beckman et al., 2014). An audit undertaken across our health district identified these guidelines have not been implemented, staff were not familiar with IAD classification, often misdiagnosing these as pressure injuries (PIs).

In an earlier pilot study, three wards implemented best practice guidelines on IAD in 2020-2021. The wards saw a reduction >70% in hospital acquired IAD and subsequently a reduction > 80% in hospital acquired pressure injuries (HAPIs). Building on this success the current study aims to implement best practice guidelines for IAD across a hospital, further enhancing the translation of best practice.

Using the determinant framework Integrated Promoting Action on Research Implementation in Health Services (iPARiHS) the study is across 3 Surgical Wards, 5 Medical Wards and 2 Critical Care wards. Data collection includes a pre-post education survey (Know-IAD knowledge instrument), focus groups to determine cultural barriers and enablers, and to identify ward champions. Data from the Incident Management System captures rates of HAPI's and a file audit of incontinent patients on participating wards is used to measure incidence of hospital acquired IAD.

We anticipate that a change in practice will result in increased awareness and management of IAD. Subsequently the implementation of intervention strategies will demonstrate a reduction in HAPI's to the sacrum and buttock. In this presentation we share our results and lessons learned thus far.

References

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Lead Presenter Biography

Professor Val Wilson

Val Wilson is Professor of Nursing at Prince of Wales Hospital in Sydney and Professor of Person Centred Care at the Ingham Institute in NSW, Australia. She has been a Nurse for over 43 years and a researcher for over 25 years. Her main research focus is on building research capacity of nurses and midwives, and in person centred practice and quality and safety research. She uses action orientated mixed methods approaches that engage staff in investigating and improving their practice. She is currently supervising 12 PhD candidates.

Poster 7 | CCOT takes the lead in sepsis

Wednesday, 6th September - 13:45: Poster tour A | Acute and critical care - Poster - Abstract ID: 52

Ms. Misha Denise Virtudazo (Chelsea and Westminster NHS FDN Trust), Mrs. Maria Lorena Pena (Chelsea and Westminster NHS FDN Trust), Dr. Sanjay Krishnamoorthy (Chelsea and Westminster NHS FDN Trust)

Abstract

Introduction: Sepsis is a leading cause of death, but evidence suggests timely identification and appropriate antimicrobial therapy reduces mortality. Chelsea and Westminster Hospital FDN trust has made “improving sepsis care” as one of its quality priorities over the last 3 years. Although the trust target of screening and treating 90% of patients at risk of developing sepsis was met in ED, achieving the same metrics in inpatient wards proved challenging. Thus, the focus shifted to developing a cross-divisional project team and addressing identified difficulties faced by adult medical and surgical wards.

Aim: Improve sepsis recognition of “triggering” patients in adult wards within 60 minutes, thereby improving the timely commencement of appropriate antimicrobial therapy for patients found with suspected red flag sepsis.

Method: The quality improvement project had four componenets: Organisational commitment and data-based leadership; Reorganisation of a project team led by the critical care outreach team (CCOT), medical teams, improvement leads and ward sepsis champions; Education and Training of the ward staff; and Augmenting communication tools. A bespoke training curriculum was constructed per ward following regular meetings and focus group discussions, emphasising the use of an already established sepsis screening tool on the electronic healthcare record. Evaluation focused on the trends in the metrics: sepsis screening overall, sepsis screening < 60 minutes, clinical review <60 minutes, and antibiotic administration <60 minutes.

Results: By the second quarter, the trust target for screening overall has been achieved and sustained at >90%; compliance on screening <60 minutes improved from 11.5% to 58.3%; and commencement of antimicrobials maintained at >90%

Next steps: Ensuring sustainability in all adult inpatient departments through education; continuing partnership between sepsis champions and the CCOT in identifying gaps and barriers to achieving target metrics.

Lead Presenter Biography

Misha Denise Virtudazo

Misha is an advanced clinical practitioner, leading the critical care outreach team in West Middlesex Hospital. She is also the divisional non-medical research lead for planned care.

She works very closely with the North West London Critical Care Outreach Leads in standardising care and benchmarking practice through electronic documentation.

Her focus is improving outcomes of acutely deteriorating patients, most especially within sepsis care.

Poster tour B | Cancer

Poster 8 | Experiences of CARING for cancer patients outside of Oncology

Wednesday, 6th September - 13:45: Poster tour B | Cancer - Poster - Abstract ID: 64

Mr. Daniel Jennings (University of Surrey), Dr. Theopisti Chrysanthaki (University of Surrey)

Abstract

Background:

The number of patients being admitted to hospital with cancer is increasing requiring more to be treated on medical/surgical wards. Cancer nursing is a key component in tackling the increasing burden on the health sector, however, it is known these patients don't get the same level of specialist care.

Aims:

The CARING study aimed to explore the experiences of ward-based nurses caring for cancer patients outside of the oncology setting. The authors conducted a systematic review of the available literature on the topic. A qualitative study was then carried out to explore in depth the experiences of nurses delivering care to cancer patients in non-specialised settings within a UK-based District General Hospital with an attached Regional Cancer Centre.

Methods:

A total of nine semi-structured interviews were carried out and transcribed verbatim before analysis using thematic analysis. Interviews explored nurses' experiences with particular focus on barriers and facilitators to care, along with their preconceptions about the complexity of cancer care and managing the needs (physical and psychosocial) of this patient group.

Results:

Interviews revealed effective communication with cancer patients and cancer knowledge as ongoing challenges. Nurses inexperienced of providing care to cancer patients felt they didn't know how to build rapport. Lack of cancer knowledge undermined their confidence in communicating with cancer patients. Expert patients and self-education on the disease were seen as main coping strategies. There is a preconception that patients admitted to medical wards are for End-of-Life Care, whilst pain is universally seen as a complex complication.

Conclusion:

This study, has reconfirmed the findings from older and international studies that communication and knowledge remain significant barriers to providing cancer care outside of the oncology environment. This study also demonstrates that previous recommendations have not been successfully implemented or the impact of the changes is yet to be seen

References

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Lead Presenter Biography

Daniel Jennings

Daniel Jennings is an Acute Oncology trainee Advanced Clinical Practitioner at a regional cancer centre and has recently completed a MSc in Advanced Clinical Practice. His dissertation study, aims to improve the experience of patient and nurse alike when undergoing cancer care outside of the oncology environment. He has an interest in management of preventable oncology treatment toxicities.

Poster 9 | PICC line associated DVTs in Adult Cancer Patients

Wednesday, 6th September - 13:45: Poster tour B | Cancer - Poster - Abstract ID: 69

Mr. Daniel Jennings (Royal Surrey Foundation NHS Trust)

Abstract

Background:

Many cancer patients undergoing Systemic Anti-Cancer Therapy (SACT) will require a peripherally inserted central catheter (PICC) inserted for safe administration. Cancer patients are already at an increased risk of venous thrombus events (VTEs) Deep Vein Thrombosis (DVT) or Pulmonary Embolism (PE). The addition of a PICC line further increases this risk. It is estimated that this risk is 13% of patients following a PICC insertion and normally presents within the first few weeks.

Aim:

To explore the VTE rate amongst cancer patients following PICC insertion within our trust and to explore associated risk factors

Method:

A retrospective audit was conducted of all adult cancer patients undergoing PICC insertion on the chemotherapy day unit over a 3 month period, each patients notes were reviewed to assess for the documentation of the VTE within 3 months of PICC insertion.

Approval for the study was obtained from the trusts audit team.

Results:

A total of 119 patients underwent PICC insertion during this period. 3 were excluded due to known VTE prior to insertion. Leaving a total of 116 patients for screening, of these 7 patients (6%) developed a VTE within the observation timeframe. 57% (4) of patients developed a DVT around the PICC line; 28% (2) developed a lower limb DVT and 14% (1) developed a PE. Men were found to be more at risk (n=4, 57%) compared to women (n=3, 42%).

Conclusion:

The VTE rate observed in this study is below the previously published data and there were no clear trend in risk factors amongst those who developed a VTE. There was no clear association between length of time between PICC insertion and VTE. A further study exploring a longer time frame would allow for a more in depth assessment of risk factors.

References

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Lead Presenter Biography

Daniel Jennings

Daniel Jennings is an Acute Oncology trainee Advanced Clinical Practitioner at a regional cancer centre and has recently completed a MSc in Advanced Clinical Practice. His dissertation study, aims to improve the experience of patient and nurse alike when undergoing cancer care outside of the oncology environment. He has an interest in management of preventable oncology treatment toxicities.

Poster 10 | Evaluation of Healthcare Professionals Knowledge of Diabetes in the Oncology Setting: A Cross-sectional, Online, Questionnaire Survey

Wednesday, 6th September - 13:45: Poster tour B | Cancer - Poster - Abstract ID: 163

Mrs. Leanne Osgood (Royal Surrey Foundation NHS Trust), Dr. Nyangi Gityamwi (University of Surrey), Prof. Debbie Cooke (University of Surrey)

Abstract

Background

The incidence of both cancer and diabetes is increasing as the population ages. Individuals with both conditions who receive anti-cancer treatment are at higher risk of worse outcomes such as increased risk of infection and hospitalisation when the diabetes is poorly controlled. Staff require specialised knowledge and skills to effectively care for this complex combination. Although care guidelines for this patient group have been developed, they are new and not yet implemented in practice.

Aim

To examine the knowledge base and confidence levels of healthcare professionals working in an oncology setting when caring for patients who have, or who are at high risk of developing, diabetes.

Method

An online questionnaire was emailed to eligible clinical staff working in a local oncology department. The data was analysed using descriptive statistics and independent sample t-tests.

Results

82 (24%) out 344 eligible oncology staff members responded to the survey but only 80% (n=82) of participants proceeded to complete the survey with some questions having between 63-77 (77-96%) responses. Only 7.6% (n=5/66) of respondents felt they have adequate knowledge and only 10% (n =6/60) felt completely confident communicating with newly diagnosed diabetic patients. Staff with specialist knowledge had significantly better understanding of diabetes (t= -2.49, p= 0.02) and improved confidence levels (t= -1.97, p= 0.05) when talking to newly diabetic patients. About 93% (n =56/60) of participants expressed a desire for further training.

Conclusions

Caring for cancer patients who have diabetes is complex and challenging. Knowledge and confidence is generally limited and varied across professionals groups. There is a need for training in diabetes care and improved interdisciplinary team working. Further studies to identify training needs, building capacity of care professionals including implementation of the recent care guideline is warranted to improve health service.

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Lead Presenter Biography

Leanne Osgood

I am currently working as an Advanced Clinical Practitioner in Oncology with a special interest in Colorectal cancer and SACT having qualified with a Masters in Advanced Clinical Practice last November. I am particularly interested in Diabetes and Cancer (my dissertation was on Oncology Staff's knowledge of diabetes in cancer patients) and the impact the combination of these conditions has for patients. I have been leading a working group to facilitate the implementation of diabetes guidelines for clinicians in our department.

Poster 11 | The Contribution of Advanced Practice Roles to the Delivery of Chemotherapy Services: is Advanced Practice Independent Practice?

Wednesday, 6th September - 13:45: Poster tour B | Cancer - Poster - Abstract ID: 342

Ms. Clare Warnock (Sheffield Teaching Hospitals NHS Foundation Trust), Mrs. Jane Ireson (Sheffield Teaching Hospitals NHS Foundation Trust), Dr. Rachel King (The University of Sheffield), Dr. Steve Robertson (The University of Sheffield), Ms. Claire Pendlebury (Sheffield Teaching Hospitals NHS Foundation Trust), Mrs. Rebecca McMinn (Sheffield Teaching Hospitals NHS Foundation Trust)

Abstract

Background

Cancer services internationally face challenges due to rising demands for treatment alongside medical workforce shortages. Advanced practice roles have been introduced in response to this, but further investigation of their effectiveness is needed (Molassiotis *et al.,* 2021). Characteristics of advanced practice have been explored in chemotherapy settings (Farrell *et al.*, 2017) but a detailed understanding of these roles and factors that contribute to independent practice have not yet been considered.

Aims

To identify the contribution of nurse and pharmacist advanced practice roles in chemotherapy clinics.

Methods

A descriptive survey methodology was employed using an electronic data collection form containing structured and free text questions. Nurse and pharmacist advanced practitioners who provide clinic consultations were recruited from a UK regional cancer centre. They recorded activities undertaken during each patient consultation over a 4-week period in January 2023. Data was analysed using descriptive statistics and thematic analysis.

Results

Sixteen nurses and seven pharmacists participated and completed 575 forms. Diverse activities were carried out including those traditionally associated with nursing roles. 84% of consultations were completed without medical advice. This was associated with holding specific skills rather than with job title. Reasons for medical input were identified which provide insight into the boundaries of independent practice.

Discussion

Findings demonstrate the contribution of advanced practice in chemotherapy services. Independent practice is an important concept for evaluating these roles and findings reveal the extent to which this has been achieved and factors that influence this. They also highlight how advanced practitioners bring additional benefits to consultations from their professional backgrounds.

Conclusion

Independent advanced practice reduces the reliance on medical staff for delivering cancer services. This study identifies factors that need to be addressed to extend this but also those that recognise the boundaries for safe practice and the need for continued multi-disciplinary team working.

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Lead Presenter Biography

Clare Warnock

Clare Warnock is a Researcher in Residence, Cancer Experience at Weston Park Hospital, Sheffield, the South Yorkshire regional cancer centre. She is an Honorary Research Fellow at the University of Sheffield and a Fellow of the Royal College of Nursing. Clare has worked in oncology for over 30 years in clinical, leadership, research, and practice development roles. Her research interests focus on clinical practice, patient and staff experience and improving patient care. They have involved diverse topics including malignant spinal cord compression, high dose chemotherapy, neutropenic sepsis, participation in clinical trials, Advanced Practice roles, and Breaking Bad News.

Poster 12 | A systematic review to identify and evaluate measurement properties of Patient-Reported Outcome Measures developed for adolescent and young adult survivors of a central nervous system tumour.

Wednesday, 6th September - 13:45: Poster tour B | Cancer - Poster - Abstract ID: 370

Ms. Kate Law (The Christie Hospital), Ms. Emily Harris (The Christie Hospital NHS Foundation Trust), Dr. Martin G McCabe (University of Manchester, Division of Cancer Sciences), Prof. Janelle Yorke (The University of Manchester; The Christie NHS Foundation Trust), Dr. Sabine van der Veer (The University of Manchester)

Abstract

Background

Adolescent and young adult (15-39 years) survivors of a central nervous system (CNS) tumour represent a unique and vulnerable population whose ongoing emotional and physical issues that impact their ability to achieve independence and health-related quality of life (Hobbie et al, 2016). Patient-reported outcome measures (PROMs) facilitate personalised follow-up and maximise quality of life. PROMs must recognise the unique needs of this age-defined population, and incorporate age-appropriate language and domain content but it is currently unknown what PROMs are available for use with this specific population.

Aim

To identify and evaluate existing PROMs to assess survivorship-related concepts for adolescent and young adult survivors of central nervous system tumours.

Methods

We searched five electronic databases in May 2022 combining MeSH terms and key words for survivorship, central nervous system tumour and PROMs. Two researchers independently screened titles for inclusion, using the COnsensus-based Standards for the selection of health Measurement INstruments (COSMIN) guidance to evaluate the quality of evidence for the PROMs' measurement properties.

Results

Four studies met eligibility criteria, each reporting one PROM: single-item Pain Thermometer; single-item Fatigue Thermometer; 37-item Paediatric Functional Assessment of Cancer Therapy- Brain Tumour Survivors, measuring quality of life; 12-item Perceived Barriers Scale to assess barriers to employment. The Perceived Barrier Scale showed high quality evidence for internal consistency and moderate quality evidence for construct and structural validity. Evidence for the measurement properties of the other PROMs was low to moderate quality.

Conclusion

We found that the Perceived Barriers Scale is sufficiently validated and could be considered to guide support for AYA survivors of CNS tumours to achieve their employment goals. However, we found no other PROMs with sufficient evidence for good measurement properties to support use in routine practice. This warrants development and evaluation of further PROMs to inform ongoing supportive care for this population.

Lead Presenter Biography

Kate Law

My interests lie in AYA oncology after a lengthy career at the Christie Hospital as staff nurse, senior staff nurse and latterly, Nurse Specialist for teenagers and young adults. The focus of my PhD is to develop a needs assessment tool for adolescent survivors of a brain tumour.

Previous research experience includes conducting a qualitative study examining the needs of bereaved parents, resulting in a change to the support offered in collaboration with the local Maggies centre.

My enthusiasm for pursuing a clinical academic career developed following a successful NIHR internship and have been an advocate for this ever since.

Poster 13 | Supportive Care Needs of Saudi Arabian women: A mixed methods convergent design study

Wednesday, 6th September - 13:45: Poster tour B | Cancer - Poster - Abstract ID: 464

Mrs. Alhanouf Alkhyat (King Abdulaziz University), Dr. Nutmeg Hallett (University of Birmingham), Prof. Annie Topping (University of Birmingham)

Abstract

Introduction:

Women with breast cancer can experience a range of informational, psychological, or physical supportive care needs at different stages of their cancer journeys. It is less clear which needs are most significant to women and, or at what point in the care pathway. Further, there is limited insight and understanding of the breast cancer experience and supportive care needs from the perspective of Middle Eastern and specifically Saudi Arabian women. This study aimed to fill that gap.

Methods:

A mixed methods exploratory convergent design was used. A survey including Supportive Care Needs Survey short form 34 (SCNS-SF34 – Arabic version) with eight supplementary breast-specific questions, plus 15 additional items derived from a Middle East-specific scoping review. The instruments were piloted to assess face validity. Subsequently administered to Saudi women with breast cancer (n=85) recruited from one specialist cancer centre. First descriptive statistics (SPSS 28) were used followed by Rasch modelling (Winstep software) to estimate reliability, validity and dimensionality (Boone, 2016). Virtual semi-structured interviews with a maximum variation sub-sample of Saudi women (n=20) and analysed using framework method (Gale et al., 2013). Joint display integration was used to enhance the findings (Guetterman et al., 2015).

Results:

Participant responses were reported as mean ± standard deviation (SD). Health system & information (M= 3.6 ±.99), physical (M=3.45± 1.1) and psychological (M= 3.42 ± 1.2) needs were ranked highest whereas Intimacy related needs (M=2.5±1) were the least. Interview data suggested most supportive care needs were associated with treatment, specifically during chemotherapy due to side effects.

Conclusion:

The findings suggest that women's needs are different at various stages of the cancer journey. Chemotherapy was the period that required the most support. The mixed methods design provided rich evidence that could assist the design of culturally specific supportive care interventions for Saudi Arabian women.

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Lead Presenter Biography

Alhanouf Alkhyat

Alhanouf Alkhyat is a lecturer at King Abdulaziz University with previous clinical experience in adult oncology. She is also a PhD student at the University of Birmingham. Alhanouf's PhD explores the supportive care needs of women with breast cancer in Saudi Arabia. Alhanouf contributes to the community by delivering many breast cancer workshops to raise the awareness level of Saudi women about breast cancer.

Poster tour C | Pt 1 Leadership and management | Pt 2 Methodology

Poster 14 | The visibility of research within mandatory National Health Service Trust Induction programmes in England: an exploratory survey study.

Wednesday, 6th September - 13:45: Poster tour C | Pt 1 Leadership and management | Pt 2 Methodology - Poster - Abstract ID: 156

Dr. Julie Menzies (University Hospitals Bristol and Weston NHS Foundation Trust), Dr. Sharon Grieve (Royal United Hospitals Bath NHS Foundation Trust), Ms. Lucy Ainsworth (National Institute for Health and Care Research), Dr. Vikki Smith (Northumbria University), Ms. Victoria Sharman (Hertfordshire Partnership University NHS Foundation Trust), Dr. Catherine Henshall (Oxford Brookes University)

Abstract

Background: Mandatory National Health Service (NHS) Trust induction programmes are integral to welcoming new staff and provide opportunities to orientate staff to the organisation's vision and strategy. Although research is recognised as fundamental to high quality care, little data exists regarding whether research activity ('research delivery') and staff engagement with research/professional development ('clinical academic') opportunities feature.

Aims: To conduct a service evaluation to identify NHS Trusts which include information about research delivery and clinical academic opportunities within their mandatory induction programmes.

Methods: Two online surveys were developed by the project team and emailed to Research and Development managers across England (identified from Clinical Research Network databases) (n=201), with follow-up reminders and targeted contact with non-responding sites (August-December 2021). Survey one screened for organisations which provided information on research delivery and/or clinical academic development opportunities during induction programmes. Survey two followed up with questions on content, method of delivery, length, and person responsible for training delivery. The work was reported in accordance with CHERRIES reporting standards.

Results: Survey one generated 124 unique responses (61% response rate). Thirty-nine percent of Trusts (n=48) featured information about research delivery and 24% (n=30) featured content on clinical academic opportunities. Twenty-one of 45 (47%) sites responded to survey two. There was wide variation in how material was delivered, by whom and for how long (median 5 mins). Where copies of induction material were provided (n=5) these varied widely in content and depth of coverage.

Discussion and conclusion: Mandatory induction is an opportunity to highlight research as core NHS business; however, this is not standard practice. Currently only 39% of Trusts include information about research delivery and only 24% highlight clinical academic opportunities. Further work is required to develop a template of core materials which could be tailored to individual Trust requirements.

Lead Presenter Biography

Dr Julie Menzies

Dr Julie Menzies is a Registered Children's Nurse, with 25 years of paediatric nursing experience. Julie is currently employed as a Clinical Academic Nurse Researcher in Paediatric Intensive Care, Bristol Royal Hospital for Children, UK, past member of the UK Paediatric Critical Care Society (2018-2021) and elected Chair for the Paediatric and Neonatal Section, European Paediatric Critical Care Society (ESPNIC). She is a Principal Investigator for several multi-centre studies, a co-applicant on several NIHR-funded grants and recently completed an NIHR Senior Nurse/Midwife Research Leadership programme (2019-2022), designed to help build capacity and capability of nurses/midwives to engage with research.

Poster 15 | Dimensions of Clinical Leadership Behaviours Among Undergraduate Nursing Students: A Cross-Sectional Study Between Two Countries

Wednesday, 6th September - 13:45: Poster tour C | Pt 1 Leadership and management | Pt 2 Methodology - Poster - Abstract ID: 183

Dr. Sue Baron (Bournemouth University), Dr. Keren Grinberg (Ruppin Academic Centre), Dr. Sigalit Warshawski (Tel-Aviv University), Dr. Kate Frazer (University College Dublin), Dr. Joana Sousa (Polytechnic of Leiria), Dr. Geradina Harnett (Munster Technological University), Prof. Monica Bianchi (University of Applied Sciences and Arts), Dr. Marie-Louise Luiking (Leiden University), Prof. Kirsten Jack (Manchester Metropolitan University), Dr. Janet Scammell (Bournemouth University)

Abstract

Background: Effective leadership is associated with high-quality and compassionate care. Teaching leadership in nursing education is essential if students are to develop competencies in this area (Brown et al., 2016, Jack et al., 2022).

Objectives: To explore undergraduate students' self-perceptions of clinical leadership behaviours and differences in self-perceptions of leadership behaviours between countries.

Design and Methods: A cross-sectional anonymous online survey design was used with two cohorts of undergraduate nursing students in UK and Israel following ethical approval. The Self-Assessment Leadership Instrument (SALI) (Es-SALI, Linares et al. 2020) measuring four leadership dimensions was used in English and Hebrew. A web-based survey using Qualtrics online software was emailed to students during October 2021-April 2022.

Ethics: Ethical approval was granted by both sites, England and Israel.

Results: The response rate was 27% (Israel) and 18% (England) with 138 responses overall. Significant differences were found between the two cohorts in the leadership dimensions: "Emotional Intelligence" England M= 3.22 (SD 0.54) V Israeli M= 3.02 (SD 0.54) and "Impact and Influence" England M= 3.13 (SD 0.58) V Israeli M= 2.97 (SD 0.53) (p<.05), with UK students scoring higher across both dimensions. In the Israeli cohort only, significant differences were found in leadership dimensions according to year of study, reporting higher scores in 3rd and 4th year students when compared with 1st and 2nd years in each of the four dimensions (p<.05).

Conclusions: This study confirms differences in students' clinical leadership perception between two international cohorts of nursing students, with statistical differences between study years noted within the Israeli cohort only. The need for enhanced leadership skills to prepare future nurses to provide quality, safe and person-centred care is strengthened. More evidence is needed to understand antecedents in the development of clinical leadership behaviours. Nurse educators must continue to expand this international research base.

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Lead Presenter Biography

Sue Baron

Dr Sue Baron is a Senior Lecturer and Programme Lead for MSc Adult Nursing at Bournemouth University. Since completing her PhD in 2014, *Exploring the Patient Journey, a collaborative and person-centred approach to healthcare improvement*, Sue continues to work collaboratively locally and internationally with academics, practitioners, service users and students on education and research projects that aim to address commonly reported issues in healthcare. To date, these projects have focused on patient safety, diversity and inclusion, leadership, and implications on nursing student confidence and competence for safe, person-centred practice of simulation-based education and co-created innovative and engaging, authentic learning experiences.

Poster 16 | Knowledge on the charge nurse role: findings from a scoping review

Wednesday, 6th September - 13:45: Poster tour C | Pt 1 Leadership and management | Pt 2 Methodology - Poster - Abstract ID: 318

Mrs. Hanna von Gerich (Department of Nursing Science, University of Turku and Turku University Hospital), Prof. Dawn Dowding (The University of Manchester), Dr. Laura-Maria Peltonen (Department of Nursing Science, University of Turku and Turku University Hospital)

Abstract

Background

Coordinating daily nursing activities in health service delivery is a challenging task due to complex and increasing care needs of service users, continuous interruptions and lack of resources. This task is often the responsibility of a registered nurse, who oversees a particular unit. These charge nurse's plan, organise, supervise and evaluate nursing and interdisciplinary care.

Aims

The aim of this scoping review is to map existing knowledge on the work of the charge nurse in the healthcare context.

Method

We followed the framework by Arksey and O'Malley (2005) for scoping reviews. We searched Pubmed, Cinahl and the Cochrane databases for articles on research about charge nurses' in different environments. We included articles, which focused specifically on the charge nurse. We excluded other than scientific journal publications.

Results

The search resulted in 908 articles. After screening the abstracts, we had a total of 208 articles and excluded 56 duplicates. Finally, 152 articles were included in the review. The articles were published between 1964 and 2023, with a steady increase during the years. Descriptive research designs were most common from the acute care context. The findings were organised into two main themes, including 'role, responsibilities and function' and 'transition, competencies and education'.

Discussion

Our contemporary knowledge about the charge nurse role in the healthcare context is very limited to setting and mainly descriptive. More research is needed to explore means to better support charge nurses and show the impact of the role in the broader healthcare context.

Conclusions

A deeper understanding of the charge nurse role will help develop effective interventions to better support the coordination of daily nursing activities and generate evidence of the impact of nursing in health service delivery.

References

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Lead Presenter Biography

Laura-Maria Peltonen

Laura-Maria Peltonen, RN, PhD, Adjunct Professor, FEANS (European Academy of Nursing Science), FIAHSI (International Academy of Health Sciences Informatics) from the Department of Nursing Science at the University of Turku in Finland. Her research focuses on information management to support decision-making on different levels in health service provision. Her interests span from the development of user tailored intuitive solutions to applications of advanced technologies with a particular focus on the implementation and effects of technologies from the perspectives of organisational and patient outcomes. She has worked as associate editor for the Journal of Nursing Management (Wiley) since 2019.

Poster 17 | A critical reflection on the Integrated Clinical Academic Training (ICAT) programme for a nurse

Wednesday, 6th September - 13:45: Poster tour C | Pt 1 Leadership and management | Pt 2 Methodology - Poster - Abstract ID: 387

Dr. Gabriella Lindergard (The University of Manchester), Prof. Michelle Briggs (Manchester University NHS Foundation Trust (MFT) & School of Health Sciences |The University of Manchester)

Abstract

The University of Manchester and the Health Education England’s Integrated Academic Training (ICAT) Programme has been in place since 1997 with the aim of offering postdoctoral research support for medical clinicians. In recent years it has also been open for Nurses, Midwifes and Allied Health Professionals (AHPs) with a higher degree. The post holder is expected to spend 50% of the time in clinical work and 50% undertaking research and developing academic skills. It is supported for four years, and it is expected that the post holder will have applied for external fellowship or funding within that time frame.

A clear academic career pathway for nurses is missing and the route individuals take is very diverse and often without peer support. Additionally, there is a lack of academic career opportunities that further adds to the difficulties. Allowing nurses onto the ICAT programme can help to address these problems and provide a scaffolding for developing academic and personal skills necessary for the road to an independent researcher. We will reflect on the areas of contribution and positive outcomes in a novel collaboration between the University of Manchester and Manchester NHS Foundation Trust’s Research and Innovation speciality. We are hoping to demonstrate how this collaboration can benefit the career of an academic nurse researcher as well as having a positive effect on promoting research activity in the NHS Trust. We will describe the evidence of the expectance that this will ultimately lead to improvements in research delivery performance for the Trust, better health outcomes for patients and more opportunities for clinical academic careers in Nursing, Midwifery and AHPs.

Lead Presenter Biography

Gabriella Lindergard

I recently joined the University of Manchester after 9 years in clinical research delivery at North Manchester General Hospital, Infectious Diseases Research Department.

I am one of the first nurses appointed on the NIHR Integrated Clinical Academic Training programme with an honorary contract with Manchester University NHS Foundation Trust Research and Innovation Department.

I would like to encourage and support more nurses to develop their academic research skills. My research interest is the interaction between HIV infection and the microbiome; how the infection itself and the antiretroviral medication affects the individual’s gut microbiome.

Poster 18 | The Effects of Gender, Ethnicity and Experience on the Role of Transformational Leadership and Structural Empowerment in Linking Nurses' Clinical Leadership to Patient Care Quality

Wednesday, 6th September - 13:45: Poster tour C | Pt 1 Leadership and management | Pt 2 Methodology - Poster - Abstract ID: 467

Mr. Abdulaziz Alanazi (School of Nursing and Midwifery, Queen's University Belfast), Dr. Clare McKeaveney (School of Nursing and Midwifery, Queen's University Belfast), Prof. Marian Traynor (School of Nursing and Midwifery, Queen's University Belfast), Dr. Susan A. Clarke (School of Nursing and Midwifery, Queen's University Belfast)

Abstract

Background: Previous research has established a link between effective transformational leadership and improved patient care outcomes, but there is a gap in understanding how this association is affected. Our hypothesis is that transformational leadership leads to structural empowerment enabling registered nurses' clinical leadership, which then directly leads to improved patient care, but there are many confounding variables that could distort this pathway.

Aim/Objective: To examine how confounding variables affect the relationship between transformational leadership, structural empowerment, clinical leadership, and patient care outcomes.

Methods: A cross-sectional study was conducted, using an online survey to assess transformational leadership, structural empowerment, clinical leadership, and patient care outcomes. Confounding variables considered were the gender, ethnicity, and years of experience of head nurses. The data was collected between December 2021 and January 2022. Data were analysed using Spearman's correlation, Kruskal Wallis and Mann-Whitney tests in SPSS.

Results: A total of 664 surveys were analysed, and significant positive correlations were found between transformational leadership and structural empowerment, structural empowerment and clinical leadership, and clinical leadership and patient care outcomes. Confounding variables statistically significantly impacted registered nurses' perceptions, with the gender of the head nurse having the strongest effect on clinical leadership, patient adverse events, and quality of nursing care. Ethnicity also had a significant effect on transformational leadership, clinical leadership, and quality of nursing care. Head nurses' years of experience also significantly impacted transformational leadership and quality of nursing care.

Conclusion: This study highlights the importance of understanding the impact of confounding variables, such as gender, ethnicity, and years of experience of head nurses, on the relationship between transformational leadership, structural empowerment, clinical leadership, and patient care outcomes. Healthcare organisations should address these variables to foster more effective and inclusive leadership practices, empowering registered nurses to develop clinical leadership skills and deliver quality patient care.

References

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Lead Presenter Biography

Abdulaziz Alanazi

I'm a nurse leader with an MSc in Nursing Science from The University of Salford. My PhD research is focused on nursing leadership. I aim to create more inclusive cultures of transformational leadership that improve patient outcomes. My goal is to help healthcare organizations develop effective leadership practices that empower nurses to enhance the quality of patient care. I'm actively involved in the nursing community as a mentor and participant in professional organizations and conferences. I hope to contribute to the ongoing development of the nursing profession.

Poster 19 | From exploration to explanation: Is there a place for Critical Realist Approaches in Nursing Research?

Wednesday, 6th September - 13:45: Poster tour C | Pt 1 Leadership and management | Pt 2 Methodology - Poster - Abstract ID: 402

Mrs. Sally Bassett (Oxford Brookes University), Ms. Helen Ayres (Oxford Brookes University)

Abstract

Healthcare has never been so complex. This is reflected in the issues researchers are required to study in their role in providing answers for the real-world issues encountered by those operating in healthcare organisations. It is argued that the positivist/interpretivist dichotomy prevails in nursing research, yet there are ways in which rigorous border crossing of methodology can be deployed in order to effectively meet research demands. Drawing on insights from our experience of undertaking qualitative nursing research, we suggest that critical realism offers a valuable perspective from which to approach the complex healthcare context.

This poster first presents a critical realist approach to the thematic analysis of data from a study which set out to explore perspectives and explanations of successful chief nurse leadership on English NHS Trust Boards. Semi-structured interviews were conducted with 20 participants from a sample of current and retired chief nurses, medical directors, chief executives, and senior colleagues. Shared experiences included navigating the liminal space from appointment to established tenure. Further, the gendered nature of nursing and medical work in the boardroom where, as a performance stage, power may not be equally held.

The poster then describes recommendations for further research arising from an exploratory study of the experiences of mental health nurses who had been assaulted by patients in secure settings. 16 nurses were interviewed and data were analysed using reflexive thematic analysis. The findings of this study centred on the normalisation of such assaults, the impact this had on nurses' experiences and the ways in which this oppressive narrative was maintained. The aims of the study and the method chosen for analysis did not seek to offer causal explanations for the normal narrative.

These real-world problems demand that nurse-researchers recognise the false dichotomy of traditional research positions and confidently extend their methodological approaches.

Lead Presenter Biography

Sally Bassett

Sally's senior career has involved working in education, clinical effectiveness, governance, policy and as a director of nursing. As a director in the Forensics Practice at PwC professional services, she was involved in the review of Mid-Staffordshire, Winterbourne View and the Keogh Reviews. Sally's participated in the international Ebola and MERS crisis responses. Sally joined Marie Stopes UK as the chief nurse before commencing her current post as a senior lecturer at Oxford Brookes, leading modules including Leadership in Health and Social Care. Sally is studying for her professional doctorate in nursing, exploring the perceptions of successful chief nurse leadership.

Poster 20 | Identifying Validated Measures to explore the working lives of Menopausal Women in Healthcare: a scoping review

Wednesday, 6th September - 13:45: Poster tour C | Pt 1 Leadership and management | Pt 2 Methodology - Poster - Abstract ID: 466

Mrs. Katharine Gale (North Bristol NHS Trust), Dr. Sam Harding (North Bristol NHS Trust), Mrs. Sarah Rudd (North Bristol NHS Trust)

Abstract

Menopause is a natural time in every woman's life when her menstrual periods stop, usually between 45 and 55 years (NICE, 2019). Menopausal symptoms affect three-quarters of women, with 25% reporting severe effects (BMS, 2021). Within the workplace, 60% of women experiencing menopausal symptoms say it has had a negative impact on their work (CIPD, 2022).

Internationally, there is surprisingly limited research into supporting women through menopause at work (Verdonk, et al 2022). However, there has been a significant increase in interest represented by editorials and commentary in published literature in the last two years (Rees et al, 2021). Unfortunately, there has been even less focus on the experiences of menopausal women working in the healthcare setting, particularly the NHS.
A scoping review was conducted to explore the research using validated measures and identify tools available to help understand the working lives of menopausal women within healthcare settings.
Scoping reviews may be conducted when a broad exploration of the literature is needed but the extent of current evidence on a topic unclear (Munn et al, 2018). This contrasts with systematic reviews which are narrower in focus (Peters et al., 2020). Therefore, a scoping review methodology best aligns with objectives of this study

The database search found over 13,000 papers and uploaded these to the Rayaan database allowing blind assessment of the papers by two independent reviewers. Nine papers were retained within the review and a narrative synthesis of the findings will be reported.

References

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Lead Presenter Biography

Katharine Gale

Katharine is a registered nurse with nearly three decades of working in the NHS as a senior nursing leader in women's health.
She is the current chair of RCN Women's Health Forum and received charitable funding to research 'The Working Lives of Menopausal Women in the NHS' within one acute NHS organisation. As an Independent Consultant Nurse & certified coach & trainer, she now empowers women with the key information they need to understand their bodies and minds around midlife. In addition, she works with organisations to enable them to support women in the workplace around menopause confidently.

Poster tour D | e-Health

Poster 21 | An ethnomethodological study to understand how nurses, in an acute care setting, sensemake care

Wednesday, 6th September - 13:45: Poster tour D | e-Health - Poster - Abstract ID: 61

Dr. Raymond Healy (London SouthBank University)

Abstract

Methodology – The study uses ethnomethodology to explicate how members of a particular social group, nurses in an acute hospital ward, create and maintain a sense of order in social life and how they shape, construct, and maintain their everyday worlds. Data were collected in two surgical wards in an acute hospital (2019-2020) to triangulate different constructions of reality and generate a broader understanding. Methods used were the shadowing of eight nursing shifts, followed by semi-structured interviews with six registered nurses and a review of the nursing section of the Electronic Patient Record system. Analysis was an iterative process, with the data collected from each phase coded to identify the key areas of understanding.

Findings – The main finding is that nurses do not have one single understanding of nursing care. Instead, they construct and maintain multiple realities of care to structure how they deliver care. This finding suggests that nurses move seamlessly and unknowingly through these realities; this is supported by their use of specific language that they can adopt.

The exploration of the EPR found that the full complexity of nursing care was not appreciated or captured. In addition, the language used by nurses to create and maintain their realities was influenced by the EPR.

Conclusion – In appreciating the complexity of the realities of nursing care, this study has shown that nurses construct and maintain multiple realities; and have not been adequately prepared to manage these multiple realities in practice.

Implications - Policy needs to reflect the work involved in managing these different realities. Without this appreciation, nurses will remain ill-prepared, and attempts to determine the resource required will fail to reflect the complexity of care that nurses provide. Workforce planning and staffing calculation are based on a single reality, therefore underappreciating the value of nursing care.

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Lead Presenter Biography

Ray Healy

Dr Ray Healy is NMBI's Director of Registration. He is a Registered General Nurse, having worked in orthopaedic and neurosurgical settings across public and private services at St James's Hospital, Dublin, in the NHS England, and hospitals in Dublin.

Ray was a Project Officer in the Chief Nursing Officer's Office in the Department of Health, managing the Safe Nurse Staffing policy. Ray holds an MSc in Leadership from the RCSI and recently completed his Doctorate in Nursing from London South Bank University, which focused on how nurses in an acute care setting define the care they provide.

Poster 22 | Digital nursing practice theory: A scoping review and thematic analysis

Wednesday, 6th September - 13:45: Poster tour D | e-Health - Poster - Abstract ID: 125

Mr. Matthew Wynn (University of Salford), Dr. Cristina Vasilica (University of Salford), Dr. Lisa Garwood-Cross (University of Salford), Dr. Dilla Davis (University of Salford)

Abstract

Aims

This scoping review aims to identify existing theories associated with digital nursing practice to add a lens on the future use of digital technologies by nurses.

Design

A review of theories related to digital technology in nursing practice was conducted following the framework described by Arksey and O'Malley. All published literature up until 12th May 2022 was included.

Data sources

Seven databases were utilised including Medline, Scopus, CINAHL, ACM Digital Library, IEEE Xplore, BNI and Web of Science. A Google Scholar search was also performed.

Review methods

The search terms included (nurs* AND (digital OR technol* OR e-health or ehealth or digital health or telemedicine or telehealth) AND theory).

Results

The database searches yielded 282 citations. After screening, 9 papers were included in the review. These described 8 distinct nursing theories.

Conclusion

The focuses of the theories included the role of technology in society and nursing. How technology should be developed to support nursing practice. Health consumers' use of nursing informatics. The use of technology as an expression of caring and the preservation of humanness. The relationship between human persons and non-human actants and the creation of nursing technologies as caring in addition to existing technologies.

Three themes were identified including the role of technology as an agent within the patient environment; nurse interactions with technology to achieve 'knowing' of patients and the necessity of technological competence among nurses. Then, using Actor Network Theory (ANT) a zoom-out lens to map the concepts was proposed (The Lens for Digital Nursing (LDN). This study is the first to add a new theoretical lens on digital nursing.

Lead Presenter Biography

Matthew Wynn

Matthew has a clinical background in in tissue viability and infection control which he practiced in hospitals across central Manchester up until his appointment as a lecturer in nursing at the University of Salford in September 2020. His current research focuses on the use of digital technologies by nurses and how these can be used to improve clinical outcomes, particularly in the areas of tissue viability and infection control. He is currently leading Project ICE (Infection Control Estimate), this project involves the development of a software package for the management of outbreaks of communicable disease.

Poster 23 | ChatGPT and open artificial intelligence platforms in nursing education: a study protocol on student perspectives

Wednesday, 6th September - 13:45: Poster tour D | e-Health - Poster - Abstract ID: 299

Dr. Siobhan O'Connor (The University of Manchester)

Abstract

Background: Artificial Intelligence (AI) is an emerging area of informatics that is starting to impact on nursing and midwifery education. A recent systematic review of AI across the nursing and midwifery professions identified few research studies related to education and highlighted potential benefits along with the limitations and risks of these advanced computational techniques (O'Connor et al., 2022). Given the recent popularity of large language models such as ChatGPT and other open AI platforms many of which are freely available to use (Dwivedi et al., 2023), the perspectives of nursing students on these new digital tools would be useful to capture. ***Aims***: To explore the opinions of undergraduate nursing students on using open AI platforms such as ChatGPT in higher education. ***Methods***: A descriptive cross-sectional design will be employed, and a questionnaire distributed to a cross-section of nursing students on a Bachelor of Nursing programme to gather data related to the use of AI tools in higher education. The questionnaire will be devised based on existing literature on AI in higher education and piloted with a handful of experts from AI, nursing, and higher education. The data will be analysed using descriptive statistics and content analysis used to synthesise data from open-ended text boxes that will capture nursing students' perspectives in more detail. ***Conclusions***: Overall, this study could improve our understanding of nursing students' perspectives on AI tools in education, their current use of ChatGPT and other tools, along with their beliefs about the benefits and risks of these digital platforms in nursing education. This could help nurse educators appreciate the diversity of ways in which students may use AI tools for learning so that teaching and assessment methods can be adapted and refined, or new pedagogical approaches can be developed, implemented, and evaluated (O'Connor, 2023).

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Lead Presenter Biography

Dr Siobhán O'Connor

Dr Siobhán O'Connor is a Senior Lecturer at The University of Manchester and an Adjunct Associate Professor at Western University, Canada. She has a multidisciplinary background in both nursing and information systems, completing her PhD in health informatics, and has more than 15 years combined experience in industry, clinical practice, and higher education. Her teaching and research focus on the co-design, implementation, and use of technology in healthcare, with a particular interest in software, hardware, and computing systems that can support patient self-management. https://research.manchester.ac.uk/en/persons/siobhan.oconnor

Poster 24 | The InspireD reminiscence app.....a more personalised reminiscence experience for people living with dementia and their carers.

Wednesday, 6th September - 13:45: Poster tour D | e-Health - Poster - Abstract ID: 190

Prof. Assumpta Ryan (Ulster University), Dr. Claire McCauley (University of Ulster), Prof. Maurice Mulvenna (Ulster University), Prof. Raymond Bond (Ulster University), Dr. Kyle Boyd (University of Ulster), Dr. Deborah Goode (Ulster University), Ms. Aoife Conway (Ulster University), Dr. Deirdre Harkin (Ulster University), Ms. Ashleigh Davis (Dementia NI)

Abstract

Background: Reminiscence is widely used as a psychosocial intervention in dementia care. This study investigated the outcomes of a nursing led initiative, InspireD- a home based individual specific reminiscence intervention facilitated by an iPad app for people living with dementia and their family carers.

Method: The study used a quasi-experimental design with three phases. Phase 1: A User Development Group comprising a paired sample of 6 people living with dementia and their family carers worked with the research team to design and test the technology. Phase 2: The InspireD reminiscence app was then used at home for 12 weeks by 30 people living with dementia and their family carers. Outcome measures examined the impact of reminiscence on mutuality, wellbeing, quality of life and quality of the relationship between participants living with dementia and their family carers. Phase 3: Individual interviews were conducted with a sample of participants (n=31) to explore their experience of the intervention.

Results: People living with dementia used the app independently and more frequently than their carers. There were statistically significant increases in mutuality ($p < .0005$), quality of caregiving relationships ($p < .0005$), and emotional well-being ($p < .0005$) from baseline to endpoint for people living with dementia. For carers, there were no significant changes in these outcome measures from baseline to endpoint. Participating dyads perceived the intervention as a positive experience which focused on gains rather than losses in the context of memory retention and learning new skills.

Conclusion: Individual specific reminiscence supported by an iPad app can deliver positive outcomes for people living with dementia and their carers. See https://www.theinspiredapp.com/ for more information and publications

Lead Presenter Biography

Aoife Conway

Aoife Conway is a lecturer in the School of Nursing and Paramedic Science at Ulster University. Aoife is a registered mental health nurse and specialises in the care of older people. She has a particular interest in improving care for people living with dementia. Aoife is currently working on two interconnected programmes of research 1) the InspireD (Individual Specific Reminiscence in Dementia) research study which explores the use of an app in personalised reminiscence 2) a project to improve dementia education to pre-registration nurses.

Poster 25 | Co-designing a virtual reality based mindfulness application to improve glycaemic control and reduce diabetes distress: a study protocol

Wednesday, 6th September - 13:45: Poster tour D | e-Health - Poster - Abstract ID: 325

Dr. Siobhan O’Connor (The University of Manchester), Dr. Alan Davies (The University of Manchester), Dr. Nicola Milne (Northenden and Brooklands (Wythenshawe) Primary Care Network), Dr. Kelly Birtwell (The University of Manchester), Dr. Paula Bennett (Health Innovation Manchester)

Abstract

Background: Type 2 diabetes is a chronic metabolic disease with long-term complications such as blindness, stroke, or renal failure. Effective management requires daily self-care but the intensity of this and fear of diabetic complications can cause psychological issues such as diabetic distress which is negatively associated with self-management and HbA1c level (Perrin et al., 2017). Mindfulness, a third-wave cognitive therapy, emphasises awareness and non-judgemental acceptance of thoughts, feelings, and bodily sensations. It is widely used as a non-pharmacological strategy and may reduce distress and HbA1c levels and promote self-care in people with type 2 diabetes (Ngan et al., 2021). However, face-to-face programmes can be limited by cost, poor accessibility, lack of availability, and drop out. Digital mindfulness apps may address these. A review of virtual reality (VR) based mindfulness found some improvement in anxiety, depression, and sleep as VR offered more immersive, audio-visual environments (Ma et al., 2022).

Aims: This study aims to co-design a VR mindfulness application and explore its use in people with type 2 diabetes.

Methods: A 3-phased mixed methods feasibility approach will be used. Commercial mindfulness apps will be reviewed to identify useful design features and functionality, and interviews with mindfulness experts will be employed to identify key concepts for a virtual mindfulness experience. People with type 2 diabetes will be recruited to co-design a new VR mindfulness app. Phase 2 will develop a bespoke VR mindfulness application using the university VR lab. Phase 3 will explore the usability and acceptability of the VR mindfulness app with people with type 2 diabetes.

Conclusions: The main outcome will be a bespoke VR mindfulness application to help people with type 2 diabetes improve glycaemic control and reduce diabetic distress, leading to better outcomes long-term.

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Lead Presenter Biography

Dr Siobhán O’Connor

Dr Siobhán O’Connor is a Senior Lecturer at The University of Manchester and an Adjunct Associate Professor at Western University, Canada. She has a multidisciplinary background in both nursing and information systems, completing her PhD in health informatics, and has more than 15 years combined experience in industry, clinical practice, and higher education. Her teaching and research focus on the co-design, implementation, and use of technology in healthcare, with a particular interest in software, hardware, and computing systems that can support patient self-management. https://research.manchester.ac.uk/en/persons/siobhan.oconnor

Poster 26 | Examining machine learning in a digital physical activity intervention to predict and prevent falls in older adults: protocol of a mixed methods feasibility study

Wednesday, 6th September - 13:45: Poster tour D | e-Health - Poster - Abstract ID: 97

Dr. Emma Stanmore (The University of Manchester), Dr. Siobhan O'Connor (The University of Manchester), Ms. Syeda Taqya Amna Arslan (The University of Manchester), Dr. Mauricio Alvarez (The University of Manchester)

Abstract

Background**:** Falls often lead to minor and major injuries and are a risk to morbidity and mortality. Accessibility and adherence to in-person exercise programmes among older adults to prevent falls can be low (Sherrington et al., 2020). Hence, digital physical activity interventions are being designed and tested to improve how older people exercise, to improve physical and mental health and prevent fall (Stanmore, 2021). A systematic review found that artificial intelligence (AI) techniques may improve the prediction of falls among older adults in hospital or simulated settings, but community-based datasets were lacking (O'Connor et al., 2022). These could offer more accurate and up-to-date predictions of older adults at risk of falling and sustaining injuries at home or in a care home. ***Aims*****:** To utilise a novel digital physical activity application called KOKU (https://kokuhealth.com/) to measure falls risk and help prevent falls among older adults in the community. ***Methods*****:** A mixed methods feasibility study will recruit older people to use the KOKU app to collect exercise and falls related data which will be analysed via machine learning techniques. These algorithms will be utilised to create a prediction model of falls risk in older adults in the community. This will inform the co-design of an AI-based digital dashboard with older people to educate them about their falls risk and provide them with evidence-based strategies via the KOKU app to prevent falls. ***Conclusions*****:** Overall, it could improve the prediction of falls risk and the provision of preventative fall strategies by leveraging the KOKU app, AI analytics, and participatory design to help reduce the occurrence of falls among older adults in the community.

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Lead Presenter Biography

Dr Emma Stanmore

Dr Emma Stanmore is a Reader at the University of Manchester. She has over 20 years combined experience in healthcare research focus ing on health innovation (new ways of delivering care or use of digital health technologies to promote uptake, access to services and avoid hospitalisation) and the promotion of healthy ageing. Emma researches falls incidence, fear of falling and risks for people with rheumatoid arthritis, user-centred health technologies in rehabilitation (RehabMat to measure balance using iMagiMat technology), the effectiveness and cost-effectiveness of Exergames (gamified active-video games that track real time adherence) for falls prevention exercises amongst older people. https://research.manchester.ac.uk/en/persons/emma.stanmore

Poster 27 | Technology in healthcare - using digital resources to improve education in oncology research

Wednesday, 6th September - 13:45: Poster tour D | e-Health - Poster - Abstract ID: 9

Ms. Cathy Batista (Royal Free London NHS Foundation Trust), Mr. Christopher Sousa (Royal Free London NHS Foundation Trust)

Abstract

Working in oncology health research is an amazing job, we work in some amazing teams looking at how innovative new treatments can help treat different tumour groups that are rarely forgiving. Due to the nature of our work and how vast our team is we've never had a structed induction system, we found depending on what tumour group you worked in, you would need to learn different things, go various departments of the hospital and meet different staff members. As our team had new members join, we received feedback that they felt our induction required more structure, so we have tried to develop new tools to facilitate this, one of those is the induction guide.

This guide was developed on a platform that allowed us to make it more interactive with videos and links to different helpful websites, but also colourful so it would engage attention and not leave the reader disinterested. We have pulled in information from various reliable sources and have tried to make it as user friendly as possible. We have also used animation to help break up large pieces of information. Making it electronic means we are not wasting resources by printing it out but it also makes it easy to update as information changes, we can easily add or take away information as we get feedback from readers.

Subsequently, we have had some really positive feedback from readers stating they found the guide interactive, colourful, fun but also a resource they will return to in the future. We went further by making it easier to access via a QR code. We also created a very short survey so readers can leave feedback anonymously.

A resource that readers find helpful, fun and that can be easily tailored to specific departments as healthcare changes.

Lead Presenter Biography

Cathy Batista

I have worked in the NHS for 5 years, I started my career in oncology and I have never looked back. I have worked in ENT, plastics, ITU, oncology surgery and I finally found my passion in research during the pandemic. I have now worked in research for over 2 years, I started by helping in the neuro endocrine tumour trials, I then moved over to co-ordinate the GI trials, I am now the senior oncology nurse leading the breast portfolio, managing a small team covering 17 open trials with a further 10 in set up.

Poster 28 | Artificial Intelligence and Big Data. Exploring Current and Future Nursing Practitioners’ Views on the Future of Healthcare and Education

Wednesday, 6th September - 13:45: Poster tour D | e-Health - Poster - Abstract ID: 450

Dr. Antonio Bonacaro (University of Suffolk), Dr. Ivan Rubbi (University of Bologna), Dr. Giovanna Artioli (University of Parma), Prof. Leopoldo Sarli (University of Parma), Dr. Federico Monaco (University of Parma), Dr. Massimo Guasconi (University of Parma)

Abstract

Background

ChatGPT, is a novel language model developed by OpenAI that has the potential to play a role in healthcare provision (Biswas, 2023). By generating a human-like text based on large amounts of data, ChatGPT has the potential to support patients, communities, and healthcare practitioners in making informed and evidence-based decisions about their health (Burger, 2020). Furthermore, this innovative language model has been recently identified as a potential threat to the educational system as it allows students to produce essays and presentations rapidly and effortlessly (Cotton et al., 2023). Similarly, educators may avail this promising system to organise ideas and produce teaching materials.

Aim

This study aims at exploring nursing practitioners’, educators’, and students’ views on how ChatGPT would potentially impact on the world of healthcare and education in the foreseeable future and the possible repercussions this may cause in the nurse-patient relationship.

Methods

An observational study will be conducted on a convenient sample of nursing practitioners, educators, and students voluntarily recruited in a Northern Italy University. An online questionnaire based among others on multiple choice and Likert-type questions will be administered in April 2023.

Conclusion

Data analysis would hopefully provide us with insights on how ChatGPT is regarded by current and future nursing professionals. This would probably help us understanding to what extent participants would be inclined to adopt artificial intelligence in their daily practice. Similarly, nurse educators and students would inform future practice by possibly pointing out strategies allowing an ethical use of such system in academia.

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Lead Presenter Biography

Dr Antonio Bonacaro, Associate Professor in Nursing

Dr Antonio Bonacaro is a passionate academic with over 20 years of experience in Higher Education. He has been working in different teaching and research roles in several countries. In 2010, Antonio completed his PhD focusing on the role of simulation fidelity in teaching basic life support to nursing students. He has been presenting in international conferences in different areas including pain. Antonio currently works as Associate Professor in Nursing at the University of Suffolk (UK) while holding a position as Research Fellow at the University of West Attica (Greece) and as Visiting Professor at the University of Parma (Italy).

Symposium 1 - Embedding a culture of research in nursing

Embedding a Culture of Research in Nursing: Self-assessment Organisational Readiness Tool (SORT) for nursing research capacity development: a Delphi study

Wednesday, 6th September - 14:20: Symposium 1 - Embedding a culture of research in nursing - Symposium - Abstract ID: 202

Prof. Julie McGarry (University of Sheffield), Prof. Parveen Ali (University of Sheffield)

Abstract

In response to the Chief Nursing Officer (CNO) for England strategic plan for research a commissioned study was undertaken to develop a 'research readiness' tool (SORT). Conceptual frameworks/tools had been developed previously (Cook et al. 2018), but no off-the-shelf tools were available to assess organizational capacity with respect to research. The overall study design adopted a Delphi approach(McPherson et al. 2018).. Ethical approval granted. Delphi is a research approach beneficial to solving real-world problems, systematically collecting/aggregating informed judgments of a group of people considered to be 'experts' A draft of organisational indicators to support research capacity development (RCD) were shaped by theory of RCD mechanisms, literature, CNO report themes, experiential knowledge, and relevance for nursing. Expert involvement was executed in two ways. Firstly, working with nine members of Expert Working Group (EWG) who co-produced the statements and supported decision making through project workshops. Secondly, 43 experts were invited to join a Delphi Panel and complete two online Delphi questionnaires that asked their opinion about including the statements based on relevance to RCD. Twenty-eight and 21 participants contributed to round one and two respectively. Eighty-three statements were included in the first-round and 46 in the second round. Panel participants were asked to express their views about the inclusion of the statements in the final tool using a five-point Likert Scale. The weighted mean of responses for each statement were calculated. Consensus was set at 70% agreement based on EWG advice. Items that reached this level were included in the final SORT prototype. Consensus was achieved on 47 statements in round one and 13 statements in round two. The final SORT prototype has 60 statements distributed across the five themes of the CNO strategy. This presentation will focus on the prototype development and next steps for testing of the prototype SORT.

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

Lead Presenter Biography

Julie McGarry

Professor Julie McGarry is a registered nurse in adult and mental health fields of practice and an established researcher with expertise and professional background in the field of safeguarding (adults and children), gender-based violence, intimate partner violence/domestic abuse and sexual harm with a focus towards survivors' experiences and the development of effective multi-agency responses.

Julie has published widely and disseminated her work through national and international conferences and invited keynote speaker presentations.

Julie’s current role is partnered with Sheffield Teaching Hospitals NHS Foundation Trust.

Embedding a Culture of Research in Nursing: Identifying the Challenges and Building for the Future

Wednesday, 6th September - 14:20: Symposium 1 - Embedding a culture of research in nursing - Symposium - Abstract ID: 397

Prof. Parveen Ali (University of Sheffield), Prof. Julie McGarry (University of Sheffield), Prof. Jo Cooke (University of Sheffield), Prof. Joanne Cooper (NHS England)

Abstract

On the 22nd November 2021 the Chief Nursing Officer (CNO) for England published the strategic plan for research entitled 'Making Research Matter'. The purpose of the report was to set out the CNO's ambition to cement a research culture within healthcare systems where nurses lead, participate, and deliver research and where research is fully embedded in practice and professional decision making for patient benefit. There are five themes which underpin the vision for the strategy and these are: i) aligning nurse-led research with public need (person centred research); ii) releasing nurse's research potential; iii) building the best research system (Building capacity and capability); iv) developing future nurse leaders of research; v) digitally enabled nurse-led research (digital capacity).

While the original CNO report is bounded geographically within England, similar work is or has been in development beyond this context. Moreover, embedding a culture of research in nursing remains a global theme and challenge for nursing and as such this symposium has relevance both nationally and internationally.

This symposium will provide a forum for nurses from across a range of backgrounds both within the UK and internationally to come together in order to critically examine contemporary research landscapes, identify existing challenges and emerging approaches to engaging, embedding and leading nursing research across health and care settings.

Drawing on their collective expertise and current research, the presenters will present a range of perspectives and will welcome wider debate and discussion within one overarching theme of '**Embedding a Culture of Research in Nursing: Identifying the Challenges and Building for the Future'.**

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Cooke, J., Gardois, P. and Booth, A. (2018) Uncovering the mechanisms of research capacity development in health and social care: a realist synthesis. Health research policy and systems, 16(1),pp.1-22.https://health-policy-systems.biomedcentral.com/articles/10.1186/s12961-018-0363-4

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Lead Presenter Biography

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

Embedding a Culture of Research in Nursing: Refinement of SORT tool and development of Maturity matrix

Wednesday, 6th September - 14:20: Symposium 1 - Embedding a culture of research in nursing - Symposium - Abstract ID: 398

Prof. Parveen Ali (University of Sheffield)

Abstract

Nurses are integral part of any healthcare system and as we discussed already, its high time, we should acknowledge their role and develop research capacity. The challenge usually is to how to help organisations assess their ability to support nurses (and other professionals) involvement and engagement in research. To overcome this, the SORT tool was developed, though developing a stand alone tool is not enough, as those responsible for assessing organisational readiness may also need guidance about how to use the tool to assess readiness, how to interpret and make sense of results and how to develop an action plan. The phase two to SORT development project aimed to develop a toolkit and guidance to enable this. We used a combination of quantitative and qualitative (participatory) approaches to develop a toolkit and this section of the symposium aims to share our learning from this exercise. We will explain why and how the toolkit was developed. We will explore the process of the development and pilot testing of the toolkit and how the feedback was incorporated and what challenges we faced during this aspect of the project. We will provided examples for the participants to enhance their understanding the toolkit and how to use it effectively within their organisations.

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Lead Presenter Biography

Parveen Ali

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

Embedding a Culture of Research in Nursing: How can organisations 'get SORTed' to support research capacity development in nursing?

Wednesday, 6th September - 14:20: Symposium 1 - Embedding a culture of research in nursing - Symposium - Abstract ID: 400

Prof. Parveen Ali (University of Sheffield), Prof. Jo Cooke (University of Sheffield)

Abstract

To build research capacity in nursing clinical practice we must support individuals to develop their skills and confidence, but importantly we have to change systems within health and care organisations to reduce barriers and ensure research is accepted and integrated into practice. This paper focusses on organisational support needed to build a culture of research in nursing. There are many examples where individual nurses have acquired the ability to lead research, but the organisation does not recognise or utilise these skills (Hampshaw et al (2022), particularly in post-doctoral progress and career pathways (Dickinson 2017), and a lack of organisational leadership and support has been recognised Carrick-Sen et al (2019). We therefore need to think about ways to plan for a future that includes research as an integral part of nursing practice.

We have described earlier how we developed SORT as a tool to help organisations reflect where they are in supporting research capacity in nursing. This paper describes how organisations can use SORT to assess their Research Capacity Development (RCD) status, highlighting areas of strength and those that need planning for improvement, but also where mechanisms to support RCD is put on the 'too difficult' pile.

The paper will encourage debate about how participants can take the learning from the early use of SORT to help their organisation get SORTed.

References

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Lead Presenter Biography

Jo Cooke

Jo has held various leadership posts in the NHS and academia that support research capacity building in health and social care that enable individuals, teams, and organisations to undertake, and use applied research. She has worked with international collaborations on research capacity development in Australia, Canada, and Finland, and has also provided capacity advice to national NIHR networks, NHS England, NMAHP professional bodies and Scottish Health Boards. Jo's research interests include research capacity development, the impact of conducting research in services, Co-creative approaches in research and public health, and the evaluation of interventions at the health and social care interface.

Symposium 2 - Impact of working in critical care during COVID-19 pandemic

Impact of working in critical care during the COVID-19 pandemic: critical care nurses' well-being, patient safety and quality of care (1).

Wednesday, 6th September - 14:20: Symposium 2 - Impact of working in critical care during COVID-19 pandemic - Symposium - Abstract ID: 432

Dr. Louise McCallum (University of Glasgow), Dr. Janice Rattray (University of Dundee), Dr. Beth Pollard (Aberdeen University), Ms. Teresa Scott (NHS Grampian), Dr. Stephen Cole (NHS Tayside), Dr. Alastair Hull (NHS Tayside), Dr. Jordan Miller (University of Aberdeen), Dr. Pam Ramsay (University of Dundee), Dr. Lisa Salisbury (Queen Margaret UNiversity), Prof. Diane Dixon (Edinburgh Napier University)

Abstract

Background

Critical care nurses (CCNs) were at the forefront of the COVID-19 pandemic response. Demands upon this vital workforce were significant and sustained over multiple surges in workload[1].

Aims

To understand the impact on CCNs of working in critical care during the COVID-19 pandemic, and the consequences for patient safety and quality of care.

Methods

From January to November 2021, UK CCNs (n=461) completed questionnaires assessing components of the Job Demands-Resources model[2] including job demands (e.g., mental load), job resources (e.g., staffing), health impairment (e.g., burnout) and organisational outcomes (e.g., quality and safety of patient care), using validated measures. Data were compared to pre-pandemic survey data (n=557) collected in 2018. We used regression analyses to identify predictors of health impairment and organisational outcomes.

Results

Compared to 2018, our data showed higher job demands, reduced job resources and a markedly increased prevalence of mental health impairment among CCNs. The risk of clinically significant health impairment was substantially elevated, with 76% of CCNs reaching threshold scores for psychological distress, 55% for burnout and 33% of CCNs reported clinically concerning post-traumatic stress symptoms (PTSD). Perceptions of quality of care and patient safety were poor, and substantially more care was left undone compared to 2018. Higher job demands, fewer job resources and poorer mental well-being predicted these organisational outcomes.

Discussion

Working during the pandemic significantly impacted CCNs' well-being and the quality and safety of patient care. There are likely long-term consequences for CCNs, as PTSD symptoms can be enduring, and burnout is infectious[3]. Importantly, organisational outcomes were strongly predicted by job resources, suggesting that their active enhancement will improve the quality and safety of patient care

Conclusion

Healthcare organisations must urgently consider how to meaningfully resource critical care units to promote CCN wellbeing and safe, high-quality patient care.

References

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Lead Presenter Biography

Dr Louise McCallum

Dr Louise McCallum is an ICU nurse by background, and a Senior Lecturer at the University of Glasgow.

Impact of working in critical care during the COVID-19 pandemic: “Like fighting a fire with a water pistol”: a qualitative exploration of work-related stress among critical care nurses during the pandemic (2)

Wednesday, 6th September - 14:20: Symposium 2 - Impact of working in critical care during COVID-19 pandemic - Symposium - Abstract ID: 409

Dr. Pam Ramsay (University of Dundee), Prof. Diane Dixon (Edinburgh Napier University), Dr. Janice Rattray (University of Dundee), Dr. Jordan Miller (University of Aberdeen), Dr. Louise McCallum (University of Glasgow), Dr. Lisa Salisbury (Queen Margaret University), Ms. Teresa Scott (NHS Grampian), Dr. Alastair Hull (NHS Tayside), Dr. Ben Young (University of Glasgow), Dr. Beth Pollard (University of Aberdeen), Dr. Stephen Cole (NHS Tayside)

Abstract

Background: “Burnout” and “moral injury” are not new phenomena within critical care, having been described since the 1970’s[1]. The pandemic, however, imposed extraordinary and sustained pressure upon critical care nurses (CCNs), with implications for their long-term psychological well-being, the quality and safety of patient care, and the retention and recruitment of staff[2].

Aims: To qualitatively explore work-related stress among CCNs during the COVID-19 pandemic, using a theoretical model of occupational stress.

Methods: We conducted individual semi-structured online or telephone interviews with 28 CCNs between May 2021-22 (waves 2 and 3 of the pandemic). The interview schedule was iteratively developed around the Job Demand-Resource Model of occupational stress[3]. Data were analysed deductively, with reference to its key components.

Results: Participants described the complexity, pace and amount of work, and the physical and emotional burden of providing care under intensely challenging circumstances as highly impactful “job demands”. Many reported emotional and physical exhaustion, concerns about the quality and safety of patient care, difficulty sleeping, and the wider impact of work-related stress on home and family life. Participants Relationships with colleagues were crucial “job resources”, including camaraderie, shared purpose and peer support. The extent to which their healthcare organisation (including senior staff) prioritised staff well-being was important.

Discussion: Our data offer powerful theoretical and “real world” understandings of the potentially long-term impact of the pandemic on CCNs’ well-being and should inform individual and organisational interventions to support recovery and retention.

Conclusion: Given ongoing crises in staffing, skill mix, recruitment and retention in the critical care nursing workforce, understanding job demands and resources is vital to supporting recovery.

References

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Lead Presenter Biography

Dr Pam Ramsay

Dr Pam Ramsay is an ICU nurse by background, a clinical-academic researcher, and a senior lecturer at the University of Dundee.

Impact of working in critical care during the COVID-19 pandemic: The experiences of nurses redeployed to critical care (3)

Wednesday, 6th September - 14:20: Symposium 2 - Impact of working in critical care during COVID-19 pandemic - Symposium - Abstract ID: 424

Dr. Lisa Salisbury (Queen Margaret UNiversity), Ms. Lucia Dahlby (Queen Margaret University), Dr. Jordan Miller (Aberdeen University), Dr. Pam Ramsay (University of Dundee), Dr. Louise McCallum (University of Glasgow), Dr. Janice Rattray (University of Dundee), Ms. Teresa Scott (NHS Grampian), Dr. Alastair Hull (NHS Tayside), Dr. Beth Pollard (Aberdeen University), Dr. Stephen Cole (NHS Tayside), Prof. Diane Dixon (Edinburgh Napier University)

Abstract

Background: The sudden surge in critical care admissions at the outset, and subsequent waves, of the pandemic created a need for additional nursing workforce in critical care. This was achieved by the rapid redeployment of nurses from other specialties (Juan et al, 2022).

Aims: To explore the impact on and experiences of nurses redeployed into critical care during the pandemic.

Methods: A UK-wide mixed methods study was undertaken with critical care (CCNs) and redeployed nurses (RDNs), underpinned by a validated model of occupational stress; the Job-Demand Resources Model (Bakker et al, 2014). The model informed the design of a survey (completed by 200 RDNs) and the content of in-depth interviews (with 16 RDN participants).

Results: Based on the survey data, 75% of RDNs reached the threshold for psychological distress; approximately 50% reported burnout and/or emotional exhaustion and a third reported clinically concerning PTSD symptoms, all these scores were similar to CCNs. Job demands increased (e.g. emotional load and physical effort) and job resources reduced (e.g. staffing). The interviews illuminated widely divergent experiences, which were influenced by overarching systemic and structural factors, including training and orientation, management and hospital administrative support, as well as social factors, including a sense of camaraderie and team cohesion. Negative experiences included a lack of individual recognition, acknowledgement and appreciation. Positive experiences included personal and professional satisfaction, team cohesion, and feeling competent and confident within the role.

Discussion: There was wide individual variation in experiences of being redeployed. For some the experience was distressing, adversely impacting their health and well-being.

Conclusion: The development of a well-defined redeployment process and support strategy could enhance RDNs' well-being and create a more adaptive workforce.

References

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Lead Presenter Biography

Lisa Salisbury

My main areas of research are the investigation and evaluation of rehabilitation interventions, in particular work around recovery after critical illness and stroke. This includes studies evaluating complex interventions and qualitative studies exploring patient and staff experiences to inform interventions.

Impact of working in critical care during the COVID-19 pandemic: how theory can inform practice, workforce planning and supportive interventions (4).

Wednesday, 6th September - 14:20: Symposium 2 - Impact of working in critical care during COVID-19 pandemic - Symposium - Abstract ID: 428

Dr. Louise McCallum (University of Glasgow), Dr. Janice Rattray (University of Dundee), Prof. Diane Dixon (Edinburgh Napier University), Dr. Lisa Salisbury (Queen Margaret UNiversity), Dr. Beth Pollard (Aberdeen University), Dr. Alastair Hull (NHS Tayside), Dr. Stephen Cole (NHS Tayside), Dr. Jordan Miller (University of Aberdeen), Ms. Teresa Scott (NHS Grampian), Dr. Pam Ramsay (University of Dundee)

Abstract

Background

To understand the impact of the COVID-19 pandemic on nurses working in critical care, we applied a theoretical framework – the Job-Demand Resources (JD-R) model[1.] This allowed us to conceptualise and test work-related stress and its consequences as interrelated components including job demands, job resources, personal resources; and consequences for staff including health impairment or diminishing motivation; or for the organisation[2].

Aim

To illustrate how a theoretical model of work-related stress can inform practice, workforce planning and supportive interventions for nurses working in critical care.

Methods

This was a mixed methods study comprising a survey measuring the components of the JD-R[1] model, which replicated a pre-pandemic (2018) study, and individual interviews. Relationships between and across the components were explored statistically, and the model provided a framework for the interview analysis.

Results

Application of the JD-R model[1] reduced work-related stress, a complicated phenomenon into clear measurable and interconnected concepts with several advantages. It allowed us to quantify the impact of the pandemic on each of the concepts and draw comparisons with the 2018 data (Abstracts 1 & 3). Secondly, we identified reliable predictors of health impairment, motivation, and organisational outcomes. Thirdly, this model allowed us to analyse the qualitative data in a structured way and facilitated the integration of study findings (Abstracts 1, 2 & 3).

Discussion

This mixed methods approach strengthened our understanding of the impact of the pandemic for the individual and healthcare organisations. The application of a theoretical model to the design and analytic processes enhanced the rigour of this work.

Conclusion

The JD-R model[1] is a useful model to apply to clinical practice. It enables a complicated phenomenon to be empirically captured to understand a real-world problem and identify potential interventions. Continued application of the model provides the necessary framework to evaluate those interventions[3].

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Lead Presenter Biography

Dr Louise McCallum

Dr Louise McCallum is an ICU nurse by background, and a Senior Lecturer at the University of Glasgow.

Symposium 3 -Multifactorial falls prevention in acute hospital

Multifactorial falls prevention in acute hospitals – Falling between a rock and a hard place, key findings from a realist investigation (1)

Wednesday, 6th September - 14:20: Symposium 3 -Multifactorial falls prevention in acute hospital - Symposium - Abstract ID: 267

Dr. Natasha Alvarado (University of Bradford)

Abstract

Background: Inpatient falls are an international patient safety concern, accounting for 30-40% of reported safety incidents in acute hospitals. A multifactorial falls risk assessment (MFRA) and tailored interventions are recommended practices to reduce risk of falls (NICE, 2013). However, there is unexplained variation in implementation of these practices.

Aims: To investigate variation in implementation of MFRAs and tailored interventions in acute hospitals.

Methods: Realist evaluation was used as a study framework to interrogate how, why and in what circumstances falls prevention practices were implemented. Four realist hypotheses were identified through a realist review: Falls leadership, Facilitation *via* MFRA tools, Shared responsibility, and Patient participation. We tested these hypotheses *via* a multi-site case study in older person and orthopaedic wards across three hospitals (November 2021 – June 2022). Data collection included ethnographic observations (251.25 hours); interviews with staff (n=50), patients and carers (n=31); and clinical record review (n=60). In this symposium, findings for Patient participation and Facilitation are reported in presentations two and three with presentation four discussing lay involvement.

Results: Nursing staff had primary responsibility for leading, delivering, and documenting falls prevention practices, a key part of which was patient supervision that was delivered in the form of cohorting, one-to-one care, and intentional rounding. Ward staff understood falls prevention as a multidisciplinary problem, but, in practice, the weight of responsibility was felt by nursing staff; in delivery of supervision, nurses and healthcare assistants were present on wards to potentially prevent a fall as it occurred. However, observations revealed that supervision did not always work as intended.

Conclusions: Organisations should consider if their MFRA and prevention practices are enacted in ways that connect and engage the multidisciplinary team; this may help ease the nursing burden by ensuring that preventing falls is not seen or treated primarily as an issue of supervision.

References

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Lead Presenter Biography

Natasha Alvarado

I am a Senior Research Fellow in Applied Health Research at the University of Bradford. My research interests include evaluating how complex healthcare interventions work using theory-driven approaches such as realist evaluation.

Multifactorial falls prevention in acute hospitals - Partners for safety. Engaging patients as partners in falls prevention (2)

Wednesday, 6th September - 14:20: Symposium 3 -Multifactorial falls prevention in acute hospital - Symposium - Abstract ID: 268

Dr. Lynn McVey (University of Bradford)

Abstract

Background: In the realist review of the international literature, engaging patients as partners in their own falls prevention was a key falls prevention strategy, which can support the tailoring of care plans to patients' individual needs and thereby reduce their risk of falling.[1] However, little is known about the nature of interactions that generate such involvement or how patients with cognitive impairments and their carers can be involved.

Aims: To determine how, why and in what contexts older inpatients in acute English hospitals participate as partners in falls prevention and the impacts on their falls risks.

Methods: This presentation will draw on analysis of fieldnotes from the ethnographic observations and interviews with patients/carers and staff from the multi-site case study. Data were analysed using Framework Analysis by researchers and lay people.

Results: Staff encouraged patients to participate, e.g. by using call-bells and waiting for help before mobilising. The quality of such interactions (including the extent to which staff and patients were relationally-engaged) impacted on patient participation. A constraint was lack of nurse time for such conversations, though other people with more time played important roles, such as engagement support workers and carers/families. Where staff were delayed in responding, patients could take risks. Many patients had cognitive impairments which affected how they could participate and were supervised by staff, although lack of time also constrained this strategy.

Discussion: The quality of interactions was critical in creating interactive spaces where patients could partner with staff to prevent falls. This was equally important for cognitively impaired patients, supporting them to participate as far as they were able.

Conclusions: Hospitals may wish to consider introducing engagement workers to support falls prevention and to focus on developing the interactional skills and attitudes that underpin partnership working in training programmes.

References

Alvarado, N., McVey, L., Wright, J. et al. Exploring variation in implementation of multifactorial falls risk assessment and tailored interventions: A realist review. PREPRINT (Version 1) available at Research Square.

Lead Presenter Biography

Lynn McVey

Lynn is a research fellow in applied health research at the University of Bradford and was formerly a counsellor. Her involvement in this research project came from her interest in how people work together to improve safety, and the relational processes that support this.

Multifactorial falls prevention in acute hospitals – Ticking the box: do IT systems help or hinder nurses' approach to falls prevention? (3)

Wednesday, 6th September - 14:20: Symposium 3 -Multifactorial falls prevention in acute hospital - Symposium - Abstract ID: 266

Prof. Rebecca Randell (University of Bradford)

Abstract

Background: Falls risk assessments included in electronic patient records (EPRs) have variable impacts, yet research suggests health IT use can reduce falls by guiding intervention selection (Dykes et al., 2010).

Aims: To understand how health IT is used in falls prevention and to what extent it facilitates a multidisciplinary, multifactorial approach.

Methods: This presentation will draw on the realist review and analysis of ethnographic fieldnotes, transcripts of interviews with staff, and record review from the multi-site case study, focusing on practices of completing falls risk assessments in the EPR and nurses' attitudes towards this.

Results: The realist review suggested that, if health IT tools are clearly visible and relatively quick and easy to use, with some automation but allowing for clinical judgement, nurses will integrate them and recommended practices into their work processes. In the multi-site case study, documentation for falls risk assessment and the falls care plan were incorporated into the EPR and completed consistently, although assessment items varied across sites. Documentation was perceived as burdensome, with some information needing to be entered into the EPR several times within multiple forms. Available laptops-on-wheels were not used for contemporaneous bedside documentation; nurses typically updated care plans at the nurses' station, often on the night shift, and the burden could lead to a tick-box approach. Despite this burden, falls risk assessments were not utilised by other members of the multidisciplinary team.

Discussion: In the sites we observed, the current EPR design did not facilitate a multidisciplinary approach and increased nursing documentation burden, reducing nurses' time for care.

Conclusions: EPRs should be revised to support greater multidisciplinary team involvement in falls prevention and decrease documentation burden, hopefully reducing use of a tick-box approach. Greater standardisation in items included in falls risk assessments could also support alignment with NICE guidance.

References

Dykes PC, Carroll DL, Hurley A, Lipsitz S, Benoit A, Chang F, et al. Fall Prevention in Acute Care Hospitals: A Randomized Trial. JAMA. 2010;304(17):1912-8.

Lead Presenter Biography

Rebecca Randell

Rebecca joined the University of Bradford in January 2020 as Professor of Digital Innovations in Healthcare. Although she has a background in software engineering, her research is very much focused on the social; using qualitative and mixed methods, particularly observations, she seeks to understand how healthcare professionals carry out their work in order to inform the design of health IT to support that work and understand how health IT is used in practice.

Multifactorial falls prevention in acute hospitals - Involving lay contributors and the difference they made to the research (4)

Wednesday, 6th September - 14:20: Symposium 3 -Multifactorial falls prevention in acute hospital - Symposium - Abstract ID: 270

Mr. David M Woodcock (University of Bradford)

Abstract

Aim: To show how lay people can contribute equally with academic and clinical colleagues to a realist study on falls prevention in hospitals, bringing fresh, experience-informed perspectives to theory development, data analysis and project evaluation.

Background to the method: The importance of involving members of the public fully in the development, implementation and dissemination of research is increasingly recognised. Models which involve sharing power and responsibility and that build and sustain mutually respectful and productive relationships are recommended.[1] There have been calls for practical examples, to which this paper responds.[2]

Methodological discussion: We describe how the decision was made to involve lay contributors from the project planning stage through to dissemination of results, the role they played and the effect they had on the project and their co-researchers. Throughout the project this work was done by a Lay Research Group, comprising four lay people who had either fallen themselves or cared for someone who fell in hospital, chaired by a lay lead (who presents this paper). Examples will be given of the group's work, including developing an innovative method to evaluate the extent to which research takes patient and public perspectives into account, based on the UK standards for public involvement for better health and social care research.

Conclusion: Lay contributors' involvement in the research had a positive effect on the project and the individuals involved. They focused the study on areas that matter to patients and carers and they improved data collection tools. Their contribution to data analysis enabled more nuanced interpretation of findings and their evaluation framework provided evidence about how to strengthen research through lay involvement. We will share our experiences with attendees and provide tips they can apply in their own organisations.

References

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Lead Presenter Biography

David Woodcock

David Woodcock worked in central government, NHS and IT. After retiring he gained postgraduate research qualifications and a Master's Degree in Qualitative Psychology. He is passionate about lay involvement in research and has contributed, as a lay contributor or PPI representative, in several NIHR and other projects as well as creating a peer-interviewing method used to evaluate a six-year project looking at loneliness and social isolation amongst older people. He was the lay lead on the falls research project.

Multifactorial falls prevention in acute hospitals – Embedding research in practice: a panel discussion (5)

Wednesday, 6th September - 14:20: Symposium 3 -Multifactorial falls prevention in acute hospital - Symposium - Abstract ID: 271

Prof. Rebecca Randell (University of Bradford), Dr. Natasha Alvarado (University of Bradford), Dr. Lynn McVey (University of Bradford), Mr. David M Woodcock (University of Bradford), Dr. Frances Healey (NHS England)

Abstract

The research study on which this symposium is based considered why English acute hospitals vary in their implementation of multifactorial approaches to falls risk assessment and prevention. It identified four key areas that support multifactorial practices, concerned with leadership, using tools to facilitate risk assessment, sharing responsibility for falls prevention across multidisciplinary teams, and patient participation. Based on study findings, we have prepared guidance for hospitals to support them in identifying and responding to patients' individual falls risks, thereby embedding research in practice, a theme of this conference. During the panel session we will present this guidance, and audience members will be asked for their feedback and ideas. There will also be an opportunity to ask additional questions about any other issues that have arisen from the symposium. Panel members include Rebecca Randell, principal investigator, Natasha Alvarado and Lynn McVey, researchers on the study, lay lead David Woodcock and Frances Healey, international falls expert and member of the study's management group. Discussions will be chaired by Professor Rebecca Randell and the discussion will conclude with a closing statement from each member.

Lead Presenter Biography

Rebecca Randell

Rebecca researches how healthcare professionals work in order to inform the design of technology to support that work. She was Principal Investigator for the research study on which this symposium is based. She is motivated by the desire to develop technology that can support staff in undertaking falls risk assessments.

Symposium 4 - How is cancer care provided to patients in English prisons?

Paper 1: How is cancer care provided to patients in English prisons? Symposium summary

Wednesday, 6th September - 14:20: Symposium 4 - How is cancer care provided to patients in English prisons? - Symposium - Abstract ID: 99

Dr. Rachel Taylor (University College London Hospitals NHS Foundation Trust), Dr. Elizabeth Davies (King's College London), Dr. Margreet Luchtenborg (King's College London, NHS Digital), Prof. Rachael Hunter (University College London), Dr. Renske Visser (University of Surrey), Ms. Jennie Huynh (King's College London), Dr. Emma Plugge (University of Southampton, UK Health Security Agency), Prof. Jo Armes (University of Surrey)

Abstract

There are approximately 85,000 people in prison in England and Wales. This is an ageing population so it is anticipated there will be an increase in people diagnosed with cancer. Reports have highlighted the lack of care systems and planning for the management of non-communicable diseases. An initial scoping review identified no studies that had examined the experiences of people with cancer in prison. This symposium is reporting the results of the first study to examine cancer patients within the English prison population, patients' experiences of cancer care and how professionals caring for people in prison with cancer view their role in the patient's cancer journey.

In the first paper, Dr Davies will report analysis of national cancer registry data of patients diagnosed in prison, based on residential postcode. These are compared to a matched sample of patients in the general population. The second paper presented by Professor Hunter, presents the health economic analysis of cancer registry and linked hospital activity data to show the cost of cancer in prison. In our third paper, Professor Armes reports the in-depth qualitative study of patient experience of cancer in prison, and the perspectives of healthcare professionals (oncology and in prisons) of caring for this population, as well as the experience of prison officers who provide custodial care. Our final paper describes the work undertaken with KCL Policy Institute to translate findings from the study into recommendations for policy. These are anticipated to be presented at the House of Lords in July 2023.

The symposium will end with a discussion on the implications our study has not just for patients and professionals but also the societal impact.

Lead Presenter Biography

Rachel Taylor

Rachel is a nurse and leads research capability and capacity at UCLH, while also leading a programme of research in cancer service delivery and outcomes.

Paper 2: How is cancer care provided to patients in English prisons? How do cancer incidence, treatment and survival in the English prison population compare with the general population?

Wednesday, 6th September - 14:35: Symposium 4 - How is cancer care provided to patients in English prisons? - Symposium - Abstract ID: 363

Dr. Elizabeth Davies (King's College London)

Abstract

Background: With a growing and ageing prison population in England, accurate data on cancer incidence, treatment and outcomes is of increasing importance to inform prison health care. We investigated the incidence of cancer, access to treatment and survival in the English adult prison population compared with the general population.

Aims: We investigated the incidence of cancer, access to treatment and survival in the English adult prison population compared with the general population.

Methods: Quantitative epidemiological cohort and health economic analysis of cancer in English prisons using national cancer registry and Hospital Episodes Statistics data (1998-2017) for prison postcodes. We adopted a case-control approach in a 1:5 ratio based on 5-year age group, gender, diagnosis year, cancer site and disease stage. We used logistic regression and Cox proportional hazards modelling to compare access to curative treatment and survival, and adjusted for matching variables, ethnicity and comorbidity.

Results: We identified 2,015 cancers among 1,556 men and 459 women in prison. Women in prison were far more likely to be diagnosed with cervical cancer in situ than in the general population (IRR 2.13, 95% confidence interval (CI) 1.91-2.36). Age standardised incidence rates for men were initially lower than for the general population but increased to similar levels by 2017. People diagnosed in prison were less likely to undergo curative treatment (Odds ratio (OR) 0.53, 95% CI 0.43-0.66) than the general population. Being diagnosed with cancer in prison carries a small but significantly increased risk of death (Hazards ration (HR) 1.16, 95% CI 1.03-1.30). Treatment with curative intent explained half this increased risk (HR 1.08, 95% CI 0.96-1.22).

Conclusion: There is an increasing incidence of cancer in prisons; patients have fewer but longer hospital admissions and lower access to curative treatment. Their survival is lower compared with the general population, which warrants attention.

Lead Presenter Biography

Elizabeth Davies

Elizabeth is Reader of Cancer and Public Health at King's College London

Paper 3: How is cancer care provided to patients in English prisons? Cost of cancer care for patients in English prisons compared to a matched community cohort using routine National Health Service (NHS) records

Wednesday, 6th September - 14:50: Symposium 4 - How is cancer care provided to patients in English prisons? - Symposium - Abstract ID: 364

Prof. Rachael Hunter (University College London)

Abstract

Background: In England, people in prison are entitled to the same level of health care as those in the community, so cancer care should be equivalent between the two settings.

Aim: To calculate the cost of cancer to the prison and health services in England.

Methods: People diagnosed with cancer while in prison were identified in through the cancer registry (methods explained above). Six-months from diagnosis outpatient and inpatient HES data was costed using NHS Reference costs and inflated to 2017/2018 costs. The difference in costs between prison and cancer patients was calculated using general linear models, adjusting for matched factors plus Charlson index and ethnicity, with the most efficient model identified based on Akaike Information Criteria and the link test.

Results: 879 prison and 4326 community cancer diagnoses were identified. The adjusted 6-month cost of cancer care was significantly lower for people in prison (-£1284 95% CI -1788 to -780), driven by fewer outpatient attendances (OR 0.30 95% CI 0.23-0.40) and planned inpatient stays (OR 0.73 95% CI 0.60-0.80) and hence a significantly lower cost for planned care. People diagnosed in prison cost an additional £1286 (95% CI 1018-1554) per cancer diagnosis for emergency care than matched community controls. When the cost of security escorts is added prison cancer care costs an additional £9607 (95% CI 8382-10831) per cancer diagnosis.

Conclusion: Following a cancer diagnosis, people in prison have significantly lower planned care costs, but a higher cost for emergency care and an overall higher care cost due to security escorts.

Lead Presenter Biography

Rachael Hunter

Rachael is a professor of health economics at University College London

Paper 4: How is cancer care provided to patients in English prisons? What is people’s experience of being diagnosed and treated for cancer whilst in prison – a qualitative study.

Wednesday, 6th September - 15:05: Symposium 4 - How is cancer care provided to patients in English prisons? - Symposium - Abstract ID: 365

Prof. Jo Armes (University of Surrey)

Abstract

Background: More than 80,000 people are imprisoned each year in England and Wales, many of whom are older and have significant health needs. There is a dearth of research investigating the incidence of cancer in this population and none that explores their experiences of diagnosis and treatment. This study aimed to address this gap by identifying barriers and enablers to accessing cancer services.

Methods: We conducted 55 semi-structured interviews with: people with cancer in prison (n=24), custodial staff (n=6), prison healthcare staff (n=16) and cancer clinicians (n=9). Data were transcribed and analysed using reflexive thematic analysis.

Results: Our findings show that cancer care in prison is complex, not least because people in prison move between a patient and a prison environment. Three central organising concepts were identified: control and choice, communication, and care and custody. By mapping our findings to the cancer pathway we identified that people in prison follow a similar diagnostic pathway compared to people in the community. However, there are several barriers to diagnosis including health literacy, the process for booking a GP appointment and communication both between prison staff and with cancer clinicians. Not all barriers were specific to patients in prison, for example, late diagnosis, but many are exacerbated by the prison environment. Tensions between control and choice in prison healthcare impacted patients’ experience of cancer care in terms of symptom management, accessing information about their illnesses and the involvement of family in their care.

Conclusion: This is the first qualitative study to explore cancer care in prison from the experience of both patients and professionals. Our findings demonstrate the complexity of cancer care in custodial settings and identifies barriers and enablers to equitable cancer care provision and offers insights as to how cancer care for this population potentially could be improved.

Lead Presenter Biography

Jo Armes

Jo is a professor of cancer nursing at University of Surrey

Paper 5: How is cancer care provided to patients in English prisons? Informing policy - What could be the top three improvements to benefit those with cancer in prisons that are achievable in the next three years?

Wednesday, 6th September - 15:20: Symposium 4 - How is cancer care provided to patients in English prisons? - Symposium - Abstract ID: 366

Dr. Rachel Taylor (University College London Hospitals NHS Foundation Trust)

Abstract

Background: The cancer in prison study was undertaken specifically to inform changes to healthcare, to improve outcomes and experiences for people diagnosed with cancer in prison. Our final challenge was to extend our research evidence into public policy.

Aims: To develop the recommendations for policy makers to improve cancer care for people in prison.

Methods: A Policy Lab was held in 2022, which is a method of co-design bringing together key stakeholders (Hinrich-Krapels et al., 2020). Twelve professionals from the Ministry of Justice, UK Health Security Agency, NHS England and NHS hospitals, joined by three experts by experience, attended a three-hour virtual, interactive workshop. The evidence from the study was reviewed, participants generated a long list of possible improvements, then through consensus, prioritised the top improvements that could be implemented over the next 2-3 years.

Results: The top four recommendations were:

- Communicating to clinical teams how the prison system works, as part of efforts to join different parts of ‘the system’ and achieve a more integrated approach.
- Coordinating and promoting an effective approach to screening that significantly increases take-up and facilitates early intervention.
- Establishing ‘health champions’ amongst prisoners to advise and support others.
- Raising health literacy and awareness of symptoms using different media, especially TV and video.

Conclusions: Over the last four years we have developed the evidence to underpin recommendations to inform policy to improve the outcome and experience for people diagnosed with cancer in prison. These recommendations have been shared widely among the prison and cancer communities nationally as well as international forums. At the time of this symposium, they will also have been presented in the House of Lords. The outcome of this will be known at this time.

Lead Presenter Biography

Rachel Taylor

As paper 1

Symposium 5 - The National Institute for Health and Care Research (NIHR) Nursing and midwifery Incubator outputs and impact:

The NIHR Nursing and Midwifery Incubator outputs and impact - The Experiences of managers supporting Nurses, Midwives and Allied Health Professionals who want to undertake a research training opportunity: a pilot survey.

Wednesday, 6th September - 14:20: Symposium 5 - The National Institute for Health and Care Research (NIHR) Nursing and midwifery Incubator outputs and impact - Symposium - Abstract ID: 395

Prof. Michelle Briggs (Manchester University NHS Foundation Trust (MFT) & School of Health Sciences |The University of Manchester), Dr. nicola booth (Manchester University NHS FT)

Abstract

Background

The CNO England's strategic plan for research sets out a policy framework for developing and investing in research activity across the NHS. Key stakeholders in this plan are managers who are often asked to support their staff in research applications. This survey outlines the results of a Trust-wide survey in a NHS Trust to explore the experiences of NMAHP managers when supporting staff to apply for or undertake research opportunities.

Aims

The aim of the survey was to explore the experiences of NMAHP managers in supporting staff aspiring to apply and undertake research opportunities.

Methods A questionnaire was developed and shared with the NMAHPs research leadership team for comments. Amendments were made based on the review and face validity was agreed. There were 12 questions prioritised with both closed and open-ended questions and uploaded on to the SmartSurvey platform. The survey was circulated to Directors of Nursing, Midwifery and Allied Health Care Professionals with the request for it to be cascaded to staff in managerial positions.

Results 28 managers completed the SmartSurvey. The level of awareness of opportunities was high (75% - research internships through to post-doctoral fellowships). However, >50% had no experience of supporting applications. Only ¼ felt confident to facilitate NMAHP researchers' development. NMAHP managers reported the need for guidance around the application process, funding and backfill. Respondents noted positive impacts for staff, managers and the wider team.

Conclusions

Despite the challenges the managers identified multiple positive outcomes for supporting NMAHP researchers and would value further training.

References

1. Making research matter CNO for England's strategic plan for research November 2021
2. Newington, L., Wells, M., Adonis, A. et al. A qualitative systematic review and thematic synthesis exploring the impacts of clinical academic activity by healthcare professionals outside medicine. BMC Health Serv Res 21, 400 (2021).

Lead Presenter Biography

Michelle Briggs

Professor Michelle Briggs is a Clinical Professor of Nursing. This a joint post between the University of Manchester (UoM) and Manchester University Hospitals NHS Foundation Trust (MFT). She works to develop and embed clinical academic opportunities for nurses, midwives and AHPs at the UoM and MFT. She is Capacity Building Theme Lead within NIHR Applied Research Collaboration in Greater Manchester ARC GM.

She leads the Supportive Pain and Palliative Care (SuPPaC) Research group in the Division of Nursing Midwifery and Social Work (UoM) and is a Visiting Professor of Nursing in the Centre for Pain Research at Leeds Beckett University.

Symposium title: The National Institute for Health and Care Research (NIHR) Nursing and midwifery Incubator outputs and impact Paper title: Improving nursing and midwifery NIHR personal fellowship success rates. Paper number: 1

Wednesday, 6th September - 14:35: Symposium 5 - The National Institute for Health and Care Research (NIHR) Nursing and midwifery Incubator outputs and impact - Symposium - Abstract ID: 198

Prof. Heather Iles-Smith (University of Salford)

Abstract

Background

As the English NHS Research body, NIHR provide research funding, training and research delivery. Their strategic review of training (2017) identified nurses and midwives as less likely to submit and be awarded an NIHR fellowship than other healthcare professionals. In 2019 the nursing and midwifery incubator was commissioned by NIHR to re-address some of the influencing factors. Initially the focus was the Integrated Clinical Academic (ICA) fellowship pathway as this is dedicated to health and care professionals outside of medicine.

Methods

Through workstreams we provided innovative opportunities and supported applicants at all stages of the ICA pathway. Innovations included: masterclasses, an advisory service, short films and case studies of role models, post-doctoral colloquial, undergraduate research awareness modules and an investigation of the resources required by NHS managers who support staff on a research pathway. We communicated through our networks, social media and developed a dedicated incubator website to reach prospective applicants and academic supervisors.

Results

Pre-incubator (2018) baseline data showed a total of 16 midwifery and 61 nursing applications with 31% and 23% success rates accordingly, to ICA awards at all stages of the pathway (pre-doctoral to post doctoral). 2022 ICA submissions had reduced to 12 midwifery and 25 nursing, but with increased success rates 83% and 64%.

Conclusion

Despite significant re-profiling of the nursing and midwifery workforce due to the Covid-19 pandemic, the NIHR nursing and midwifery incubator has contributed to re-shaping applications to the ICA award. Submission rates are reduced but, increased success rates suggest higher quality applications. This may be due to applicants delaying their submission until their application is more competitive. Further work is required to continue this trajectory.

References

Lisa Cotterill, L., Hanley, N., Hewison, J., Iredale, J., Magee, C., Mulvey, M., Jones, D. (2017) Ten years on adapting and evolving to new challenges in developing tomorrows health research leaders. NIHR. https://www.nihr.ac.uk/documents/explore-nihr/academy-programmes.

Lead Presenter Biography

Professor Heather Iles-Smith

Heather holds a joint Chair as Professor of Nursing for the University of Salford and Northern Care Alliance NHS Foundation Trust (NCA). She is also Director of the NCA Centre for Clinical and care Research (CCR) which supports research capacity building for nursing and the allied healthcare professions.

Areas of research include long term conditions, psychological wellbeing and digital health. She is Chair of the NIHR nursing and midwifery Incubator, which aims to increase the number of fellowship applications and awards made to nurses and midwives. She is also and NIHR mentor and sits on the NIHR Doctoral panel.

Symposium title: The National Institute for Health and Care Research (NIHR) Nursing and Midwifery Incubator outputs and impact. Paper title: Developing a masterclass to support nursing and midwifery fellowship applicants. Paper: 2

Wednesday, 6th September - 14:50: Symposium 5 - The National Institute for Health and Care Research (NIHR) Nursing and midwifery Incubator outputs and impact - Symposium - Abstract ID: 203

Prof. Heather Iles-Smith (University of Salford), Dr. Kylie Watson (Manchester University NHS Foundation Trust), Prof. Theresa Wiseman (The Royal Marsden NHS Foundation Trust), Prof. David Richards (University of Exeter)

Abstract

Background

Nursing/midwifery NIHR fellowship applicants are less likely to be awarded than other allied healthcare professionals. Opportunities to gain grantsmanship skills and understand what constitutes a high-quality application are lacking. We developed a Masterclass for Nurses, Midwives and academic supervisors to increase knowledge and skills.

Methods

A community of practice was used to create content. Content included, NIHR values, importance of patient and public involvement (PPI), award opportunities, using the Medical Research Council (MRC) Complex Intervention Framework, creating tractable research questions, writing for publication and writing a good application. 18 Pre-doctoral Clinical Academic Fellows and four supervisors attended a two-day pilot in February 2020. Feedback was used to refine resources. From November 2020 delivery became virtual on MS Teams and moved to a webinar in April 2021. The course was marketed across our networks and social media.

Results

Six virtual masterclasses ran November 2020 to August 2022, one being for supervisors. Courses were oversubscribed. 663 midwives/nurses applied, 340 were offered places and 219 (64%) attended. Feedback was highly positive from all courses. Confidence was greatest related to NIHR values, PPI importance, writing a tractable question, and writing a good NIHR fellowship application. There was less confident regarding applying the MRC complex intervention framework to candidates research.

Conclusion

The Masterclass was well received and oversubscribed, although 36% offered a place didn't attend. This may be due to the virtual nature of the training. Additional exploration is required to establish the most suitable delivery. Further enquiry is currently underway to establish the proportion of attendees who went on to submit a fellowship application.

Lead Presenter Biography

Professor Heather Iles-Smith

Heather holds a joint Chair as Professor of Nursing for the University of Salford and Northern Care Alliance NHS Foundation Trust (NCA). She is also Director of the NCA Centre for Clinical and care Research (CCR) which supports research capacity building for nursing and the allied healthcare professions.

Areas of research include long term conditions, psychological wellbeing and digital health. She is Chair of the NIHR nursing and midwifery Incubator, which aims to increase the number of fellowship applications and awards made to nurses and midwives. She is also and NIHR mentor and sits on the NIHR Doctoral panel.

Symposium title: The National Institute for Health and Care Research (NIHR) Nursing and midwifery Incubator outputs and impact: Nursing and Midwifery post-doctoral support and creating awareness across England. Paper:3

Wednesday, 6th September - 15:05: Symposium 5 - The National Institute for Health and Care Research (NIHR) Nursing and midwifery Incubator outputs and impact - Symposium - Abstract ID: 206

Prof. Bhuvaneswari Krishnamoorthy (The University of Salford), Prof. Kerry Evans (University of Nottingham)

Abstract

Background:

The National Institute of Health Research (NIHR) provides funding, fellowship, training and development to promote clinical research delivery. In 2020, the Nursing and Midwifery (N&M) postdoctoral incubator was set up as a subgroup of the main N&M incubator to create awareness, support to post-doctoral researchers across England. The aim of this abstract is to demonstrate the development that has been achieved through this incubator sub-group.

Methods:

The postdoctoral group met quarterly with their ten members. The first post-doctoral colloquial event was held on 30th September 2022 at Birmingham. It was opened to all National Health Service and Social care post-doctoral fellows and managers. The post course evaluation was collected and analysed. In addition to the colloquium, we identified four research champions for the clinical academic short-film videos to inspire the future generation. It is due to release in April 2023. These individuals were identified with the background of health visiting, adult nurse, midwife and paediatric nursing to demonstrate the diversity of workforce.

Results:

The colloquium event was attended by 28 delegates and 16 faculty members. Topics ranged from career progression to research funding opportunities. There were equal numbers of delegates from Southern and Northern England. 43% of the delegates returned their feedback. 75% said it helped them to understand different funding options, 58% said gave an opportunity to network and had increased their confidence, 83% said that they understood about the post-doctoral opportunities and 92% person said they understood the national picture. All the sessions were scored 98% as very good and 2% said adequate.

Conclusion:

Due to the Covid-19 pandemic, most of the meetings were held online and the timings kept short due to work-life balance. The group members supported the next generation of post-doctoral fellows with their fellowship pathway, colloquium networking event and research champion videos.

Lead Presenter Biography

Prof. Bhuvaneswari Krishnamoorthy

Professor Bhuvaneswari Bibleraaj (Krishnamoorthy) completed her PhD on the Vein Integrity Clinical Outcome (VICO) trial funded by a personal doctoral fellowship from the National institute of Health Research (NIHR) (£276k) and won the best doctoral student of the year from the University of Manchester.

She was appointed as a Professor of Nursing/surgical practice at the University of Salford in September 2023 to develop international clinical research working group, develop research awareness among hard-to-reach professionals and Black Asian Minority Ethnicity groups.

2.1 Patient experience

‘It’s just been hard work’: experiences of immune checkpoint inhibitor treatments among people with advanced cancer

Wednesday, 6th September - 16:20: 2.1 Patient experience - Oral - Abstract ID: 200

Dr. Tessa Watts (Cardiff University), Dr. Dominic Roche (Cardiff University)

Abstract

Background

Clinical trials have demonstrated the benefits of immune checkpoint inhibitors (ICIs) for some people with advanced cancers. Earlier access to these treatments means more people will receive ICI’s. Treatments can last for two years and immune related adverse events (irAEs) may be experienced. IrAEs can be severe, challenging to manage and impact negatively on quality of life. Yet, as research remains limited, we know little about people’s experiences of ICI treatments and their associated supportive care needs.

Aims

This study aimed to explore and better understand ICI treatment experiences from the perspective of people with advanced cancers.

Methods

An exploratory qualitative approach was adopted. Following ethical approval, between September 2020 and March 2022 clinicians recruited a purposive sample of patients who fulfilled the inclusion criteria. Given SARS-CoV-2 physical distancing requirements, and with informed consent, data were generated using in-depth telephone or online secure video-conferencing interviews. Interviews were transcribed, anonymised and analysed using Braun and Clarke’s (2019) inductive, reflexive thematic approach to capture patterns and experiences relative to the study’s aim.

Results

Sixteen people with advanced melanoma (n=9), renal (n=4), and lung (n=3) cancer and two partners participated. Participants were grateful for ICI treatment and oncology teams, particularly specialist nurses, were highly regarded. However, most participants felt unprepared for complex, lengthy, treatment surveillance and experienced ICI treatments as hard work. This work was entwined with emotions connected with existential ambiguity, and unmet information and support needs, often juxtaposed against irAEs. Support was derived from participants’ own social networks.

Discussion and conclusions

This study offers new insights into how ICI treatments are experienced by people affected by advanced cancers. Results signal the need for innovative, co-developed supportive resources and interventions implemented at discrete points across the ICI treatment pathway, together with truly person-centred services to minimise burdens and enhance patients’ experiences.

References

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Lead Presenter Biography

Dr Dominic Roche

Dominic Roche is a lecturer in adult nursing at Cardiff University with a clinical background in stroke rehabilitation and general medicine. He has a wide range of experience of the delivery, innovation, organisation and support of teaching and assessment across complex clinical undergraduate and postgraduate programmes. He also supervises home and international PhD students, BN students and MSc dissertation students from various healthcare professions. His core areas of interest and expertise are patient and public involvement in healthcare service organisation and delivery, and the patient experience, and he is actively involved in research and evidence synthesis in these areas.

The voice of women in menopause research

Wednesday, 6th September - 16:55: 2.1 Patient experience - Oral - Abstract ID: 392

Prof. Camille Cronin (University of Essex), Dr. Sara Donevant (University of South Carolina), Dr. Kerri-ann Hughes (Massey University), Prof. Marja Kaunonen (Tampere University), Dr. Jette Marcussen (UCL University College), Prof. Rhonda Wilson (University of Newcastle)

Abstract

Menopause is a natural biological process that marks the end of a woman's reproductive period. It can be associated with significant physical and emotional changes. Despite being a universal experience for women, menopause is still a topic surrounded by stigma, misinformation, and lack of research. To fill this gap, it is crucial to work with women to inform menopause research and better understand the needs and experiences of women during this transition.

Working with women to inform menopause research involves engaging women in the research process and seeking their input on the research questions, design, and methods. Public Patient Involvement (PPI) recognises women as experts in their own experiences and promotes their active participation in shaping the research. By involving women in the research process, researchers can gain a more comprehensive understanding of the physical, psychological, and social factors that impact women during menopause.

The menopause taskforce has been informed by PPI to help identify research gaps and priorities that are relevant to women's lives. The voice of women has informed the design, development of projects and interventions that address specific needs and preferences, thus improving their quality of life during menopause.

The team will share their experiences of PPI informed research and how working with women to inform menopause research can promote gender equity and diversity in research. Women have historically been underrepresented in research studies, and menopause research is no exception. By engaging women in research, we can increase the representation of women's voices and experiences and ensure that research findings are relevant and applicable to diverse populations of women.

In conclusion, working with women to inform menopause research is a critical step towards improving our understanding of menopause and addressing the needs and experiences of women during this significant life stage.

References

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Lead Presenter Biography

Prof Camille Cronin

Camille Cronin is Professor of Nursing and Director of Research at the School of Health and Social Care, University of Essex. Research interests include workplace learning and workforce issues, pedagogy, women's health, digital health, qualitative methodologies particular case study research.

2.2 COVID-19

Wellbeing amongst cancer nurses working across Cheshire and Mersey during COVID-19.

Wednesday, 6th September - 16:20: 2.2 COVID-19 - Oral - Abstract ID: 53

Dr. Lynda Appleton (The Clatterbridge Cancer Centre), Prof. Helen Poole (Liverpool John Moores University), Ms. Courtney Atkins (Liverpool John Moores University), Ms. Sarah Watmough (The Clatterbridge Cancer Centre)

Abstract

Background

Cancer nurse wellbeing is crucial for the delivery of high-quality patient care (Yayla and Ilgin 2021). During COVID-19, psychological concerns such as fear and anxiety negatively impacted nurse wellbeing (Al Maqbali *et al.* 2021). Understanding the factors contributing to positive psychological health amongst cancer nurses is a priority.

Aims

To investigate the impact of the COVID-19 on the wellbeing of cancer nurses across Cheshire and Merseyside, and to inform interventions promoting their mental health.

Methods

A mixed methods approach was used, incorporating a repeated measures survey (baseline, 3 and 6 months) (n=69), semi-structured interviews (n=29) and focus groups (n=7) between Feb-Oct 2022. Surveys were analysed using SPSS and interviews/focus groups using Interpretative Phenomenological Analysis (IPA) (Smith and Osborn 2004). Demographic and contextual data were collected. Ethical approval was obtained.

Results

Across all survey time-points, some participants reported anxiety, depression and stress, the most common physical symptom was exhaustion. Four qualitative themes were identified: Nurse identity shaped actions that were embedded in the core principles of nursing, within the context of environmental changes; Impact on self highlighted the emotional and physical consequences of COVID-19 on nurses; Self-management strategies were used to promote wellbeing; Organisational responses to nurse wellbeing varied.

Discussion

Cancer nurses displayed resilience during COVID-19, adapting their clinical practice to patients' needs. Wellbeing was sustained through interactions with peers and patients. Nurses were aware of organisational wellbeing offers, however, lack of time and access to email were barriers to using these.

Conclusions

Wellbeing resources should be co-created with staff, ensuring they are targeted to individual needs and evaluated for their effectiveness. Further research is required to understand the wellbeing experiences of nurses across different grades and work environments. Targeted support is required for nurses experiencing anxiety/depression.

References

Al Maqbali M, Al Sinani M and Al-Lenjawi B (2021) Prevalence of stress, depression, anxiety and sleep disturbance among nurses during the COVID-19 pandemic: A systematic review and meta-analysis, *Journal of Psychosomatic Research*, 141, 110343. doi.org/10.1016/j.jpsychores.2020.110343

Smith J and Osborn M (2003) Interpretative Phenomenological Analysis. In J. A. Smith (Ed.), *Qualitative Psychology: A Practical Guide to Research Methods,* pp. 53-80, Sage Publications, London.

Yayla A and Eskici İlgin V (2021) The relationship of nurses' psychological well-being with their coronaphobia and work-life balance during the COVID-19 pandemic: A cross-sectional study. *Journal of Clinical Nursing, 30* (21-22), pp. 3153-3162.

Lead Presenter Biography

Dr Lynda Appleton

Dr Lynda Appleton has extensive experience as a Principal Investigator, Chief Investigator and co-applicant on a wide range of studies exploring the experiences of patients with a diagnosis of cancer, and their families and how disease, illness and treatment impacts on daily life and decision-making. She leads on patient and public involvement in research, involving patients as research team members and supporting their learning needs. She is responsible for research capacity and capability building amongst nurses and allied health professionals in the organization, working collaboratively with clinical and academic staff, successfully securing grants, conference papers and several publications.

The impact of the COVID-19 pandemic on UK nursing students' navigation of their nursing programmes and experiences of resilience: lessons learnt for sustaining the nursing workforce. A qualitative study.

Wednesday, 6th September - 16:55: 2.2 COVID-19 - Oral - Abstract ID: 101

Dr. Catherine Henshall (Oxford Brookes University), Dr. Clair Merriman (Oxford Brookes University), Dr. Zoe Davey (Oxford Brookes University), Dr. Laura Strumidlo (Oxford Brookes University), Prof. Laura Serrant (Health Education England), Dr. Jo Brett (Oxford Brookes University), Prof. Eila Watson (Oxford Brookes University), Prof. Jane Appleton (Retired) (Oxford Brookes University), Prof. Mary Malone (King's College London)

Abstract

Background

High quality pre-registration student nurse training and development is integral to developing a sustainable, competent global nursing workforce. Internationally, student nurse recruitment rates increased during the COVID-19 pandemic; however, attrition rates for student nurses are high. During the pandemic many student nurses considered leaving the programme due to academic and clinical skills concerns and feeling overwhelmed. The extent that nursing education prior to COVID-19 had prepared students for their roles in managing the healthcare crisis or the impact on their resilience was unknown.

Aims

The study aimed to explore how the COVID-19 pandemic impacted on the resilience of student nurses across the United Kingdom.

Methods

Longitudinal, qualitative data was collected as part of the multi-site COV-ED Nurse study. Participants were recruited from all years of study and from children's, adult, mental health and learning disabilities branches. Participants completed a pre-placement survey, recorded weekly audio-visual or written diaries and were interviewed to explore their placement experiences. Data was thematically analysed using the Framework Approach. Ethical approvals were obtained.

Results

Two hundred and sixteen students took part in the multi-site study; this study involved a subset of 61 students' data. Four main themes were identified: 'coping with increased levels of acuity', 'perceived risks of the pandemic', 'resilience when facing uncertainty and isolation' and 'the importance of coping mechanisms and support structures.'

Discussion

Study findings can be applied to nursing research, education, policy, and practice and identified the impact of COVID-19 on nursing students and their abilities to remain resilient. The value of communication and the extent students were able to navigate their personal and professional identities influenced their abilities to continue with their training.

Conclusion

Policy makers and educators should use the findings to inform nursing education and practice, to reduce nursing student attrition and to inform future healthcare challenges.

References

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Lead Presenter Biography

Clair Merriman

Dr Merriman holds a joint role as a Reader in Nursing Midwifery and Allied Health Professional Clinical Research at Oxford Brookes University and Divisional Research Lead at Oxford University Hospitals NHS Foundation Trust. She has a research track record which has focused on education and clinical practice. Her research interests include simulation-based education, critical care, fundamental care delivery, and patient safety under the umbrella of workforce development. She has experience of successfully leading external grant awards and has published papers relating to workforce development in a range of peer-reviewed journals.

2.3 Pt 1. Dementia, Pt 2. Genetics

The wellbeing of people living with dementia and their carers during the hospital discharge process: A qualitative exploration

Wednesday, 6th September - 16:20: 2.3 Pt 1. Dementia, Pt 2. Genetics - Oral - Abstract ID: 312

Ms. Laura Prato (Newcastle University), Dr. Clare Abley (The Newcastle upon Tyne Hospitals NHS Foundation Trust), Prof. Joy Adamson (University of York), Prof. Thomas Scharf (Newcastle University)

Abstract

Background

The Alzheimer's Society (2016) has identified a failure in the hospital discharge process in England to support the wellbeing of people living with dementia and their carers. Despite the prioritisation of the term 'wellbeing' in policy documentation, there is limited evidence regarding the definition of wellbeing within the hospital discharge context or the factors that ensure wellbeing for this patient and carer group.

Aims

This research aimed to explore how the term 'wellbeing' is understood by carers of people living with dementia and health and social care professionals throughout the process of leaving hospital. It also aimed to identify the factors that ensure patient and carer wellbeing during the hospital discharge process.

Methods

A qualitative appreciative inquiry approach involving interviews with carers of people living with dementia and clinicians was adopted. Data collection took place in 2020 and 2021.

Results

Twenty-four interviews with carers of people living with dementia (n=14) and clinicians (n=11) were subjected to applied thematic analysis (Guest et al., 2011) with codes identified inductively and deductively from the data. Drawing on the theory of wellbeing outlined by Kitwood and Bredin (1992), carers and care professionals identified that ensuring agency, personal worth and hope was crucial to defining and ensuring the wellbeing of both carers and people living with dementia during the leaving hospital process.

Discussion

Carers of people living with dementia identified that their own wellbeing and the wellbeing of their relatives was not sufficiently supported during the hospital discharge process. Expert participants identified changes to the discharge process that would allow the wellbeing of people living with dementia and their carers to be prioritised.

Conclusion

There is a requirement assessments and decisions during the discharge process to focus primarily on the wellbeing of carers and people living with dementia.

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Kitwood, T., & Bredin, K. (1992). Towards a theory of dementia care: personhood and well-being. *Ageing & Society*, *12*(3), 269-287.

Lead Presenter Biography

Laura Prato

Ms Laura Prato qualified as a nurse in 2014 and originally was a staff nurse on an upper GI ward in the hospital setting. In 2016, Ms Laura Prato became a research assistant on a qualitative project in the hospital setting exploring the experiences of people living with dementia and their carers. Following this, Ms Laura Prato began a qualitative PhD in 2018 which aimed to explore the factors that support the wellbeing of people living with dementia and their carers during the hospital discharge process using remote interviews in the pandemic context.

Literature review on the experience of Research Nurses with Gene Therapy Trials.

Wednesday, 6th September - 16:55: 2.3 Pt 1. Dementia, Pt 2. Genetics - ViPER - Abstract ID: 389

Mrs. Udita Mitra (London SouthBank University)

Abstract

The development of gene therapy has created new possibilities to treat various genetic diseases. Research nurses play a crucial role in these trials, as they are responsible for patient care, administration of treatments, data collection and communication with other healthcare professionals. A literature review was conducted to explore the unique experience and issues faced by research nurses in gene therapy trials.

Methodology: An electronic database search was conducted using keywords including “nurses”, “gene therapy”, “patient care”, “treatment”,”adverse events” and “education”. Articles were selected based on relevance since there are limited articles available an emphasis was given on the articles published in the last 20 years.

Results: Several themes emerged from the literature which was broadly classified as:-

Regulatory and ethical compliance: Gene therapy trials are subject to strict oversight to ensure patient safety and ethical conduct. Nurses were needed to be familiar with the regulatory requirements and ensure that the trial is conducted in compliance with these regulations. This included ensuring that patients met the eligibility criteria, maintaining accurate and complete records, and reporting adverse events promptly.

Clinical challenges: Gene therapy trials involves complex treatments, including administration of viral vectors or gene editing technologies which requires monitoring a patient closely for adverse events or life threatening events.

Patient recruitment and retention: The strict inclusion and exclusion criteria, limits the number of eligible patients. Research nurses faced challenges in identifying and recruiting eligible patients and maintaining their participation in the trial.

Interdisciplinary collaboration: The trials involve multiple healthcare professionals, including geneticists, molecular biologists, and regulatory experts. Research nurses were needed to communicate effectively with the multidisciplinary team and coordinate care for patients.

Conclusion: Understanding these challenges are crucial to ensure the safe and effective conduct of gene therapy trials and promoting the advancement of gene therapy as a therapeutic option.

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Lead Presenter Biography

Udita Mitra

Udita Mitra is a Lecturer in Adult Nursing at London South Bank University. She has a background of nursing in India and United Kingdom for more than 5 years. She received her Bachelors in All India Institute of Medical Sciences and her Master's in Advanced Nursing (Clinical Research) from University of Edinburgh. Her experience as a Research Nurse in Royal Free NHS Trust with Lysosomal Storage disorders Unit evoked her interest in Gene Therapy studies. She also has an experience with Surgery patients and is interested in looking at pragmatic research topics in multidisciplinary areas.

2.4 Diabetes

What do women with a history of gestational diabetes think about lifestyle modification and screening for diabetes? A literature review

Wednesday, 6th September - 16:20: 2.4 Diabetes - Oral - Abstract ID: 373

Mrs. Chantelle Moorbey (University of Southampton), Dr. Hermione Price (Southern Health NHS Foundation Trust), Dr. Jane Prichard (University of Southampton), Prof. Richard Holt (University of Southampton)

Abstract

Background

Women with a history of gestational diabetes (GD) are at increased risk of developing Type 2 diabetes (T2DM). Screening and healthy lifestyle can help identify and reduce the burden of diabetes, but international evidence shows women struggle with these. Nurses need to understand the challenges of a changing family to offer tailored care.

Aims

To review existing literature around how views of women with a history of GD change over time regarding T2DM screening and healthy lifestyle.

Methods

Five databases were systematically searched for studies exploring women's views regarding healthy living and screening for T2DM following GD. Twenty-seven papers were eligible. Thematic analysis was used.

Results

Four themes were identified:

Awareness of Risk

Women aware of the risk of developing T2DM were fearful. For those unaware of the risk there was a change from believing diabetes to be transient, to an understanding it could be life-long.

Enabling Environment

Women need support to adhere to lifestyle changes. Cultural expectations may help or hinder this. Partners were less understanding of lifestyle changes after birth.

Lifestyle Constraints

Women prioritised family needs ahead of their own creating a barrier to attending screening and lifestyle change. This reduced as their children aged.

Role of Healthcare Professionals

Women felt the role of professionals after birth was less defined and there was a sense of abandonment. In later years, few women had had contact with professionals.

Discussion

Changes in views occurred over time. Most studies were performed within 1yr of giving birth limiting identification of longitudinal changes.

Conclusions

These findings can help nurses offer more tailored care to women with a history of GD. There is a need for more research into the views of women beyond the first years after a GD pregnancy and the impact of this on T2DM screening attendance and lifestyle change.

Lead Presenter Biography

Chantelle Moorbey

Chantelle is a registered adult nurse and part-time PhD student researching the views of women with a history of gestational diabetes, their partners and healthcare professionals regarding healthy lifestyle and screening attendance for type 2 diabetes. Chantelle also has a clinical role alongside her PhD and is a Senior Research Nurse with CRN Wessex.

Monogenic diabetes: An unexpected complex genetic diagnosis: what is the impact ?

Wednesday, 6th September - 16:55: 2.4 Diabetes - Oral - Abstract ID: 92

Prof. Maggie Shepherd (Royal Devon University Hospital), Mr. Kevin Colclough (Royal Devon University Hospital), Prof. Andrew Hattersley (Royal Devon University Hospital)

Abstract

Background

Monogenic diabetes is confirmed through genetic testing. Advances in technology mean testing for all known genes in a single panel is possible, creating the potential for a result which can have wider health implications. We are not currently aware of the potential impact of such unexpected results.

Aims

To gain understanding of the impact of receiving an 'unexpected' genetic result for patients and healthcare professionals(HCPs).

Methods

In-depth interviews were conducted with 22 individuals impacted by an unexpected genetic result (6 patients, 3 parents/partners, 13 HCPs) between Nov 2019-April 2022. Results included six different genotypes (HNF1b, MIDD, PPARG, LMNA, INSR, WFS1). Interviews were transcribed verbatim and subjected to thematic content analysis

Results

Six key themes emerged:

i) Feeling unique: *'I feel I'm in a 'non-bracket', I don't fit in any box'* (Patient1)

ii) Feeling unprepared: *'I wasn't expecting what I heard'*(Mum1), *'I was expecting it to be GCK-MODY not HNF1b'*(ConsultantA),

iii) Unfamiliarity with the condition: *'No-one's really aware of what it is'(Patient2),*

iii) Importance of time: *'Time was the most important thing, we weren't going to rush them* (when discussing the result)' (DSN1),

iv) Changing future practice: *'Will highlight we can pick up other things'*(ConsultantB)

v) Seeking Support: *'I'd value direct involvement from someone with expertise for these very rare cases*'(Consultant C)

This emphasizes the importance of the discussions both pre and post genetic test.

Conclusions

Receiving an unexpected genetic result is challenging for both patients and professionals. The rarity of these conditions highlights the importance of awareness of possible results, ensuring time to communicate these effectively and seeking specialist support.

Lead Presenter Biography

Maggie Shepherd

Maggie trained at King's College Hospital and worked as Diabetes Specialist Nurse before joining Exeter's monogenic diabetes team in 1995. She has a PhD in Medical Science, qualifications in Specialist Nursing(diabetes), Medical Education, Genetic Counselling and Genomic Medicine. She is Lead Nurse for Research (RDUH) and Honorary Clinical Professor of monogenic diabetes (UoE). She was an NIHR70@70 Senior Nurse Research Leader(2019-22). She has >145 publications and was the first nurse awarded the Arnold Bloom lecture(2019). She was one of the Women in Global Health's 100+ Outstanding Nurses and Midwives 2020 and was awarded a prestigious Florence Nightingale Foundation Leadership scholarship(2022).

2.5 e-Health

Learning by doing: A realist mixed-methods study exploring the feasibility and acceptability of virtual reality and augmented reality hand hygiene training for care home workers

Wednesday, 6th September - 16:20: 2.5 e-Health - Oral - Abstract ID: 319

Ms. Norina Gasteiger (The University of Manchester), Dr. Sabine van der Veer (The University of Manchester), Mr. Paul Wilson (The University of Manchester), Prof. Dawn Dowding (The University of Manchester)

Abstract

Background: Novel virtual reality (VR) and augmented reality (AR) applications have been developed for hand hygiene training but have not been tested in care homes.

Aims: We explored the feasibility and acceptability of VR/AR smartphone apps for upskilling care home workers in hand hygiene. We also explored mechanisms that the apps triggered and implementation experiences.

Methods: Using realist methods we explored how and in what contexts AR/VR training might work to promote hand hygiene practice. Forty-eight care staff completed the training in October-December 2022. Managers chose which technology to use (VR or AR). A non-immersive version of the VR training was provided. Pre and post-test measures included hand hygiene technique, knowledge, and confidence. The System Usability Scale measured usability, while a questionnaire and interviews explored acceptability and the mechanisms. Observations recorded learner experiences. Quantitative data were analysed descriptively. Qualitative data were analysed using a combined inductive and deductive approach.

Results: The VR and AR training had good/acceptable usability and was described as more interactive than traditional training. The non-immersive VR training was perceived as less interactive and had poor usability. After the training, there was potentially improved knowledge (especially for the VR group) and hand hygiene technique (especially for the AR group). Repeated practice, task realism, feedback and reminding, and interactivity were perceived as essential mechanisms for learning, which the AR/VR training triggered. We noted implementation considerations at the organisation, individual and technology levels, such as managerial support, the physical space, supporting learners, screen size, Internet connection and fitting the headset.

Discussion and Conclusions: AR/VR are acceptable technologies for delivering more engaging hand hygiene training in care homes. Experimental research that explores whether they are more effective than previous training is warranted. Future work should focus on improving the alternative options (e.g., non-immersive VR) to ensure equity in training opportunities.

Lead Presenter Biography

Norina Gasteiger

Norina obtained a Master of Public Health (Hons.), Bachelor of Health Sciences (Hons.) and Bachelor of Arts at the University of Auckland in New Zealand. Her research interests are in the implementation and evaluation of innovative digital health technologies. She is currently in the final year of her PhD in Health Informatics at the University of Manchester. Her work is funded by the National Institute for Health and Care Research, Applied Research Collaboration for Greater Manchester.

Digital Health Research by Nurses in England: A Rapid Evidence Review

Wednesday, 6th September - 16:55: 2.5 e-Health - Oral - Abstract ID: 96

Dr. Siobhan O’Connor (The University of Manchester), Mrs. Louise Cave (NHS Transformation Directorate), Dr. Natasha Philips (NHS England)

Abstract

Objectives: Information technologies have been adopted by nurses, but the pace of change is slow due to barriers such as limited informatics education (O’Connor & LaRue, 2021), traditional attitudes towards care, and concerns around workload (Brown et al., 2020). However, nursing researchers have examined a range of electronic tools across many healthcare settings. In 2022, the Chief Nursing Officer for England launched the Philip Ives Review to identify the needs of the nursing and midwifery workforce in relation to digitally enabled practice and make recommendations for the future (Health Education England, 2022). ***Aim:*** To identify and synthesise digital health research undertaken by nurses in England to identify areas of nursing informatics that need more investment. *Methods:* A rapid review approach was adopted. Key bibliographic health databases were searched between 2000 and 2022. A manual search of the top universities in England was also conducted by checking the online profiles of nursing researchers. Titles, abstracts, and full texts were screened against eligibility criteria. Relevant data were extracted and analysed descriptively. ***Results:*** Over 250 studies were included with a large increase in the volume of digital health research published by nurses in England in recent years. Preliminary results show that the main technologies nurses had researched included web-based/online services or information, mobile health, and telehealth. Areas of nursing practice where digital tools were examined included mental health, community care, and oncology. Nurses in the north-west of England produced the most digital health research. *Conclusion:* Nursing informatics research is growing in England but more investment is needed so that nurses can utilise digital datasets and rigorously evaluate different technologies using a range of research methods. This will help ensure robust evidence is generated to inform practice so nurses can adopt the right technologies to improve patient care.

References

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2 Brown, J., Pope, N., Bosco, A. M., Mason, J., & Morgan, A. (2020). Issues affecting nurses’ capability to use digital technology at work: An integrative review. *Journal of clinical nursing, 29*(15-16), 2801-2819. https://doi.org/10.1111/jocn.15321

3 Health Education England. (2022). The Phillips Ives Nursing & Midwifery Review. Retrieved from https://digital-transformation.hee.nhs.uk/building-a-digital-workforce/phillips-ives-review

Lead Presenter Biography

Louise Cave

Louise Cave is a Florence Nightingale Digital Leadership Fellow, working within NHS England Transformation directorate. She is studying for her MSc in Advanced Clinical Practice and is a developing clinical academic. Her primary area of interest is using data to enhance patient care, by providing nurses with meaningful metrics to encourage nurse led research. Prior to her fellowship, Louise was the first Digital Nurse Implementer at The Christie NHS Foundation trust, where she worked on developing the electronic health record.

2.6 pt.1 Workforce wellbeing pt 2. Mixed methods research

Nurses writing about nursing during the Covid-19 pandemic - a thematic review of the literature.

Wednesday, 6th September - 16:20: 2.6 pt.1 Workforce wellbeing pt 2. Mixed methods research - Oral - Abstract ID: 208

Prof. Giampiero Favato (Kingston University)

Abstract

Background

The outbreak of COVID-19 has resulted in a sudden discontinuity in the provision of healthcare and care services. The overwhelming demand for critical care exposed the vulnerabilities of the health systems. At the forefront of the fight against the pandemic, nurses continued to deliver essential care to critically ill patients notwithstanding apparent organisational and policy failures.

Aim of the research

Since its outbreak, nurses made significant contributions to COVID-19 research. But what did they write about? The study aimed to identify the main themes of nurses' research about the COVID-19 pandemic.

Methods

The World Health Organization database was searched from January 2020 to February 2023 using the following keywords: (nursing) OR (nurses) OR (mj:(nurse)) AND (mj:(nursing)) OR (nurses) OR (mj:(covid-19)). Six hundred fifty-five full texts were included in the thematic analysis. Themes were identified by clustering frequently recurring words with the same stem (e.g. nurse; nurses and nursing), a feature of the NVivo 12 analytical software.

Results

Sixtytwo themes were identified and then clustered into ten main themes: mental health (a main theme in 184 publications); burnout (138); workload (107); resilience (68); nursing education (41); nursing care (28); midwifery (12); mindfulness (10); social media (9) and personal protective equipment (7).

Conclusions

During the COVID-19 pandemic, nurses wrote mostly about themselves and the way they felt Almost eighty per cent of the narrative themes describes the occupational and post-traumatic stress suffered by nurses during the pandemic. COVID-19 might have changed the attitude and resilience of nurses, forever. It is a cry for help that cannot and should not be ignored. Nurses have a unique place in redesigning the future of healthcare, particularly after experiencing health policy failures with the pandemic: the nursing voice cannot be ignored any longer.

Lead Presenter Biography

Prof Giampiero Favato

I am a Fellow of the Royal Society of Public Health (RSPH), the Royal Society of Medicine (RSM) and the European Cancer Organisation (ECCO).

Over the last decade, my research has been focused on inequalities in public health policy.

I contributed to changing Public Health England's opinion in support of a gender-neutral immunization programme against HPV. Today, over 2.5 million boys are vaccinated against HPV in the European Community. More recently, my research was the first to quantify the relative mortality risk following COVID-19 infection in frail, elderly individuals resident in nursing and retirement homes.

Getting the most out of mixed methods research

Wednesday, 6th September - 16:55: 2.6 pt.1 Workforce wellbeing pt 2. Mixed methods research - Oral - Abstract ID: 456

Prof. Elizabeth Halcomb (RCNi)

Abstract

Background: There is an increasing use of mixed methods approaches in nursing and health services research. This growing popularity stems from the ability of mixed methods to provide deep insight into the kinds of complex problems facing nursing researchers (Halcomb and Hickman, 2015). However, mixed methods research is so much more than just undertaking qualitative and quantitative data collection in a single study (Halcomb and Baille, 2018). Numerous considerations specific to the mixed methods approach can add value to the use of mixed methods. Despite its increasing use, there is often limited critical reflection on the application and conduct of mixed methods studies (Halcomb, 2018). This leads to studies not reaching their potential quality or impact.

Aims: This paper seeks to provide an overview of mixed methods research and critically explore strategies for implementing mixed methods across the research process.

Methodological discussion/presentation: This presentation will provide an overview of the mixed methods research process. Using real-life research examples, this presentation will explore key components of mixed methods research that are often not discussed, such as novel methods of data analysis and data integration. Strategies for presenting mixed methods research within a publication and thesis will also be examined.

Conclusion: This paper will stimulate discussion about creative and novel strategies for implementing mixed methods in nursing and health services research. Raising awareness about these considerations will encourage nurse researchers to incorporate them in their own mixed methods research. Such strategies to build research quality have clear potential to enhance the outcomes and impact of the research.

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HALCOMB, E. J. & HICKMAN, L. 2015. Mixed methods research. *Nursing Standard,* 29, 42-48.

Lead Presenter Biography

Professor Liz Halcomb

An international award-winning nurse academic, Professor Halcomb is the Editor of RCNis' journal Nurse Researcher and the inaugural Professor of Primary Health Care Nursing at the University of Wollongong. She leads a strong research program in primary care nursing, with particular emphasis on nursing in general practice, chronic disease and nursing workforce issues. Prof Halcomb has authored over 224 peer reviewed papers and been an Investigator on grants worth over AUD$9 million.

2.7 Workforce and employment

Inside the Blackbox: Nurses' use of professional judgement in safe staffing systems in England and Wales: Insights from an ethnographic study.

Wednesday, 6th September - 16:20: 2.7 Workforce and employment - Oral - Abstract ID: 77

Prof. Davina Allen (Cardiff University), Dr. Nina Jacob (Cardiff University), Dr. Heather Strange (Cardiff University), Dr. Giulia Zoccatelli (King's College London), Dr. Amit Desai (King's College London), Prof. Christopher Burton (Canterbury Christ Church University), Prof. Aled Jones (University of Plymouth School of Nursing and Midwifery), Prof. Anne-Marie Rafferty (Kings College London)

Abstract

Background

Ensuring adequate numbers of nurses are available to care for patients is an international policy priority. Evidence on formal workforce planning technologies (Burton, 2016; Ball et al, 2019) highlights both the centrality of nurses' professional judgement in nurse staffing systems and the need for research to better understand its contribution to decision-making.

Methods

Case studies of nurse staffing systems in three NHS Trusts (England) and three University Health Boards (Wales). Data were generated through digital interviews, observations of staffing meetings, observations in clinical areas, and documentary analysis. Data generation and analysis were informed by a practice-based approach (Nicolini, 2012).

Results

Ward level professional judgement and organisational level professional judgement are combined in nurse staffing systems and influence decision-making at both strategic (establishment setting) and operational levels (matching available staff with clinical demands). The form, power and scope of professional judgment is mediated by these different decision-making contexts.

For strategic purposes, nurses' professional judgements are largely deployed in the interpretation of data (workload, quality indicators). Professional judgements alone, were insufficient to make a business case for an uplift in establishment levels.

For operational purposes, professional judgement was exercised in maintaining situational awareness of the needs of the ward and the organisation and acting to mitigate risk, by redeploying staff, reorganising practice, or managing patient flows. In this context, professional judgement was accorded greater latitude and represented an important source of organisational resilience.

Conclusion

While professional judgement plays an important role in the management of risk and is an important source of organisational resilience, it is rarely sufficient to affect an uplift in staffing levels alone.

References

Ball, J. et al., (2019) Implementation, impact and costs of policies for safe staffing in acute trusts. University of Southampton.

Burton, C. et al., (2016) Managers' use of nursing workforce planning and deployment technologies: protocol for a realist synthesis of implementation and impact. Health Services Research, 6(8) e 013645

Nicolini, D. (2012) Practice theory, work and organisation. Oxford University Press.

Lead Presenter Biography

Davina Allen

Davina Allen is a sociologist and nurse academic. She is a Professor of Health Services Delivery and Organisation at Cardiff University, Wales, and Professor II Norwegian University of Science and Technology,*Gjøvik*, Norway. She has been researching nursing and the caring division of labour, healthcare delivery and organisation, and service improvement technologies for over thirty years. Her work includes foundational ethnographic studies of healthcare organisation, a long-standing programme of research on the work of nurses, and large-scale applied inter-disciplinary research projects on the development and evaluation of improvement interventions.

Genomic competencies of the UK nursing and midwifery workforce necessary for effective mainstreaming in the National Health Service (NHS).

Wednesday, 6th September - 16:55: 2.7 Workforce and employment - ViPER - Abstract ID: 279

Prof. Aniko Varadi (UNIVERSITY OF THE WEST OF ENGLAND), Ms. Catherine Carpenter-Clawson (University of the West of England, Bristol), Ms. Melanie Watson Watson (Health Education England), Ms. Alison Pope (Health Education England), Ms. Maureen Talbot (The British Heart Foundation), Ms. Dany Bell (Macmillan Cancer Support), Dr. Tracie Miles (UNIVERSITY OF THE WEST OF ENGLAND), Ms. Kathleen Lynch (Health Education England)

Abstract

The UK is recognised worldwide as a leader in genomics. The ambition of embedding genomic medicine in the diagnostic pathway requires involvement of the front-line clinical workforce, known as ‘mainstreaming’. This study investigated the level of competence/confidence of practicing nurses and midwives to support mainstreaming and their perception of the importance of genomics in delivery of patient care. A literature review of genetics/genomics competency frameworks, semi structured interviews of lead nurses and stakeholders were conducted to identify relevant competencies needed for mainstreaming. These were then used to survey four cohorts of nurses (n=153) across England in four consecutive years (2019-22). The confidence level of these professionals in all aspects of genomics was 2.07±0.47 measured on a 5-point Likert scale (1“*Low confidence*”; 5 “*High confidence*”). Intriguingly, these professionals all appreciated the importance of genomics for their patient care (4.01±0.06). Whilst the importance scores increased, the confidence scores declined at the time when major genomic transformation took place in the NHS (e.g.: launch of the Genomic Medicine Service, the National Genomic Test Directory). To bridge this gap, relevant genomic education can play key roles. However, nurses and midwives were found to be grossly underrepresented in formal genomic education courses offered by Health Education England Genomics Education Programme since 2014. This may result from the lack of direct applicability of the currently offered courses for their practice and role. Thematic analysis revealed that nurses and midwives wish to support their patients by providing more information on their condition, inheritance, and treatment options in combination with the use of relevant genetic counselling skills. This study identified easy to follow competencies for embedding genomics into routine clinical care. We propose a training programme that addresses the gap that nurses and midwives currently have, to enable them to harness genomic opportunities for patients and services.

Lead Presenter Biography

Aniko Varadi

I am a professor in Biomedical Research at the University of the West of England, Bristol. I became interested in genetics/genomics in the mid 90’ and used many of the molecular technologies for my research. In 2020 my team delivered the first postgraduate module in genomics specifically designed for nurses and midwifes. To date we educated over 150 professionals, developed a new PGCert in Genomics programme and very proud that many of our past students are now leading on genomics transformation projects all over the country, demonstrating that mainstreaming can effectively be done by these professionals!

Fringe - Understanding the peer review process: Tips for reviewers

Understanding the peer-review process: Tips for reviewers

Thursday, 7th September - 08:00: Fringe - Understanding the peer review process: Tips for reviewers - Oral - Abstract ID: 452

Prof. Elizabeth Halcomb (RCNi)

Abstract

Background: Peer-reviewed journals depend upon peer reviewers' skills, expertise and willingness to provide rigorous reviews to guide editorial decision-making (Petpichetchian et al., 2022). However, there is often limited guidance about what is expected of reviewers, or discussion about the review process (Pierson, 2022). This leaves novice researchers unsure about what is expected and reduces their willingness to contribute to the process.

Aims: This paper seeks to provide an overview of the peer-review process, highlighting issues of concern to reviewers and providing tips to guide novice reviewers and improve review quality.

Methodological discussion/presentation: The material presented in this session will be based on the presenters' extensive experience as an Editor for multiple journals, including the RCNi journal Nurse Researcher (Calma and Halcomb, 2023). Additionally, it will draw on her experience as a mentor of Doctoral candidates. The presentation will explore the peer-review process, highlighting why people should consider becoming a peer reviewer and exploring the steps of the review process. Further discussion areas will include reviewer etiquette, what is expected in a peer review and tips for writing the review.

Conclusion: This paper will stimulate discussion about peer reviewing and provide new insights into the often mystical process. Raising awareness of these issues and providing tips for novice researchers' has the potential to increase their confidence and willingness to review papers, as well as enhancing the quality of peer reviews.

References

CALMA, K. & HALCOMB, E. 2023. Are you reluctant to peer review? How to enhance the experience. *Nurse Researcher,* 31**,** 6-8.

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PIERSON, C. A. 2022. Peer-reviewing papers for a nursing journal. *American Journal of Nursing,* 122**,** 52-56.

Lead Presenter Biography

Professor Liz Halcomb

An international award-winning nurse academic, Professor Halcomb is the Editor of RCNis' journal Nurse Researcher and the inaugural Professor of Primary Health Care Nursing at the University of Wollongong. She leads a strong research program in primary care nursing, with particular emphasis on nursing in general practice, chronic disease and nursing workforce issues. Prof Halcomb has authored over 224 peer reviewed papers and been an Investigator on grants worth over AUD$9 million.

3.1 Dementia

Research involvement, support needs, and factors affecting research participation: A survey of Admiral Nurses

Thursday, 7th September - 09:15: 3.1 Dementia - Oral - Abstract ID: 119

Ms. Amy Pepper (Dementia UK), Dr. Emma Wolverson (University of Hull), Dr. Karen Harrison-Dening (Dementia UK), Mrs. Pat Brown (Dementia UK)

Abstract

Admiral Nurses are specialist dementia nurses, working across a variety of health and social care settings in the UK, supported by the charity Dementia UK (Aldridge & Harrison Dening, 2019). There are currently around 400 practicing Admiral Nurses, and while engagement with research and research activities makes up part of their competency framework (Dementia UK, 2016), little is understood about how Admiral Nurses are engaging with research, and what support they might need to facilitate this engagement.

The aim of this study is to be able to describe the current levels of research involvement and research mindedness in Admiral Nurses, as well as exploring the factors that act as barriers and facilitators to nurses engaging in research, and their support needs in relation to research. Ethical approval was granted by Hull University.

A self-administered, anonymous questionnaire was distributed by email to all Admiral Nurses, containing both open and closed questions, exploring research experience and involvement, research goals, barriers and facilitators to engaging in research and support needs. Demographic details were also collected.

Frequencies and univariate analyses will be calculated to examine relationships between: (i) involvement in research, qualifications and NHS banding; and (ii) current enrolment in a higher degree study, research goals, and current research involvement by level of research skill. Open-ended responses questions be collated and summarized using qualitative content analysis.

We will present the findings of this survey, which will be used to create a set of recommendations for Dementia UK on how they can engage Admiral Nurses in research and increase research capacity. The findings will also be discussed in the wider context of the development of Dementia UK's first research strategy, and we will discuss how these finding might be used by other nursing teams to support engagement with research and research activities.

References

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Dementia UK. (2016) Admiral Nurse Competency Framework: A resource for practice. London: Dementia UK.

Lead Presenter Biography

Amy Pepper

Amy qualified as an RMN in 2008 and since then has worked in a number of settings specialising in dementia, including acute mental health, intermediate care, community and general hospital. In 2014 she developed and led the Admiral Nursing Service in the London Borough of Sutton, carrying out an evaluation of the of the role which led to an increase in funding and expansion of the team. Following this she worked on the Admiral Nurse Dementia Helpline and has recently taken up a post with the Research and Publications Team within Dementia UK as an Admiral Nurse Research Assistant.

“It’s another feather in my hat”- A focus group study exploring factors influencing the adoption of apps with people living with dementia.

Thursday, 7th September - 09:50: 3.1 Dementia - Oral - Abstract ID: 78

Ms. Aoife Conway (Ulster University), Prof. Assumpta Ryan (Ulster University), Dr. Deirdre Harkin (Ulster University), Dr. Claire McCauley (University of Ulster), Ms. Ashleigh Davis (Dementia NI)

Abstract

Introduction: Researchers have used various theories and models to understand technology adoption, however, with the growing interest and availability of mobile applications (apps) for people living with dementia, it is desirable to have a broader insight into how technology adoption may be further improved.

Methods*:*This study was designed and co-facilitated in collaboration with a partner organisation, a local independent voluntary organisation established by people living with dementia, driving positive change for people living with dementia. A focus group design was applied to elicit discussion and to explore divergent views on the topic. The data was analysed according to Braun & Clarke’s (2006) thematic analysis method.

Findings: This study reports key findings pertaining to the views and experiences of participants using mobile apps and explores factors that enable or impede adoption. Data analysis revealed the following four distinct themes; (Theme 1: Living with dementia) –“That’s the difficulty there even with apps or anything else” (Theme 2: Motivation)- “It makes me feel good. I feel a little with it [laughs]. That its not all gone in there” (Theme 3: Fears and Concerns)- “Can somebody else get into your personal memories?” (Theme 4- Support)– “so it’s important that we have that support”. Together these themes encapsulate the most influential aspects, as highlighted by the participants influencing the acceptance and adoption of apps.

Conclusion: It is evident from the findings that the population of people living with dementia who are using apps are a diverse user group and the variables that influence acceptance and adoption are plentiful. Some of the factors that enable or impede adoption have been recognised by within the literature . However, this study adds to what is already known by capturing the views and experiences of people living with dementia in relation to the factors influencing the adoption of apps.

Lead Presenter Biography

Aoife Conway

Aoife Conway is a lecturer in the School of Nursing and Paramedic Science at Ulster University. Aoife is a registered mental health nurse and specialises in the care of older people. She has a particular interest in improving care for people living with dementia. Aoife is currently working on two interconnected programmes of research 1) the InspireD (Individual Specific Reminiscence in Dementia) research study which explores the use of an app in personalised reminiscence 2) a project to improve dementia education to pre-registration nurses.

3.2 Cancer

“I worry that patients may ‘fall through the net’ because we haven’t cast eyes on them”: Staff Experiences of Virtual Consultations

Thursday, 7th September - 09:15: 3.2 Cancer - Oral - Abstract ID: 361

Ms. Clare Warnock (Sheffield Teaching Hospitals NHS Foundation Trust), Mrs. Anne Hilton (Sheffield Teaching Hospitals NHS Foundation Trust)

Abstract

Background

The COVID-19 pandemic saw a rapid increase in the use of telephone and video consultations in health services in the UK and internationally. Treatment pathways for systemic anti-cancer therapy services, such as chemotherapy and immunotherapy, involve multiple frequent appointments, which are increasingly provided by nurse-led services (Farrell *et al.*, 2017). Mixed perspectives have been reported by cancer patients on the move to virtual appointments (Watson et al., 2022). This study explores the experiences of staff who provide these consultations.

Aims

To describe staff perspectives of the widespread use of virtual consultations to understand the implications for patients, staff and services.

Methods

A mixed methods approach was utilised using electronic surveys and an on-line focus group. The surveys, containing open text and structured responses, were distributed to all staff in a regional cancer centre who carry out consultations with patients receiving systemic anticancer therapy. Data collection took place between October 2020 and January 2021. Open text responses were analysed using framework analysis.

Results

54 staff participated in the study, 33 completed surveys and 21 attended the focus group. 4 core themes were identified: clinical consequences, systems and resources, impact on patients and staff experience. Benefits included practical, financial and time related gains while concerns were raised about negative influences on assessment accuracy, clinical decision-making, communication, relationships with patients and role satisfaction among staff. Patient and treatment characteristics that were more appropriate for virtual consultations were identified.

Discussion

A primary purpose of health-related consultations is to support decision-making regarding treatment. The study identified ways in which this is influenced by the use of virtual

Conclusions

The findings provide new insights into the experiences and concerns of staff who carry out virtual consultations. Clinical and organisational factors that influence safety and effectiveness were identified which have implications for future services.

References

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Watson L, Link C, Qi S, Photitai E, Chimelewski L, Fode D and Delure A (2022) Understanding patient experiences before and during the COVID-19 pandemic: a quasi-experimental comparison of in-person and virtual cancer care, *Patient Experience Journal,* 1(9), pp. 95-102.

Lead Presenter Biography

Clare Warnock

Clare Warnock is a Researcher in Residence, Cancer Experience at Weston Park Hospital, Sheffield, the South Yorkshire regional cancer centre. She is an Honorary Research Fellow at the University of Sheffield and a Fellow of the Royal College of Nursing. Clare has worked in oncology for over 30 years in clinical, leadership, research, and practice development roles. Her research interests focus on clinical practice, patient and staff experience and improving patient care. They have involved diverse topics including malignant spinal cord compression, high dose chemotherapy, neutropenic sepsis, participation in clinical trials, Advanced Practice roles, and Breaking Bad News.

Teenage and Young Adult Ambulatory Care: Community-Based Participatory Research to inform service development

Thursday, 7th September - 09:50: 3.2 Cancer - Symposium - Abstract ID: 434

Dr. Alison Finch (University College London Hospitals NHS Foundation Trust | Department of Applied Health Research, UCL), Ms. Sadhia Ali ('Lay' researcher on NIHR funded project), Mr. David Chang ('Lay' researcher on NIHR funded project), Dr. Silvie Cooper (UCL), Prof. Faith Gibson (School of Health Sciences University of Surrey | Great Ormond Street Hospital for Children NHS Foundation Trust), Ms. Emma Haslam ('Lay' researcher on NIHR funded project), Ms. Michela Quecchia ('Lay' researcher on NIHR funded project), Prof. Rosalind Raine (Department of Applied Health Research, UCL), Dr. Robert Rietz ('Lay' researcher on NIHR funded project | University of Sussex NHS Foundation Trust), Dr. Rachel Taylor (University College London Hospitals NHS Foundation Trust), Ms. Kristy Wang ('Lay' researcher on NIHR funded project)

Abstract

Background

In 2011, University College London Hospitals NHS Foundation Trust introduced Ambulatory Care (AC) for Teenage and Young Adult (TYA) cancer patients, offering on an outpatient basis, chemotherapy regimens and treatment that usually requires inpatient stays. This nurse-led clinical pathway is made possible using portable infusion pumps, with young people residing close to the hospital overnight.

Aims

This National Institute for Health and Care Research (NIHR) funded study set out to explore different stakeholders' experiences of AC: building knowledge to inform current and future services for those aged 16-24 and their families.

Methods

Working with Community-Based Participatory Research (Wallerstein *et al.* 2018), young people and family members from the TYA cancer community became co-researchers as well as participants. The study design included a scoping review of the literature and consultation with health professionals. Following ethical approval, through semi-structured, peer and photo-guided methods, 43 participants (18 young people, 13 companions and 12 staff) engaged in interview conversations between March 2021 and June 2022. Data were analysed on a participatory basis, through a 'value-adding' analytic approach (Eakin and Gladstone, 2020).

Results and discussion

Ambulatory Care contributed positively to young people's experiences of cancer treatment. It retained aspects of life that were important to young people in ways that fostered their wellbeing and autonomy. Journeying daily to care benefited young people; it supported their wellbeing and mental health. Critical to young people's positive experience was being accompanied by a family member or partner, to the extent that TYAs did not consider AC feasible on their own.

Conclusion

The research upholds the aspirations for the service, and goes further proposing a conceptual interpretation of AC. As the first comprehensive research exploring experiences of AC in the UK, it presents a baseline of evidence to inform practice, policy and future research inquiry in the field.

References

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Wallerstein, N., Duran, B., Oetzel, J. and Minkler, M. editors. (2018) *Community-Based Participatory Research for Health: advancing social and health equity*. 3rd Edition, San Francisco: Jossey Bass

Lead Presenter Biography

Alison Finch

I have worked within the cancer speciality for over two decades, predominantly with adolescents and young adults as a staff nurse, sister, matron and lead nurse. I was awarded a National Institute for Health and Care Research (NIHR) Clinical Doctoral Research fellowship in 2019. This research explored young people, family and staff experiences of Ambulatory Care. With an interest in participatory methodologies it included young people and companion co-researchers who contributed to each research stage. More broadly within the NHS I am an assistant chief nurse at UCLH, a large teaching hospital in central London.

3.3 Acute and critical care

Creation of Acute oncology Standardised Competence Assessment Documents and their Evaluation (CASCADE)

Thursday, 7th September - 09:15: 3.3 Acute and critical care - Oral - Abstract ID: 462

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

Abstract

Background

The National Acute Oncology Education Group aims to standardise education and assessment to improve patient safety. Online acute oncology education courses had been developed, but standardised assessment required.

Aims

Phase 1: To develop acute oncology competence assessment passports (AO Passports) similar to the UK Oncology Nursing Society (UKONS) Systemic Anti-cancer Therapy Passport (2019).

Methods

Workshops were held to co-design AO Passports at four levels of practice aligned to both the Health Education England Aspiring Cancer Career and Education Development (ACCEND) programme (Potter & Taylor, 2022) and the UKONS AO Knowledge & Skills Framework (UKONS, 2018). Workshop participants represented multidisciplinary professionals from the four nations of the UK and cancer-specialist education providers. All contributions were assimilated in a master document, which was reviewed by the workshop participants. Final edits were made by GM and VL.

Results

Co-designed AO Passports were created. Level 1 AO Passport is being developed as a digital resource by Macmillan Cancer Support. AO Passports for Levels 2 - 4 and a User Guide have formatted in both print and electronic versions. Answer Guides that contain model answers have been developed for the Level 2 and Level 3 AO Passports. Guidance has been created for assessors of staff working at practice Level 4.

Discussion

The variation in practice in different nations of the UK and different professional groups became evident during the workshops, which was challenging to address, but using co-design enabled decision-making that was satisfactory to all. Working with professionals from primary care, acute care and the charitable sector also added rigour to the co-design.

Conclusions

The AO Passports will be piloted and evaluated nationally using mixed-methods during Phase 2. It is hoped that this project will result in a knowledgeable and skilled workforce and improve the care of patients with an acute oncology indication.

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3. UKONS, Macmillan Cancer Support (2018) *Acute Oncology Knowledge and Skills Guidance. Version 1.* Available Online:ukon1905_skills_framework_-_updated_changes_18_07_19.pdf

Lead Presenter Biography

Gina Madera

Gina qualified as a nurse from the University of Manchester in 2016 following a prior degree in Biomedical Sciences. She has held a number of roles as an oncology nurse at The Christie Hospital and is currently combining her interests in education and acute oncology in post at GM Cancer Alliance working together with Dr Verna Lavender in collaboration with the UK Oncology Nursing Society and the UK Acute Oncology Society to produce and evaluate standardised multidisciplinary national acute oncology competence assessment documents.

Triage Nurses Decision-Making Processes: A Qualitative Systematic Review

Thursday, 7th September - 09:50: 3.3 Acute and critical care - Oral - Abstract ID: 149

Mr. Hugh Gorick (University of East Anglia), Dr. Marie McGee (University of East Anglia), Mrs. Gemma Wilson (Norfolk and Norwich University Hospitals), Mrs. Emma Williams (Norfolk and Norwich University Hospitals), Dr. Jaimik Patel (Norfolk and Norwich University Hospitals), Dr. Anna Zonato Tocchio (Norfolk and Norwich University Hospitals), Dr. Wilfred Ayodele (Norfolk and Norwich University Hospitals), Dr. Sabina Shams (Norfolk and Norwich University Hospitals), Mr. Luca Di Battista (Norfolk and Norwich University Hospitals), Prof. Toby O Smith (University of East Anglia)

Abstract

This concurrent conference paper will present the findings from a qualitative systematic review.

Background

Understanding how nurses make acuity assessments on initial presentation to emergency departments is important. It affects how rapidly a patient is seen by a doctor and subsequent time to receive treatment. Whilst several literature reviews have previously explored this area, no qualitative systematic review has been published.

Aims

This qualitative systematic review aimed to understand the decision-making processes emergency nurses use to make acuity decisions during triage assessment at initial patient presentation.

Methodology

A systematic search was conducted of Medline, CINAHL and academic search complete. Papers were double screened with reviewers blinded to each other's decisions. Critical Appraisal Skills Programme qualitative checklists were used to appraise the methodological quality of included studies. Themes were created using thematic synthesis. GRADE-CERQual was used to evaluate certainty of evidence in the findings.

Results

28 studies were included in the review. Data analysis resulted in the identification of three superordinate themes and seven subordinate themes. GRADE-CERQual analysis indicated nine themes presented with high certainty of evidence, and one with moderate certainty.

Discussion

Nurses assess patients using holistic reasoning, gathering data which is then interpreted through a mix of clinical reasoning and intuition. The decision-making process is influenced by the situational awareness of the nurses, with strong impact from environmental factors. These processes are supported by the nurse's knowledge and experience, and training for these is vital, although considered lacking.

Conclusions

The findings present a new perspective on how nurses make decisions about the acuity of patients in the emergency department. From this, we can offer suggestions on improvements to the triage system that work with the nurses' decision-making processes, increasing acceptability and effectiveness, and resulting in improved patient outcomes.

Lead Presenter Biography

Hugh Gorick

I am a postgraduate researcher at the University of East Anglia, studying nurses' decision making processes at initial patient presentation to emergency departments for my PhD. I also work clinically at the Norfolk and Norwich University Hospital.

3.4 Nursing, midwifery or support worker education

Exploring how practitioners use social media to access research evidence. A systematic review and qualitative interview study.

Thursday, 7th September - 09:15: 3.4 Nursing, midwifery or support worker education - Oral - Abstract ID: 298

Ms. Sarah Roberts-Lewis (St George's University of London), Ms. Gill Mein (St George's University of London), Ms. Sophia Quirke-McFarlane (University of Surrey), Ms. Martha Powell (National Institute for Health and Care Research), Dr. Sarah White (St George's University of London), Dr. Helen Baxter (University of Bristol), Dr. Fiona Leggat (St George's University of London), Ms. Hannah Garner (St George's University of London), Prof. Lindsay Bearne (St George's University of London)

Abstract

Background: Social media has potential to help disseminate research to busy practitioners, such as nurses, to enhance evidence-based care.

Aims: To explore the effectiveness of social media for disseminating research evidence to practitioners and explore how nurses use social media to access research evidence.

Methods: This multi-methods study included a systematic review and qualitative interview study.

Six databases were searched from January 2010 to January 2023. Randomised and non-randomised trials, pre/post designs and case studies were included. Independent reviewers conducted screening, data extraction and quality assessment (Cochrane tool for assessing risk of bias and the Newcastle-Ottawa Scale). Outcomes were grouped into four domains (reach, engagement, direct dissemination, impact). Twenty-five nurses from a range of practice settings were interviewed. Verbatim transcripts were anonymised and analysed thematically.

Results: Fifty mixed quality articles were included (9 randomised controlled trials). Social media was effective for research dissemination (article download) compared to no social media and somewhat effective for reach, engagement and impact. Nurses used open and closed social media platforms professionally, although seldom within working hours due to lack of access and time. Open platforms were valued as they raised awareness of diverse research evidence. Closed social media groups provided an extended professional network and community of practice around specialist areas. Authenticity of research evidence shared via social media was rarely questioned and interviewees tended to assess the credibility of the originator of the social media information (i.e., professional organisations) rather than critically appraise research evidence being shared. Interviewees reported that they lacked training to use social media.

Conclusion: Social media is an effective means of disseminating research evidence and offers the opportunity to expand professional networks and awareness of research evidence. Judicious use and critical appraisal of research evidence shared on social media is required to minimise the risk of misinformation. SGREC approval(2023.0001)

Lead Presenter Biography

Sarah Roberts-Lewis

Sarah Roberts-Lewis is a registered physiotherapist. She recently completed her PhD about physical activity in neuro-muscular disease at King's College London and currently works at the Population Health Research Institute at St George's University of London.

3.5 Leadership and management

Follow my leader? How embedding research is everyone's business – a success story

Thursday, 7th September - 09:15: 3.5 Leadership and management - Oral - Abstract ID: 223

Mrs. Emma Williams (Cardiff and Vale University Health Board), Mrs. Mandy Edwards (Health and Care Research in Wales), Mrs. Bethan Ingram (Cardiff and Vale University Health Board), Mrs. Bethan Fullerton (Cardiff and Vale University Health Board), Mrs. Ellie Cook (Cardiff and Vale University Health Board)

Abstract

Through strong nurse leadership, and collaboration between nurse leaders, the Teenage and Young Adult (TYA) team at Cardiff and Vale University Health Board have embedded Nurse Principal Investigators who are taking the lead in research activity and creating more opportunities for their patient group to access research.

There is a common misconception that leadership can only occur from the top down, through senior managers who have been in post for some years leading those beneath them. This is refuted by Marquet (2012) who states that this model allows people to abdicate responsibility for their actions, indicating that leadership behaviours are a choice rather than linked to a position within an organisation.

Making research everyone's business, and building capacity is important as research demonstrates that collaboration between healthcare professionals is beneficial to both patients and health care workers (Morely and Cashell 2017). It leads to better health care management for patients psychosocially and with symptom control, as well as improving patient safety and supportive care with behavioural changes necessary to improve patient outcomes through the building of greater trust and rapport between patients and their treating teams (Chan et al 2012).

The TYA team have demonstrated how strong nurse leadership can lead to culture change, ensuring that research is embedded throughout the department as an ethos, rather than seen as an adjunct to the care that is provided for their patient group.

References

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2. Marquet, L. D. (2012) *Turning the Ship Around*, pp 18-21, Penguin Random House, USA
3. Morely, L and Cashell, A (2017) (PDF) Collaboration in Health Care (researchgate.net) (accessed 11/10/2022)

Lead Presenter Biography

Emma Williams

Emma Williams is a haematology senior nurse manager with first-hand experience of developing her own nurse-led research evaluating patient experience of CAR-T. She has recently completed her PGCE and Masters in Advanced Practice at Cardiff University.

She is a nurse adviser for Blood Cancer UK and has recently supported the development of the online e-learning module for CAR-T which is an accredited course for nurses who are new into haematology.

The Clinical Research Group that she manages has been highly commended the work that they do and been shortlisted for Research Team of the Year within the Health board.

Exploring Nursing Research Culture and Capacity in a Saudi Arabian Education College: A Case Study

Thursday, 7th September - 09:50: 3.5 Leadership and management - Oral - Abstract ID: 247

Mr. Abdulhamid Alrwili (University of Sheffield), Prof. Tony Ryan (The University of Sheffield), Dr. Steve Robertson (The University of Sheffield), Dr. Michaela Senek (The University of Sheffield)

Abstract

Background: Research capacity building (RCB) is a major issue for nursing educators and leaders. The difficulties in RCB are attributed to both external and internal contextual influences (Tranmer et al., 2020).

Aim: To explore the factors that facilitate and hinder research capacity building in a Nursing College in Saudi Arabia.

Design: Qualitative Case Study

Methods: Data were collected between November 2021-February 2022 from one nursing college in Saudi Arabia using documentary analysis and semi-structured interviews. 10 interviews were conducted (Academic Staff n=7, Academic Leaders n=3) and 10 documents were included (Policy documents n=4, Research Committee's Minute n=4, Annual reports n=2).

Data Analysis: Thematic analysis was used to analyse data from the interviews and documents (Braun and Clarke, 2006).

Ethical approval was obtained from the University of Sheffield and Northern Border University

Findings: Analysis revealed three main elements that contributed to the development of research culture and capacity: support, collaboration, and communication. The college adopted an "inclusive approach" to building its research capacity. The absence of effective research leadership in the college, the administrative burden, and the existing culture of competition and a culture of the individual at work, all had a significant negative influence on RCB. The current research culture in the college is also shaped by university policy and regulations.

Discussion: To align with an "inclusive" educational approach, research support should be provided for all staff including international staff and novice researchers. Organizational policy (related to funding and promotion) needs to be urgently revised to modify the environment that encourages individualised working. The nursing college would benefit from creating an "action plan" to improve its research leadership and infrastructure.

Conclusion: This case study explored a range of factors that affect RCB in nursing colleges in Saudi Arabia and provides recommendation for developing a positive research culture in these settings.

References

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Lead Presenter Biography

Abdulhamid Alrwili

Abdulhamid Alrwili holds a master's degree in Nursing Administration from Indiana University of Pennsylvania, USA. Currently, he is a PhD student in Nursing studies at the University of Sheffield, UK. He is broadly interested in Nursing Management and Leadership. His research interest focuses on organizational behaviour and culture. He is interested also in nursing research leadership and capacity building. He is the co-founder of *"Cooperative Association for Health Services"* in Saudi Arabia and currently serving as its Head of the Scientific Research Committee.

3.6 Patient experience / qualitative approaches

A grounded theory of haemodialysis refusal in people living with end-stage kidney disease in Oman.

Thursday, 7th September - 09:15: 3.6 Patient experience / qualitative approaches - Oral - Abstract ID: 116

Ms. Sharifa Al Zadjali (University of Hull), Dr. Clare Whitfield (University of Hull), Prof. David Barrett (University of York)

Abstract

Background: End-stage kidney disease (ESKD) is a condition in which kidney function has failed, and individuals require transplantation or long-term dialysis to survive (Agarwal, 2016). ESKD is increasing in prevalence and placing a growing burden on individuals, their families, and healthcare systems (Zhang & Rothenbacher, 2008). Renal replacement therapy (RRT) in the form of haemodialysis (HD) or transplantation is required to promote long-term survival in people with ESKD (Timmers et al., 2008). However, some people with ESKD choose to refuse it, despite the likely clinical benefits. Very little is known about this phenomenon, particularly in Arab countries such as Oman. This study therefore sought to understand why people in Oman with ESKD refused HD.

Methodology: A qualitative study design using a constructivist grounded theory approach was employed. Purposive and theoretical sampling was applied to recruit twenty ESKD individuals who refused HD and seven dialysed individuals who initially refused HD but later changed their minds. Semi-structured and in-depth interviews were conducted at participants' respective nephrology clinics and HD units. Interviews were transcribed verbatim and translated into English before multi-stage coding took place as part of a constant comparative approach.

Results: Participants described a complex and dynamic decision-making process influenced by five factors: self-conceptualization (not recognizing the disease severity), acquiring knowledge (accessing information through various sources), influences (opinions of peers), fear (illness, dialysis and death), and self-control (searching for alternatives). This decision-making process is ongoing, and people with ESKD may change their decision (to accept or decline HD) on multiple occasions.

Conclusion: Decision-making in people with ESRD regarding dialysis is complex and ongoing. Nurses, therefore, need to serve as sources of evidence-based information and holistic, individualised support.

Keywords: Haemodialysis, Kidney failure

References

Reference

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Timmers, L., Thong, M., Dekker, F. W., Boeschoten, E. W., Heijmans, M., Rijken, M., Weinman, J. & Kaptein, A. (2008) Illness perceptions in dialysis patients and their association with quality of life. *Psychology and Health*, 23(6), 679-690.

Zhang, Q. L. & Rothenbacher, D. (2008) Prevalence of chronic kidney disease in population-based studies: Systematic review. *BMC Public Health*, 8, 13.

Lead Presenter Biography

Sharifa Al Zadjali

I am the Director of the Directorate of Professional Practice in the Directorate General of Nursing Affairs, Ministry of Health, Oman

My role is to develop regulations and policies concerning the exercise of general and specialized nursing and standards of professional practice in the governmental sector.

Participate in the development of strategic plans and programs for the development of professional practice and its implementation. Promote the importance of scientific research and evidence-informed-practice principles. I am profound in participating in nursing research projects, promoting the utilization of the results, and emphasising of Evidence-Based Practice to promote the profession and healthcare services.

‘Three sides to every story’- Living the patient, carer and staff experience of COVID.

Thursday, 7th September - 09:50: 3.6 Patient experience / qualitative approaches - Oral - Abstract ID: 345

Prof. Helen Hurst (Univeristy of Salford), Dr. Sarah Ramsey (Manchester University NHS FT)

Abstract

Background

When COVID-19 first entered our world in March 2020 and the country went into lock down the NHS braced itself for one of its biggest challenges of this century. Older, frail patients were in the highest risk group, with those in care homes not only at higher risk of death, but higher risk of contracting COVID-19, often suffering more psychological disturbances (Hewitt et al., 2020; Numbers & Brodaty, 2021). This study was conceived by two nurse researchers working throughout the pandemic on a COVID ward for predominantly older people, aiming to capture the experiences of patients, families/carers and staff members.

Methods

Phenomenology was the most appropriate methodology to provide an in-depth lived experience perspective. Full ethical approval was obtained and participants were sampled purposively. In-depth unstructured interviews were conducted and transcribed in full before being analysed hermeneutically using the four steps outlined by Fleming et al. (2003).

Results

30 participants were recruited (10 patients, 10 relatives, including several bereaved and 10 staff members). Whilst experience varied between and within groups, core themes emerged:

1. Communication difficulties were poignantly expressed, with staff acting as intermediaries between patients and their family members who were kept apart through visiting restrictions, whilst managing clinical care and their own emotional responses.
2. Challenges of care were experienced by all groups, with anxiety around contagion conflicting with feelings of guilt and long-term psychological impact described by staff.
3. Collective experiences of grief and loss were described as participants grappled with coming to terms with encountering death and dying on an unprecedented scale and under such extraordinary conditions.

Conclusion

This study adds to the growing evidence base around experience of the COVID pandemic, adding insight into the triangulated experience of those affected and highlighting the profound effect on patients, relatives and staff.

References

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Lead Presenter Biography

Professor Helen Hurst

Professor Hurst has a joint clinical academic position working as a Professor of Nursing and Consultant Nurse in kidney care. She has research interest in older people living with frailty and chronic kidney disease. She has extensive experience in kidney care and older peoples medicine. She is involved in national organisatons, she is passionate about education and research for nursing.

3.7 Cardiovascular disease

Symptoms and associated (biological, psychological, and cultural) factors in people with heart failure

Thursday, 7th September - 09:15: 3.7 Cardiovascular disease - Oral - Abstract ID: 367

Ms. Muzeyyen Seckin (School of Medicine, Dentistry & Nursing, University of Glasgow, Glasgow, UK,), Prof. Bridget Johnston (School of Medicine, Dentistry & Nursing, University of Glasgow, Glasgow, UK,), Prof. Simon Stewart (Institute of Health Research, Notre Dame University of Australia, Fremantle, Australia,), Prof. Mark Petrie (School of Cardiovascular & Metabolic Health, University of Glasgow, Glasgow, UK.)

Abstract

Background: People with heart failure in Turkey and Scotland experience multiple symptoms including breathlessness.

Aim: To investigate the full spectrum of symptoms and associated (biological, psychological, and cultural) factors in people living with and dying from heart failure.

Methods: Phase 1: A mixed-method systematic review exploring the full spectrum of symptoms in adults with heart failure (PROSPERO-ID: CRD42020185786), Phase 2: secondary data analysis investigating sex-stratified differences in symptoms and symptoms change over 1-year across heart failure subtypes among 528 individuals, Phase 3: descriptive qualitative study exploring breathlessness in 20 Turkish people with self-reported heart failure (June-September 2022). Ethics approvals were obtained from University of Glasgow MVLS ethics committee and Kahramanmaras Sutcu Imam University.

Results: 37 papers were identified in the review. Apart from European Society of Cardiology Guidelines' heart failure typical and less typical symptoms, 37 other symptoms were identified. Sex-stratified differences were detected in the secondary data analysis. Different factors were associated with worsening symptom trajectory in men and women. Based on reflexive thematic analysis of semi-structured interviews, six main themes were identified: (1) Misconception and knowledge about breathlessness (and heart failure); (2) Experience of breathlessness; (3) Cultural and religious consideration; (4) Self-management strategies/psychological; (5) Self-management strategies/physical; and (6) Needs for improved health behaviours. This study highlighted that individual breathlessness experience was affected by socio-cultural-behavioural factors and knowledge and awareness of symptom were poor.

Discussion: There was a diverse range of symptoms among the heart failure population. However, clinical management guidelines did not list many of them. Personal, illness and cultural factors had an impact on individual symptoms experiences in relation to knowledge and awareness of the condition that they live.

Conclusion: This highlighted the need for a person-led care intervention (tailored by culture) as a core concept of improving life and care quality of individuals with heart failure.

Lead Presenter Biography

Muzeyyen Seckin

Muzeyyen Seckin is a PhD candidate/nurse in Nursing at the University of Glasgow. Her research project is about understanding the full spectrum of symptoms and associated factors in people with heart failure and developing a person-led care intervention based on their cultural/social beliefs and values for individuals and communities.

Research interests: Heart Failure; Typical/Less typical/Atypical Symptoms; Person-led care intervention.

An analysis of the diagnostic accuracy and peer-to-peer health information provided on online health forums for heart failure

Thursday, 7th September - 09:50: 3.7 Cardiovascular disease - Oral - Abstract ID: 423

Dr. Annabel Farnood (University of Glasgow), Prof. Bridget Johnston (School of Medicine, Dentistry & Nursing, University of Glasgow, Glasgow, UK,), Prof. Frances Mair (University of Glasgow)

Abstract

Background

Numerous online web sources have been created to provide information on the subject of heart failure, including online health forums which offer peer-to-peer advice. Therefore, it is important to understand how accurate the diagnostic advice being provided on these online health forums are.

Aims

This study sought to examine the accuracy of diagnostic responses and types of information provided on online health discussion forums.

Methods

This paper seeks to understand the quality of responses and types of information provided on online health forums discussing heart failure. A thematic analysis was conducted of peer responses to discussion posts. Responses posted between March 2016-March 2019 were screened, collected and analysed thematically using Braun & Clarke. The themes were conceptually underpinned by Normalization Process Theory. Responses were assessed for quality against the NICE and SIGN guidelines to determine whether they were evidence-based or not.

Results

The total number of responses collected for analysis was 639. Out of 298 diagnostic responses, 5% of responses were guideline evidence-based and another 6% had information that were partly evidence-based. 10% were non-evidence based and potentially dangerous. 10% of responses were experiential; 23% included advice that was not deemed to be dangerous yet not based upon any supporting clinical evidence; and 46% of diagnostic responses signposted users to other online references/healthcare professionals.

Discussion

Increasing nurses and other health care professional's awareness of online health forums will be useful and will help provide a better understanding about the types of information sought and how best to address knowledge deficits.

Conclusion

Online health forums largely focus on experiential responses to assist those in need of advice of support. However, there is evidence of inaccurate and misleading information which suggests the use of a moderator would be beneficial.

Lead Presenter Biography

Annabel Farnood

Annabel completed her PhD in nursing at the University of Glasgow. Her PhD research explored the effects of online self-diagnosis and health information seeking on the patient-healthcare professional relationship. Annabel has been a registered nurse for over eight years and is currently a Postdoctoral Research Associate at King's College London.

Student abstract winner presentation

Virtual Reality falls awareness education in care homes: a feasibility study

Thursday, 7th September - 11:35: Student abstract winner presentation - Oral - Abstract ID: 465

Ms. Claire Ford (The University of Manchester), Dr. Emma Stanmore (The University of Manchester), Dr. Helen Hawley-Hague (The University of Manchester), Dr. Lis Boulton (Age UK)

Abstract

Background: Older adults are at high risk of falls, which increases in care home environments, due to the complexity of resident conditions including cognitive impairment. It is important therefore for care staff to have knowledge in falls awareness, prevention and management in order to support their residents. Literature searches identified that barriers to care staff implementing falls prevention strategies included the limited knowledge of staff and insufficient resources including lack of staff training (Vlaeyen et al, 2017). There is limited research regarding effective methods delivering training to care staff, however emerging research in Virtual Reality as a training method was valid to explore, supported by stakeholder engagement work.

Aims: To feasibility test a proof-of-concept Virtual Reality training programme for care home staff in falls awareness and prevention.

Methods: A multi-phase project including an exploratory qualitative research phase guiding the design and content of the training (Phase I), a development phase creating the proof-of-concept utilising user-centred design, and a mixed methods study (Phase II) exploring the feasibility of the proof of concept, and obtaining further feedback for further development.

Results: The training was immersive, relatable, fun and engaging, and suited the learning styles of care staff better than current training methods such as eLearning. Falls prevention strategies were easy for care staff to transfer into practice. Feedback included additional experiences and interactable items.

Discussion: Virtual Reality was an accepted method of delivering training in care staff, however further research is required to develop the proof-of-concept into a minimum viable prototype, and further feasibility testing requried.

Conclusion: Identifying a potential effective method of training complex interventions may influence the development of future training for care homes, to assist in increasing care staff knowledge, retention of information, and application of knowledge into practice to improve quality of care delivered and resident outcomes.
outcomes.

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Lead Presenter Biography

Claire Ford

Claire is a registered nurse and final year PhD student at the University of Manchester. She has an avid interest in digital health in supporting healthy ageing, with a particular interest in how technology can improve healthcare professionals’ attitudes towards patients and improve quality of interactions and communication. Her PhD project explores Virtual Reality as a training method in falls awareness and prevention in care home environments. Her Research Associate role involves developing this project (and the VR falls training) further.

Poster tour A | Pt 1 CYP | Pt 2 Chronic illness

Poster 1 | Places of Farewell: bereaved parents decision making about their child’s place of death

Thursday, 7th September - 12:40: Poster tour A | Pt 1 CYP | Pt 2 Chronic illness - Poster - Abstract ID: 10

Mrs. Gilda Davis (University of Worcester)

Abstract

The purpose of this research is to explore the choice of place for the death of a child with a life limiting or life-threatening condition. Deaths that are sudden and unexpected have not been included. Children with a non-oncology diagnosis have been focused on as there are too few studies identifiable that explore the end-of-life care of this group of children. The place of death is considered a key indicator in evaluating the quality of end of life care. For a child with complex care needs, this place tends to be chosen by the parent(s). One place that is often assumed to be preferred is home as it is familiar and the routine of our daily life gives us a sense of ontological security. However, in the context of end of life care, a home can feel unsafe if there is no medical or nursing support close by. Hospices, both adult and children, work hard to create a home from home environment, combining comfort and safety; though for some families, the hospital ward is familiar and safe, the staff are known and the routines can provide security.

Whilst place usually refers to a physical location, space is subjective and can refer to the meanings that we construct around places i.e. a place can change because of the constructs, such as being a home and a clinical area – so a home can also be a clinical space and a clinical space can also be a home.

This study has used an ethnophenomenological approach to explore the stories of parents. The telling of stories can be done in various ways and this study is interested in both visual and verbal narratives.

This study gained ethical approval from the University of Worcester

References

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Wolff S, Christiansen C, Nielson M, Johnsen S, Schroeder H, Neergaard M (2020) Predictors for place of death among children: a systematic review and meta analysis of recent literature *European Journal of Paediatrics* 179 1227-1238

Lead Presenter Biography

Gilda Davis

I am a Senior Lecturer at the University of Worcester and a 4th year part time PhD student, also at the University of Worcester.

I qualified as an Enrolled Nurse in 1988 and as a Registered Sick Children’s Nurse in 1993 before going onto to gain my MSc, prescribers qualification and Advanced Clinical Practice award. The majority of my clinical career has been spent in children’s palliative care, working in both the UK and Romania.

Poster 2 | EMDR versus Tetris – a sequential mixed method feasibility study examining the acceptability of interventions to minimize post-traumatic stress symptoms of parents in a Neonatal Unit in Northern Ireland.

Thursday, 7th September - 12:40: Poster tour A | Pt 1 CYP | Pt 2 Chronic illness - Poster - Abstract ID: 143

Mrs. Victoria Craig (Queens University Belfast), Dr. Breidge Boyle (Queens university Belfast), Dr. Derek McLaughlin (Queens University Belfast)

Abstract

Objective: To conduct a feasibility and acceptability study, randomizing participants to one of the two treatments. The treatment groups will be compared to a control group receiving Care as Usual.

Background: Post-traumatic Stress Symptoms (PTSS) are a significant problem in the Neonatal Unit (NNU) and beyond. Previous studies have considered EMDR (Eye movement Desensitization and Reprocessing) or the computer game Tetris in minimizing PTSS in clinical areas such as the Emergency Department and Delivery Suite. It is proposed that EMDR or Tetris may be effective for preterm parents in the Neonatal Unit (NNU). Neither intervention has been studied in this context to date.

Participants: Thirty sets of parents of infants born at 33+ 6 weeks gestation or less will be recruited. The participants will be randomly assigned to the Butterfly Hug / Safe Calm Place technique, Tetris, or the control group.

Methods – **Phase one**: Assigned participants are asked to play Tetris for a minimum of 20 minutes daily during their baby's stay in the NNU. Those assigned the Butterfly Hug / Safe calm place form of EMDR will do so six times each day (minimum). Online surveys will be completed on recruitment, Day 1-2 of admission to the NNU, and four weekly thereafter. A final survey will be completed 2-4 weeks post-discharge. These will ascertain self-reported symptoms of Post-traumatic Stress

Phase Two: Five focus groups for parents and neonatal staff will encourage discussion of their perceptions of the interventions, their acceptability as a process to aid parents, and their perceived effectiveness. Discussions shall undergo thematic content analysis to ascertain the feasibility and acceptability of the study.

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Lead Presenter Biography

Victoria Craig

Victoria Craig is a first year PhD student at Queen’s University Belfast. She has a keen interest in Neonates and Family Integrated Care. Her 14 year career as a Neonatal Nurse began after her eldest daughter was born very prematurely. She has now embarked on the path to academia, and is the recipient of the Mona Grey Award from Queen’s University Belfast’s School of Nursing and Midwifery. Her supervisors are Dr Boyle and Dr McLaughlin.

Poster 3 | To what extent do young citizens have a voice in ensuring the quality of their inpatient care: Overview of research

Thursday, 7th September - 12:40: Poster tour A | Pt 1 CYP | Pt 2 Chronic illness - Poster - Abstract ID: 448

Dr. Sue Collier (Anglia Ruskin University)

Abstract

The United Nations Convention on the Rights of the Child underpins legislation and policy within the United Kingdom, including within the National Health Service. This rights-based study explored children's voice, in relation to their care experiences in hospital. The key UNCRC (1989) provisions imperative within the context of children's nursing, and for this study, are: to act in the children's best interests and respect children's rights to a voice, participation, information and quality healthcare. The research question was: *"to what extent do young citizens' have a voice in ensuring the quality of their inpatient care?"*

This case study, from a children's ward in one health care trust, built upon the methodological principles of a children's agency agenda and utilised participative activities to hear the views of children. Twenty-three children aged between 5 years and 16 years participated in the study. Children were invited to choose one or two participatory activities, from a pre-set range, to express their views. Children participated in data construction through the use of activity books, which empowered them by providing a safe space to articulate their views.

Children as service users have opinions on their care. This case study enabled them to express their views at the point of discharge. Healthcare staff are pivotal players in gaining the views of service users through interaction and are required to demonstrate compassionate methods of communication to meet the children's age-related needs, to facilitate the competence of children. The children articulated views which corroborated the findings of previous studies in terms of: noise levels; the need for rest and sleep; the desire for information; and how boredom was reinterpreted as missing home, friends and family.

Children gave their views and insights on their concept of their hospital journey which demonstrated their preparedness/upreparedness for their hospital stay.

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Lead Presenter Biography

Sue Collier

Sue worked in clinical practice in both children and neonatal nursing, achieving the level of matron before becoming a children's nurse lecturer. Whilst working in clinical practice, Sue achieved a Masters degree based on the patient journey through the lens of leadership and management using a focused ethnography approach. Sue's doctoral journey focused on the voice of young citizens related to their hospital experiences using a case study approach..

Poster 4 | Introducing a paediatric genomic nurse specialist role into the acute and outpatient setting

Thursday, 7th September - 12:40: Poster tour A | Pt 1 CYP | Pt 2 Chronic illness - Poster - Abstract ID: 146

Mrs. Victoria carr (East Genomic Medicine Service Alliance), Ms. Caroline Hoad (EGMSA), Mrs. Shelby Matlin (EGMSA)

Abstract

Nurses are taking on new roles in genomic medicine and this service evaluation shares experiences in the East Genomic Medicine Service Alliance (EGMSA) of a nurse-led 5-day service for genomic consent conversations and genomic testing in paediatric intensive care, neonatal intensive care and paediatric outpatients.

GMSAs are tasked with supporting the mainstreaming of genomics into healthcare systems and improving the equity of access to genomic testing (NHS England, 2022). The ambitions laid out in the NHS Long Term Plan (2019) describe the vision for the NHS to be the first national healthcare system to embed genomics in practice. As the largest section of the NHS workforce, nurses and midwives make up a combined total of 25% of NHS staff (Nuffield Trust, 2021), but have typically the least genomics maturity (HEE, 2017).
This EGMSA project aims to increase rates of genomic testing in unwell children in NICU/PICU at 3 acute trusts in the EGMSA Region, each with a different service delivery model.

For the nursing service delivery model, a small team of nurses deliver the genomic testing services for Rapid exome Sequencing (R14, NHS Genomic Test Directory) and other genetic tests for outpatient paediatric patients.

With genomics as a new area for nurses, there is a need to develop a new skill set including consent conversations and navigating the interface between mainstream healthcare and clinical genomics services. We found that despite the addition of 'requiring knowledge of genomics' (NMC, 2018) in nursing professional standards, there is no national competency framework or standardisation of practice to support and guide the nursing profession.
This presentation will highlight the challenges and opportunities of setting up a Paediatric Genomic Nurse Service, such as building relationships, education and training and new governance considerations.

References

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Lead Presenter Biography

Victoria Carr

My name is Vicky Carr, and I work as Lead Nurse in the East Genomic Medicine Service Alliance (EGMSA), based at Cambridge University Hospitals.
In the GMSA I support the mainstreaming of genomic medicine into clinical practice, providing clinical leadership for the delivery of national and local nursing activities.
My clinical background is in Adult Critical Care where I maintain clinical practice and value the patient and wider workforce connection this gives me.
I am passionate about empowering nurses and midwives to included in the genomics conversation, ensuring our professions are integral to the development of genomics in patient pathways.

Poster 5 | The Impact of Chronotype on Physical Health, Psychological Health, and Job Performance among Health Care Providers in Acute Care Settings

Thursday, 7th September - 12:40: Poster tour A | Pt 1 CYP | Pt 2 Chronic illness - Poster - Abstract ID: 140

Mr. Omar Alrfooh (Queens university Belfast), Dr. Wejdan Khater (Jordan University of Science and Technology)

Abstract

Background: Shift work constitutes a burden on nurses at hospitals in different aspects. The chronotype (morning and evening) represents individual preferences to work at a specific shift. Few studies examined the impact of chronotypes on critical care nurses' physical and psychological health as well as their performance.

Aim: The study aims to investigate the chronotype and its impact on the physiological and psychological health of nurses as well as their work performance.

Methods: A descriptive cross-sectional design was utilized. Data was collected using three instruments: the morningness-eveningness questionnaire, the standard shiftwork index (SSI), and the Six Dimension Scale of Nursing Performance (Six-D Scale). A convenient sample of 101 nurses working in acute care settings at two-hospital in Jordan was recruited. Data were analyzed using both descriptive and inferential statistics.

Results: Results showed that the trend of nurses to the chronotypes compatibility is less than those who did not show their compatibility (45.5%). There were weak negative associations between the chronotype and gastrointestinal health and cardiovascular health (r=-0.108) (r=-0.020) respectively. There was a weak positive association between the chronotype and psychological health (r=0.000). Regarding work performance, negative significant correlations between chronotypes and the two domains of work performance (frequency (P=0.01) and quality of nursing activity (P=0.05)) have been discovered.

Conclusion: Chronotype is typically induced by the shiftwork system, so it could be better to plan our requirements and daily activities in accordance with our appropriate chronotypes to avoid the consequences of health disruptions.

Keywords: chronotype, circadian rhythm, circadian misalignment, shiftwork, morning chronotype, evening chronotype, physiological health and psychological health, performance.

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Lead Presenter Biography

Omar Faisal Alrfooh

Mr.Omar Faisal Alrfooh holds a master's degree in Adult Acute Care (MSc) from the Jordan University of Science and Technology (JUST). He has vast experience in teaching the nursing sciences and in clinical fields. Currently, his position as a postgraduate researcher and PhD student in the school of nursing and midwifery at Queen's University Belfast (QUB), his research interests are critical care medicine, critically ill patients, cardiometabolic diseases, Acute coronary syndrome, Nursing management, and chronobiology.

Poster 6 | Psychological care integration in Irritable Bowel Syndrome (IBS) and Dietetics – effectiveness of a Devon service

Thursday, 7th September - 12:40: Poster tour A | Pt 1 CYP | Pt 2 Chronic illness - Poster - Abstract ID: 274

Mrs. Natasha Rich (Royal Devon University Hospital), Ms. Kathleen Taylor (University of Plymouth), Prof. Maggie Shepherd (Royal Devon University Hospital), Dr. Heidi Staudacher (Deakin University, Faculty of Health)

Abstract

Background

Psychological comorbidities are associated with greater symptom burden in IBS(Lackner et al., 2013). Some diets are effective for IBS but are restrictive in nature and may impact on mental health. An integrated approach, that also incorporates psychological management, is considered best practice for IBS (Vasant et al., 2021).

Aim

To evaluate the effect of the East Devon IBS Dietitian service on IBS symptoms, mental health risk and referral rates to mental health services.

Methods

A service evaluation was commenced in IBS clinics in December 2022. We aimed to recruit 80 patients. Dietary intervention type and referral rates to NHS Talking Therapies or mental health focused IBS education(MHIBSE) were recorded at initial appointment. IBS symptoms were measured using an adapted IBS symptom severity scoring(IBS-SSS, range 0-50) at first and follow up appointment along with mental health risk(i.e. depression, anxiety) using PHQ2 and GAD2(both range 0-6).

Results

To date 16 of 53 patients have returned for follow-up. Equal numbers of patients were provided with 1st line IBS dietary advice(NICE, 2008) n=7(44%) and low FODMAP advice; n=7(44%). FODMAP gentle advice was provided to 2 patients (13%). A total of 13 patients (82%) reported an IBS-SSS improvement ≥ 20%. Of 53 patients 15(28%) have been referred to IBS focused MHIBSE and 4(8%) have been referred for NHS Talking Therapies plus MHIBSE. Compared with baseline, PHQ2 score remained unchanged, and GAD2 score reduced at follow up(2.69 vs 2.13)

Discussion

Mental health is not routinely screened in dietetic clinics, but this evaluation suggests dietitians could be important for improving access to holistic care for IBS patients.

Conclusions

Dietary advice reduces IBS symptom burden in our IBS Service. Modest reduction appears to occur for anxiety risk, and a third of patients were referred to mental health services.

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Lead Presenter Biography

Maggie Shepherd

Maggie trained at King's College Hospital and worked as Diabetes Specialist Nurse before joining Exeter's monogenic diabetes team in 1995. She has a PhD in Medical Science, qualifications in Specialist Nursing(diabetes), Medical Education, Genetic Counselling and Genomic Medicine. She is Lead Nurse for Research (RDUH) and Honorary Clinical Professor of monogenic diabetes (UoE). She was an NIHR70@70 Senior Nurse Research Leader(2019-22). She has >145 publications and was the first nurse awarded the Arnold Bloom lecture(2019). She was one of the Women in Global Health's 100+ Outstanding Nurses and Midwives 2020 and was awarded a prestigious Florence Nightingale Foundation Leadership scholarship(2022).

Poster tour B | Nursing, midwifery or support worker education / Workforce and employment

Poster 7 | Barriers and facilitators to implementing clinical practice guidelines in Emergency Departments and Critical Care Units among nurses: A systematic review.

Thursday, 7th September - 12:40: Poster tour B | Nursing, midwifery or support worker education / Workforce and employment - Poster - Abstract ID: 229

Mrs. Mona Alrashdi (School of Nursing and Midwifery, Queen's University Belfast, 97 Lisburn Rd, Belfast BT9 7BL, UK.), Dr. Barry Quinn (School of Nursing and Midwifery, Queen's University Belfast, 97 Lisburn Rd, Belfast BT9 7BL, UK), Dr. Susan A. Clarke (School of Nursing and Midwifery, Queen's University Belfast, 97 Lisburn Rd, Belfast BT9 7BL, UK)

Abstract

Background: Emergency departments (EDs) and critical care units (CCUs) are crucial to providing care to patients with life threating illnesses. Clinical practice guidelines (CPGs) have been developed to help in standardising treatment plans and empower nurses to make informed choices that improve patient care, however, the use of CPGs by healthcare providers remains low and this issue has been under-researched in the specific high-pressured environments of ED and CCU.

Aim: The aim of this systematic review is to explore barriers and facilitators to the implementation of CPGs among nurses in ED and CCU.

Method: A search was conducted the CINAHL, PubMed, Web of Science and Scopus. Studies were included if they focused on barriers or facilitators to the implementation of CPGs in any field, with any research design, within an EDs or CCUs setting and involving nurse participants. Quality assessment and data extraction was assessed by three independent reviewers.

Results: Out of 3082 results, 13 eligible studies based in 8 countries were identified. Three overarching themes related to barriers and facilitators in implementation of CPGs were found: factors related to the individual, "clinical practice guidelines themselves", and organisational factors. Barriers included lack of knowledge, skills, and awareness of the CPGs, the design, content, and format of the CPGs, a lack of clarification on the nurses' role, lack of resources, support and staff. Facilitators included high-quality training, a positive attitude towards CPGs, simplified format, the development of localised CPGs, effective leadership in introducing changes to practice and colleague support.

Discussion and Conclusion: Awareness of the barriers and facilitators to the implementation of CPGs in EDs and CCUs should assist in implementation of CPGs in international settings to improve nursing practice and health outcomes for patients.

Lead Presenter Biography

Mona Alrashdi

My name is Mona Alrashdi, I am a lecturer in emergency nursing at Taibah university, Saudi Arabia. I have a Masters degree in Advanced Nursing in clinical in Acute Care Nursing from the University of Technology, Sydney, Australia, and I am currently a PhD candidate at Queen's University, Belfast. My PhD thesis focuses on the implementation of clinical practice guidelines in burn care among nurses in emergency departments and critical care units.

Poster 8 | A narrative inquiry into Long Serving Nurses and Midwives: Understanding Opportunities, Barriers and professional development in an NHS Trust

Thursday, 7th September - 12:40: Poster tour B | Nursing, midwifery or support worker education / Workforce and employment - Poster - Abstract ID: 224

Ms. Maria Buaki Sogo (Anglia Ruskin University), Dr. Sally Goldspink (Anglia Ruskin University), Dr. Hilary Engward (Anglia Ruskin University)

Abstract

Background:

Alongside the need to retain staff, there is a national drive to develop the role of the Professional Nursing Advocate (PNA) and Professional Midwifery Advocate (PMA). Professional advocacy using the A-EQUIP model was introduced in midwifery in 2017 following the restructuring of supervision processes. In response to the pandemic, the Chief Nursing Officer for England, introduced its use in nursing to improve staff well being and practice. This research can help us understand workforce shortages and to identify ways of increasing retention and reducing attrition. Additionally, it will contribute to workforce development, support and planning in the wider National Health Service (NHS) by understanding the factors that influence nurses and midwives to prolong/curtail their working lives.

Objectives:

To investigate how long serving nurses/midwives use their professional knowledge and
experience in practice.

To identify factors influencing long serving nurses and midwives' to remain/leave the profession.

To understand how the knowledge, skills, and experiences of long serving nurses and midwives can be developed to inform the future training and development of PNA/PMAs.

Method:

Stage 1: Semi-structured interviews will be used to generate data. It is envisaged approximately five to seven questions will be used. The interviews are predicted to last for approximately 60 minutes, via Microsoft Teams or face to face. The audio will be recorded, transcribed and anonymised by the researcher with consent. Potential participants will be approached by the nominated gatekeeper. There is a data sharing agreement in place with the local Trust.

Stage 2: Dialogical data analysis.

Outcomes:

To suggest how one local NHS trust can retain long serving nurses and midwives, and to place findings into generalised context.

Based on findings, to inform the design of future national strategy for development of PNA and PMA roles in relation to long serving staff and recruitment and retention strategies.

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Lead Presenter Biography

Maria Amparo Buaki-Sogo

Maria trained as a nurse in Spain where she worked before moving to the UK in 2010 to work as a theatre nurse at Imperial College NHS Foundation Trust. She is also a midwife, last working in a consultant midwifery role. Previous midwifery roles include caseloading midwifery for vulnerable women and research. Maria is a former lead nurse for North Thames Genomic Medicine Service Alliance where she led the nursing workforce to re-design clinical pathways of care to implement routine genetic testing in the National Health Service (NHS). Maria is also a lecturer in Adult Nursing in a London University.

Poster 9 | An exploration of the research culture, capacity, and capability within a Nursing and Midwifery Academic setting

Thursday, 7th September - 12:40: Poster tour B | Nursing, midwifery or support worker education / Workforce and employment - Poster - Abstract ID: 234

Dr. Kerry Gaskin (University of Worcester), Dr. Paul Snelling (University of Worcester), Dr. Theresa Mitchell (University of Worcester)

Abstract

Aim: understand the culture of research for academics in the Three Counties School of Nursing and Midwifery (TCSNM) and what research means at team and individual level.

Design: A cross-sectional exploratory survey

Methods: An online survey using the ‘Research Capacity and Capability tool’ (Holden et al 2012), distributed to all nursing, midwifery and allied health academics and clinical skill staff (N=74) between 5th September – 21st October 2022. Thematic analysis (Braun & Clarke 2006) and descriptive statistical analysis was used.

Results: Participants (n=32, 43.2% response rate) included Lecturers (n=9, 28.2%), Senior Lecturers (n=21, 65.7%) and Principal Lecturers (n=2, 6.3%). Of these, 31% (n=10) had worked at the University for <2 years, 59% (n=19) had an MSc, 22% (n=7) had a Doctorate and 22% (n=7) were studying at Doctoral level. Research related activities were deemed part of their role for 55.2% (n=16). The biggest barriers were ‘lack of time for research’ (93.1%, n=27) and ‘other work roles taking priority’ (82.8%, n=24). Highest personal motivators were ‘to develop skills’ (75.9%, n=22) and ‘increased job satisfaction’ (79.3%, n=23). Highest organisational success was rated as ‘promotes clinical practice based on evidence’ (range 3-10, mean 7.4), school level success as ‘has team leaders that support research’ (range 1-10, mean 6.5), individual success as ‘finding relevant literature’ (range 4-10, mean 7.6).

Discussion: Less than half of staff responded, those that did had a mixed level of research activity and experience. School level development included having staff development resources, research development planning and involving staff in the plan. Individual development needs related to securing research funding, analysing quantitative data, and providing advice to less experienced researchers.

Conclusions: A research and knowledge (RKE) exchange away day in December 2022, addressed findings enabling staff involvement in the TCSNM RKE implementation plan, underpinned by the National Research Strategies (NHSE 2021).

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Lead Presenter Biography

Dr Kerry Gaskin

Kerry is an Associate Professor of Nursing with the Three Counties School of Nursing and Midwifery (TCSNM), University of Worcester (2 days/week) and Gloucestershire Hospitals NHSFT (3 days/week). She is Course Leader for the PhD Nursing/Midwifery and Research and Knowledge Exchange Coordinator for the TCSNM. Kerry is a mixed-methods researcher with a particular interest in congenital heart disease, particularly parental home assessment using an early warning tool called the Congenital Heart Assessment Tool (CHAT), to enable parents to identify signs of deterioration in their infant and to make prompt contact with the appropriate health care professional.

Poster 10 | Mobilising the Workforce During Extra-Ordinary Events – Lived Experiences of Return to Clinical Practice Nurses and Midwives Who Delivered Covid-19 Vaccinations

Thursday, 7th September - 12:40: Poster tour B | Nursing, midwifery or support worker education / Workforce and employment - Poster - Abstract ID: 396

Mrs. Sarah Morton (Bournemouth University)

Abstract

Background

The COVID-19 pandemic response demanded nursing expertise creating intense pressure on workforce requirements (Schwerdtle et al 2020). The background to this research project was the resulting need to increase the registered nursing workforce capacity to deliver the Covid-19 vaccinations, once an effective vaccine had been developed.

Aims

The poster aims to explore early emerging experiential themes during the initial stages of analysis within a PhD research project focusing on the lived experiences of nurses and midwives returning to practice as Covid-19 vaccinators.

Methods

The approach selected was to undertake a qualitative study using an Interpretive Phenomenological Analytical (IPA) approach (Smith et al 2022). Recruitment was anticipated to be a challenge given that as registrants had returned to practice due to an irregular event, some were likely to have subsequently ceased this work. To address this, recruitment utilised social media and networking routes such as Facebook and LinkedIn.

University ethical approval was secured, followed by the initial recruitment phase leading to semi-structured interviews being undertaken from February 2023, to gather participants‘ lived experiences in returning to the specified area of “frontline” clinical practice. Interviews were conducted via Zoom and face to face, recorded and transcribed.

Results

Interim results of IPA analytical process include participants‘ undertaking risk assessment around how to personally to respond to the virus and their desire to contribute during critical circumstances. The poster presentation includes cross-case analysis where meanings converge across a group of participants.

Discussion

Personal Experiential Themes (PETs) gained for each participant are followed by Group Experiential Themes (GETs) cutting across multiple cases. The area with a strong profile within group experience themes are perceptions of the meaning of their contributions in society‘s response to the pandemic.

Conclusion

It is hoped this research will provide insight to inform future surge event nursing workforce planning.

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Lead Presenter Biography

Sarah Morton

Sarah Morton is a postgraduate PhD student at Bournemouth University with experience of nursing practice across a variety of areas including as a clinical nurse specialist and as a programme lead commissioning services within the NHS in England. Sarah worked as a clinical nurse manager in a large Covid-19 vaccination centre, following which she began her PhD studies at Bournemouth University in the Faculty of Health and Social Sciences. To recharge during her studies, Sarah enjoys coastal walking around the Dorset area.

Poster 11 | Embedding Research (ER) led by Nurses, Midwives and Allied Health Professionals (NMAHPs) in partnership with Academia: Critical reflections on the Practice Led NMAHP-ER model to date

Thursday, 7th September - 12:40: Poster tour B | Nursing, midwifery or support worker education / Workforce and employment - Poster - Abstract ID: 72

Dr. Linda Tinkler (The Newcastle upon Tyne Hospitals NHS Foundation Trust), Mrs. Claire Whitehouse (James Paget University Hospitals NHS Foundation Trust), Mrs. Helen Hall (James Paget University Hospitals NHS Foundation Trust), Mrs. Mehar Shiju (James Paget University Hospitals NHS Foundation Trust), Prof. Annette Hand (The Newcastle upon Tyne NHS Foundation Trust), Dr. Carolyn Jackson (University of East Anglia)

Abstract

Background Current national strategies acknowledge the need for healthcare and academic organisations to work more collaboratively to develop a range of innovative research capacity building models. The aim of this is to address the challenges of developing, embedding and sustaining impactful research led by Nurses, Midwives, and Allied Health Professionals (NMAHPs) in complex clinical settings. Established embedded researcher models focus predominantly on an individual (usually an academic based in a Higher Education Institute setting) being a temporary (health and or social care) team member, embedded for a project-limited short-term placement.

Method Collaboration took place between two healthcare and two academic organisations over six months during 2021 to develop a partnership model, offering an opportunity to enable NMAHP research capacity building from within the researchers' clinical area of expertise. The iterative process of co-creation, development and refinement of a pilot model took place via virtual meetings, emails, telephone calls and document review.

Results A co-designed practice led NMAHP Embedded Research (ER) model is now being piloted and evaluated in two NHS organisations partnered with HEIs (One DGH and one Tertiary Centre) with three individual ERs (X2 at MClinRes level and X1 at Doctoral level) being existing clinical practitioners working collaboratively within the healthcare setting and with academia to develop the skills to become the ER.

Conclusion A critical reflection will illustrate the progress to date of this newly established pilot model to support NMAHP-led research activity in two clinical organisations in a visible, and manageable way with direct support from partner HEIs. As a shared, long-term vision the model will be evaluated to assess its impact and ability to contribute to research capacity and capability building of the wider healthcare workforce. The intention is to lead, facilitate and support research across clinical organisations and higher education institutions.

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Lead Presenter Biography

Linda Tinkler

Linda's role involves all aspects of Research Capacity and Capability building for Nurses, Midwives and AHPs. Linda joined the NHS as a Healthcare Assistant in 1998, qualifying as a nurse in 2003. Linda's PhD used a mixed methods approach to explore behaviours at the interface between clinical research delivery and clinical service delivery. This was funded by the RCN Strategic Research Alliance with the University of Sheffield School of Nursing & Midwifery. Linda is a qualified leadership coach, interested in leadership and culture in the NHS, a Florence Nightingale Foundation Scholar and an NIHR 70at70 Senior Nurse Research Leader.

Poster tour C | Service innovation and improvement

Poster 12 | Novel methods of recruiting research delivery staff in smaller hospitals: Learning from the pandemic

Thursday, 7th September - 12:40: Poster tour C | Service innovation and improvement - Poster - Abstract ID: 303

Mrs. Emma Goodwin (Barnsley Hospital NHS Foundation Trust), Mrs. Nicola Lancaster (Barnsley Hospital NHS Foundation Trust)

Abstract

Aims

To create a skilled workforce to deliver all types of research studies in a small hospital within England and examine whether this flexible workforce model would provide opportunities for both staff and patients to participate in more research and access new treatment options in the future.

Background

Access to large scale research studies can be limited to larger hospitals. The COVID-19 pandemic highlighted the importance of ensuring that research opportunities are provided to all, regardless of their geographical location. Workforce challenges can have a significant impact on the types of studies that can be delivered. Creating an internal agency of staff with appropriate skills, knowledge and training who are readily available can enhance opportunities for research participation for both staff and patients.

Methods

The staffing requirements were scoped to deliver a large-scale vaccine trial. A recruitment campaign was launched within the hospital and staff registered their interest. 28 Health Care Professionals (HCPs) were selected to support the research team and registered with the hospital bank agency. Good Clinical Practice (GCP) and study specific training was delivered over a two-week period.

Results

Creating additional workforce in the research environment allowed the delivery of a large-scale trial in a medium sized hospital in England during the Covid-19 pandemic. Opportunities were provided for nurses to gain experience in research delivery and allowed exposure to a specialty they may not have considered before.

Discussion and conclusions

Novel methods for recruiting additional staff were successfully introduced to support research delivery during the pandemic. Having access to a cohort of HCPs willing to register with an internal agency can give smaller hospitals greater confidence to deliver studies that require additional resource without employing staff on longer-term contracts.

Lead Presenter Biography

Nicola Lancaster

Nicola began her Research Nurse career working at Sheffield Teaching Hospitals, since then she has gained extensive experience and skills in all aspects of research. Nicola has worked at many NHS organisations, supporting them to grow their research portfolios and infrastructures, resulting in increased research opportunities for staff and patients. Nicola was shortlisted for two Nursing Times Awards: Collaborative working: Network & Trust and Engaging Specialist Nurses in research. This has led to a publication in the Nursing Times in 2019. Nicola is currently a Lead Research Nurse and focuses on improving research awareness and understanding barriers to research.

Poster 13 | Integrating Clinical Research into Practice within Edinburgh: an organisation-based case study

Thursday, 7th September - 12:40: Poster tour C | Service innovation and improvement - Poster - Abstract ID: 332

Mr. Sven Nelson (NHS Lothian), Dr. Karla Berry (NHS Lothian), Mrs. Amy Shepherd (NHS Lothian), Ms. Louise Sharp (NHS Lothian)

Abstract

Background

The UK Research and Development implementation plan discusses creating opportunities for healthcare staff to increase clinical research capacity. Historically, research within infectious diseases (ID) in Edinburgh worked under a traditional, single Principal Investigator (PI) model. This created a strong foundation for research into the HIV epidemic in Edinburgh in the 1980s. However, this model lacked infrastructure, and a plan for PI succession.

Aim

We here describe a novel way of integrating research into clinical practice, with the establishment of a Clinical Infection Research Group (CIRG) Edinburgh. This model aims to create a sustainable and resilient environment within ID research in NHS Lothian.

Discussion

The CIRG has developed key infrastructure to allow it to achieve its aims. NHS Research Scotland supports consultants in building research into their job plans, with 2-3 sessions dedicated per week, giving them the opportunity to take on PI roles for multiple and diverse studies. Junior clinicians are supported with the opportunity to participate in the NIHR associate-PI scheme. A full-time research team enables trial activities, comprising of 6 senior research nurses, a clinical research fellow and clinical trials assistant. This model allows us to expand our research portfolio, collaborating with researchers from across NHS Lothian, University of Edinburgh, and our partners further afield in healthcare, academia, and industry. Furthermore, the COVID-19 pandemic highlighted the need for ID research and created the opportunity for accelerated growth of the CIRG. We are also introducing student nurse placements, raising the profile of research nursing as a future career prospect.

Conclusion

This key infrastructure has allowed the CIRG to grow into a thriving research group. We work across four different sites and are currently running 21 studies, with 11 PIs. We propose that this model of embedding research into clinical departments could be widely applicable across NHS organisations.

Lead Presenter Biography

Sven Nelson

Sven Nelson is a senior research nurse currently working within the Clinical Infection Research Group based at the Western General Hospital and Chalmers Sexual Health Centre in Edinburgh. Sven earned a Bachelors of Nursing from Creighton University and a Masters of Epidemiology from University of Colorado. He focuses on HIV and GUM clinical research. Sven has experience nursing and conducting clinical trials in the United States and the United Kingdom.

Poster 14 | Covid-19: a Catalyst for Change in Remote and Rural Advanced Clinical Practice. A Qualitative Study

Thursday, 7th September - 12:40: Poster tour C | Service innovation and improvement - Poster - Abstract ID: 148

Dr. Rachel King (The University of Sheffield), Dr. Clare Carolan (The University of the Highlands and Islands), Dr. Steve Robertson (The University of Sheffield)

Abstract

Background

Advanced clinical practitioners have been an integral part of primary care teams in response to the Covid-19 pandemic. While Covid-19 has exacerbated the existing challenges of limited resources and increased workload (Wood *et al.*, 2021), primary care settings have responded rapidly with positive innovations to maintain safe and effective care. It is important to consider how such changes are experienced by advanced clinical practitioners.

Aim

To explore the sustainability of innovations introduced during the Covid-19 pandemic in remote and rural advanced clinical practice.

Methods

In this qualitative study, eight advanced practice stakeholders in remote and rural Scotland participated in semi-structured interviews between July and August 2022. Interviews were audio-recorded, transcribed and analysed thematically.

Findings

Advanced practice in remote and rural primary care was characterised by a close-knit community and a broad scope of practice with associated training needs.

Covid-19 was a catalyst for some positive changes in healthcare delivery and access to education. Participants were keen to sustain hybrid working, triage, online training and remote inter-professional support networks.

Discussion

Advanced clinical practitioners in this study required an extensive range of skills and knowledge to prepare them for a wide range of eventualities. Participants expressed a desire to sustain positive changes introduced during the Covid-19 pandemic, recognising the benefits for both practice and training.

They valued collaborative relationships in supporting their decision making which have previously been found to be important in remote and rural contexts (Strachan and Hoskins, 2019) and a key facilitator in role implementation and support internationally (Torrens *et al.*, 2020).

Conclusion

As the healthcare workforce faces significant pressures globally, it is important to identify factors that will enhance retention. This study has identified innovations that should be sustained in supporting the remote and rural advanced practice workforce.

References

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10.1136/bmjopen-2020-044139

Lead Presenter Biography
Dr Rachel King
Rachel is a Lecturer in Nursing at the University of Sheffield. She has worked as a registered nurse in clinical practice in a range of roles, most recently as an advanced practitioner in primary care. Her research focuses on emerging roles in nursing, such as advanced practitioners and nursing associates. Teaching activities include supervising master's and PhD students, and teaching research methods and ethics, in addition to co-leading the school's ethics committee. She recently travelled to the Highlands and Islands of Scotland exploring advanced practice in remote and rural settings, funded by a Florence Nightingale Foundation travel scholarship.

Poster 15 | Understanding midwives' perspectives on their role in a programme of activities in Greater Manchester to reduce alcohol exposed pregnancies.

Thursday, 7th September - 12:40: Poster tour C | Service innovation and improvement - Poster - Abstract ID: 159

Ms. Ruth Morrello (Manchester University NHS FT), Prof. Penny Cook (University of Salford), Dr. Margaret Coffey (University of Salford)

Abstract

Background: Antenatal alcohol exposure (AEP) can affect fetal brain development at any stage of pregnancy with multiple adverse consequences. A programme of activities has been piloted at two NHS Trusts in Greater Manchester aimed at reducing AEP. The midwifery component of this included new protocols for screening, a referral pathway for specialist support and training for midwives about the effects of AEP.

Aims: To understand midwives' perspectives regarding the effect of the Reducing AEP programme on their clinical practice.

Methods: Semi-structured interviews were conducted in December 2020 with 6 midwives working in antenatal care at the two Trusts over the telephone and via video conferencing. A review of the literature provided insight into contemporary midwifery practice. The Theory of Planned Behaviour informed the interview schedule design. Data analysis used a Framework Approach and drew on a priori themes from the literature review.

Results: Participating midwives described objective screening practice using a validated tool on multiple antenatal occasions and were confident to discuss alcohol. Participants were cognisant of local and national policies and guidelines. Discussing alcohol was viewed as important and part of the midwife's role, beliefs which supported participants' intention to practice in line with new protocols. Maternal under-reporting and denial of alcohol consumption was a key barrier to providing effective care.

Discussion and Conclusion: The professional practice of participants was more in keeping with the Chief Medical Officer's recommendations than that reported in recent research from the UK and other high-income countries. However, from this small study it is not possible to attribute this directly to the local Reducing AEP programme. Training to prepare midwives to elicit more accurately details of maternal alcohol consumption may improve the efficacy of the programme.

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Lead Presenter Biography

Ruth Morrello

Ruth is a research midwife at Wythenshawe hospital who has recently completed a Masters in Public Health at The University of Salford. Having previously worked as a community midwife in Manchester and Salford, Ruth recognises the importance of Public Health work to optimise maternal and infant wellbeing. The University of Salford is part of the UK Fetal Alcohol Spectrum Disorder (FASD) Research Collaboration and is at the forefront of developing the knowledge base on FASD. Ruth worked with Greater Manchester Health and Social Care

Partnership to evaluate the effect of their Reducing Alcohol Exposed Pregnancy on local midwifery practice.

Poster 16 | Goal-setting with stroke survivors with aphasia: A service evaluation of current practices

Thursday, 7th September - 12:40: Poster tour C | Service innovation and improvement - Poster - Abstract ID: 226

Ms. Elizabeth Urben (Royal Devon University Hospital), Prof. Maggie Shepherd (Royal Devon University Hospital), Dr. Angie Logan (Royal Devon University Hospital)

Abstract

Background:

Goal-setting is considered an effective way of improving patient outcomes and is recommended in multiple clinical guidelines (Elston *et al.* 2022). A multi-national survey investigating the goal-setting practices of rehabilitation staff with stroke survivors with aphasia identified staff lacked confidence and described inadequate training and support (Brown *et al.* 2023).

There has been no evaluation of the goal-setting practises of therapists with stroke survivors with aphasia in the Royal Devon University Healthcare NHS Foundation Trust but discussions in multi-disciplinary meetings highlighted possible inconsistencies in clinical practise, thus a review was warranted.

Aim:

To review the current local multidisciplinary team practices across the stroke pathway for goal-setting with stroke survivors with aphasia and identify ways to improve goal-setting practice for this patient group.

Methodology:

An adapted version of the survey used in Brown *et al.* (2023) was emailed to Occupational Therapists, Physiotherapists and Speech and Language Therapists and stroke rehabilitation team leads working in the acute and rehabilitation stroke wards, early supported discharge and community teams across Royal Devon University NHS Foundation Trust for dissemination within their teams. Responses were collected online throughout February 2023.

Results:

Interim analysis (n=15) showed reduced confidence in goal-setting with stroke survivors with aphasia (mean score 4.1/6 where 1 = not at all confident and 6 = very confident) compared to stroke survivors without aphasia (mean score 5.3 /6). 80% of staff would like training to increase confidence via a number of different modalities e.g. workshops and recorded seminars.

Conclusion:

Initial results align with the findings of Brown *et al.* (2023), which highlight a need for more training. Full analysis is being undertaken and will identify future areas for research/implementation.

References

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Lead Presenter Biography

Elizabeth Urben

Elizabeth is a stroke specialist speech and language therapist working in an early supported discharge team in and around Exeter. She is currently a Chief Nurse Research Fellow at the Royal Devon University Healthcare

Foundation NHS Trust. Her main areas of interest within research are access to healthcare for people with aphasia, accessible healthcare information and goal setting with stroke survivors with aphasia.

Poster 17 | Critical reflection about Research Nurse role within palliative care charity

Thursday, 7th September - 12:40: Poster tour C | Service innovation and improvement - Poster - Abstract ID: 269

Ms. Kasia Patynowska (Marie Curie), Ms. Sarah Stanley (Marie Curie), Ms. Rachel Perry (Marie Curie)

Abstract

Background: A recent census carried out by the National Institute of Health Research (NIHR) showed high numbers of Research Nurses working across the UK and Ireland. Traditionally, Research Nurses were tasked with supporting clinical trials. More recently, the role is expanding into other areas of healthcare research, although ambiguity remains around the role. Limited evidence is available in relation to extended responsibilities and their potential for building palliative care research collaboration between clinical and academic settings.

Aim: To critically reflect on the unique role of the Marie Curie Research Nurse and potential for replication in other settings.

Methods: Specific examples will be shared to illustrate experiences and lessons learnt from Research Nurses across Marie Curie UK.

Results: An innovative model was introduced in 2016 where a Research Nurse works alongside an academic mentor within the hospice, with 6 Research Nurses working currently across the UK. Key outcomes of this model of working have been:

- Facilitating staff engagement with evidence use and generation at the hospices and development of a research culture
- Providing a bridge between practice and research to ensure research is 1. Important for and 2. feasible for practice
- Supporting staff with academic assignments, producing posters for conferences and disseminating research findings
- Development of closer links with academic institutions and successfully supporting recruitment for external research projects
- Developing and leading research projects, supported by academic mentors

Conclusion: The Research Nurse, supported by an academic mentor, to develop knowledge of research methodologies grounded in clinical practice is an important asset, well placed to bridge the gap between research and practice. The multiple benefits that the role offers for organisations has potential for replication in other settings.

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Lead Presenter Biography

Katarzyna A. Patynowska

Katarzyna Patynowska is a Research Nurse in Marie Curie Northern Ireland. She joined the charity in 2010 as a community nurse working across various services and teams, before moving to the Practice Development Facilitator role in 2017 and then to Research Nurse role in 2021. Her research focusses on support and training needs of lone working healthcare assistants providing palliative care in community. In her role as Research Nurse she works within multidisciplinary teams of practitioners, academics and policy makers, helping to provide the evidence and deliver impact.

Poster 18 | Exploring uptake and implementation of multi-professional non-medical prescribing in remote, rural and island locations in Scotland

Thursday, 7th September - 12:40: Poster tour C | Service innovation and improvement - Poster - Abstract ID: 321

Prof. Nicola Carey (University of the Highlands and Islands), Dr. Heather Bain (University of the Highlands and Islands), Dr. Clare Carolan (The University of the Highlands and Islands), Mr. Michael MacPhee (University of the Highlands and Islands), Mr. Dillon Hayes (University of the Highlands and Islands), Dr. Judith Edwards (University of the Highlands and Islands)

Abstract

Background:

People living in remote and rural areas find it difficult to access quality healthcare, with negative consequences for health (1). Extending prescribing rights to nurses, pharmacists and allied health professions has been the focus of United Kingdom (UK) policy to ensure access to medicines by making better use of existing skills and innovation in service delivery (2).There is however a lack of evidence on how non-medical prescribing has been implemented in remote, rural and island locations, and no clear guidance on how it will have optimal impact(3).

Aim: to explore multi-professional non-medical prescribing activity and trends, and factors that support or inhibit update or implementation in remote, rural and island locations in Scotland

Methods

An online survey exploring how and where non-medical prescribing is being implemented in remote, rural and island locations in Scotland. Using snowballing techniques and established contacts data 140 completed surveys have been received, with data collection ongoing until April 30th 2023.

Results

Information is being collected on services provided, prescribing practice and factors that support or inhibit uptake and implementation. Quantitative data will be analysed using descriptive statistics, parametric and non-parametric tests. Open-ended questions will be analysed using content method to provide numerical counts of categories where appropriate.

Discussion

Findings will create evidence to inform those engaged in policy development and commissioning services, guide professional bodies, healthcare commissioners and managers and support wider implementation of non-medical prescribing in remote, rural and island locations.

Conclusion

This project is the first to specifically explore multi-professional non-medical prescribing in remote and rural locations in the UK. It will create evidence to inform policy development and service commissioning, and guide professional bodies, healthcare commissioners and managers and support wider implementation of the role in this area of practice.

References

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Lead Presenter Biography

Professor Nicola Carey

Nicola is Professor of Health Services Research and Head of Department for Nursing and Midwifery at the University of the Highlands and Islands. Nicola is a qualified nurse and her research programme is designed to

support development and evaluation of innovation in clinical practice related to long-term conditions.
Since 2005 Nicola has been involved in numerous projects evaluating the implementation of non-medical prescribing, the findings from which have provided support for revised prescribing regulation. She is currently leading an NIHR funded project exploring Dietitian Supplementary Prescribing and Independent Prescribing by Therapeutic Radiographers.

Poster 19 | NURSES PERCEPTION OF THE CAUSES OF VIOLENCE AGAINST NURSES IN EMERGENCY DEPARTMENT

Thursday, 7th September - 12:40: Poster tour C | Service innovation and improvement - Poster - Abstract ID: 459

Mrs. Ibtisam Al-Siyabi (Royal Hospital/ Oman)

Abstract

Background: Clinical studies in the Middle East as well as globally show that medical professionals are extremely finding themselves subjects of violence; among all professionals, particularly nurses in the Emergency Department are probably experience these episodes during their work. In Oman, this phenomenon has not been studied enough in comparison to other countries but from background experience it has recently been gaining increasing attention. In the middle east few studies have investigated the nurses perception following episodes of violence in the workplace and associating factors.

Aim: To explore the nursing perception of typical factors contributes to work place violence (WPV) in emergency department (ED).

Population: Staff nurses working in direct contact with patient in Emergency department in tertiary hospital in Muscat City

Method: Qualitative descriptive design study conducted using focus group session.

Sample: A sample size of 20 nurses from Emergency Department of X hospital in Muscat recruited using non-probability purposive sampling approach.

Intervention: After conducting a brief session to explain about the study. All participant divided in to four focus group, each group include five members.

Results: In this study the Ecological Occupational Health Model (EOHM) of Workplace Assault used as a guidance. Ecological models help to understand the interaction of people with their environments .This model focus on : personal worker factors; workplace factors; community and environmental factors. Personal worker factors identified from group discussion poor communication skill, lack of experience staff and stress related to work overload . Workplace factors identified the physical design and lack of resources, workplace policies & availability of security officers. Community and environmental factors in this study were conceptualized as patient factor and identified patient history of mental health disorder, ESRD patient, Sickler patient, alcoholic and substances abuse are the most prone to be aggressive.

SRC#93/2022

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Lead Presenter Biography

Mrs. Ibtisam Al-Siyabi

Ibtisam Al-Siyabi is clinical educator at Royal Hospital. Holding BSN in science of nursing from Cardiff University, UK & Post Graduate Critical Care from Higher Institute of Health Specialties, Oman. Have several contributions in national conferences as speaker. Last participation was in the International Hospital federation (IHF) with oral presentation

Poster tour D | Pt 1 Research policy/strategy| Pt 2 Public health / patient safety

Poster 20 | Developing a research strategy for respiratory nurses in United Kingdom: an evidence-based approach

Thursday, 7th September - 12:40: Poster tour D | Pt 1 Research policy/strategy| Pt 2 Public health / patient safety - Poster - Abstract ID: 151

Dr. Kate Lippiett (Association of Respiratory Nurse Specialists), Dr. Karen Heslop-Marshall (Association of Respiratory Nurse Specialists), Ms. Aleks Gawliklipinski (Association of Respiratory Nurse Specialists), Ms. Lucy Speakman (Association of Respiratory Nurse Specialists), Ms. Debbie Duncan (Association of Respiratory Nurse Specialists), Ms. Laura Rush (Association of Respiratory Nurse Specialists), Ms. Leanne Jo Holmes (Association of Respiratory Nurse Specialists), Dr. Carol Kelly (Edgehill University)

Abstract

Background

Respiratory nurses are fundamental to delivery of person-centred, holistic care for patients with respiratory disease. COVID-19 has highlighted the importance of respiratory nurses (Roberts, 2021). However, there are few respiratory nurse clinical/academic researchers and, consequently, a lack of nurse-led respiratory research.

Aims

The Association of Respiratory Nurse Specialists (ARNS) in United Kingdom (UK) commissioned studies to identify respiratory nurses' research priorities and the knowledge and skills required to deliver these. The purpose was to develop an evidence-based strategy and work plan to support embedding of research into UK respiratory nurses' culture.

Methods

Between July-November 2016, a systematic literature review to identify respiratory nurses' international research recommendations, underpinning an online Delphi Survey to identify research priorities for respiratory nurses in UK (Kelly, 2018).

March 2020, a further literature review summarising evidence of nurses' research capacity and capability supported a cross-sectional, online, self-administered survey using the research capacity/culture tool. September-October 2020, a training needs analysis of respiratory nurses' research needs (Ray, 2021).

Results:

2018, 183 respiratory nurse respondents identified four research priorities: prevention of respiratory disease and related disability, respiratory disease management, respiratory palliative care and organisation/delivery of respiratory care.

2020, 62 respiratory nurse respondents: 56% were not research-active. An overwhelming majority recognised value of research and wanted to participate. Barriers to research participation included demands of clinical roles, lack of time and backfill. Nurses also reported lacking research skills; being intimidated by research language and the fear of getting it wrong.

Discussion:

These studies have demonstrated the value of research practice to respiratory nurses, the need to support nurses to develop research skills and confidence and the importance of ring-fenced research time for nursing roles.

Conclusion:

An evidenced-based research strategy/work plan supports the development of future respiratory nurse research leaders, embedding research into the culture of UK respiratory nursing.

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Lead Presenter Biography

Kate Lippiett

Dr Kate Lippiett (BA (Hons), MSc, RGN, PhD) completed the NHS management training scheme and was awarded an MSc in Health Management from University of Birmingham. She re-trained as a nurse and specialised in respiratory nursing. Currently, Kate is Vice Chair of the Research and Education Committee for the Association of Respiratory Nurse Specialists. In 2020, Kate completed her PhD, identifying and characterising patient experiences of burden of treatment in lung cancer and Chronic Obstructive Pulmonary Disease (COPD).

Kate is a clinical academic: a Senior Research Fellow at the University of Southampton and Treatment Programme Manager at Wessex Cancer Alliance.

Poster 21 | Research In Primary Care - Can It Work At Scale ?

Thursday, 7th September - 12:40: Poster tour D | Pt 1 Research policy/strategy| Pt 2 Public health / patient safety - Poster - Abstract ID: 71

Mrs. Kate McCloskey (CRN E of E, Norfolk and Waveney ICB), Ms. Clare Symms (Norfolk & Waveney ICB)

Abstract

As a Primary Care Research Manager in one of the most research active areas of the country I wanted to push the boundaries and see if it would be possible to deliver research at scale. I recognised that year after year we worked with, predominantly, the same engaged practices and very often those practices were in the more affluent areas of Norfolk and Waveney.

The emphasis of the project was OneNorwich, a Primary Care Network (PCN) of 21 practices delivering care to over 240,736 patients.

My aim was to focus on underserved populations, promoting inclusivity and equality, allowing all patients equal opportunities to participate in research. I wanted to develop a culture of research delivery within the PCN and embed research activity whilst learning from the framework of the PCN and evolution of the Integrated Care System (ICS). This approach ensured research could continue during a period of transformation in Primary Care.

I engaged with practices across the PCN to explore the barriers, challenges and to understand why they were not research active. I piloted an easy questionnaire study which was successful. The learning from this and the relationship's we developed enabled us to deliver Panoramic a Covid 19 anti-viral trial. Several obstacles had to be overcome however we were able to recruit from every practice in the PCN and captured patients from diverse backgrounds One Norwich were the highest recruiting hub in the UK.

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Lead Presenter Biography

Kate McCloskey

II have been a nurse for over 20 years and enjoyed the challenges of working in different clinical settings.

In my current post as Primary Care Research Manager I support my team to deliver research to patients effectively and safely.

We currently work with around 50 GP practices to train them to deliver research or recruit patients on their behalf.

I am passionate about delivering high quality important research and giving patients from all backgrounds equal opportunities to access research.

Poster 22 | Idealism versus Realism in Sustainable Global Research

Thursday, 7th September - 12:40: Poster tour D | Pt 1 Research policy/strategy| Pt 2 Public health / patient safety - Poster - Abstract ID: 165

Dr. Andrea Knopp (James Madison University, School of Nursing), Dr. Elizabeth Herron (James Madison University, School of Nursing)

Abstract

In sub-Saharan African countries, non-communicable diseases (NCDs) such as Type II diabetes are increasing in incidence and prevalence (CDC 2023). Glycated hemoglobin (HbA1c) is a Point of Care (POC) diagnostic tool for monitoring and managing patients with diabetes that is unavailable in many resource-constrained environments (Park & Pastakia 2018). In theory, HbA1c monitoring is practical in these settings because fasting is not needed, the test is usually performed once every several months, and there is less need for multiple appointments. Following a qualitative study with key informants in rural northwestern Tanzania, POC HbA1c monitoring machines were introduced to improve care of patients with diabetes. Concurrently, education modules developed from themes of the study were taught to selected women as part of diabetes management for their families (Sawin & Knopp 2020). Themes influencing the education were needing “white people food” for healthy eating, abstaining from sexual relations with diabetes, and being an “alcohol taker.” After the education sessions, a Tanzanian nurse or community health worker went to the homes of these women to review the education and determine the effectiveness and feasibility of using the HbA1c machines in diabetes management. Though short-term change had mixed success, the long-term impact on diabetes management is unknown. Cultural influences and access to the HbA1c machines impacted their usefulness for monitoring diabetes in this remote area. A greater understanding of these factors as well as supply chain availability is needed to address barriers creatively and sensitively. The Tanzania HbA1c project functions as a study at a population level through which to examine the complexities of diabetes management and determinants of health care in a resource-constrained environment. This paper contributes knowledge to the ongoing challenges of culturally appropriate sustainable research to improve health in low-resource areas. This project was approved by JMU IRB Protocol ID: 21-2646.

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Lead Presenter Biography

Andrea Knopp, PhD, MPH, MSN, FNP-BC

Dr. Knopp received her Masters of Pubic Health and Masters of Nursing from Emory University in Atlanta, Georgia with her thesis on Oral Rehydration in Burkina Faso based on her nursing experiences in Burkina Faso. She received her PhD from the University of Virginia with her dissertation on Healthcare Experiences of Zabbaleen Women in Cairo, Egypt. Her research platform continues to be focused on global health with subsequent projects and publications focused on women and diabetes in rural Tanzania. She is currently a full

Professor and Associate Director of Graduate Programs at James Madison University in Virginia, USA

Poster 23 | SocioCultural and Religious Impacts Upon Covid-19 Pandemic Physical Distancing Public Practices

Thursday, 7th September - 12:40: Poster tour D | Pt 1 Research policy/strategy| Pt 2 Public health / patient safety - Poster - Abstract ID: 112

Mrs. Mudhar Al Adawi (Royal Hospital/ Oman), Dr. Issa Al Salmi (Oman Medical Specialty Board and The Royal Hospital), Dr. Hasina Al Harthy (Royal Hospital/ Oman), Mrs. Samiha S Habsi (Royal Hospital/ Oman), Mr. Khalid Al Busaidi (Royal Hospital)

Abstract

Introduction: COVID-19 is the first pandemic event that has happened in Oman which requires all residents and nationals to practice quarantine and physical distancing.

Methods: This cross-sectional study targeted the population of Oman and was carried out during the first wave of the COVID-19 pandemic from 11th August 2020 to 7th September 2020. This study utilized the online survey most appropriately designed for the population. The survey was distributed to the public through social media and text messages. The survey was translated into the four main spoken languages in Oman, which are Arabic, English, Swahili, and Hindi.

Results: A total of 943 residents responded to the online survey. The majority of respondents reported that they are ready/ready to a great extent to practice physical distancing (61.9%) during the pandemic compared to 34.9% not sure/ready to some extent and 3.2% not ready at all for physical distancing. It was found that financial factors, religious and cultural-norms had the strongest negative-impact to maintain physical distancing. While level of responsibility, governmental legislations, and fear of getting or transmitting the infection had the strongest positive impact to maintain physical distancing. Males reported a greater financial and religious negative impact of physical distancing with p-values of 0.002 and 0.001, respectively. Females reported a greater positive impact of family and friend's support and legislation with p-values of 0.046 and 0.008, respectively.

Conclusion: Religious practices mainly negatively affected the male gender during this pandemic which hindered the adherence to physical distancing. This could be due to culture and norms that derive from human behavior within communities and may affect the safety measures during an outbreak or pandemic. Hence, even with availability of vaccinations, campaigns on public health and the utilization of faith leaders should be the national practice to continue emphasizing compassionate attitudes towards physical distancing.

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Lead Presenter Biography

Mudhar Al Adawi

Mudhar Al Adawi is a nurse researcher at Royal Hospital , Oman

Poster 24 | Do nurses work around safety standards, and should we be worried? A scoping review

Thursday, 7th September - 12:40: Poster tour D | Pt 1 Research policy/strategy| Pt 2 Public health / patient safety - Poster - Abstract ID: 339

Mrs. Debbie Clark (University of Leeds), Prof. Jane O'Hara (University of Leeds), Prof. Rebecca Lawton (University of Leeds)

Abstract

Background: One way healthcare staff adapt to challenges faced when delivering healthcare maybe using workarounds. Whilst there is some negative connotation to workarounds, there is some evidence that they may contribute to the delivery of safe care (Debono, 2013).

Aims: To explore the circumstances and perceived implications of safety standard workarounds in healthcare.

Method: The Joanna Briggs Institute (JBI) methodology for scoping reviews (Peters et al, 2020) was followed. A narrative synthesis (Popay, 2006) was developed to produce a summary of the review findings.

Results: The review included 27 primary studies, from 9 different countries, published from 2008 onwards.

In 67% of studies, safety standard workarounds were performed by nurses. 21 different kinds of safety standards were worked around; of these 59% were related to medication management.

Safety standard workarounds were reportedly used due to organisational issues (89%), task factors (56%), environmental factors (41%), technical factors (41%), patient factors (33%).

96% of papers reported safety standard workarounds impacted on the care quality, contributing to increased effectiveness (48%) and efficiency (33%). 52% of studies perceived the workarounds did not compromise safety or simultaneously both compromised and promoted safety.

44% of studies perceived safety standard workarounds were a potential form of organisational resilience, used to manage risks and competing clinical priorities.

Discussion: Nurses use safety standard workarounds frequently during the delivery of everyday care, particularly during medication related processes, but harm is not often an outcome of these workarounds. Nurses seem to workaround safety standards to balance different risks and to actually provide safe, effective care.

Conclusion: Working around safety standards might in some circumstances improve safety outcomes. Further research is required to understand how safety standard workarounds may contribute to the delivery of safe care.

References

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Lead Presenter Biography

Debbie Clark

Debbie is a Registered Nurse and Senior Lecturer at Sheffield Hallam University. Debbie has been awarded a fellowship with The Healthcare Improvement Studies Institute and is studying for a PhD at the University of Leeds, which is exploring if and how workarounds may contribute to the delivery of safe care.

Debbie is a fellow of the Higher Education Academy, the Yorkshire and Humber Improvement Academy and Q member.

Poster 25 | Integration of non-technical skills and human factors in emergency scenarios at Manchester foundation trust-Clinical research facility

Thursday, 7th September - 12:40: Poster tour D | Pt 1 Research policy/strategy| Pt 2 Public health / patient safety - Poster - Abstract ID: 354

Ms. Adeline Selvaraj (Manchester University NHS FT), Ms. Sue Stockdale (Manchester University NHS Foundation Trust), Ms. Sujamol Subin (Manchester University NHS Foundation Trust), Ms. Lebina Pinta (Manchester University NHS Foundation Trust)

Abstract

Background: Non-technical skills and human factors play a vital role during emergencies but are not routinely addressed or followed by team members. These skills are felt to be essential for safe and effective performance. There has been an identified need for combining non-technical skills and human factors during emergency scenarios in Manchester foundation trust clinical research facility, which has been evident from the drill reports of the last three years. Common areas of improvement include communication, situational awareness, allocation of clear roles, identification of team leader, knowledge sharing, and the use of constructive feedback.

Aim: To enhance the outcome of emergency scenarios by considering human factors as part of preparation for conducting early-phase research trials.

Methods: Trainers' sessions are planned, which aim to enhance the performance of non-technical skills and human factors. To assess the knowledge of the team, questionnaires are used before and after the trainers' sessions. The plan and recommendation are to reassess the impact of the training in the following 12 months during emergency scenarios and/or clinical drills at the Manchester Clinical Research Facility. Reanalysis and comparison of data will be carried out every quarter to evaluate the effectiveness of training. Including these trainers' sessions in the induction program and rolling them out every six months as a refresher for the existing staff is also part of the plan.

Discussion: In addition to the skill mix, individuals' non-technical talents and human aspects vary during emergencies. Nonetheless, the emphasis is on attaining better results by combining non-technical skills and human elements, for which training, and reassessment are essential.

Conclusion: The embedding of these skills will have significant impact on the contribution to better outcomes. The integration of non-technical skills and human factors helps individuals undertake the technical skills safely, efficiently, and reliably to mitigate the risks and errors.

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Lead Presenter Biography

Adeline Selvaraj

Is a Clinical research nurse working in the Manchester Foundation Trust, Clinical research facility. Has a bachelor's degree in Nursing and is looking forward to specializing in Research. Is passionate about Education and training, and is focused on professional development and career growth.

4.1 Clinical research nursing

Embedding Clinical Research in Pre-Registration Nursing Programmes

Thursday, 7th September - 13:15: 4.1 Clinical research nursing - Oral - Abstract ID: 189

Ms. Sharon Dorgan (CRN North East North Cumbria), Dr. Catherine Henshall (Oxford Brookes University), Mrs. Jennifer Allison (NIHR), Ms. Sarah Brand (Nottingham University Hospital), Prof. Michelle Briggs (Manchester University NHS Foundation Trust (MFT) & School of Health Sciences | The University of Manchester), Ms. Nicky Cunningham (CRN North East North Cumbria), Mrs. Nancy Hopewell (CRN Thames Valley), Ms. Julie Menzies (Birmingham Women's and Children's Hospital NHS Foundation Trust), Ms. Heather Rostron (Leeds Teaching Hospitals NHS Trust)

Abstract

Background: It has been recognised globally for a number of years that undergraduate nurses need to be exposed to clinical research to cement these skills within nurses' core identities and to support the development of new career pathways designed to tackle ongoing recruitment and retention issues.

Aim: The overall aim of this project was to support pre-registration learning around clinical research and to develop flexible, interactive teaching and learning materials to support improving patient care.

Objectives: Increase pre-registration nurses' awareness of clinical research delivery; raise awareness of roles in clinical research; develop interactive teaching materials to support nursing student learning experiences and learning styles.

Method: Slides created by Clinical Research Network Workforce Learning & Organisational Development Team in 2019 were revised to include recorded narrative, allowing self directed learning throughout 3 modules as well as face to face delivery.

The slides were piloted in two separate phases with pre-registration nurses in universities across England. Phase 1 had 39 students at 6 academic and healthcare organisations, phase 2 was 59 students from one organisation.

Results: In phase 1 77% reported the slide set had improved their understanding of clinical research and 82% felt it was worth the time they spent. There was an increase in those reporting benefits following the additions and amended resources based on the findings of phase 1. In phase 2 96.6 % reported improvement in understanding and 91.4% felt the programme was worth their time. Regarding consideration of a clinical research role in the future, this rose from 46.1% to 63.8%.

Conclusion: The end product is a flexible, adaptable slide set that can be used both self-directed or face to face. It has versatility to be delivered as a stand alone package, or as a lead into more collaborative modes of learning.

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Lead Presenter Biography

Sharon Dorgan

Sharon Dorgan has worked for the Clinical Research Network since 2008 in a variety of roles including Lead Research & Management Manager and Research Operations Manager. Sharon joined the network after working as a Nurse Consultant and is a Senior Strategic Manager and Workforce Development Lead for CRN North East and North Cumbria. She is passionate about providing opportunities for NMAHPs to continually grow their research knowledge and skills and is currently on secondment with the NIHR Nursing & Midwifery team leading on a project to develop a Principal Investigator Pipeline Programme for research nurses and midwives.

Creating a meaningful learning environment for student nurses in a clinical research placement - embedding a culture of research within nursing practice.

Thursday, 7th September - 13:50: 4.1 Clinical research nursing - Oral - Abstract ID: 291

Mrs. susan wellstead (University Hospital Southampton NHS Foundation Trust), Ms. Anita Immanuel (University Hospital Southampton NHS Foundation Trust), Ms. Stephanie Chabane (University Hospital Southampton NHS Foundation Trust), Mrs. Jisha Jacob (University Hospital Southampton NHS Foundation Trust)

Abstract

As the portfolio of clinical trials expands within NHS settings, nursing students of today will become advocates and facilitators to our future patient population and play a key role in healthcare research. Fostering collaboration between research delivery teams and clinical staff will ensure research opportunities for patients are not missed and clinical trials are delivered on time, with robust results that are adopted into clinical care without delay. To ensure research is embedded into the clinical environment, it is vital to nurture a culture of research education in our nursing students.

For over a decade, the value of student nursing placements in a research delivery environment has been discussed. Naylor and colleagues (2014) highlighted the paucity of such opportunities despite the beneficial effects for all research stakeholders. Emphasis on placement planning has been with the student themselves requesting a placement that may not only be short and observational but also non-assessed.

Menzies et al (2021) considered not only the inherent value of a research placement but evaluated the impact of a longer, more meaningful allocation. For nurses of the future to have confidence, passion, and engagement in clinical research, it is imperative that placements become core training, incorporating appropriate learning objectives and assessments. Inspiring nursing students today will be key to embedding research into clinical care tomorrow, with skilled practitioners who can deliver research, and undertake quality improvement projects and service evaluations, developing the nurse researchers of the future.

This presentation outlines how our work with institutes of higher education and specialist research delivery teams provides a robust research placement that meets the learning and development needs of students. Our flexible policy offers an effective learning environment, based on a framework of implementation and evaluation of our ‘actions’, ‘positive outcomes’, and ‘long-term impact’.

References

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Menzies, J.C., Emms, K. and Valler, T.,2021. Developing research knowledge and capability in undergraduate nurses: evaluation of targeted placements. *Journal of Research Nursing*,26(5):408-424. doi: 10.1177/17449871211003112.

Lead Presenter Biography

Susan Wellstead

After training as a nurse and a midwife nearly thirty years ago, I stepped into clinical research co-ordinating a large multi-centred obstetric trial. This sparked my interest in research. In my current role as an educator and QA specialist, I understand the importance of high-quality research, and the benefits this can offer to our patients. Every day I support the research delivery teams maintaining study integrity and offering responsive training. I am passionate about embedding research in the clinical area, ensuring no research opportunities are missed by patients.

An exploration of the role and responsibilities, motivations, and career aspirations of clinical research nurses in the United Kingdom: A qualitative study

Thursday, 7th September - 14:25: 4.1 Clinical research nursing - Oral - Abstract ID: 248

Ms. Leah Hammond (Ulster University), Dr. Felicity Hasson (Ulster University)

Abstract

Background

The research nurse workforce is essential to improving both health outcomes and treatment options, with approximately 7,469 clinical research nurses and midwives working within the UK and Ireland (NIHR, 2023). Whilst there has been research undertaken concerning the role of the research nurse, there has been little research conducted regarding their motivations or aspirations, with most research generated through studies of clinical trials in oncology (Biswell et al. 2021).

Aim

To explore the motivations, experiences, and aspirations of research nurses in the UK

Method

In depth semi-structured interviews were conducted with 23 research nurses. Participants experience as a research nurse ranged from those with <2 years to over 20 years. Data was collected in February 2023. Transcripts were thematically analysed. Ethical approval was granted by the Institute of Nursing and Health Research Ethics Filter Committee, Ulster University.

Findings

1. Participants reported a misconception and misunderstanding of the research nurse role by other staff which can lead to friction, with participants feeling that research is not seen as a priority but as an added “extra”.
2. Most research nurses enjoyed their role and did not plan to leave research. Career progression varied between trusts, with some nurses stating they would have to leave clinical research to progress further in their career.
3. Participants felt they had a good work life balance while remaining in a patient facing role

Conclusion

Most participants enjoyed their role, thought their job was interesting and felt that their work made a difference to patient care and the advancement of medicine. Opportunities for career development and potential role expansion should be considered to encourage staff retention, including undertaking nurse led research studies. Promotion of the role beginning at pre-registration level, along with student nurse placements, could help to reduce misconceptions.

References

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Lead Presenter Biography

Leah Hammond, RN, BSc (Hons)

Leah Hammond is a respiratory research nurse at Guys and St Thomas' NHS Foundation Trust in London, with experience in critical care nursing and cardiology research nursing in Northern Ireland. Leah has recently completed her MSc in Nursing (Education) at Ulster University.

4.2 Qualitative approaches

Perceptions and experiences of sexual health among British born South Asian women: a grounded theory study

Thursday, 7th September - 13:15: 4.2 Qualitative approaches - Oral - Abstract ID: 213

Dr. Sabina Gerrard (University of Central Lancashire), Prof. Gill Thomson (University of Central Lancashire)

Abstract

Sexual health is viewed as a fundamental component of overall health. Positive sexual health is dependent on various determinants which include communication, education and access to services. This study used constructivist grounded theory to explore the perceptions and experiences of sexual health among British born South Asian women, aged 18-25 who lived in North-West England. It considered whether and how young women were influenced by culture, religion, and wider social factors. Participants were recruited using purposive and snowball sampling (n=16). Ethical approval was obtained from the University of Central Lancashire Ethics Committee. Data collection was through interviews and focus groups which were undertaken between January 2016 and May 2016. Data analysis used a constructivist grounded theory approach which included theoretical sampling. Findings revealed three categories, 'Being influenced by religion, culture and the community', 'Maintaining the secret relationship and acculturation', and 'Accessing sexual health services, advice, awareness and education'. Findings may be relevant to a global health care audience where immigration and acculturation form a part of that society. Although the findings showed that women were influenced by their culture and religion which prohibited relationships before marriage, pre-marital relationships that were kept hidden from the wider community were common. Overall, these findings highlight how women positioned themselves on a continuum where shame and sexual agency were concerned. The study findings also revealed that accessing support could be difficult due to the potential for judgement and shame. This work raises implications for education, the location of services and cultural training for healthcare staff.

Lead Presenter Biography

Sabina Gerrard

Dr Sabina Gerrard is a Senior Lecturer in Nursing at the University of Central Lancashire. Sabina has been a part of the School of Nursing for almost two decades where she has been involved in pre-registration and post-registration courses. She is currently course leader for an online MSc Nursing course. Her PhD was awarded in 2022 and focused on the sexual health of British born South Asian women. Her research interests are around the health and wellbeing of women with a focus on those from minoritized ethnic groups in the UK.

“Over time you just adjust and adjust and adjust”: the long-term experience of fused or unfused Adolescent Idiopathic Scoliosis - preliminary qualitative findings.

Thursday, 7th September - 13:50: 4.2 Qualitative approaches - Oral - Abstract ID: 57

Dr. Ryan Essex (University of Greenwich, Institute for Lifecourse Development), Ms. Molly Dibley (Patient and Public Involvement and Engagement Lead), Dr. Paul Newton (University of Greenwich, School of Health Sciences), Mrs. Gemma Bruce (Royal National Orthopaedic Hospital NHS Trust), Dr. Marianne Markowski (University of Greenwich, Institute for Lifecourse Development), Dr. Ann Hanrahan (University of Greenwich, Institute for Lifecourse Development), Dr. Trevor Thompson (University of Greenwich, Institute for Lifecourse Development), Prof. Lesley Dibley (University of Greenwich, Institute for Lifecourse Development)

Abstract

Introduction

Adolescent Idiopathic Scoliosis (AIS) affects 158-395 million people globally. There is minimal qualitative data evidencing long-term everyday impacts of living with fused or unfused AIS.

Method

Community-dwelling UK participants aged 18 years+ (confirmed diagnosis of AIS, unfused, or fused using rod and pedicle screw technique) were recruited. Semi-structured interviews (online/phone January–April 2022) were audio-recorded, transcribed, and analysed thematically.

Results

Of 28 participants, 27 (96.5%) were female; aged 20-56 (mean 31) years; mean age at diagnosis 14.3 years; mean time since treatment completion, 13.27 years. Participants had surgery (n=20), bracing (n=7), physio/exercise(n=6), or no treatment (n=5). Eight who had bracing and/or physio/exercise, later had surgery. Five early themes emerged:

Diagnosis, treatment & recovery

Diagnosis was a shock. Participants recalled struggling to decide about surgery due to insufficient long-term outcome information. There was often no post-surgery rehabilitation. Most discovered helpful long-term interventions (e.g. yoga, Pilates) by chance.

Health impacts

Whether fused or not, AIS had ongoing impacts including mental health challenges, chronic fatigue, chronic pain, and body image concerns.

Limitations and adaptation

AIS imposed limitations on all participants, with adjustments needed in everyday life. Factors including socioeconomic status and social capital affected participants’ ability to make such adjustments.

Relationships

Diagnosis and management of AIS affected relationships. Some participants encountered challenging attitudes from family members. Partner intimacy was often disrupted by restricted movement, or chronic pain.

The future

All participants were worried that their condition would deteriorate; most expressed concern about pregnancy, childbirth, and ageing with AIS.

Conclusion

Consequences of AIS perpetuate long after treatment completes. Adolescents need more information about possible long-term impacts when considering surgery, and access to post-operative rehabilitation. More evidence would inform development of long-term rehabilitation/maintenance pathways, tailored support throughout young adulthood into parenthood, and social prescribing of beneficial non-pharmacological interventions and

social care packages in adulthood.

References

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Lead Presenter Biography

Lesley Dibley

Lesley Dibley is Professor of Qualitative Nursing Research in the Institute for Lifecourse at the University of Greenwich, London. Since training as an RGN, and later RSCN, she had several years in clinical practice before moving into nurse education, and later, research. Her PhD, research profile and methodological stance as a phenomenologist reflect her abiding interest in the impact of chronic illnesses on patients' everyday lives. Lesley focuses on conditions that usually receive little attention: those that challenge social norms, such as inflammatory bowel disease, or that are less visible, such as scoliosis.

“Isn’t it all the Emperors’ new clothes?” Experiences and views of nursing associates in NHS acute hospitals

Thursday, 7th September - 14:25: 4.2 Qualitative approaches - Oral - Abstract ID: 239

Ms. Carolyn Spring (Imperial College Healthcare NHS Trust & Centre for Nurse, Midwifery and Allied Health Professionals Research , UCLH), Dr. Enrique Castro-Sanchez (Imperial College Healthcare NHS Trust), Prof. Mary Wells (Imperial College Healthcare NHS Trust)

Abstract

Background

The introduction of nursing associates (NA) in England in 2017 as a professional ‘bridging’ role aimed to mitigate chronic staffing shortages, enable career progression of healthcare assistants (HCAs), and free registered nurses (RNs) to provide more complex care (Marufu et al 2021). Limited evidence exists about the alignment between the identity and purpose of NA roles described in policy and the expectations, obligations and team dynamics encountered in practice.

Aims

Investigate the deployment of NA roles through the views and experiences of role holders, registered nurses (RNs) and healthcare assistants (HCAs) in two NHS Trusts in London, England.

Methods

For this registered service evaluation, data collection was conducted via in-person, semi-structured digital interviews. Verbatim transcripts were coded inductively. An adapted framework analysis method, suitable for use with Excel, was applied to support the identification of cross cutting themes.

Findings

Eleven RNs, five NAs and five healthcare assistants participated. Their experiences seldom reflected the policy vision of the NA role in practice. Several likened the NA role to the fable of the ‘Emperor’s New Clothes’. Within this over-arching theme, four sub-themes emerged during analysis: (1) preparedness of organisational infrastructure to support NA role; (2) credibility of the role in practice; (3) perceived organisational “blindness” to the limitations and ambiguities of the role and (4) increasing task orientation and segmentation in care delivery.

Conclusion

There is a discrepancy between the identity of the NA role as imagined in the policy agenda, and its reality in practice. There is a need for more protected and well-defined training, clear role boundaries and accessible career progression pathways. Moreover, honest dialogue at an organisational and policy level must continue, so that the challenges and opportunities of the NA role are properly realised.

References

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Lead Presenter Biography

Carolyn Spring

Carolyn Spring is a Imperial Health Charity / NIHR Imperial BRC Fellow exploring the workplace experiences of Nursing Associates in London acute Trusts. In 2021 she became a Mary Seacole Scholar for her study of the experiences of minority ethnic nursing associates during the Covid-19 pandemic. Carolyn is also a Clinical Research Facilitator at the Centre for Nurse, Midwifery and Allied Health Professionals Research (CNMAR) and facilitates clinical academic careers outside of medicine at University College Hospital London (UCLH).

4.3 Equality, diversity and belonging

Embedding a culture of nursing in clinical trials: a case-based critical reflection on the impact on inclusivity in trials

Thursday, 7th September - 13:15: 4.3 Equality, diversity and belonging - Oral - Abstract ID: 305

Mrs. Ffion Davies (Cardiff University), Dr. Jane Davies (Cardiff University), Mrs. Nicola Ivins (Cardiff University), Dr. Victoria Shepherd (Cardiff University)

Abstract

Background

Nurses' roles in research have traditionally been either clinical research nurses supporting research delivery through participant recruitment and data collection, or nurse researchers leading studies focusing on their area of expertise. Recently, moves towards more person-centred clinical trials have led to the establishment of nursing research roles within academic clinical trials units where nurses' involvement throughout the design and conduct of trials helps widen opportunities for people to participate.

Aim

Using a case-based approach, we will critically reflect on the use of an innovative nursing model to support the design and conduct of person-centred trials and implementing strategies to overcome barriers to inclusion.

Methodological discussion

Person-centred clinical research seeks to ensure that what matters most to the people who take part, and those affected by the outcomes, are central to how it is conducted. Context-specific barriers may arise in different populations, settings and types of research and must be addressed at the earliest stages of study design. Case studies include 1) PRINCESS trial in care homes where nurses ensured the trial was designed and delivered in non-NHS research-naïve settings where capacity and consent is complex; 2) PriMUS study where nurses enabled the urodynamic diagnostic procedure to be taken to patients rather than them having to go to the research; 3) LISTEN study where nurses delivered a personalised complex intervention for long COVID remotely to widen participation.

Conclusion

Embedding nurses and nursing culture in clinical trials enables them to play a key role in ensuring the research is accessible, and designed in a way that matters to those intended to benefit. Use of advanced clinical reasoning and understanding of patient experiences underpins their role in study implementation. Intersecting academic-clinical identities enables the crossing of boundaries between trialists and clinical teams and provides a unique opportunity to address barriers to inclusion.

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Lead Presenter Biography

Ffion Davies

Ffion Davies is a Research Nurse based at the Centre for Trial Research, a UK CRC Registered Clinical Trials Unit, where she is involved in the design and conduct of clinical trials with a particular focus self management of long term conditions. She is a registered Mental Health Nurse with a background in mental health services, supporting people with a range of conditions such as depression and dementia. Previous roles include the Neuroscience Research Unit where she worked on a number of studies in MND, Huntingtons disease and MS.

The lived experiences of the descendants of the Windrush generation of nurses

Thursday, 7th September - 13:50: 4.3 Equality, diversity and belonging - Oral - Abstract ID: 386

Ms. Beverley Brathwaite (University of Roehampton)

Abstract

Aims The presentation is based on Doctorial research. Interviews of 18 nurses in 2019. A look at British nursing through their lived experiences as Black British female nurses of Caribbean heritage.

Background Caribbean women and nursing share a long colonial history. The Windrush generation is a specific phenomenon of British history and culture, but the immigration story is international. The Empire Windrush arrived in 1948 with Caribbean women looking for work in England. The National Health Service opened the same year and has become one of the biggest employers of Black nurses both nationally and internationally. British born descendants of the Windrush generation of Caribbean women are the research focus.

Methods A postcolonial feminist and intersectional theoretical frameworks were used in addressing their nursing lives (Anderson, 2002; Collins and Bilge 2020). Thematic analysis of semi structured interviews was used to capture their lived experiences (Braun and Clarke, 2006).

Results Themes -The same but different as Black British nurses. -Racialization of nursing identity. -Strong Black British Caribbean women nurse.

Discussion The participants stated 'you are Black', before nurse or gender identity, this was paramount in their lives. There was an acknowledgement that they navigate this continually as Black nurses. Their Britishness was not always recognized or their Caribbean cultural identity. Being in a female dominated profession did not bring any solidarity based on shared gender or profession. Being othered and different from the white majority superseded how they were seen and treated by the public, nursing, and healthcare professional. Being 'extra' strong and resilient was identified as impacting on their ability to function effectively under a white gaze.

Conclusions These nurses decentered British whiteness that perpetuates systems of power by constantly creating new methods to thrive as Black British nurses.

Ethical approval granted by Birmingham City University 15th November 2018

References

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Collins P H and Bilge S (2020*) Intersectionality*. 2nd edn. Cambridge: Polity Press

Lead Presenter Biography

Beverley Brathwaite

Beverley is a registered adult nurse, and a registered teacher with the NMC, Senior fellow with the higher education academy, a senior lecturer at the University of Roehampton and nearing completion of her PhD. Teaching focus ranges from tissue viability, acute nursing care, skills, evidence-based practice, to inequalities in health and diversity with undergraduate, postgraduate and nursing associate students from all fields. Black British nurse's experiences, inequalities in health, COVID - 19 and minority infections rates, the awarding gap of Black and Brown student nurses and racism in nursing and the NHS are areas of research and scholarly activity.

4.4 Older people

Establishing a core set of key safety performance indicators for use in older adult residential care in the UK: Delphi Survey

Thursday, 7th September - 13:15: 4.4 Older people - Oral - Abstract ID: 360

Prof. Nicola Carey (University of the Highlands and Islands), Ms. Suzanne van Even (University of Surrey), Dr. Carin Magnusson (University of Surrey)

Abstract

Background

Concerns are increasing about social care costs with council expenditure and self-funder markets set to exceed £7.3 billion, and £12 billion/year respectively. The sector is under increasing scrutiny and pressure from government and Care Quality Commission to increase performance monitoring to improve service quality, safety, outcomes and use of resources.

To date little attention has been given to establishing consensus on safety key performance for older adults living in residential care homes.

Aim: to develop a core set of safety key performance indicators (KPI) for use in older adult residential care in the UK

Methods A two-phase study undertaken in 2021: i) Evidence mapping; key international literature and policy documents (2010-2021) used to identify potential categories as basis to measure KPI related to physical safety ii) E-Delphi: 3 survey rounds achieving consensus regarding KPI central to measuring residents' physical safety in older adult residential care.

Results *i) Evidence mapping:* 5 reports and 3 key articles reviewed: 21 categories of physical safety identified i.e. falls, pressure ulcers, infections, medication errors. ii) *E-Delphi*: Round 1 (n=33);2 & 3 (n=13 each) participants from private and public social care, including commissioning, 80% had > 10 years' experience. Consensus process confirmed eight categories: falls; pressure ulcers; medication errors; malnutrition; dehydration, wandering, and violations involving actual physical harm, use of physical restraints as core set of KPI. Kendall's W coefficient = 0.089, with no consensus achieved regarding particular levels of importance.

Conclusion

The study established a core set of physical safety KPIs in residential care for older adults and is an important first step in supporting the collection of high-quality data. This could be used to support significant improvement in the quality of performance data available to the Care Quality Commission and commissioners providing valuable inputs to support social care reform in the UK

Lead Presenter Biography

Professor Nicola Carey

Nicola is Professor of Health Services Research and Head of Department for Nursing and Midwifery at the University of the Highlands and Islands. Nicola is a qualified nurse and her research programme is designed to support development and evaluation of innovation in clinical practice related to long-term conditions.

Since 2005 Nicola has been involved in numerous projects evaluating the implementation of non-medical prescribing, the findings from which have provided support for revised prescribing regulation. She is currently leading an NIHR funded project exploring Dietitian Supplementary Prescribing and Independent Prescribing by Therapeutic Radiographers.

Aging in Place: Experiences of Empty-Nest Elderly in China

Thursday, 7th September - 13:50: 4.4 Older people - Oral - Abstract ID: 362

Ms. Yajing Wang (The University of Edinburgh), Dr. Leah Macaden (The University of Edinburgh), Dr. Nini Fang (The University of Edinburgh)

Abstract

Background: China is experiencing a rapid transition to an aging society. Empty nesters have emerged as a significant group among the elderly population in China (Glinskaya and Feng, 2018). Many empty nesters choose 'aging in place (AIP)', which is defined as 'the ability to live in one's own home and community safely, independently, and comfortably, regardless of age, income, or ability level' (Centers for Disease Control and Prevention, 2009). Little is known about the understanding of 'AIP' in the Chinese context.

Aims: To explore the understanding of AIP among empty-nest elderly in China

Design: A qualitative study using interpretative phenomenological analysis (IPA).

Methods: A purposive sampling method was used to recruit empty nesters in Hunan province, China. Data were collected [December 2021 - May 2022], through the utilization of photo elicitation and semi-structured interviews (n=9). Participants were instructed to take photographs of their daily lives prior to the interviews which then served as prompts to facilitate participants' recall and narrate their personal lived experiences. The interviews were audio-recorded and transcribed verbatim. The data were analysed using IPA analysis. Approval for the study was obtained from a university research ethics committee.

Results: The understanding of AIP was classified into three overarching themes with relevant sub-themes: The first theme involved Active Aging with three sub-themes (Autonomy, Interdependence and Resilience). The second theme included Vulnerability of Being an Older Person with two sub-themes (Physical Function and Health-related Issues, Social Ageism and Self-directed Ageism). The third theme concentrated on Making Sense of 'Place' with two sub-themes (Spatial Distance and Psychological Intimacy).

Conclusion: Empty nesters, influenced by the Chinese traditional culture of filial piety, exhibited diverse interpretations of AIP. The findings from this study will make contributions to understanding experiences of AIP within various cultural contexts and facilitate the development of policies pertaining to AIP.

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Lead Presenter Biography

Yajing Wang

Yajing Wang received a B.S. degree in Nursing Studies from Central South University, Changsha, China, in 2019, and an MSc degree in Nursing Studies from the University of Edinburgh, Edinburgh, UK, in 2020. She is currently working toward a Ph.D. degree in Nursing Studies with the School of Health in Social Science, at the University of Edinburgh, Edinburgh, UK, under the supervision of Dr. Leah Macaden and Dr. Nini Fang. Her research interests include the care of older people, dementia, health and social policy, and telehealth.

Investigating Prevalence and Mortality Associated with Urinary Incontinence During Older Womens Secondary Care Admissions

Thursday, 7th September - 14:25: 4.4 Older people - Oral - Abstract ID: 161

Dr. Isobel McMillan (University of Salford), Ms. Trina Evans-Cheung (Leeds Teaching Hospitals NHS Trust), Dr. Liz Doxford-Hook (Leeds Teaching Hospitals NHS Trust), Dr. Yu Fu (Newcastle University), Prof. Linda McGowan (University of Leeds), Prof. Heather Iles-Smith (University of Salford)

Abstract

Background

It is estimated that approximately 40% of older (≥55years) women in the community experience urinary incontinence (UI) (Cooper et al.2015), however prevalence and associated mortality rates in secondary care are unknown. A wealth of electronic data is held by NHS Trusts through Electronic Patient Care Records (EPCR). This study uses EPCR to explore prevalence and mortality associated with UI for older women in secondary care.

Methods

Ethical approval was gained from NHS Health Research Authority through IRAS. Local NHS and university ethical approval was also gained. Continence assessment, demographics, and mortality EPCR data were extracted for women >55years admitted to an NHS Trust between 1st November 2019 to 29th February 2020. Kaplan Meier curves and Hazard Ratios (HRs) were used to describe mortality rates (all deaths: deaths <30days: deaths <3months of discharge).

Results

Only 10.9% (n=631) of the cohort (N=5757) were recorded as UI. Significant associations existed between UI and age (χ^2=319.5, df=8, p<0.001), BMI (χ^2=46.57, df=4, p<0.001), mobility (χ^2=440.58, df=4, p<0.001), frailty risk (χ^2=275.03, df=3, p<0.001), and pressure ulcer risk (χ^2=1693.49, df=1, p<0.001). Percentage of deaths and mortality rates were higher in UI compared to continent group. Cox regression models, including age and BMI (covariates), showed UI as a significant predictor of mortality and all deaths (HR=1.85, 95%CI=1.62-2.11, p<.001), deaths <30days (HR=2.69, 95%CI=2.00-3.62, p<.001) and deaths <3months of discharge (HR=3.01, 95%CI=2.41-3.76, p<.001).

Conclusion

Given that community UI prevalence is around 40%, these results suggest that UI is being drastically underreported within EPCR at only 10.9%, likely leading to missed care opportunities. Our results also demonstrate significant associations between UI and mortality, further demonstrating the need for greater awareness and research in this area.

References

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Lead Presenter Biography

Dr Isobel McMillan

Dr Isobel McMillan, Researcher, University of Salford

Isobel McMillan holds a BSc and PhD in Psychology from the University of Manchester. Following doctoral study Isobel has worked in the field of health research both inside and outside of academia and currently works as a researcher at the University of Salford within the school of Health and Society. Her research has focused on a wide range of health conditions with the unifying theme of improving care and outcomes for patients.

4.5 Chronic illness

The treatment burden experience of people with multimorbidity and their relational networks: a focussed ethnographic study

Thursday, 7th September - 13:15: 4.5 Chronic illness - Oral - Abstract ID: 314

Mr. Chris McParland (University of Glasgow School of Medicine, Dentistry & Nursing; NHS Greater Glasgow and Clyde), Prof. Bridget Johnston (University of Glasgow School of Medicine, Dentistry & Nursing; NHS Greater Glasgow and Clyde), Dr. Mark Cooper (NHS Greater Glasgow and Clyde; University of Glasgow School of Medicine, Dentistry & Nursing)

Abstract

Background: In a healthcare system structured around discrete specialties, people with multimorbidity (two or more concurrent chronic conditions) often receive care which is burdensome, fragmented, or inefficient. Unmanageable treatment burden can lead to disengagement, poorer outcomes, and worsening health.

Aims: To explore the experience of treatment burden in people with multimorbidity and palliative conditions, and the role played by carers in managing this burden.

Methods: A focussed ethnographic study grounded in Burden of Treatment Theory (May et al, 2014). N=12 participants (1:1 patients and carers) were recruited from a major urban emergency department in Glasgow, Scotland between February and March 2023. Multimodal data collection including serial interviews, participant-led journalling and observation. Data analysed using reflexive thematic analysis (Braun & Clarke, 2021). Ethical approval obtained from NHS Scotland REC A.

Results: Treatment burden was described as a dynamic and multidimensional phenomenon. Capacity to undertake the work of patient-hood is shared between patients and their relational networks.

Discussion: Our findings reflect existing theoretical models of how patients and their relational networks experience treatment burden. The complex interplay between capacity and workload means that each treatment burden experience is unique and requires individual assessment. We provide a model for how burden can be assessed and managed in the context of a nurse-led intervention for people with multimorbidity.

Conclusions: Burden of Treatment Theory provides a framework through which we can interrogate the factors influencing healthcare use in our population. As part of a mixed methods programme of research, these findings will help inform a model of nurse-led intervention to improve the way care is provided to this large and often poorly-served group.

References

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Lead Presenter Biography

Chris McParland

Chris is a final year PhD student at the University of Glasgow, whose research aims to develop a nurse-led intervention for people with multimorbidity. His clinical background is in emergency department and clinical research nursing.

The Experiences and Perceptions of Adults Living with Heart Failure in Saudi Arabia: a Classical Grounded Theory Study (Perceptions of disability stigma).

Thursday, 7th September - 13:50: 4.5 Chronic illness - Oral - Abstract ID: 444

Dr. Sohad Noorsaeed (King Abdulaziz University), Dr. Janice Christie (Manchester University), Dr. Hannah Cooke (The University of Manchester)

Abstract

Background: Heart failure (HF) is a global public health problem. Long-term conditions (LTCs) including heart failure have become a major health issue and the leading cause of disability in SA. Despite the growing number of people diagnosed with HF in SA, no Gulf state has published qualitative evidence on how people with HF experience or perceive the condition within their unique cultural context. **Aim:** To explore the illness perceptions and experiences of adults with HF living in SA. **Methods:** Using Classic Grounded Theory, an initial purposive, subsequently theoretical sample of 23 adults with HF was recruited from a tertiary hospital in SA and were interviewed between March 2019 and February 2020 using face-to-face semi-structured interviews with some participants taking part in phone follow-up interviews. Data analysis included coding, memo writing, and constant comparison. **Findings:** Several categories were developed describing participants' perceptions and experiences of living with HF in SA. Participants expressed concerns about disclosing their HF diagnosis to avoid negative reactions, social disapproval, and being perceived as different by others. Participants were selective about to who and when they disclosed their Illness. This selective disclosure was undertaken only when required to address their need for support and due to family concerns. **Discussion:** Participants aimed to be seen as 'normal' to avoid potential stigmatisation and they concealed their illness and associated disabilities by striving to do everything that they perceived a good Saudi citizen was culturally required to do. **Conclusion:** This study's findings revealed that participants' health and well-being are impacted by their attempts to be seen as 'normal'. Their accounts can be interpreted in light of Goffman's work on stigma and the social meaning of disability. The study's findings could help healthcare professionals understand the participants' experiences and structure better individual care plans considering patients' religious beliefs and cultural concerns.

References

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Lead Presenter Biography

Sohad Noorsaeed

I obtained a BSc (Hons) in nursing from King Abdulaziz University in SA in 2008, a MSN (adult acute and critical care clinical nurse specialist) from Johns Hopkins University in 2013, and a Ph.D. in Nursing from the University of Manchester in 2022. I was trained in several hospitals known for their cultural diversity. I served my country as a Volunteer, Staff Nurse, and Clinical Teaching Assistant in different prestigious hospitals and organizations. I have been working as a nurse educator/ lecturer at King Abdulaziz University since 2010. Currently, I am a professor assistant at King Abdulaziz University.

PATIENT EXPERIENCE OF LIVING WITH BENIGN ESSENTIAL BLEPHAROSPASM

Thursday, 7th September - 14:25: 4.5 Chronic illness - Oral - Abstract ID: 144

Dr. Nicola Dunlop (Moorfields Eye Hospital, University of West London and Burdett Nursing Trust)

Abstract

Background: The fundamental rights of people with benign essential blepharospasm (BEB) to access timely care and treatment is significantly challenged in the United Kingdom and across the world. The condition causes intermittent and sustained spasms, temporary blindness, facial contortion, and social stigma. Patient feedback and personal observation as a specialist practitioner within an outpatient clinic suggested the care provided fail to meet individuals' needs at a time of acute relapse. The numerical values of a systematic quality of life review failed to represent the patient experience. Therefore, a meta-synthesis of text and opinions papers across the UK, the United States of America (USA), Australia and Canada dystonia websites was also undertaken which found poor treatment, care and quality of life. **Study Aim**: To explore the impact of BEB outpatient treatment and care on patients' lives and offered health professionals a model guide on how to improve services. **Method**: Study data was collected between 8th January and 31st October 2019 from 10 individual interviews and one focus group discussion. Interpretative phenomenological analysis (IPA) provided a deeper understanding of BEB lived experience. **Results:** Five themes emerged; no knowledge, an incredibly debilitating state, loss of social richness, fleeting normality, and a battle for adequate care. **Discussion:** Utilisation of NHS Quality Framework (2016) and IPA to assess the patient experience bridged the gap between policy, theory and practice. It marked a move away from studying the condition as a biomedical model of disease and illness in recognition of its complex construct of patient self-reflection and the researcher interpretation to improve services. **Conclusion:** The introduction of electronic treatment records, NHS Attend Anywhere video severity assessment, patient-initiated booking, online focus group discussion, uniform practitioners' training, introduction of more injectors and nurse-led clinics reduced geographical disparity have configured the service to improve access.

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Lead Presenter Biography

Dr Nicola Dunlop

Dr Nicola Dunlop is a nurse consultant at Moorfields Eye Hospital. Her post graduate qualifications include non-medical prescribing and MSc in Health Service Management. She advocates education, research and quality of care and share her expertise nationally and internationally.

She has pioneered and improved many nurse-led services at Moorfields in Dystonia, Minor Surgery, Lacrimal, Post-operative and Virtual Clinics. In addition, 2018 patient choice winner. RCN Ophthalmic Board Member and a Learning Representative. Her current project is Older People Sight-loss and Early Detection and Action already undertaken in England, Wales, Scotland and will be heading to Northern Ireland this year.

4.6 Workforce

Compassionate Care; An exploration of nurses' inner resources in the face of burnout

Thursday, 7th September - 13:15: 4.6 Workforce - Oral - Abstract ID: 191

Ms. Sarah-Louise Flowers (Universitat de Illes Balears)

Abstract

Background:

There is a universal shortage of nurses. Of the global nursing workforce of 27.9 million, there is currently a needs-based shortage of 5.9 million nurses (WHO, 2021). This is not solely a recruitment issue but one of retention-(Adams-&-Walls,-2020;-Amstrong-et-al.,-2020;-Nagesh-&-Chakraborty,-2020), triggered by the fact that nursing is a stressful profession with high levels of burnout, work induced stress, and reports of poor job satisfaction and consequently poor care delivery-(Arim-Pagès-et-al-2019,- Sansó-&-Galiana-2020). Some of the health repercussions on nurses include: anxiety, insomnia, depression, irritability, absenteeism and sometimes alcoholism and drug-abuse (Rudman et al 2020, Mingote et al 2004, da Silva & Menezes 2008).

Objective:

To obtain a detailed insight into how the inner resources used by nurses at different points of their careers, affects their ability to deliver compassionate care in the face of high stress environments and burnout, with the ultimate goal of using results to introduce enhancements to nurse training programmes, so as to improve mental health outcomes for students and future professionals.

Method:

Grounded Theory, elaborated via semi-structured interviews and discussion groups with two distinct sets of participants: 1. Student nurses registered at the University of the Illes Baleares and University of Valencia between 2022-2025. 2. Experienced nurses on the Balearic and Valencian nursing register. Interviews were recorded, transcribed and then analysed using Quirkus and Atlas.ti data analysis tools.

Impact & Conclusions:

Results will inform curriculum improvements that will benefit the well-being of (student) nurses, from the outset of their training, so pre-empting potential psycho-social risks (Kakema et al 2019) before they arise in the workplace, not only addressing nurses' mental health but also chronic issues of retention and absenteeism. Such positive changes could also potentially limit compassion fatigue, resulting in future nurses being better equipped to deal with the realities of burnout whilst maintaining high levels of compassionate care.

References

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Lead Presenter Biography

Sarah-Louise d'Auvergne Flowers

Sarah-Louise is a teacher and PhD student at the Universitat de les Illes Balears (Spain). She is currently undertaking her doctorate in global health, with a focus on compassion, nurses' inner resources and professional burnout. Sarah-Louise has a background in social anthropology (University of St Andrews, Cambridge) and nursing (University of Manchester and the London School of Hygiene and Tropical Medicine), where she explored cultural aspects of understanding the body, illness, maternity, and disease prevention. She has ten years of nursing experience in both Spain and the UK. Her last clinical role was as a palliative care specialist in London.

Building and Embedding Innovation Capacity, Capability and Confidence within Healthcare Organisations: A Realist Evaluation of the Nursing Midwifery and Allied Health Profession led Research, Evaluation and Quality Improvement Scholarship Programme.

Thursday, 7th September - 13:50: 4.6 Workforce - Oral - Abstract ID: 166

Mrs. Helen Hall (James Paget University Hospitals NHS Foundation Trust), Mrs. Claire Whitehouse (James Paget University Hospitals NHS Foundation Trust), Mrs. Mehar Shiju (James Paget University Hospitals NHS Foundation Trust), Mr. Jonathan Yazbek (James Paget University Hospitals NHS Foundation Trust), Dr. Jonathan Webster (University of East Anglia)

Abstract

Background Research active hospitals have better health outcomes for patients (Ozdemir et al., 2015). Quality improvement and evaluation activities can lead directly to an increase in research engagement, involvement and leadership among healthcare workforce as well as supporting recruitment and retention and increasing patient safety (Boaz et al., 2015).

A nine month pilot programme of facilitated learning, mentoring and protected project time was co-created to test theories involved in building and embedding innovation capacity, capability and confidence for the healthcare workforce. The James Paget Hospital, Research, Evaluation and Quality Improvement Scholarships were launched in May 2022. Nine individuals (scholars) working within three healthcare organisations undertook the programme.

Method A three stage realist evaluation: 1. Formulation of initial middle range theory through literature review, experience and creating a conceptual framework. 2. Testing middle range theory-through analysis of empirical data, field notes, surveys, and 1:1 interviews with scholars from the programme collected between May 2022 and March 2023. 3. Refinement of middle range theory-using findings from stage 2 and stakeholder verification. Ethics approval received 22/04/2022 from University of East Anglia Ref: ETH2122-1661

Results Interconnected context, outcome, mechanism, configurations are described. Key factors influencing outcomes include compassionate and responsive leadership, peer support, time for project focus and scholars feelings of guilt when taking protected time. Successful and sustainable capacity, capability and confidence building requires a nurturing environment, person centered support combined with facilitated learning. This shares many of the features from the Venus model of person centered transformation (Manley & Jackson, 2020).

Conclusions Embedding research, evaluation or quality improvement activity is multi factorial and context dependent. When supported and achieved it has far reaching impacts at individual, organisational and system level. This refined middle range theory has a wide application which different healthcare organisations can use to enable workforce and organisational transformation.

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Lead Presenter Biography

Helen Hall

Helen is currently leading the nursing midwifery and allied health professions research and evaluation service at the James Paget University Hospitals NHS Foundation Trust (JPUH). This involves building innovation capacity, capability and confidence at all levels within JPUH workforce and increasingly across the Norfolk and Waveney Integrated Care system. Helen is a HCPC registered paramedic and is about to complete a Master's Degree in clinical research at the University of East Anglia. Helen is secretary to the Council of Allied Health Professions Research (CAHPR) East Anglia Hub and a member of the Cambridge East HRA Research Ethics committee.

The experience of workplace gender discrimination for women registered nurses: A qualitative study.

Thursday, 7th September - 14:25: 4.6 Workforce - Oral - Abstract ID: 84

Ms. Patricia Gauci (Western Sydney University), Prof. Kath Peters (Western Sydney University), Dr. Kate O'Reilly (Western Sydney University), Dr. Rakime Elmir (Western Sydney University)

Abstract

Background

In recent years, there has been emphasis on reducing gender imbalances in leadership in the global health workforce. Within nursing, male nurses are disproportionately represented in leadership positions. Furthermore they move into more senior positions at a younger age and faster than their female colleagues, irrespective of experience or qualifications.

Aim

To explore the experiences of female registered nurses, who encounter workplace gender discrimination in nursing.

Methods

Women who were registered nurses (N=10), and employed in New South Wales, Australia were purposively selected to discuss their experiences of workplace gender discrimination. Data were collected between April and July 2020, through semi structured interviews. Analysis was guided by the work of feminist authors Anderson and Jack (1991). Braun and Clarke's (2006) six step guide was used to develop themes.

Results

Thematic analysis revealed five overarching themes; It's a man's world; Gender stereotypes; Being a woman and nurse; Reluctance to call out gender discrimination and The Status Quo. Findings from this research highlighted a patriarchal culture in nursing, where the progression and success of male nurses was prioritized. Female registered nurses with caring responsibilities and / or who worked part-time were disadvantaged in regard to career progression.

Discussion

The narrative regarding men's success in professions dominated by women has endured for over three decades. Ingrained stereotypes which persistently position women as carers and nursing as women's work underpins female subordination in the workplace. Additionally, women's intrinsic socialized normative scripts and previous experiences may hinder their progression to leadership positions.

Conclusions

There are multiple issues related to workplace gender discrimination for women in nursing, however socially constructed gendered norms predominately form the basis of inequality for women in the workplace.

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Lead Presenter Biography

Patricia Gauci

Patricia is an Associate Lecturer in the School of Nursing and Midwifery, Western Sydney University, Australia. She has been teaching undergraduate nursing students for ten years and has over 20 years acute care clinical experience. Patricia is currently a PhD student and she is interested in women in nursing and workplace gender discrimination. She has a particular interest in feminist methodology.

4.7 Primary and community care

What is proficiency in emergency nurse practitioners: A phenomenological study?

Thursday, 7th September - 13:15: 4.7 Primary and community care - Oral - Abstract ID: 147

Dr. Daniel Monk (Northumbria Univerity)

Abstract

Background

The need to understand the process of moving nurse practitioners to the stage of competency has become more apparent as urgent care demand in England continues to increase. Emergency Nurse Practitioner (ENP) regulation moved on little until the advanced clinical practice (ACP) framework (HEE, 2017). This provides clarity of qualification and direction that is not currently present in ENPs, advancing ACPs distinctly from the origins of the ENP role without defining proficiency. This research, as part of a doctoral study, seeks to define proficiency.

Aims

The aim of this research is to understand and define role proficiency in ENPs from the position of the autonomous ENP.

Methods

A hermeneutical phenomenological study of lived experience was conducted. Ten participants maintained an experience based digital diary enabling a focus on proficiency prior to an interview in 2016/17. A three-stage Data interpretation process was used (Lindseth and Norberg, 2004) and the information power model justified sample size (Malterud *et al.*, 2016),

Results

The meaning of proficiency was established, leading to its definition. Participants examined proficiency deriving its component parts. Proficiency became about how the components of relationships, confidence, learning & knowledge, exposure & experience, and care, were applied and understood by the ENP.

Discussion

The meaning of proficiency became about the effectiveness with which participants confidently connected and understood the components to move towards feeling proficient in their role. The key is motion towards the goal of proficiency and confidence in the components that drive the ENP.

Conclusions

Proficiency is a dynamic notion, changeable, delicate, fragile even and not necessarily present for every situation. A model of proficiency is presented regarding the nature of proficiency as a continuum moving ever forward. The influence exerted by each component upon proficiency, varies in magnitude in line with how the ENP feels about their proficiency.

References

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Lead Presenter Biography

Dr Daniel Monk

Dr Monk’s clinical career began in emergency care moving into Practitioner work in a variety or urgent and unplanned settings in the North East of England. Dr Monk moved into higher education and specialises in teaching emergency, urgent and unplanned care from a clinical, professional, patient and managerial perspective. He is also Head of CPD working closely with stakeholders to meet AHP workforce needs. His doctoral studies examined proficiency in Emergency Nurse Practitioners and his research interests include non-medical prescribing, basic life support, CPD experiences and proficiency development.

What delays initiation of bystander CPR in out-of-hospital cardiac arrest? Results from analysis of 200 recorded calls

Thursday, 7th September - 13:50: 4.7 Primary and community care - Oral - Abstract ID: 201

Dr. Barbara Farquharson (University of Stirling), Dr. Gareth Clegg (The University of Edinburgh), Prof. Marie Johnston (University of Aberdeen)

Abstract

Introduction

Out-of-hospital cardiac arrest (OHCA) is common worldwide and has exceptionally mortality (□90%). Immediate CPR reduces mortality but is often delayed or not provided by bystanders, even when ambulance call-takers provide instructions.

Aim

To identify potentially modifiable behavioural barriers to CPR in recorded OHCA ambulance calls

Method

We performed a content analysis of 200 randomly identified, pseudonymised, transcribed ambulance call-recordings involving OHCA (Jan 2019-Dec 2020). Data was extracted about (i) the OHCA patient (ii) the caller (iii) ‘time to get patient flat’ and (iv) ‘time from instructions to CPR initiation’. Barriers to CPR were coded (10% double-coded, confirmed reliability) and potentially modifiable behavioural barriers identified.

Results

OHCA patients were mostly male (61%), aged 0-90+. Callers were mostly female (62%) and known to the patient. CPR was achieved in 94% (n=188) of cases, single rescuer in 84% of calls.

Median time from identification of cardiac arrest to CPR initiation was 152 seconds (IQR=110). Median time to get patient flat was 40 seconds (IQR=67). Median time from instructions to initiation of CPR was 50 seconds (IQR=59). Time to get patient flat was significantly longer for female callers and where caller expressed concerns about (i) doing harm (χ2:8.19, p<.01); (ii) being physically unable (χ2 :64.85, p<.001), patient being too heavy (χ2: 25.77, p<.001) or expressed upset (χ2:10.24, p<.05). Time from instructions to CPR was significantly longer when callers expressed they didn’t know how to do CPR (χ2:15.87, p<.01) and felt physically unable (χ2:9.45, p<.05)

Conclusion

Behavioural barriers are associated with longer delays getting OHCA patients flat (crucial first step) and achieving initiation of CPR. Behaviour-change techniques may be helpful in addressing these barriers and achieving CPR sooner. Work with behavioural experts to develop appropriate scripting to address these issues is underway and offers an important potential means to reducing mortality from OHCA.

Lead Presenter Biography

Barbara Farquharson

Barbara Farquharson is a Senior Research Fellow in the NMAHP Research Unit, University of Stirling. She is currently funded by the British Heart Foundation as a NMAHP Career Development Fellow. Her research applies behavioural science to address important clinical issues in cardiac care - patient delay with symptoms of heart attack and low rates of CPR in out-of-hospital cardiac arrest.

Changes to the presence of ‘community’ in the pre-registration general nurse curriculum in the United Kingdom : a historical documentary analysis

Thursday, 7th September - 14:25: 4.7 Primary and community care - Oral - Abstract ID: 261

Prof. Vari Drennan (Kingston University)

Abstract

Background Modern health care policy in the United Kingdom (UK), and elsewhere, emphasizes the need for health care to be delivered outside of the resource intensive hospitals. This policy theme has a long history as health systems have attempted to contain costs. Nurses have several roles to support these policies, for example: to provide hospital care focused on short stay, rehabilitation, and self-management; to promote self-management.

Aim This research investigated the extent the initial education and training of general nurses has reflected this policy focus of care outside of hospitals and whether, and how, it has changed over time. The term ’community’ is generically encompassing aspects of patients’ lives and public services outside of the hospitals.

Methods A historical documentary analysis was undertaken (1) . Documents included: those of the nurse regulation bodies since 1920 , histories of regulatory bodies , commentaries in historical nursing journals of nurse curriculum, and published descriptions or studies of changes in pre-registration curriculum related to ‘community’.

Findings There was a change over time as to the place of “community’ in nurse/pre-registration curriculum from 1921 to the current period. The pre-registration curriculum has always encompassed a focus beyond the care of the sick in hospitals. However, there has been a shift in the nature of the focus of ‘community’; from a public health and sanitation focus, to one of understanding the home circumstances of the hospital patient and more recently to prepare nurses to work in primary and community care. However , it is not evident this has been reflected in the clinical learning opportunities.

Discussion & Conclusions While the curriculum has changed focus over time, there have been a range of contextual factors influencing the extent that has been reflected in the clinical learning.

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Lead Presenter Biography

Vari M Drennan

Vari is a registered nurse and health visitor with academic background in social policy. She worked for many years in community health services. She is a Professor of Health Care & Policy Research in London undertaking funded health service research – including on questions about the health care workforce and its history. She is a faculty member of the National Institute of Health Research, a member of an NIHR funding panel, fellow of the Queen’s Nursing Institute, adjunct professor at Western Sydney University, Australia. She was awarded an MBE in 2016 for services to health service research, development and nursing.

5.1 Nursing education

What is the impact of different models of pre-registration nurse education on student learning outcomes and diversity? A scoping review

Thursday, 7th September - 15:20: 5.1 Nursing education - Oral - Abstract ID: 377

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

Abstract

Background

Nursing education is going through accelerated changes to meet the needs of modern students. Alternative models of pre-registration nurse education aside the traditional campus learning degrees have evolved in the UK and globally. These include blended learning degrees, online learning degrees, nursing degree apprenticeships, accreditation of prior learning and pre-registration masters/ accelerated masters. However, little is known about the impact of these routes on student learning outcomes, diversity and retention.

Aim

The oral/poster will present the findings of a scoping review which answered the following questions:

1. What models of pre-registration nurse education are documented in the literature?
2. What is the existing evidence for the effectiveness of the different models in relation to student learning outcomes, diversity and retention?
3. What are the challenges and opportunities associated with each model in relation to student learning experiences?

Methodology

An electronic search was conducted across five databases using keywords combined in a formal search strategy. Data was extracted using JBI- data extraction tool for the scoping review and Arksey & O'Malley (2005) methodological framework for the scoping review was used to synthesize results.

Results

Four main routes to pre-registration were identified mainly apprenticeship nursing degrees, accelerated masters, online and blended learning degrees. Results for the latter are presented in a systematic review of an ongoing PhD. The apprenticeship nursing degrees and accelerated nursing programs were identified as main stream routes that resulted in better retention outcomes and promoted student diversity. Online learning was more effective than traditional classroom teaching in terms of nursing student's knowledge, skill performance and learning satisfaction.

Conclusion

The review revealed that the alternative models of pre-registration nurse education appears to have consistent positive impact in contrast with no comparison and more effective than class-room based degrees for student learning outcomes, retention and diversity.

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Lead Presenter Biography

Albert Amagyei

Albert Amagyei is a registered adult nurse with 3 years clinical experience in colorectal surgery and two years teaching experience in diabetes nursing. I studied BSc. nursing in KNUST, Ghana and MSc. Advanced Nursing in University of Nottingham on a Commonwealth Scholarship. Moreover, I enjoy my part-time role as a practice educator at the Nottingham University Hospital; responsible for providing pastoral support to newly qualified nurses and delivering on-the-job education.

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

Using virtual learning to cultivate cultural competency, global citizenship and leadership amongst nursing students: a mix-method study

Thursday, 7th September - 15:55: 5.1 Nursing education - Oral - Abstract ID: 338

Dr. Christine Argenbright (James Madison University, School of Nursing), Dr. Portia Jordan (Stellenbosch University), Dr. Helena De Rezende (Kingston University), Dr. Mayumi Kako (Hiroshima University), Dr. Elisabeth Mangrio (Malmo University), Dr. Maria Jimenez (Universitat Rovira i Virgili), Dr. Michiko Moriyama (Hiroshima University)

Abstract

Background: There is an increasing need for nursing students to develop the skills necessary to be aware of cultural diversity and become leaders that can cultivate global citizenship and promote quality of care. The use of virtual learning has proven effective in increasing cultural awareness and competency and promoting global citizenship and leadership among nurses (Kaihlanen et al., 2019).

Aims: This study aimed to explore post-graduate nursing students' perceptions of their leadership styles and global citizenship and to measure the effect of a virtual workshop to increase transcultural self-efficacy and cultural competency.

Methods: A mix-methods study with an embedded approach was conducted in October 2022. A pre-and-post questionnaire was applied using Jeffreys Tool (Jeffreys, 2000) to measure the effects of a 4-week virtual synchronous workshop to increase transcultural self-efficacy and cultural competency. The qualitative data was collected via open-ended questions completed after each session. Leadership styles were assessed using Everything DiSC® (Wiley, 2013). A convenience sample of 23 post-graduate nursing students was recruited from six universities in the United States of America, England, South Africa, Japan, Sweden and Spain. Ethical approval was granted from each participant institution, and students' participation was voluntary.

Results: There was a statistically significant increase in the participants' transcultural self-efficacy [t(13)=-3.02, p=.010] and cultural competency [t(15)=-2.31, p=.035] after the workshop. Thematic analysis revealed three themes: the need for increased cultural awareness, the development of leadership skills and the importance of global citizenship.

Discussion: Students recognised the workshop's usefulness in enhancing their cultural competency and leadership skills to support nursing global citizenship in a globally connected world.

Conclusions: The virtual workshop was perceived as a valuable platform for sharing students' experiences and expanding opportunities for nurses to learn and increase their own cultural features and develop skills to become more effective leaders and global citizens.

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Lead Presenter Biography

Helena De Rezende

Dr Helena is a Senior Lecturer in Nursing Research at Kingston University London. Dr Helena holds a PhD in Management of Nursing Services from the University of Sao Paulo, Brazil, area of concentration in Quality and Patient Safety. Dr Helena also represents Kingston School of Nursing in the Nursing Collaborative of the International Network of Universities (INU), a global consortium of higher education institutions that actively seek international partnerships and experiences, create innovative programming and delivery methods, and embrace the internationalization movement.

Mixed Expectations in the Recruitment Settlement during COVID-19 Pandemic: Experiences of Newly Employed Nurses in Oman

Thursday, 7th September - 16:30: 5.1 Nursing education - Oral - Abstract ID: 63

Mrs. Mudhar Al Adawi (Royal Hospital/ Oman), Mrs. Samiha S Habsi (Royal Hospital/ Oman), Mrs. Nasra Al Hashmi (Royal Hospital/ Oman), Mrs. Salma Al Bulushi (Sur Hospital), Dr. Kamila Al Alawi (WHO-country office Oman)

Abstract

Introduction: Hospital nurses' recruitment during the COVID-19 pandemic is a major challenge for the hospital, the staff themselves and for their families & relatives. Although the world has undergone different pandemics and disasters, the literature has shown that the new nurses still face uncertainty in dealing with health emergencies and disasters that impose significant stress on their performance at work. The situation in Oman is not different and little is known about the newly employed nurses' experiences during the COVID-19 pandemic. **Method:** The qualitative study was designed to include face to face interviews of the newly employed nurses between May and December 2020 at the biggest tertiary hospital in Muscat, the capital of Oman to explore their experiences and how they confronted the COVID-19 pandemic challenges during their internship period. **Result:** The data was analyzed through qualitative manifest content analysis and disclosed different experiences which were framed into four contexts: Introductory Nurses Plan, Hospital Environment, Nurses Characters and Nurses Families & Relatives. The negative experiences were mainly related to the intense internship requirements, non-availability of the preceptors, hospital environment and COVID-19 circumstances. On the other hand, the positive experiences were mainly related to their self-motivation, recruitment satisfaction, and family encouragement and support. **Conclusion:** Clear nurses' lack of knowledge towards COVID-19 pandemic was disclosed and associated with mixed emotional insights towards themselves, their families and relatives, their preceptors and towards the hospital environment including their preparatory plan. The study identified the nurses' stressors and motivators that could be addressed with a clear need for preparatory adjustments to support newly employed nurses in future appointments with a lot of involvements shared responsibilities and implications.

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Lead Presenter Biography

Mudhar Al Adawi

Mudhar Al Adawi is a nurse researcher at Royal Hospital, Oman with four years experience as nurse researcher. Highly passionate on nursing research. Initiated nursing research mentorship program at Royal hospital. Promoting evidence-based nursing through journal club sessions at hospital level.
Reviewer at JCN and International Journal of Qualitative Studies in Health & Well-being , Leading the intentional round/ two hourly purposive nursing round at Royal hospital, Oman.

5.2 Pt 1. Mental health | Pt 2. Autism

Effectiveness of an acceptance-based adherence therapy for people with recent onset psychosis: a randomized controlled trial

Thursday, 7th September - 15:20: 5.2 Pt 1. Mental health | Pt 2. Autism - Oral - Abstract ID: 11

Prof. Wai Tong Chien (Nethersole School of Nursing, The Chinese University of Hong Kong), Prof. Daniel Bressington (College of Nursing & Midwifery, Charles Darwin University), Prof. Daniel I Lubman (Orygen Youth Health Research Centre, Melbourne)

Abstract

Background: Recognizing many adverse health effects in early psychosis, different approaches to medication management programmes provide significant benefits in improving patients' drug adherence and relapses, but inconsistent/inconclusive results in symptom management, self-care and other psychosocial health outcomes. Acceptance-based anti-psychotic adherence programme is suggested for recent-onset psychosis to enhance patients' medication and illness management, and insight into their illness.

Aims: To examine the effects of an Acceptance-based Insight-inducing and Medication Adherence Therapy (AIM_AT) for recent-onset psychosis on patient outcomes over 12-month follow-up, compared with a standardized psychoeducation group and routine care only.

Methods: A multi-centre RCT with repeated-measures, three-arm design was adopted. A list of 126 Chinese patients with recent-onset psychosis randomly selected from four Community Centers for Mental Wellness in Hong Kong between November 2022 and January 2023 and randomly assigned into study groups by matching with computerized random numbers. After four months of interventions, three post-tests would be performed. Outcomes were analysed on intention-to-treat basis, using Generalised Estimating Equation test.

Results: This presentation reported the results of the first post-test. Significant interaction (Group × Time) treatment effects of the PLSMI were found on the AIM_AT participants will indicate significantly greater improvements in patients' adherence to anti-psychotic medication and illness/treatment insight and other secondary outcomes (symptom severity, progress of recovery, psychosocial functioning, and re-hospitalization rate) at 1-2 weeks post-intervention; Wald χ^2=7.05–21.87, p=0.02-0.001, with moderate to large effect sizes (η^2) of 0.12-0.24, in comparison to usual care. Adherence to anti-psychotic medication and illness/treatment insight of the AIM_AT were also significantly greater improved than psychoeducation group at post-test with moderate effect sizes (0.07-0.10).

Discussion/Conclusions: The findings can provide evidence of the effectiveness of AIM_AT for early-stage psychosis in community mental healthcare on improving patients' medication adherence, mental condition and illness insight, functioning, and recovery.

References

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Lead Presenter Biography

Wai Tong Chien

Professor Wai Tong CHIEN is a professor and the Director at the Nethersole School of Nursing, The Chinese University of Hong Kong. He is also the Co-Director of Cochrane Hong Kong and Director of Asia-Pacific Genomic and Genetic Nursing Centre at the School. In the past 25 years, Prof. CHIEN has been an active academia and researcher and led the Mental Health Research Groups in faculties of health sciences and nursing and provided consultancy and staff training in non-government mental health care agencies in Hong Kong, mainland China and Southeast Asia.

Two sides of the same coin? Disentangling the similarities and differences between Autism and Personality Disorder in women and people socialised as female.

Thursday, 7th September - 15:55: 5.2 Pt 1. Mental health | Pt 2. Autism - Oral - Abstract ID: 469

Ms. Elissa Thompson (City, University of London), Dr. Kirsten Barnicot (City, University of London), Ms. Jennie Parker (City, University of London), Prof. William Mandy (University College London), Dr. Eloise Stark (Oxford University Hospitals NHS Foundation Trust)

Abstract

Personality Disorder, Autism, Misdiagnosis, Mixed Methods, Thematic Analysis

International authors have theorised that there are five key areas of apparent overlaps between autism and personality disorder: emotions, behaviour, cognition, identity and interpersonal interactions – potentially leading to diagnostic overshadowing, missed or misdiagnoses (Parker 2019; Gordon et al 2020; Lugnegård et al 2012).

This mixed methods investigation aims to use lived experience evidence from 41 women, or people predominantly socialised as female, to investigate any potentially important yet under-investigated differences between autism and personality disorder; a clearer understanding of which is vital for more accurate diagnosis and appropriate treatment. Under-recognition of autism in women diagnosed with a personality disorder may stem from a lack of understanding of how autism presents in women.

This project uses validated quantitative clinical measures and exploratory qualitative interviews, aimed at investigating the lived experience of the areas of overlap outlined above – a first of its kind. In addition, we incorporated cognitive interviews to investigate participants' experiences of completing these validated assessment tools. Data was collected in the United Kingdom between the months of February and November, 2022. Analysis has begun: descriptive statistics characterise the self-report data and reflexive thematic analysis is being applied to the lived experience interviews. Preliminary results indicate complex interrelationships between autism and personality disorder that are difficult to disentangle and often relate to individual heterogeneity. This empirical study and findings so far, will be presented in poster format.

Evidence from this project will feed into a wider project - I-RAP: Improving understanding, Recognition and differentiation of Autism and Personality Disorder in women. The aim is to identify distinguishing features that clinicians can use internationally to compliment the ICD11 diagnostic criteria to differentiate autism from personality disorder in women.

References

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Lead Presenter Biography

Elissa Thompson

A mental health nurse by background with nine years experience in various inpatient and community settings, Elissa has an MSc in Psychological Research Methods and now works part time in NHS clinical research whilst doing a full-time PhD. She is particularly interested in the onset and treatment of people who have experienced complex trauma. Currently working on "I-RAP"; "Improving Recognition of Autism in Personality Disorder" funded by the Words That Carry On as part of the McPin foundation, investigating the similarities and differences between of Autism and Personality disorder including the barriers to diagnosis for people with an autistic experience.

Comparison of Autism and people diagnosed with a Personality Disorder: A Narrative Synthesis

Thursday, 7th September - 16:30: 5.2 Pt 1. Mental health | Pt 2. Autism - Oral - Abstract ID: 472

Ms. Elissa Thompson (City, University of London), Dr. Kirsten Barnicot (City, University of London), Prof. Rose McCabe (City, University of London)

Abstract

Personality Disorder, Autism, Evidence, Systematic Review, Narrative Synthesis

Background

Autism is traditionally characterised by differences in areas of social interaction, communication, environmental sensitivity and repetitive or stereotyped behaviour (American Psychiatric Association 2013). Individuals with autism may also be differentially or misdiagnosed with a 'personality disorder' (Lugnegard et al 2012). Understanding the similarities and differences between the two diagnoses will enable more effective formulation and accurate recognition of autistic experience in those diagnosed with a personality disorder, improving appropriateness of mental health treatment for people in these groups (Dell'osso et al 2018).

Aims

Empirical evidence from a range of international studies separately comparing features of both diagnoses enabled a more direct comparison of the two diagnostic groups. A concurrent paper will be presented.

Methods

Systematic review and narrative synthesis. APA PsycInfo and MEDLINE databases were searched from November 2021 to December 2022 for empirical English and European language studies with separate data on autistic and personality disorder diagnosed participants. Comparison of effect sizes was used to synthesise quantitative data alongside a narrative synthesis.

Results

Title searched for each database found a total of 3,153 titles for screening. Out of 221 screened abstracts, 14 studies were included in the final review.

Discussion

Evidence remains heterogenous and varied. Autistic people have more difficulties in social interactions and may be poorer at understanding how others think and feel. Emotional distress in those diagnosed with a personality disorder may be triggered by interpersonal experiences of rejection or invalidation. Other differences were found, but were unlikely to be useful for differential diagnosis.

Conclusions

This is the first review to our knowledge of studies which directly compare the clinical characteristics of people diagnosed with autism and personality disorder in an international context. We need to better understand differentiators to improve effective diagnosis.

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Lead Presenter Biography

Elissa Thompson

A mental health nurse by background with nine years experience in various inpatient and community settings, Elissa has an MSc in Psychological Research Methods and now works part time in NHS clinical research whilst doing a full-time PhD. She is particularly interested in the onset and treatment of people who have experienced complex trauma. Currently working on “I-RAP”; “Improving Recognition of Autism in Personality Disorder” funded by the Words That Carry On as part of the McPin foundation, investigating the similarities and differences between of Autism and Personality disorder including the barriers to diagnosis for people with an autistic experience.

5.3 Workforce mental health

The ASSISTANCE STUDY: Moral distress and psychological wellbeing of nurses during the COVID-19 pandemic

Thursday, 7th September - 15:20: 5.3 Workforce mental health - Oral - Abstract ID: 340

Dr. Anna Sydor (Cardiff University, School of Healthcare Sciences), Dr. Tessa Watts (Cardiff University, School of Healthcare Sciences), Prof. Christine Bundy (Cardiff University, School of Healthcare Sciences), Mr. Timothy Pickles (Cardiff University, Centre for Trials Research), Dr. Rachael Pattinson (Cardiff University, School of Healthcare Sciences), Ms. Rachael Hewitt (Cardiff University, School of Healthcare Sciences), Ms. Eunice Temeng (Cardiff University, School of Healthcare Sciences), Prof. Richard Kyle (University of Exeter)

Abstract

Background: Moral distress is the psychological distress felt when confronted with adverse situations that undermine personal and professional values and integrity. Responding to the COVID-19 pandemic potentially magnified moral distress among nurses. However, few studies have explored moral distress prevalence and its association with psychological wellbeing in the nursing workforce during the COVID-19 pandemic.

Aim: To assess the prevalence of moral distress and associations with psychological wellbeing in registered and student nurses during the COVID-19 pandemic.

Methods: Cross-sectional anonymous online survey of registered and student nurses in Wales, recruited through social media between November 2021 and April 2022. The survey comprised the Measure of Moral Distress for Health Professionals [1] (MMD-HP), Patient Health Questionnaire, General Anxiety Disorder Questionnaire and the International Trauma Questionnaire, socio-demographic questions, and free text comments. Linear regression assessed associations between moral distress and psychological wellbeing measures. Framework analysis was used for qualitative comments.

Results: All participants (n=278) experienced moral distress. The average MMD-HP score was 99.48 (SD 85.89). Seventy-two percent experienced mild to moderate depression, 70% mild to moderate anxiety, and 20% met the post-traumatic stress disorder criteria. High moral distress scores were associated with redeployment, two-six years of nursing experience, directly exposed to people with COVID-19, and intention to leave the workforce. Depression scores were significantly associated with levels of moral distress. Qualitative analysis identified five themes: interplay between trauma experienced at home and work; unhealthy coping strategies; feeling unprepared and unsupported; planned changes to roles or careers; and renewed commitment to the nursing profession.

Discussion and conclusions: Appropriate interventions are needed to support the psychological wellbeing of the nursing workforce in COVID-19 recovery. Trauma-informed approaches that recognise the interplay between pandemic experiences at home and work are especially needed to help prepare nurses and nursing students for future crises and prevent premature workforce exit.

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Lead Presenter Biography

Dr Tessa Watts

Tessa is a Reader in supportive Care at the School of Healthcare Sciences, Cardiff University. Tessa is a qualitative researcher with an academic grounding in the social sciences and nursing and has a clinical background in advanced cancer care. Tessa is Deputy Research theme lead for the School's research theme Optimising well-being and the management of long-term conditions and an honorary Professor at Swansea University.

Exploring resilience in contemporary nursing roles in Wales: a mixed methods study

Thursday, 7th September - 15:55: 5.3 Workforce mental health - Oral - Abstract ID: 372

Dr. Judith Benbow (Cardiff University), Prof. Daniel Kelly (Cardiff University), Prof. Aled Jones (University of Plymouth School of Nursing and Midwifery)

Abstract

Background: The exposure of nurses to pressurised workplaces is connected to escalating workforce stress levels which can negatively affect patient care. Resilience can buffer stress and may positively influence the well-being of nurses. Despite knowing this there is limited evidence that has examined how workplaces shape nurses' resilience.

Aim: To explore the intrinsic and extrinsic influences that shape the resilience of nurses in Wales.

Methods: A mixed methods design consisting of a purposively developed questionnaire and analysis of free text responses exploring perceptions of resilience and work environments was employed. Respondents included Registered Nurses (N=1459) across Wales (all fields, pay bands and settings). Quantitative and qualitative responses (8,000 free-text comments) were analysed descriptively, framework analysis for the qualitative and descriptive statistics with some correlational exploration of the quantitative data. Main findings were shared at a pan-Wales stakeholders' event to inform the latter stages of the study.

Findings: Using a social-ecological theoretical framework of resilience to guide analysis, insights into three main thematic areas were found: perceptions of resilience, adversities within environments of care that can impact resilience and routes to resilience. It is suggested that resilience is a capacity that can protect nurses from occupational stressors and understanding the role of positive workplace factors (resources, education and support) are key to its enablement. The findings contributed to a new definition and workplace model of nurse resilience.

Conclusion: The central argument to this paper is that nurses' views of resilience and the nature of their workplaces are inseparable. Resilience is more than an individual capacity as it is shaped by the environment where changes to resilience occur. Therefore, consideration of both is required. These pre-pandemic findings may help to inform future policy and practice to enhance the resilience and wellbeing of nurses in a post pandemic era.

Lead Presenter Biography

Judith Benbow

Judith Benbow has a background in adult critical care nursing and has enjoyed a variety of clinical and educational roles which have included an Education Adviser's role at RCN Wales, Director of Undergraduate Studies and Associate Director of International and Engagement in Cardiff University's School of Nursing and Midwifery Studies. Judith is currently Lead for International Student Mobility at the Cardiff University's School of Healthcare Sciences.

Play and psychological wellbeing amongst undergraduate students: An IPA study

Thursday, 7th September - 16:30: 5.3 Workforce mental health - Oral - Abstract ID: 45

Mrs. Rebecca Rylance (University of Liverpool)

Abstract

The psychological wellbeing (PWB) of students undertaking Medicine, Nursing and Allied Health Professions programmes is at crisis point. Manifested as stress and mental health conditions, this group of students experience detriment to wellbeing before they join what is arguably a stressful occupation at the end of their professional programme. Strategies to improve the wellbeing of students have yet to bear fruit and the issue of declining wellbeing appears to be escalating. Empirical studies within business literature suggest that play in the organisational context may improve PWB. This Interpretive Phenomenological Analysis (IPA) study explores the lived experiences of undergraduate students from Medicine, Nursing and Allied Health Professions programmes and their expression of play in the clinical environment. The findings contribute to a sparse body of knowledge about play in the healthcare organisational context and offers some unique and original insights into the types of play that the participants engaged in, the facilitative and limiting factors of play, and how the enactment of play contributes to improved PWB.

Ethical approval granted from University of Chester and University of Liverpool.

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Lead Presenter Biography

Rebecca Rylance-Graham

Rebecca Rylance-Graham is the Associate Head (undergraduate) at the University of Liverpool. A mental health nurse for over 30 years and latterly as an academic, Rebecca is passionate about nurse education and student wellbeing. After completing her thesis for the award of Professional Doctorate (results pending) Rebecca hopes to share her findings with colleagues about the practice of play amongst undergraduate students in the healthcare organisational context and how it influences psychological wellbeing.

5.4 Systematic review

How to use the ENTREQ guidelines when writing up your literature review

Thursday, 7th September - 15:20: 5.4 Systematic review - Oral - Abstract ID: 127

Dr. Helen Aveyard (Oxford Brookes University), Prof. Caroline Bradbury-Jones (University of Birmingham), Prof. Nicola Ring (Edinburgh Napier University), Prof. Kate Flemming (University of York)

Abstract

Background: Doing a literature review is a popular and useful academic endeavour within nursing; summarising the available research literature on a topic enables the reader to see a more comprehensive picture of research and prevents papers being interpreted out of context. Reviews can be undertaken by clinical or academic nurses, and students as a component of a dissertation. Due to the utility of reviews and their high level of citations, stand-alone reviews are highly publishable. The popularity of literature reviews leads to their high profile in academic nursing journals. Guidelines exist to help those writing reviews and journal editors who prepare them for publication. These guidelines are available through the EQUATOR website and are widely and easily accessible. For those writing a systematic review with meta-analysis or mixed methods review, the PRISMA guidelines are often used (Page et al 2021) and for writing a qualitative review, the ENTREQ guidelines are commonly used (Tong et al 2012).

The aim of this paper: To discuss how to use the ENTREQ guidelines when writing up a literature review.

Methodological discussion: In this session we will explore why guidelines are a useful resource when writing and publishing a literature review, with specific reference to the ENTREQ guidelines. We will look at the different categories within the ENTREQ guidelines and discuss how scholars might apply these guidelines to their work and how their work might be reviewed by editors and peer reviewers. We will look at the rationale behind the guidance and common errors authors make.

Conclusion: At the end of the session, participants will have an understanding of the role of reporting guidelines, with particular emphasis on the use of ENTREQ guidelines

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Tong A, Flemming K, McInnes E, Oliver S, Craig J.(2012) Enhancing transparency in reporting the synthesis of qualitative research: ENTREQ. *BMC Medical Research Methodology.* ;12(1):181.

Lead Presenter Biography

Dr Helen Aveyard

Dr Helen Aveyard is a Principal Lecturer in the Oxford School of Nursing and Midwifery at Oxford Brookes University. After completing her nursing degree, Helen completed her MA in Medical Law and Ethics and PhD. On taking up academic role, Helen has published widely on nursing ethics and education in research methods. Helen is an experienced supervisor for PhD and professional doctorate students and author of ‘ Doing a literature review in health and social care’ (5^{th} edition). Other co-authored texts include ‘A postgraduate’s guide to doing a literature review’ and “A beginner’s guide to evidence based practice’.

What is the difference between a concept analysis and focused mapping review and synthesis?

Thursday, 7th September - 15:55: 5.4 Systematic review - Oral - Abstract ID: 169

Dr. Helen Aveyard (Oxford Brookes University), Prof. Caroline Bradbury-Jones (University of Birmingham)

Abstract

Background: Most researchers are aware of the importance of providing clarity about the concepts and terms used in their work and to define these carefully to avoid ambiguity in the scope and focus of a project. Some concepts are easy to define and require no detailed definition, but many are not. Where a term is used in different ways and has multiple meanings, it is essential to define how the term will be used so that the boundaries of the work are clear. Concept analysis and Focused Mapping Review and Synthesis are two methods used by researchers to provide clarity. Both methods provide a systematic approach to the definition of terms and concepts. There are similarities and differences in both approaches; both use the existing literature to map out the ways they are commonly used but the approaches have different aims.

The aim of this paper: To explore these two approaches and to consider the advantages and disadvantages of each and when each one might be used.

Methodological discussion: We will explore what a concept analysis is and the different methods for doing one. We will use examples from the published literature to explore how researchers have used these methods to achieve clarity of the terms they use. We will then explore the method for doing a focused mapping review and synthesis and how this method might also be used to clarify terms used. We will take examples from the published literature to illustrate this approach. Finally, both of these approaches will be compared so that participants can appreciate the different approaches and determine the usefulness of each for their own research.

Conclusion: At the end of the session, participants will have an understanding of the similarities and differences between the two methods and will be equipped to use them.

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Lead Presenter Biography

Dr Helen Aveyard

Dr Helen Aveyard is a Principal Lecturer in the Oxford School of Nursing and Midwifery at Oxford Brookes University. After completing her nursing degree, Helen completed her MA in Medical Law and Ethics and PhD. On taking up academic role, Helen has published widely on nursing ethics and education in research methods. Helen is an experienced supervisor for PhD and professional doctorate students and author of ‘ Doing a literature review in health and social care’ (5th edition). Other co-authored texts include ‘A postgraduate’s guide to doing a literature review’ and “A beginner’s guide to evidence based practice’.

5.5 Acute and critical care

How does virtual simulation impact on nursing students' knowledge and self-efficacy for recognising and responding to deteriorating patients? A mixed methods study.

Thursday, 7th September - 15:20: 5.5 Acute and critical care - Oral - Abstract ID: 390

Dr. Sue Baron (Co-author), Prof. Sandra Goldsworthy (Nipissing University), Dr. Nita MUIR (University of Chichester), Dr. Kate Goodhand (Robeert Gordon University), Dr. Didy Button (Flinders University)

Abstract

Background: Preparing undergraduate nursing students effectively for safe clinical practice continues to present significant challenges due to the impact of the Covid-19 pandemic, global nursing shortages, greater competition for quality clinical placements, and no guarantee that nursing students will have exposure to a deteriorating patient during their clinical placements. This is a concern because early warning signs of clinical deterioration are often not detected by nurses in a timely manner, and recognition and response to deteriorating patients is recognised globally as a major safety challenge (Haddeland et al., 2018).

Aim: To explore the impact of using interactive virtual simulation case studies with facilitated debriefing (Eppich and Cheng, 2015) on nursing students' knowledge and self-efficacy for recognising and responding to early signs of clinical deterioration in patients.

Design & Methods: Mixed methods study with quasi-experimental pre/post design and focus groups. A convenience sample (n=88) final year undergraduate nursing students with half the sample at each sites randomly allocated to a treatment or control group. The treatment group received a virtual simulation intervention, debriefing, and participated in a focus group.

Results: The treatment group had statistically significant higher levels of clinical self-efficacy from pre to post survey scores (65.34 and 80.12) compared to the control group (62.59 and 70.73) and significantly increased levels of knowledge in recognizing and responding to the deteriorating patient scores from pre to post survey (11.30 to 13.1) in comparison to the control group (10.33 and 9.92).

Conclusions: study findings demonstrated the positive impact of a the virtual simulation intervention on knowledge and confidence of undergraduate nursing students from geographically diverse areas.

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Lead Presenter Biography

Dr Sue Baron

Dr Sue Baron is a Senior Lecturer and Programme Lead for MSc Adult Nursing at Bournemouth University. Since completing her PhD in 2014, *Exploring the Patient Journey, a collaborative and person-centred approach to healthcare improvement*, Sue continues to work collaboratively locally and internationally with academics, practitioners, service users and students on education and research projects that aim to address commonly reported issues in healthcare. To date, these projects have focused on patient safety, diversity and inclusion, leadership, and implications on nursing student confidence and competence for safe, person-centred practice of simulation-based education and co-created innovative and engaging, authentic learning experiences.

Intensive Care Nurses' Experiences of Burnout During the COVID-19 Pandemic in Saudi Arabia

Thursday, 7th September - 15:55: 5.5 Acute and critical care - Oral - Abstract ID: 185

Ms. Nawal Alzailai (King's College London)

Abstract

Background: Work-related stress and occupational burnout are among the greatest health concerns for healthcare staff (Sultana et al., 2020), particularly during pandemic context. Understanding nurses' experiences of burnout during the pandemic with consideration to factors associated with their stress can help to identify developmental needs and inform interventions to reduce nurses' burnout.

Aims: To explore intensive care unit (ICU) nurses' experiences with burnout during the COVID-19 pandemic in Saudi Arabia and to develop insights into the factors that influenced burnout.

Methods: A constructivist grounded theory design was used (Charmaz, 2014). The study was conducted in an adult ICU in a tertiary hospital in the Kingdom of Saudi Arabia. Participants were 22 ICU nurses who experienced caring for COVID-19 patients; and 10 decision-makers who were theoretically recruited. Ethical approval was obtained from King's College London and the relevant Institutional Review Board in Saudi Arabia. interviews were conducted between November 2021 and April 2022

Results: The core category, 'we fought and now we need to be healed' was identified from interview. This core category is clarified and expanded upon within the three categories: drained but survived, pandemic pervasiveness and recognition.

Discussion: In the most conceptualisations, burnout was considered as a state resulted from prolonged occupational stress. However, the findings of this study illustrated that burnout is a process that manifested by negative changes in behaviours and attitudes and influenced by several interrelated factors within and beyond the working context.

Conclusions: Many issues identified from the findings in this study can be attributed to shortages in the intensive care nursing workforce. Thus, we join others in calling for healthcare organisations and policymakers to be creative in finding new ways to meet nurses' needs, motivate, and empower them to maintain and sustain the nursing workforce in highly demanding areas, such as ICUs.

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Lead Presenter Biography

Nawal Alzailai

Nawal Alzailai is a PhD candidate at the Florence Nightingale Faculty of Nursing, Midwifery and Palliative Care; ranked top Faculty for nursing in the UK and second in the world. She is also a teaching assistant at the University of Umm Al-Qura in the KSA. Nawal has held BSc in nursing from Umm Al-Qura university, and MSc in advanced nursing from the University of Nottingham in the UK. Nawal's research focuses on occupational burnout in critical care nurses and its mitigation measures, toward improving the health and wellbeing of nurses working in critical care areas.

The Perceptions of the Multicultural Intensive Care Unit Nurses in Trauma Care In-Service Education: A Qualitative Multi-Case Study

Thursday, 7th September - 16:30: 5.5 Acute and critical care - Oral - Abstract ID: 437

Ms. Maha Almarhabi (Florence Nightingale Faculty of Nursing, Midwifery & Palliative Care, King's College London), Dr. Julia Philippou (Florence Nightingale Faculty of Nursing, Midwifery & Palliative Care, King's College London), Dr. Jocelyn Cornish (Florence Nightingale Faculty of Nursing, Midwifery & Palliative Care, King's College London), Dr. Mary Raleigh (Florence Nightingale Faculty of Nursing, Midwifery & Palliative Care, King's College London)

Abstract

Background: The care of trauma injured patients who survived emergency resuscitation and admitted to the intensive care unit (ICU) is complex and demands skilled nurses to improve the outcomes. Thus, in-service education of trauma specialists' skills and knowledge is needed. Research on trauma education beyond emergency care in ICUs is scarce, especially in a context with a multicultural workforce with diverse educational backgrounds.

Aim: This study examined the perceptions of a diverse nursing workforce in ICUs regarding their trauma care competences and in-service education support in Saudi Arabia (SA).

Methods: An exploratory multiple case study design comprising three hospitals cases of adult ICUs from two regions within SA. Ethical approvals were granted. Data were collected from October-2021 to March-2022 through semi-structured interviews, complemented by documentary review of trauma-related education syllabi/competencies. The sample included sixty-eight multinational ICU nurses from different roles who were key informants (clinical staff, managers, leaders and educators). Framework analysis with within-case and cross-case comparisons was used.

Results: Findings demonstrated two interrelated categories: 'trauma care practice' and 'educational practice'. The themes described limited competencies and education, and nurses' trauma care challenges and educational needs. The staff learning behaviours and supervision practices supporting trauma care, along with their in-service education system were described.

Discussion: This study reported the perceived inadequacy of trauma-specialised competencies and education, supported by the identified care challenges and educational needs across the cases. This underscores the need for trauma care education that is appropriate for the ICUs. The findings are consistent with literature that demonstrated the complexity of trauma care and nurses' concerns, and that patients benefit from specialists' competences where nurses need specialised training.

Conclusion: This study delineated key aspects for future examination and recommended that research involve key stakeholders to inform trauma care education that is feasible for the ICU context and practice.

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Lead Presenter Biography

Maha Almarhabi

Maha Almarhabi is a Ph.D researcher at the Florence Nightingale Faculty of Nursing, Midwifery and Palliative Care at King's College London. Maha holds an MSc in Advanced Nursing (Adult Critical Care) from the University of Nottingham. She is a senior nurse specialist in adult critical care nursing and has clinical experience working as an intensive care unit nurse. She is working as an academic educator in the nursing school at King Abdulaziz University in Jeddah, Saudi Arabia.

She is interested in critical care research, with a focus on the innovation and enhancement of ICU nurses' clinical education and practice.

5.6 Perceptions of care

Nurses Experience and Satisfaction in Performing Two Hourly Nurses Round

Thursday, 7th September - 15:20: 5.6 Perceptions of care - Oral - Abstract ID: 475

Mrs. Samiha S Habsi (Royal Hospital/ Oman), Ms. Sausan Al Habsi (Royal Hospital/ Oman), Mrs. Zubaida Al Balushi (Royal Hospital/ Oman), Mrs. Nasra Al Hashmi (Royal Hospital/ Oman), Mrs. Salwa Al Rawahi (Royal Hospital/ Oman), Mrs. Asma Al Abdali (Royal Hospital/ Oman), Mrs. Mudhar Al Adawi (Royal Hospital/ Oman)

Abstract

Nurses are the backbone of the healthcare organizations, and they play crucial role in delivering quality care and ensuring patient safety, which can be achieved through the two hourly nursing round (2HNR). The 2 HNR is a structured rounding conducted by bedside nurses on one to two hourly bases. Several positive outcomes associated with 2HNR; increased patient satisfaction and the nursing care quality, improved nurse-patient interaction, reduced incidence of fall and call bell frequency, and early identification of patients' needs. To the best of our knowledge, the current study is the first study done on 2HNR in Oman.This study aims to evaluate the impact of 2HNR on nurses' satisfaction at the Royal Hospital, Oman.

Study design: A cross sectional design study conducted from January to July 2020. A total of 513 nurses working in general units such as Medical, Surgical and Pediatric Units filled the online survey, to assess their satisfaction and perception about the 2HNR.

Result: Around 53.9% of the participants believed that the 2HNR had enhanced their skills of time management. 61.1% were able to prioritize their patients care. The participants performed the 2HNR at all shifts, the morning shift (54.5%), the afternoon shift (61.1%), and the night shift (69.1%), respectively.

The 2HNR is deemed significant to add value and benefits to both patients (p value 0.018) and the staff nurses (p value 0.035). It decreases the workload and saves time (p value .003), reduces the call bell frequency whenever performed(p value 0.14).

Conclusion: Implementing 2HNR has a positive impact on patient care. To address routine fundamental patient care needs and maintain patient safety, 2HNR is a best practice. Based on these findings, we recommend Nursing Leaders to emphasize nurse rounding on patients in order to improve patient satisfaction and safety while also achieving more effective patient-care management.

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Lead Presenter Biography

Samiha Al- Habsi

I have a working experience of more than 17 years in a variety of clinical settings, including Surgical, Medical, Medical High Dependency, and Administration in (Clinical Facilitation Unit). I have also held several leadership positions in nursing, including Clinical Nurse Educator, Ward Supervisor) and Acting Unit Nurse.

Throughout my career, I have developed strong communication skills and an ability to work well with people from different backgrounds. My experience as a nurse has taught me how to be compassionate and understanding while still maintaining a professional demeanor.

Enthusiastic Ward Supervisor, eager to contribute to team success through hard work.

Mechanisms of end of life communication contributing to optimal care at the end of life: a rapid review of systematic reviews

Thursday, 7th September - 15:55: 5.6 Perceptions of care - Oral - Abstract ID: 394

Dr. Sahar Khonsari (University of Glasgow), Prof. Bridget Johnston (School of Medicine, Dentistry & Nursing, University of Glasgow, Glasgow, UK,)

Abstract

Background: End of life communication is an essential component of high-quality end of life care, but its potential mechanisms for improving care are not well understood.

Aims: to summarise existing systematic reviews on the potential mechanisms by which end-of-life communication can contribute to enhanced end-of-life care.

Methods: CINAHL, MEDLINE, Cochrane, SSCI, and PsycINFO were searched from inception to November 2022 limited to systematic reviews published in English related to end-of-life communication.

Results: The search identified 25 eligible systematic reviews. Through thematic analysis, the study identified six potential mechanisms that illustrate how end-of-life communication can contribute to enhanced end-of-life care including collaborative decision-making, individualised communication, utilisation of effective communication strategies, incorporation of communication skills in practice, familiarity with organisational culture and available infrastructure, and identification of barriers to effective communication.

Discussion: The study highlighted the importance of effective communication mechanisms in providing patient- and family-centered end-of-life care. In accordance with the literature, the review stressed the significance of tailoring communication to individuals, employing effective communication strategies and overcoming barriers such as disjointed team dynamics and lack of competencies in prognostication and investing in communication training programmes for healthcare professionals and developing effective communication interventions. Initiating communication early and continuously can be also helpful in improving patient and family outcomes.

Conclusions: Effective communication is crucial for providing optimal end-of-life care for patients and their families. However, there is a lack of training for healthcare professionals including nurses in this area, and organisational issues can impede effective communication. To enhance end-of-life care, further research is needed to explore patients' and families' experiences, identify barriers that nurses face, and develop new strategies such as feedback tools to improve communication. The ultimate goal is to improve communication and ensure that patients receive the care they need and that their wishes are respected throughout the process.

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Lead Presenter Biography

Sahar Khonsari

I am a post-doctoral researcher at University of Glasgow. In 2018, I completed my PhD at the University of Edinburgh, which involved co-designing and evaluating a mobile phone intervention aimed at improving medication adherence among cardiovascular patients. Additionally, I have held academic positions at Edinburgh

Napier University (2018-2020) and worked as a cardiac nurse at Imam Khomeini Hospital Complex (Iran) for five years. Currently, my post-doctoral research is focused on co-designing and testing interventions aimed at providing bereavement support and obtaining feedback from patients and their families to improve end-of-life care.

5.7 Workforce and employment

The Newcastle Hospitals Nursing, Midwifery and Allied Health Professionals (NMAHP) Researcher Development Institute (RDI). Reflections on a charitably funded catalyst to embedding research in practice

Thursday, 7th September - 15:20: 5.7 Workforce and employment - Oral - Abstract ID: 164

Dr. Linda Tinkler (The Newcastle upon Tyne Hospitals NHS Foundation Trust), Ms. Maurya Cushlow (The Newcastle upon Tyne Hospitals NHS Foundation Trust), Mr. Ian Joy (The Newcastle upon Tyne Hospitals NHS Foundation Trust), Mrs. Lisa Guthrie (The Newcastle upon Tyne Hospitals NHS Foundation Trust), Prof. Annette Hand (The Newcastle upon Tyne NHS Foundation Trust)

Abstract

Background: One of the internationally recognised challenges in progressing the NMAHP research agenda is access to funded research training and associated salary backfill. Funding is vital in enabling NMAHPs the flexibility and autonomy to develop and sustain the required research skills and confidence to lead research alongside clinical practice for the benefit of patients, staff, departments, and the population beyond.

In the UK, demand for nationally funded, competitive research training programmes, consistently exceeds available funding and support. At Newcastle Hospitals, we recognised how such challenges hindered timely progress, impacted morale, and can expose NHS Organisations to avoidable risks in relation to driving forward innovative care, attracting, and retaining staff and ultimately developing research capacity and capability.

Methods: A critical reflection will be presented on the work undertaken to develop a successful internal charity bid of £3.2m, whilst also reflecting on the first year of the RDI processes, progress and governance. The critical reflection will outline the scoping, evidence collection, and internal discussions, that took place to develop the RDI, along with progress to date on fellowships awarded, barriers and facilitators noted.

Results: During the first 12 months, six NMAHPs across a range of professions have been established on fellowship programmes from pre- to post-doctoral awards. These include MClinRes, PhDs and bridging awards to consolidate prior learning and develop competitive onward applications. Numbers continue to grow, and our knowledge and experience is constantly evolving as the programme develops.

Conclusion: The Newcastle Hospitals NMAHP RDI has strengthened our commitment to harnessing potential in our growing research active community. Challenges remain evident due to the reality of embedding a research culture in the current challenging NHS context. It is imperative that we continue to lead, influence and advocate on behalf of this important agenda and be responsive to the needs of our workforce.

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Lead Presenter Biography

Linda Tinkler

Linda's role involves all aspects of Research Capacity and Capability building for Nurses, Midwives and AHPs. Linda joined the NHS as a Healthcare Assistant in 1998, qualifying as a nurse in 2003. Linda's PhD used a mixed methods approach to explore behaviours at the interface between clinical research delivery and clinical service delivery. This was funded by the RCN Strategic Research Alliance with the University of Sheffield School of Nursing & Midwifery. Linda is a qualified leadership coach, interested in leadership and culture in the NHS, a Florence Nightingale Foundation Scholar and an NIHR 70at70 Senior Nurse Research Leader.

How we are implementing components of our Trust strategy to embed research.

Thursday, 7th September - 15:55: 5.7 Workforce and employment - Oral - Abstract ID: 431

Mrs. Sandra Wellman (Oxford University Hospitals NHS Foundation Trust), Dr. Louise Strickland (Oxford University Hospitals NHS Foundation Trust), Prof. Helen Walthall (Oxford University Hospitals NHS Foundation Trust)

Abstract

Background:

Our Trust and NMAHP strategies highlight the importance of research in patient care and how embedding research supports patient care and staff career development. Furthermore, a number of national strategies outline the importance of embedding clinical research in practice, including CNO research strategy (2021), Best Research for Best Health (2021) and the Future of Clinical Research Delivery (DOH, 2022) leading us to develop an implementation plan to deliver these strategies to support our NMAHPs workforce development.

Methods:

We scoped our existing Trust systems and processes and reviewed the current literature to identify areas of good practice and opportunities for improving research awareness and engagement.

Key areas for activity were identified:

1. Support the development of research delivery teams embedding into clinical areas.
2. Clinical accreditation scheme – introduced questions regarding clinical research delivery in their clinical area.
3. Introduction of a research awareness eLearning module for all staff.
4. Research awareness events for international clinical trials day.
5. Appointment of research leads, to develop sustainable research education & training and infrastructure to increase research capability and capacity.
6. In partnership with our Hospital Charity 5 CNO fellowships were created to lead Trust wide projects identified by the Trust’s Harm Free agenda. A model of mentorship and education was developed to support each fellow for a period of 6 months.
7. Introduce research awareness boards into each clinical area, to showcase research opportunities and research delivery staff.
8. With the support of our BRC we have a comprehensive research capacity offer, to enable the development of our NMAHP workforce.

Results:

By utilising different approaches, we have been successful in engaging NMAHP staff across the Trust and have seen a change in research attitudes, knowledge and skills and how this has positively impacted on patient care and recruitment and retention strategies.

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Lead Presenter Biography

Sandra Wellman

Sandie has been working in clinical research since 1999. Her clinical practice has been in cancer early phase clinical trials and she is very proud to have made a difference to patients.

Sandie is passionate about research as a career choice for nurses, midwives and allied health care professionals.

Sandie now works in a Trust wide role, promoting research and developing the research delivery workforce.

Sandie is a members of the UKONS research MIG and regularly teaches on NIHR and academic courses.

‘Walking in their shoes’ – The development and evaluation of an empathy intervention for nursing students

Thursday, 7th September - 16:30: 5.7 Workforce and employment - Oral - Abstract ID: 406

Mrs. Sarah Gill (University of south wales), Dr. Juping Yu (University of South Wales), Dr. Deborah Lancastle (University of South Wales), Dr. Gareth Parsons (Cardiff University)

Abstract

Background: Empathy is an essential component of any form of caring relationship, and especially vital to the quality of nursing care. In the UK, both the NMC code and nursing education acknowledge the importance of empathy and the helping behaviours empathy inspires (Nursing and Midwifery Council, 2018). However, several reports revealed failings in patient care and have called for a culture change to include more empathetic care (Francis, 2013).

Aim: To test the effects of a newly developed empathy intervention in promoting and sustaining empathy in nursing students.

Methods: The Medical Research Council guidance on developing and evaluating complex interventions has been applied (Skivington et al., 2021). In line with this framework, the study includes three phases. In phase 1 (*developmental stage*), the empathy intervention was developed using NHS healthcare professionals’ stories showing how they demonstrated empathy to patients during the COVID-19 pandemic. In phase 2 (*feasibility stage*), a feasibility pilot study was conducted with nursing students to test the feasibility and practicality of the intervention. In phase 3 (*evaluation stage*), a cluster randomised controlled trial was conducted with nursing students to test whether the intervention enhanced and sustained empathy.

Results: A total of 197 nursing students took part to evaluate the intervention. Within the intervention group, there was a significant difference in empathy between baseline and post-test ($p = 0.029$). However, there were no notable significant differences between the intervention group and the control group at all three tests (pre-test, post-test, and follow-up).

Conclusion: The empathy intervention resulted in a slight increase in empathy in nursing students. Further research is needed to redesign the intervention and explore different delivery methods to improve empathy over time. This presentation will present the findings of this study and recommendations for future research.

References

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Lead Presenter Biography

Mrs Sarah Gill

Sarah Gill is a fourth year PhD student at the University of South Wales. Her PhD study looks at developing and evaluating an empathy intervention to promote and sustain empathy among nursing students. Before starting her PhD, she worked at Public Health Wales as a Research Assistant working on the National Exercise Referral Scheme in Wales. Sarah completed her undergraduate degree in Psychology from the University of Wolverhampton and master’s degree in Clinical and Abnormal Psychology from the University of South Wales.

6.1 Leadership and workforce

National Institute for Health and Care Research Senior Nurse Midwife Research Leader (SNMRL) programme: a mixed method evaluation

Friday, 8th September - 09:10: 6.1 Leadership and workforce - Oral - Abstract ID: 157

Dr. Julie Menzies (University Hospitals Bristol and Weston NHS Foundation Trust), Dr. Rachel Ford (Office for Data Analytics), Dr. Catherine Henshall (Oxford Brookes University)

Abstract

BACKGROUND: In 2018, the National Institute of Health and Care Research launched a three-year Senior Nurse and Midwife Research Leader Programme to support nursing and midwifery research leaders to develop research capacity and capability within their organisations.

AIMS: to conduct a service evaluation of the programme strengths, areas for improvement and achievement of programme aims

METHOD: We conducted a mixed methods programme evaluation over the programme duration. This included: i) perceived value of cohort meetings (attendees survey), ii) annual evaluation (survey, n=120) (programme satisfaction, challenges, benefits), iii) qualitative stakeholder interviews (n=34). Survey results were quantitatively analysed using descriptive statistics. Interviews were audio-recorded, transcribed and identifiable information removed. Qualitative data was deductively coded and analysed using the seven-stage framework method to identify themes. Reporting was guided by SQUIRE 2 and SRQR checklists.

RESULTS: The main perceived benefit of the programme was being part of a collaborative network. Challenges included accessing programme-specific emails and learning resources, lack of opportunity to network and lack of clarity about programme aims. Meetings evaluated (mean 42 responses/meeting) as relevant and helpful (93%), thought-provoking (92%), inspiring (91%), at the appropriate level (91%) and aligned with programme aims (90%). All meetings were ranked highly as beneficial by attendees (92%). Key themes around successful programme delivery reflected the importance of leadership, programme design and content, the importance of 'coming together' as nurse and midwife leaders and communication.

CONCLUSION: Overall the anticipated programme aims were met, evaluating well from the perspectives of those on the programme and wider stakeholder groups. The programme proved a useful model to support future capacity and capability building for nurses/midwives. A subsequent cohort has recently launched, modelled on this programme evaluation. Identified challenges have been addressed and this second programme builds on strengths, including quality of programme material, leadership model, networking and collaboration opportunities.

Lead Presenter Biography

Dr Julie Menzies

Dr Julie Menzies is a Registered Children's Nurse, with 25 years of paediatric nursing experience. Julie is currently employed as a Clinical Academic Nurse Researcher in Paediatric Intensive Care, Bristol Royal Hospital for Children, UK, past member of the UK Paediatric Critical Care Society (2018-2021) and elected Chair for the Paediatric and Neonatal Section, European Paediatric Critical Care Society (ESPNIC). She is a Principal Investigator for several multi-centre studies, a co-applicant on several NIHR-funded grants and recently completed an NIHR Senior Nurse/Midwife Research Leadership programme (2019-2022), designed to help build capacity and capability of nurses/midwives to engage with research.

The relationships between resilience, burnout and perceived support among nurses during the second wave of the COVID-19 pandemic: cross-sectional survey

Friday, 8th September - 09:45: 6.1 Leadership and workforce - Oral - Abstract ID: 158

Dr. Naim Abdulmohdi (Anglia Ruskin University)

Abstract

Background: The first wave of the pandemic resulted in nurses experiencing severe psychological distress and contributed to an increased risk of burnout. Nurses experienced excessive workload over a prolonged period during the COVID-19 pandemic. It is important to investigate the experiences of front-line nurses during consecutive waves of the pandemic and identify factors that affected their resilience, burnout and coping.
Aims: To examine the level of burnout and resilience among nurses during the peak of the second wave of the COVID-19 pandemic and the factors that influenced nurses' resilience and burnout.
Design: A descriptive, cross-sectional research design was used in this study.
Methods: A self-report survey involved 111 staff nurses from a variety of healthcare settings, who completed a self-administrated questionnaire between January and April 2021. The survey included pandemic related questions, perceived social support, perceived organisational support, burnout and resilience scales. The School Research Ethics Panel for Allied Health, Nursing and Midwifery and Medicine reviewed and approved this study (approval number NM-SREP-20-014).
Findings: The study found that nurses experienced a high level of burnout and low to moderate levels of resilience. The level of burnout was negatively correlated to the level of perceived organisational support and resilience. Nurses' worries about patient safety and how the pandemic affected their social role were positively correlated with burnout. Although nurses perceived high levels of social support, their feelings that the pandemic affected their social roles were associated with increasing their burnout.
Conclusions: Nurses experienced a high level of burnout during the second wave of the COVID-19 pandemic, which may be influenced by how they felt their organisations supported them. Healthcare systems must value nurses as skilled professionals, demonstrate more commitment to staff, foster a culture of compassion, appreciation and recognition.

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Lead Presenter Biography

Dr Naim Abdulmohdi

Naim has worked in a variety of critical care settings since 2001 including general and cardiac and Royal Papworth cardiothoracic critical care units. Naim expertise in critical care nursing, nurse education and his research focus on staff development, clinical simulation and clinical decision making. He works on research projects concerning students and staff experience and staff resilience and retention, using clinical simulation to develop nurses’ competencies and clinical decision making.

National Evaluation of the Professional Nurse Advocate Programme: Mixed Methods Study

Friday, 8th September - 10:20: 6.1 Leadership and workforce - Oral - Abstract ID: 124

Dr. Liz Lees-Deutsch (Coventry University), Prof. Rosie Kneafsey (Coventry University)

Abstract

Introduction:

The Professional Nurse Advocate (PNA) programme is a clinical and professional leadership intervention commissioned by NHS England to equip nurses with the skills to deliver restorative clinical supervision to their peers. A national programme evaluation was completed in January 2023, reported here.

Methods:

Underpinned by Laschinger's Empowerment Theory, the evaluation involved survey, case studies, semi structured interviews, and workshop. Five constituent groups were sampled: Health Education Providers (HEI); Regional and Site PNA Leads; Nurses in PNA roles and, Nurses who received Restorative Clinical Supervision (known as RCS Nurses). Case studies involving eight different settings were conducted with healthcare and HEI providers. Ethics approval: P139411.

Results:

302 survey responses were received (RCS Nurses n=73, PNAs n=214, Trust PNA Leads n=15). Of the 214 PNA respondents, 175 (81.8%) had delivered RCS and 39 (18.2%) had yet to do so. 63 interviews were conducted namely, Regional PNA leads (6), Trust PNA leads (13), PNAs (32) and RCS Nurses (7). All surveyed groups provided a median rating of 'strongly agree' to the statement *"I believe that restorative clinical supervision is effective"*, illustrating strong support for the effectiveness of RCS. Interviews with Regional, Site Lead PNAs and HEIs emphasised the importance of sharing expertise through national networking to evolve the programme and recruitment. PNAs and RCS Nurses described the need for adequate time to undertake the PNA role and to release nurse for RCS. RCS Nurses identified feeling restored, reinvigorated and more confident after RCS.

Discussion:

The support of experienced nurses (PNAs) in practice helps nurses feel valued and empowered; in some cases, RCS is enabling nurses, who might otherwise leave the profession, to stay. The programme has opened opportunities for nurses to engage in further study and development. These factors are important in the context of a global workforce retention crisis.

References

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Lead Presenter Biography

Liz Lees-Deutsch

Liz is employed in a joint academic and clinical role at Coventry University and University Hospitals Coventry and Warwickshire NHS Trust in the recently developed Centre for Care Excellence.

For the past year Liz has led a team of researchers at Coventry University to evaluate the national professional nurse advocate programme on behalf of NHS England. Liz is a keen supporter for the development of nurse's capability and capacity to undertake research in practice settings. She also works in practice and, to date, has a 33 year career in nursing.

6.2 Quality standards / improvement

National data collection in subarachnoid haemorrhage – an exemplar for other rare diseases

Friday, 8th September - 09:10: 6.2 Quality standards / improvement - Oral - Abstract ID: 330

Mrs. Louise Dulhanty (Manchester Centre for Clinical Neurosciences, Salford Care Organisation, Northern Care Alliance), Ms. Lesley Foulkes (The Wessex Neurological Centre, University Hospital Southampton NHS Foundation Trust), Ms. Charlene Campbell (Lancashire Teaching Hospitals NHS Foundation Trust), Ms. Emma Jones (University Hospital of Wales, Cardiff and Vale University Health Board), Ms. Beverly Tumelty (University Hospital of Wales, Cardiff and Vale University Health Board), Ms. Catherine Lamb (Oxford University Hospitals NHS Foundation Trust), Ms. Maria Charles (North Bristol NHS Trust), Ms. Danielle Kelly (North Bristol NHS Trust), Ms. Rosalind Taylor (North Bristol NHS Trust), Ms. Teresa Fitzpatrick (Barking, Havering and Redbridge University Hospitals NHS Trust), Ms. Naomi Sherwin (Leeds Teaching Hospitals NHS Trust), Ms. Deirdre Coffey (Belfast Health and Social Care Trust), Ms. Karen Briggs (NHS Lothian), Ms. Tina Stephen (University London College Hospitals NHS Foundation Trust), Ms. Victoria Merralls (The Wessex Neurological Centre, University Hospital Southampton NHS Foundation Trust), Mr. Hiren Patel (Manchester Centre for Clinical Neurosciences, Salford Care Organisation, Northern Care Alliance), Mr. James Galea (University Hospital of Wales, Cardiff and Vale University Health Board), Ms. Bethany Jones (University College London Hospitals NHS Foundation Trust), Ms. Jane Rowland (The Wessex Neurological Centre, University Hospital Southampton NHS Foundation Trust)

Abstract

Introduction: Spontaneous subarachnoid haemorrhage (SAH) is a rare disease which affects 8:100,000 people in the UK each year. The management of SAH patients is complex and requires multidisciplinary input. In 2011 our collaboration of specialist nurses and clinicians created a disease specific national database relating to the care and outcome of SAH patients, for bench marking, audit and research purposes.

Aim: The aim of this study is to describe the process, quality, and utility of specialist nurse - led data collection over a decade

Methods: A descriptive study of prospectively collected observational data on SAH patients admitted to fifteen UK and Ireland neurosurgical centres. An early method of data collection using spreadsheets to submit non-identifiable patient data was superseded by a Microsoft SQL driven web database. Data collected by specialist nurses relates to patient demographics, haemorrhage severity, timings of referral, admission and treatment, treatment modality, complications and outcome at discharge and 3 months.

Results: Over 10 years, data on 14,815 patients was collected. Overall data completion was high throughout the study period (88 – 97% across 14/15 data points). Data relating to outcome at 3 months initially had the lowest overall rate of data completeness, although this improved from 54% to 86% over time

Conclusion: Disease specific specialist nurses a are well-placed, experienced, and effective in collecting consistent, high-quality data which can be utilised in audit, bench marking, and research of rare diseases.

Lead Presenter Biography

Louise Dulhanty

Louise is a Consultant Nurse caring for patients after subarachnoid haemorrhage (SAH). Alongside her clinical role she has an active research interest. Following her study of the ongoing needs of subarachnoid haemorrhage patients, she has been awarded Manchester Academic Health Science Centre (MAHSC) and National institute for Health and Care Research (NIHR) funded time to develop an intervention aimed at improving life after SAH. She is co-chair of the British Neurovascular Nurses Group, co-creator and administrator of the UK and Ireland SAH database and contributed to the recently published National Institute for Health and Care Excellence (NICE) SAH guidelines.

C-Change: Reducing catheter related healthcare associated infections through engaging nurses.

Friday, 8th September - 09:45: 6.2 Quality standards / improvement - Oral - Abstract ID: 88

Prof. Val Wilson (Prince of Wales Hospital, Randwick Sydney), Ms. Karen Tuqiri (Prince of Wales Hospital, Randwick Sydney), Ms. Jo-Anne Vidal (Prince of Wales Hospital, Randwick Sydney), Ms. Nicole Pesa (Prince of Wales Hospital, Randwick Sydney)

Abstract

Introduction

Healthcare Associated Infections (HAIs) are among the most common and costly complications affecting patients in Australian hospitals (Mitchell et al 2017). Currently, HAIs such as Staphylococcus aureus bacteraemia's (SABs) are trending upwards to their highest rates. Local data show that peripheral intravenous catheters (PIVCs), central venous access devices (CVADs) and urinary catheters (IDCs) are major contributors to these events. This study aims to reduce preventable HAIs caused by these devices across a major hospital in Sydney using evidence-based bundles (Pronovost et al 2006; Giles et al 2019).

Methods

This ethically-approved study uses a multi-phase pragmatic action-research (PAR) approach consisting of three cycles one targeted at each device. Each cycle aimed at rapid change over a 2-month period with subsequent cycles building upon the knowledge and outcomes of the previous cycle. Evidence-based care bundles targeting insertion, maintenance and removal practices for each device (developed and endorsed with staff) are being implemented across six wards. Each ward recruited change facilitators from nursing leadership and ward staff to help implement the change. Bundle compliance and ward engagement are measured, and pre- and post-intervention and HAI rates will be compared.

Results

Three wards have completed one cycle (PIVC use). Six wards are commencing cycles targeted at IDC use, this will be completed by May. To date audit results (bundle compliance) are generally trending towards improvement across insertion, maintenance and removal practices. In the pre-intervention period, a total of 19 SABs events occurred (2 attributed to PIVC use) and (17 attributed to IDC use). In this presentation we will report on Post-intervention SABs across six wards.

Conclusions

Preliminary results suggest use of evidence-based bundles may result in improvements in adherence to device-related practice guidelines. Such interventions engage nursing staff in change and may present simple, cost-effective pathways to help shape healthcare and advance nursing.

References

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Lead Presenter Biography

Professor Val Wilson

Val Wilson is Professor of Nursing at Prince of Wales Hospital in Sydney and Professor of Person Centred Care at the Ingham Institute in NSW, Australia. She has been a Nurse for over 43 years and a researcher for over 25 years. Her main research focus is on building research capacity of nurses and midwives, and in person centred practice and quality and safety research. She uses action orientated mixed methods approaches that engage staff in investigating and improving their practice. She is currently supervising 12 PhD candidates.

Reducing the Prevalence of Pressure Injury in Intensive Care Unit

Friday, 8th September - 10:20: 6.2 Quality standards / improvement - Oral - Abstract ID: 225

Mrs. karishma samir (Croydon University Hospital), Ms. Syamaladevi Shanmugam (Croydon University Hospital), Mr. Timothy Kuhn (Croydon University Hospital), Mr. Jerry Igbinoba (Croydon University Hospital), Mrs. Reena Khade (Croydon University Hospital)

Abstract

Background/Aims:

Pressure injuries (PI) are an injury to the skin and underlying tissue. They can range from mild reddening of the skin to severe tissue damage. Intensive care unit (ICU) patients are at high risk of developing pressure injuries and it can increase their length of stay in the unit. The prevalence of PIs in our ITU had been quite significant from June-October 2022. Based on such high prevalence, we undertook a quality improvement project (QIP) working towards reducing the prevalence of pressure injury in ITU.

Methods:

We started the Quality improvement project by establishing the pressure injury prevention team. The team members were nurses working in ITU. An audit tool was made to record the unit acquired pressure injuries and to understand the factors related to high prevalence.

Results:

Data Analysis was carried out and as per the audit results, following factors were linked to the high prevalence of pressure injuries; Lack of education and knowledge about PI (types and categories), ineffective risk assessment and moisture management, patients not being turned frequently, lack of required dressings, in-consistency in the way pressure injuries are documented and handed over and lack of multidisciplinary involvement. Based on these findings individual and group teachings and demonstrations were carried out. Also some dressings were introduced as proactive measures. After the implementation of Project we have seen a significant drop in unit acquired pressure injuries.

Conclusions:

Hospital-acquired pressure injuries occur in 3%- 34% of hospitalized patients worldwide and result in adverse outcomes. With hard work and dedication to high quality care these injuries can be prevented. The pressure injury prevention team is undertaking continuous teaching and surveillance to keep the numbers of PI in our ITU low to 0.

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Lead Presenter Biography

Syamladevi, Shanmugam

Syamladevi has been working as a Critical care Nurse for over 20 years. She has worked in various bedside and managerial capacities and is currently working as Senior Charge Nurse in Critical Care Unit at Croydon University Hospital. She is passionate about providing evidence-based, high quality care to her patients. She has expertise in Pressure injury management, clinical nursing, patient-centred care and team building. She constantly strives for innovation and excellence.

6.3 Mental health

Human Henge: Impact of Neolithic healing landscapes in mental health and well-being

Friday, 8th September - 09:10: 6.3 Mental health - Oral - Abstract ID: 214

Prof. Vanessa Heaslip (Salford University), Prof. Timothy Darvill (Bournemouth University)

Abstract

Throughout history there have been links between mental illness, the environment and cultural landscapes in aiding recovery in patients. However, as clinically based approaches to mental health gained popularity then the focus on environment and landscape as therapeutic tools declined. Recently there has been a re-emergence of interest in the benefits of cultural landscapes and historical artefacts on mental health and wellbeing (Heaslip et al., 2020; Darvill et al., 2018), yet the empirical examination as to the health benefits of these interventions to date have been limited.

This paper reports upon a multi-disciplinary project of health, arts and archaeology (Human Henge), in which people living with mental illness were involved in an innovative, cultural heritage therapy programme over 12 weeks at the Neolithic site of Stonehenge in Wiltshire, UK. The impact that had on people's mental health and well-being was formally evaluated using a mixed methods approach including questionnaires (Shortened Edinburgh Warwick Scale, Personal Wellbeing Index; and the EQ-5D-5L measure of health-related quality of life) and qualitative focus groups. Data was collected at numerous time points including baseline, 5 weeks into the project, at the end of the project, and 6 months post project. Quantitative data was analysed using statistical analysis and qualitative data through thematic analysis. This paper presents both the project and the findings, highlighting how a creative exploration of historic landscape can achieve measurable mental health and well-being outcomes for people living with mental health conditions.

References

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Lead Presenter Biography

Professor Vanessa Heaslip

Professor Vanessa Heaslip is a Professor of Nursing and Healthcare Equity at Salford University. Her research interests are in communities who experience health inequity and social exclusion and whose voices are not traditionally heard in the academic and professional discourse.

Professor Heaslip has numerous publications including book contributions, journal articles (professional and peer reviewed), editorials and discussion papers. She has received numerous awards and prizes including; Burdett Trust Hero (2022), International Council of Nursing Global Nurse Leadership Scholar (2021), UK Woman of the Year (2019), Florence Nightingale Travel Scholar (2016) and the BU Postgraduate Research Prize (2015).

Impression management in the presentation of self to specialist gender services

Friday, 8th September - 09:45: 6.3 Mental health - Oral - Abstract ID: 259

Dr. Katrin Lehmann (Belfast Health and Social Care Trust)

Abstract

Background: Demand for treatment for gender dysphoria has greatly increased over the past decade but has also become a highly contested issue. Getting access to treatment is challenging for most people and presenting oneself as an 'authentic' gender dysphoric patient is difficult. Nurses are part of the journey for many transgender individuals. The study examined the impression management strategies used by treatment-seeking adolescents and adults in NI as part of the wider lived experience of participants.

Aims: GIFTS (Gender Identity- Finding and Transforming Services) is a mixed methods study focused on understanding the lived experiences of adolescents and adults with gender related distress in Northern Ireland (NI). To examine those experiences the study explored how individuals present themselves to services and how they experience adolescent and adult gender services.

Methods: In-depth unstructured interviews with 26 people attending specialist gender services in Northern Ireland and a community sample of 14 transgender people not involved with specialist gender services. Data was collected between 2018 and 2019.

Results: Thematic data analysis highlighted the profound mistrust of transgender patients towards clinical services. Participants reported difficulties in sustaining impression management and camouflaging strategies during their presentation to services. Such strategies created additional psychological distress.

Discussion: Impression management and camouflaging strategies are only partially helpful for participants in accessing gender affirming services. The use of these strategies in presenting an idealised self means that participants are unable to have their mental health needs met while being at risk of accessing interventions which are not in keeping with their authentic selves.

Conclusions: Nurses need to be aware that some treatment seeking individuals feel the need to present an idealised version of their gender identity to be recognised and treated. This is not to deceive, but is based on mistrust and a power imbalance between them and clinicians.

References

Lehmann, K., Rosato, M., McKenna, H. and Leavey, G., 2021. Dramaturgical Accounts of Transgender Individuals: Impression Management in the Presentation of Self to Specialist Gender Services. *Archives of Sexual Behavior*, *50*(8), pp.3539-3549.

Lead Presenter Biography

Dr Katrin Lehmann

Katrin is the Consultant Nurse CAMHS & Emotional Wellbeing in the Belfast Health & Social Care Trust with extensive experience working in child & adolescent mental health services as clinician and team lead. Prior to her current post, she was the lead nurse in the gender identity development service in Northern Ireland. Katrin is also an academic, completing a Public Health Agency NI funded clinical research study for her PhD in 2020. Katrin has published a number of papers in relation to autism and gender variance.

Courage, Camaraderie and Compassion: A qualitative exploration into UK Military Veterans' experiences of Self-Compassion within the context of Alcohol Use Disorders and Recovery

Friday, 8th September - 10:20: 6.3 Mental health - Oral - Abstract ID: 307

Ms. Lisa Barrington (Manchester University NHS FT), Dr. Joseph Keenan (Manchester Metropolitan University), Dr. Amy Bland (Manchester Metropolitan University)

Abstract

Introduction Military veterans are at increased risk of mental health and alcohol use disorders; experiencing specific challenges such as combat exposure and civilian re-integration which may contribute to treatment barriers (Kiernan et al., 2018). Such disorders may be exacerbated by experiences of shame and mitigated by Self-Compassion, which can be learned and developed (Steen et al., 2021). Despite international pledges to improve healthcare pathways, research indicates healthcare professionals, including nurses, often felt ill-prepared to support veterans, contributing to perceived stigma, isolation, mistrust, and illness recognition (Finnegan et al., 2017).

Aim This study explored how UK veterans understand Self-Compassion within the context of their relationships with alcohol and recovery.

Method Interpretative phenomenological analysis (IPA) was used to interpret experiences of five military veterans. Following ethical approval (Ethos 39777, 2022), hermeneutic interpretation of transcribed semi-structured interviews explored meaningful issues which influenced participants' self-perceptions in relation to their alcohol use and wider social world.

Results Two key themes were identified. 'Searching for Safety', illustrated veterans' Self-Compassion sense-making within the context of their evolving lifeworld and alcohol use, and 'Healing with Honour' reflected the significance of purpose and identity within experiences of recovery and Self-Compassion.

Discussion Findings identified Self-Compassion as salient within veterans' experiences of alcohol use and recovery. Although sometimes perceived as challenging or incongruent to military identity, Self-Compassion was impacted by positive reframing, meaning-making, compassionate narratives, and trusted relationships.

Conclusions This research contributes to the limited knowledge base around veterans' experiences of alcohol use and recovery. Saliently, support-seeking may be impacted by veterans' Self-Compassion experiences and enhanced by the early implementation of acceptable and feasible interventions which draw upon veterans' military identities and experience. Healthcare services may benefit from educational interventions which support healthcare professionals understanding of military experience and culture, alongside an offering of Compassionate Mind Training and peer support.

References

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Lead Presenter Biography

Lisa Jane Barrington

A Clinical Nurse Specialist and Associate Lecturer, Lisa delivers holistic care, education and service development to improve patient experience and address stigma around alcohol-related harms. As a former Veterans' Substance Misuse Nurse, completing an MSc Psychological Wellbeing (distinction) enabled Lisa to combine research interests in alcohol and military mental health, driven to improve psychological wellbeing in acute healthcare. During her Critical Care experience, Lisa co-developed a nurse-led intervention to identify and ameliorate risk factors for ICU-related PTSD, presented at the 2019 BACCN conference, alongside Critical Care Nursing PGCert (distinction) completion. She also enjoys karate, guitar, dressmaking, and watching U13 football.

6.4 Primary and community care

An integrative literature review to explore the perceptions and experiences of community nurses and patients about participation in decision-making in the home setting

Friday, 8th September - 09:10: 6.4 Primary and community care - Oral - Abstract ID: 263

Ms. Katie Mills (Oxford Brookes University), Dr. Helen Aveyard (Oxford Brookes University), Dr. Lucy Mcgeagh (Oxford Brookes University), Dr. Marion Waite (Oxford Brookes University)

Abstract

Background

The importance of involving the person in decision-making is well established within nursing practice. Shared decision-making is grounded in the ethical principles of autonomy and self-determination together with informed consent and is fundamental to person-centred care (McCormack and McCance, 2016). While the rationale for patient involvement in decision-making is undisputed it remains unclear how this involvement takes place. Gaining insight into the perceptions and experiences of patients and community nurses in the home setting may enable more support for nurses to facilitate sharing of decisions with patients.

Aims

This integrative literature review aims to explore the perception and experiences of community nurses and patients about participation within decision-making in the home setting.

Methods

In line with Whittemore and Knaffl's (2005) integrative review methodology a systematic search of electronic databases was undertaken. Studies published between January 2001 to 5th December 2022 were identified using defined inclusion criteria and appraised. Data was analysed using reflexive thematic analysis (Braun and Clark, 2022).

Results

14 papers consisting of 13 research studies were included. Overall patients attached great importance to their right to be involved in decision-making and noted feeling valued as a unique individual. Trust between the patient and nurse was fundamental. Community nurses perceived assessment, negotiation and information giving as important in enabling patient participation in decision-making. However, they also described a tension in managing patients' involvement in their care.

Conclusion

The findings demonstrate that while patients and community nurses value participation in decision-making within the home setting there are challenges to a shared process. This is particularly the case when there are different perspectives on the decision being made. More research is needed to gain further understanding of the way in which shared decision-making plays out in practice and to understand the tensions that nurses and patients may experience.

References

Braun, V. and Clarke, V. (2022) *Thematic analysis: a practical guide*. London: Sage.

McCormack, B. and McCance, T. (2016) *Person Centred practice in nursing and healthcare: theory and practice*. Chichester: Wiley Blackwell.

Whittemore, R. and Knaffl, K. (2005) The Integrative Review: updated methodology. *Journal of Advanced Nursing*. 52 (5) 546 – 553.

Lead Presenter Biography

Ms Katie Mills

Katie Mills is Senior Lecturer in Nursing at Oxford Brookes and Subject Co-ordinator for the District Nursing Programme.

Katie is a fourth year DNurs student at Oxford Brookes University and her doctoral research is a focused ethnography study exploring the decision-making process that takes place between the person with long-term conditions and the community nurse in the home setting.

Katie is a District Nurse Specialist Practitioner and prior to moving into nursing education worked as a DN team leader in South London.

Katie become a Queens Nurse in 2020 and is a member of the Association of District Nurse Educators.

Embedding research into a GP practice in North Wales

Friday, 8th September - 09:45: 6.4 Primary and community care - Oral - Abstract ID: 323

Mrs. Charley Rutter (West End Medical Centre), Mrs. Lucie Parry (West End Medical Centre), Ms. Stella Wright (Betsi Cadwaladr University Health Board)

Abstract

The employment of two advanced nurse practitioners (ANP) with significant research experience had initiated the development of a research focus in a previously naïve primary care practice within North Wales. The poster will outline how research was embedded in the practice; engaging a range of health professionals to be involved through increasing knowledge and delivery of clinical research. The NHS Wales planning framework (2019) highlights that organisations that are research active can achieve better outcomes for patients. The practice has been well supported with the development of a research portfolio by Betsi Cadwaladr University Health Board (BCUHB) Primary Care Academy, BCUHB Research and Development, Health and Care Research Wales Support and delivery centre.

A survey distributed to the practice clinical team found that staff had understanding of the importance of research and recognised the benefits of being involved, although they did not understand their individual role within research delivery. The main focus of engaging other health professionals was to create an environment that research is integrated into routine practice and not viewed as additional work to an already pressured workload. Health and Care research Wales (2022) suggests that NHS organisations and all staff have a significant role to inform people in Wales the opportunity to be involved in research; with primary care practice being a fundamental environment to gain participates.

There have been multiple challenges such as; engagement, attitude, space and resources. Despite the challenges, the practice have successfully created a research team that consists of eight health professionals are now actively involved in the research portfolio of two studies open to recruitment and six in set-up. The completion of training indicates the level of commitment that health professionals have in a shared vision of being able to offer patients of the practice the opportunity to be involved in research.

References

Health and Care Research Wales (2022). *Research matters: our plan for improving health and care research in Wales.* Cardiff: Health and Care Research Wales.

Welsh Government (2019) *NHS wales planning framework 2020/23.* Cardiff: Welsh Government.

Lead Presenter Biography

Lucie Parry

Lucie is an Advanced Nurse Practitioner specialising in Paediatrics working in West End Medical Centre. She joined the practice in 2021, having spent five years elsewhere in primary care.

Before this, Lucie was a Research Nurse and Network Manager in North Wales for many years.

Research has always been a crucial element of Lucie's nursing role alongside her clinical practice. She is an advocate of giving patients increased choice and opportunities to be involved clinical research.

“It would help if... professionals could understand what difficulties big people have”. A qualitative study of the experiences of people with severe obesity who use community health and social care services.

Friday, 8th September - 10:20: 6.4 Primary and community care - Oral - Abstract ID: 439

Ms. Kath Williamson (School of Medicine, Dentistry & Nursing, University of Glasgow, Glasgow, UK,), Prof. Mike Lean (School of Medicine, Dentistry & Nursing, University of Glasgow, Glasgow, UK,), Dr. David Blane (University of Glasgow)

Abstract

Introduction

Evidence indicates growing demand on community health and social care services by people with severe obesity (BMI ≥40 kg/m^2). The experience of people using such services is largely unexplored.

Methods

Community-dwelling people with severe obesity in receipt of community health and social care services were recruited via community professionals and visited at home between February 2020 - December 2020. Participants consented to individual, audio-recorded, semi-structured interviews, which were transcribed and analysed thematically. Required Caldicott and ethical approvals (University of Glasgow Project Number 200180200) were obtained.

Results

Nine women and three men (n=12) participated, aged 40-76 (mean 60) years, BMI ranged from 45-74 (mean 59) kg/m^2, nine were housebound. Three overarching themes were identified. Firstly, the hidden struggles of living with a larger body affected all participants, including functional limitations impacting mobility and intimate personal care. These contributed to feeling stuck physically, socially, and biographically, partially due to poor treatment options. A second theme found explicit weight bias was commonly, but not universally, denied. However, most participants related implicit weight bias by care systems structurally unprepared to care for people with severe obesity. The majority of participants showed strong internalised weight bias, linked to shame and self-blame for their poor function and larger bodies. Thirdly, a day-to-day coping theme highlighted strategies used by participants, namely resigned acceptance, avoidance and denial, exercising choice, and support from informal carers.

Conclusions

Participants experienced unmet physical and psychological care needs associated with their larger bodies, leading to poor quality of care and life. Care services need to ensure equitable and effective care for people with severe obesity.

Recommendations include staff training about functional limitations and improving access to person-centred, health-focussed weight management that addresses internalised weight bias.

References

BRAUN, V. & CLARKE, V. 2022. *Thematic analysis: a practical guide,* London, SAGE Publications Ltd.

FARRELL, E., HOLLMANN, E., LE ROUX, C. W., BUSTILLO, M., NADGLOWSKI, J. & MCGILLICUDDY, D. 2021. The lived experience of patients with obesity: A systematic review and qualitative synthesis. *Obes Rev,* 10, e13334.

PARKINSON, M. & THOMPSON, J. 2021. An exploration of the challenges of providing person-centred care for older care home residents with obesity. *Health Soc Care Community,* 30, e1112-e1122.

Lead Presenter Biography

Kath Williamson

Kath is a nurse clinical academic based in NHS Lothian, Edinburgh. Her experience as a District Nurse led to her mixed-methods PhD study at the University of Glasgow, exploring care of people with severe obesity in the community, particularly those who are housebound. She has expertise in community health and social care data, bariatric care, weight management and community nursing. She is passionate about improving care for people with bariatric care needs.

6.5 Research Policy

Multiprofessional perceptions of clinical research delivery and Clinical Research Nursing: Exploring the interface between clinical service delivery and clinical research delivery in the NHS

Friday, 8th September - 09:10: 6.5 Research Policy - Oral - Abstract ID: 121

Dr. Linda Tinkler (The University of Sheffield), Prof. Angela Tod (The University of Sheffield), Dr. Steve Robertson (The University of Sheffield)

Abstract

Introduction & Background

Clinical research activity generates multiple health benefits. Resistance/avoidance at the interface between research delivery and clinical service delivery may affect the success of research. Little is known about how those practicing alongside, yet outwith clinical research teams, view research delivery and the Clinical Research Nurse role.

Methods

A realist review was undertaken to first generate theories about the interface between research delivery and clinical service delivery. A group concept mapping (GCM) phase then tested one theory by asking Nurses, Midwives and AHPs outwith research teams about their role in relation to the delivery of research. Participants sorted views thematically before considering their likelihood of generating resistance/avoidance behaviours and importance to address.

Results

The realist review generated 13 programme theories, one was tested in the GCM phase. 32 Participants responded to an open-ended statement. 19 sorted and rated the dataset. Analysis produced a set of visual maps made up of 99 unique statements sorted into 6 conceptual clusters 1.“*We value & understand the importance of research”, 2.“How it should be & how we could work together”, 3.“Behaviours, beliefs & missed opportunities*”, 4.“*Dissonance & disengagement”, 5.“Time & capacity affects our ability to engage” and 6.“I keep thinking of ways to facilitate research as everyone’s business but it is hard”.*

Three clusters were rated most likely to generate resistance/avoidance behaviours (3,4,5), two rated most important to address (2,5).

Conclusion

A range of contextual factors are likely to generate resistance/avoidance behaviours. Eliciting the views of participants practicing outwith research delivery structures enabled new perspectives to be heard. Participants expressed a desire for time to engage with research and increased opportunities for those outwith clinical research delivery to be involved with supporting studies. Improved communication between clinical research delivery teams and clinical service delivery was considered pivotal to the success of research.

References

1. 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.

Lead Presenter Biography

Linda Tinkler

Linda’s role involves all aspects of Research Capacity and Capability building for Nurses, Midwives and AHPs. Linda joined the NHS as a Healthcare Assistant in 1998, qualifying as a nurse in 2003. Linda’s PhD used a mixed methods approach to explore behaviours at the interface between clinical research delivery and clinical service delivery. This was funded by the RCN Strategic Research Alliance with the University of Sheffield School of Nursing & Midwifery. Linda is a qualified leadership coach, interested in leadership and culture in the NHS, a Florence Nightingale Foundation Scholar and an NIHR 70at70 Senior Nurse Research Leader.

What helps or hinders UK nurses to lead research: cross-sectional survey of nurse lead-investigators

Friday, 8th September - 09:45: 6.5 Research Policy - Oral - Abstract ID: 193

Dr. Barbara Farquharson (University of Stirling)

Abstract

Background

There have been recurring initiatives to increase nurse research capability in the UK but little robust evaluation of long-term effectiveness. More nurses are undertaking doctorates, yet few lead major funded projects. Previous research has identified reasons but to date the perspectives of nurse lead-investigators themselves have not been examined.

Aim

To explore the perceptions of nurse lead-investigators about what has helped or hindered them to lead funded research projects

Methods

Lead-investigators of all research projects funded by NIHR, CSO, MRC or ESRC (1 Apr 2017 –Sept 2022) were identified (publicly-available data). University profiles of lead-investigators were screened to identify nurses. Entire population approached, no sample-size calculation required. Participants completed online survey (5 open questions), descriptive analysis main themes. University ethical approval: 10962

Results

A total of 65 nurse lead-investigators were identified: ESRC (n=5), MRC (n-7), CSO (n=3) NIHR (n=51), 36 (55%) completed the survey between 20/12/22 and 17/2/23. Participants identified *Building (multi-disciplinary) collaborations* and *Mentorship* as having been most important to their success. *High-quality mentoring* was also identified as most important in helping novice nurse-researchers become leaders. Participants highlighted the critical importance of being supported by individuals with a *track record of funding success* and benefit to being situated in *research-supportive environments*. *Lack of career pathway/infrastructure* and being unable to pursue research due to *competing clinical/teaching priorities* were identified as having been most unhelpful to this group AND the most common reasons provided for peers not proceeding to lead research. Other barriers: financial disincentives; unsupportive/obstructive nurse colleagues and perceived unequal playing-field.

Conclusions

Ensuring access to mentors with an established track record an important component of schemes to increase research capability in nurses. Funded, protected time for research and a career structures that reward the significant skill development required to succeed in competitive, multi-disciplinary funding arena likely to be critical.

Lead Presenter Biography

Barbara Farquharson

Barbara Farquharson is a Senior Research Fellow in the NMAHP Research Unit, University of Stirling. She is currently funded by the British Heart Foundation as a NMAHP Career Development Fellow. Her research applies behavioural science to address important clinical issues in cardiac care - patient delay with symptoms of heart attack and low rates of CPR in out-of-hospital cardiac arrest. This project was undertaken as part of Florence Nightingale Foundation Leadership Scholarship

6.6 Acute and critical care / Leadership and management

A review of the impact of the Covid pandemic on the provision of urgent and emergency care across hospitals in the Northwest of England

Friday, 8th September - 09:10: 6.6 Acute and critical care / Leadership and management - Oral - Abstract ID: 60

Mrs. Kelly Bishop (Midlands and Lancashire Commissioning Support Unit)

Abstract

Aim

The review aim was to provide insight into what unfolded within hospital urgent and emergency care pathways over the pandemic period; identifying best practice, making recommendations for future waves, and to inform Emergency Department recovery.

Method

A team including four experienced nurses analysed over 5000 lines of activity data covering the period of late 2019 to late 2021. This was followed by 21 observational site visits (March-July 22) involving clinical pathway walk-throughs and over 150 interviews with front line staff.

Findings

Emergency Department performance was on a downward trajectory ahead of the pandemic. Covid gave a temporary reprieve and Emergency Department staff report much better working conditions. During the 12 months of March 20 - March 21 seven scenarios began to evolve, the impacts masked by the improved Emergency Department performance creating a ‘perfect storm’ once near normal activity recommenced.

1. Patients in the Emergency Department are waiting longer for admission due to lack of flow though the assessment units and to speciality wards
2. There is an increased proportion of patients admitted via the Emergency Department rather than direct admission pathways
3. Patients no longer present with just acute illness but illness with underlying physical deconditioning
4. The need to Covid test before admission and follow separate red and green pathways meant that the ‘right’ bed was often not available
5. Average non-elective length of stay has increased to well above pre-Covid levels
6. Not all beds are available to emergency admissions, and Infection Prevention and Control requirements have meant capacity pressures are experienced at lower occupancy levels
7. The size, layout and flow of the Emergency Departments and wider estate impacts on the ability of Trusts to provide timely care for patients

Recommendations

Recommendations common across the three Northwest system footprints are presented alongside identifying differences due to individual geographies, demographics, and infrastructure.

Lead Presenter Biography

Kelly Bishop

Kelly Bishop MSc, PG Cert, BA (Hons), RN (adult)

A senior nurse and RCN member with significant clinical, operational and strategic NHS experience Kelly is an Assistant Director of Nursing and Urgent Care for the Midlands and Lancashire Commission Support Unit (MLCSU).

The Urgent and Emergency Care (UEC) team provides specialist clinical and analytical advice, insight, and support in various domains across systems including key strategic, tactical, and operational forums. The team act as an enabler to improve urgent care pathways, support evidence-based understanding and decision making, and provide insight, assurance and updates to providers, integrated systems, and regions.

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

Friday, 8th September - 09:45: 6.6 Acute and critical care / Leadership and management - Oral - Abstract ID: 26

Dr. Tony Conner (Northumbira University)

Abstract

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

Background

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

Aims:

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

Method

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

Results

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

Discussion/Conclusion

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

Conclusion

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

References

Gopee, N & Galloway, J. (2017). *Leadership and Management in Healthcare*. London: Sage.

Huston, C. (2008). Preparing nurse leaders for 2020. *Journal of Nursing Management*. 16, 905-911.

Stanley, D. (2019). *Values-based Leadership in Healthcare: Congruent Leadership Explored*. London: Sage Publications.

Lead Presenter Biography

Tony Conner

My experience within nursing extends mainly to critical care, however, I have undertaken the role as a Matron and Training and Development Coordinator. But my love has always revolved around education. I started teaching in higher education in 2004 at the university of Teesside, before moving onto Northumbria University. I am now an Assistant professor and Programme Lead for a BSc (Hons) degree for nursing students in Malta. My research interests lie simulation, leadership, organisational culture. I have a PhD which focussed on leadership and organisational culture enabling me to bring this expertise to the class room.

6.7 e-Health

Designing a mobile application for complex congenital heart disease. A quality improvement project

Friday, 8th September - 09:10: 6.7 e-Health - Oral - Abstract ID: 231

Dr. Kerry Gaskin (University of Worcester), Dr. Christopher Bowers (University of Worcester), Dr. Jo Wray (Great Ormond Street)

Abstract

Background

Babies with complex heart conditions have their first heart surgery in the first few days of life and require several further stages of surgery. They remain fragile after surgery and in the early weeks after discharge home. The paper based Congenital Heart Assessment Tool (CHAT2[1]) was developed to help parents to monitor their baby's condition at home using a traffic light system to indicate the need for involvement of healthcare professionals, based on the daily monitoring of their baby's condition and behaviour. Evidence gained from parents' forums and studies about CHAT2[1] have highlighted fears about taking sick infants' home from hospital and venturing out into normal life.

Aim To develop a prototype mobile application, that helps parents to make life saving decisions about their baby wherever they are.

Method: This is a six-month quality improvement project, funded by NIHR Invention 4 Innovation FAST

Phase 1 – Focus groups (Sept-Oct 2022) to ascertain parents and healthcare professionals' using CHAT2[1] as a guide, to identify essential functional (e.g. CHAT2[1] parameters) and non-functional (e.g. plain English) requirements to ensure the application meets the everyone's needs.

Phase 2 – Prototype Design and Development (Oct-Jan 2023). The mobile application is being specified, designed, and developed based on the gather requirements, ensuring relevant guidelines on accessibility and usability were met, taking advantage of the commercial human-computer interaction research, mobile application development, and distributed system experience of the team.

Phase 3 – User study (March 2023) to test the prototype mobile application with parents and healthcare professionals to ensure that it meets their needs

Results

The focus groups identified key requirements of parents and healthcare professionals and were used to develop the mobile application. **Results from the user testing being conducted in March 2023 will be presented along with key conclusions emerging about the prototype application**

References

Gaskin, K., Smith, L., & **Wray, J.** (2022). An improved congenital heart assessment tool: A quality improvement outcome. *Cardiology in the Young*, 1-6. doi:10.1017/S1047951122001275, available Open Access https://www.doi.org/10.1017/S1047951122001275

Lead Presenter Biography

Dr Kerry Gaskin

Kerry is an Associate Professor of Nursing with the Three Counties School of Nursing and Midwifery (TCSNM), University of Worcester (2 days/week) and Gloucestershire Hospitals NHSFT (3 days/week). She is Course Leader for the PhD Nursing/Midwifery and Research and Knowledge Exchange Coordinator for the TCSNM. Kerry is a mixed-methods researcher with a particular interest in congenital heart disease, particularly parental home assessment using an early warning tool called the Congenital Heart Assessment Tool (CHAT), to enable parents to identify signs of deterioration in their infant and to make prompt contact with the appropriate health care professional.

Methodological guidance on conducting systematic reviews of commercially available mHealth apps

Friday, 8th September - 09:45: 6.7 e-Health - Oral - Abstract ID: 287

Prof. Dawn Dowding (The University of Manchester), Ms. Norina Gasteiger (The University of Manchester), Dr. Siobhan O'Connor (The University of Manchester), Dr. Gillian Norman (The University of Manchester), Ms. Amy Vercell (The Christie NHS Foundation Trust), Dr. Lisa Mcgarrigle (The University of Manchester), Mr. Syed Mustafa Ali (The University of Manchester), Mrs. Debra Jones (The University of Manchester)

Abstract

Background: There has been an increase in the number of health applications (mHealth apps) designed to be used by individuals via smartphones and other health technologies for various health issues. These apps vary in quality, and there is little guidance on how to perform systematic reviews of commercially available mHealth apps to inform health research and practice.

Aims:

1. To discuss the methodological issues raised when conducting reviews of commercially available mHealth apps.
2. To discuss the implications for nurse researchers.

Methodological Discussion: Using examples from 5 case studies of mHealth app reviews conducted by the authors, we will provide an overview of how a systematic app review differs from more traditional systematic literature reviews. We provide guidance on how to conduct a systematic app review, using a 7-step process and the Target user, Evaluation focus, Connectedness, Health domain (TECH) framework to guide the review question and searching of app stores (Gasteiger et al., 2023). We will also discuss the different approaches that can be used to evaluate mHealth apps using existing tools. This includes the Mobile App Rating Scale (MARS) to evaluate app quality, the IMS Institute for Healthcare Informatics functionality score to assess app functionality and other assessment tools to evaluate app security.

Conclusion: Reviews of mHealth apps are increasingly being conducted by nurses and other health researchers, as a way of informing research evaluations or to provide insights into the design and development of - mHealth apps. It is important that these reviews are conducted using standardised and rigorous methods, so that the results can inform future research and practice, as well as meet the needs of patients, carers, and other users of these mobile health tools.

References

Gasteiger, N., Dowding, D., Norman, G., McGarrigle, L., Eost-Telling, C., Jones, D., et al (2023). Conducting a systematic review and evaluation of commercially available mobile applications (apps) on a health-related topic: the TECH approach and a step-by-step methodological guide. Research Square. https://doi.org/10.21203/rs.3.rs-2647200/v1

Lead Presenter Biography

Dawn Dowding

Dawn Dowding is Professor in Clinical Decision Making, School of Health Sciences, University of Manchester, UK. She is a health services researcher and nurse with expertise in the field of health care decision making and nursing informatics. She is the lead for the Digital Health theme in the NIHR Applied Research Collaboration Greater Manchester, a Fellow of the Faculty of Clinical Informatics (UK) and an elected fellow of the American Academy of Nursing. She is co-Chair of the eHealth forum at the Royal College of Nursing, and UK representative to the International Medical Informatics Association Nursing Group.

Continuous monitoring system and early warning of deterioration in non-critical adult care unit: a scoping review

Friday, 8th September - 10:20: 6.7 e-Health - Oral - Abstract ID: 188

Mr. Jo-Fan Pan (The University of Manchester), Prof. Dawn Dowding (The University of Manchester), Dr. David Wong (The University of Manchester), Mr. Ashley Scott (The University of Manchester)

Abstract

Aim(s)

To identify the evidence related to the usability, cost, and implementation of continuous monitoring systems with early warning of deterioration in non-critical adult care units.

Design

Scoping review

Data Sources

MEDLINE, EMBASE, EMBR, Web of Science, and IEEE Xplore, published before March 2022.

Methods

The review followed the PRISMA Extension for Scoping Reviews (PRISMA-ScR). Titles/abstract and full text screening was conducted by two researchers, guided by eligibility criteria and review questions. Disagreements were resolved with input from a third reviewer. The Mixed Methods Appraisal Tool (MMAT) was used to assess the quality of included studies.

Results:

The search yielded 961 articles, of which 27 were included. Studies explored device feasibility, accuracy, alarming rate, deterioration detection, and impact on nurses. Usability refers to whether a device is useful, usable, and satisfactory. 88.9% (24/27) of studies discussed useful, with 70.8% (17/24) of those showing clinical improvement. Usable was discussed in 55.6% (15/27) of the studies, with 8 studies considering the device usable and 3 studies providing evidence to support its usability. Satisfaction was discussed in 33.3% (9/27) of the studies, with an attitude ranging from neutral to positive. Major reasons impacting usability were skin comfort, false or frequent alerts, battery and Wi-Fi connection, cables limiting, care required removal, and patient noncompliance. Finally, only two articles mentioned the cost, with one providing discussion.

Conclusion:

Continuous monitoring with deterioration alerting is a useful intervention for preventing clinical deterioration. However, there is little research on the effectiveness of different combinations of devices and alerting mechanisms.

Impact:

The study found that continuous monitoring with deterioration alerting is useful for preventing clinical deterioration. However, little research has been conducted on the usability and satisfaction of the system from patient and clinician perspectives.

References

Verrillo, S.C., Cvach, M., Hudson, K.W., & Winters, B.D. (2019). Using continuous vital sign monitoring to detect early deterioration in adult postoperative inpatients. Journal of Nursing Care Quality, 34(2), 107-113.

Watkins, T., Whisman, L., & Booker, P. (2016). Nursing assessment of continuous vital sign surveillance to improve patient safety on the medical/surgical unit. Journal of Clinical Nursing, 25(1-2), 278-281.

Blankush, J.M., Freeman, R., McIlvaine, J., Tran, T., Nassani, S., & Leitman, I.M. (2016). Implementation of a novel postoperative monitoring system using automated Modified Early Warning Scores (MEWS) incorporating end-tidal capnography. Journal of Clinical Monitoring and Computing, 31(5), 1081-1092.

Lead Presenter Biography

Jo-Fan Pan

The author’s research interest lies in the intersection of nursing, health technology, and AI. With a focus on Nursing & Health Informatics, they are interested in exploring how continuous monitor systems and AI can be leveraged to improve patient outcomes and enhance clinician decision-making. Their work seeks to understand the usability and practicality of these technologies, with the ultimate goal of developing more effective and efficient healthcare delivery models. Through their research, they aim to contribute to the growing field of Health Technology and AI, and advance the use of technology to improve patient care.

Abstract winner presenation

The lived experience of care home staff during COVID-19 national restrictions in England: A phenomenological study

Friday, 8th September - 12:00: Abstract winner presenation - Oral - Abstract ID: 35

Prof. Joanne Brooke (Birmingham City University), Mrs. Sandra Dunford (Birmingham City University)

Abstract

Background

In England and Wales 45% of all COVID-19 deaths occurred in care homes (ONS, 2020), which was a direct result of the transfer of patients from acute hospitals (Oliver, 2020). Registered nurses and care assistants cared for older people with COVID-19 in care homes with no training, support, or recognition. The impact on care home staff remains unrecognised and unknown.

Aim

To explore the lived experience of registered nurses and care assistants working in a care home during COVID-19 national restrictions in England.

Methods

An inductive phenomenological study. Eleven care home staff, registered nurses (n=5), care assistants (n=4) and activities coordinators (n=2), working in one of two care homes in West Midlands, England, participated in a semi-structured recorded interview between April to August 2021, audio data was transcribed verbatim and thematic analysis as described by Braun and Clarke (2006) completed.

Results

Four themes were identified ‘unmanageable demand’, due to the implementation of COVID-19 tasks and the withdrawal of external support; ‘a lack of understanding and abandonment’, including a lack of empathy as residents died and withdrawal of external support; ‘camaraderie and vocational pride’, the support of each other and recognition of their work during the pandemic; ‘personal protective equipment challenges’, stress due to the lack of PPE and the impact of PPE on both residents and staff.

Discussion

The impact of working in a care home during COVID-19 restrictions isolated care home staff, increased their workload and supported the development of internal support networks to cope with the new challenges due to the pandemic and national restrictions.

Conclusion:

There remains a need to acknowledge the role of care homes in providing acute care to older people during a pandemic and the development of clinical services to remotely support clinical decisions and the emotional wellbeing of care home staff.

References

Braun V, Clarke V. (2006). Using thematic analysis in psychology. Qualitative Research in Psychology 3(2): 77-101.

Office for National Statistics. (2020). *Deaths involving COVID-19 in the care sector, England and Wales: deaths occurring up to 12 June 2020 and registered up to 20 June 2020 (provisional).* Retrieved 26/02/2022 from Deaths involving COVID-19 in the care sector, England and Wales - Office for National Statistics (ons.gov.uk).

Oliver, D. (2020). David Oliver: Let’s be open and honest about covid-19 deaths in care homes. *BMJ, 369*.

Lead Presenter Biography

Professor Joanne Brooke

Joanne is Professor of Nursing at Birmingham City University, and is Director of the Social Care, Health and Related Research Centre and Chair for the Faculty of Health, Education and Life Sciences Ethics Committee.

Joanne is an experienced researcher and focuses on the support and care of older people and those with dementia in different settings, including acute hospitals, care homes and prisons. Joanne’s research has explored the impact of COVID-19 and the national restrictions on older people and the care they received during national restrictions.

Poster tour A | Mental Health

Poster 1 | Exploring senior mental health nurses' views on research utilisation and conducting research

Friday, 8th September - 13:05: Poster tour A | Mental Health - Poster - Abstract ID: 38

Mrs. Sarah Galloway (South West London Mental Health Trust)

Abstract

Background: Despite a growing interest and involvement in research, the gap between best practice (evidence) and the care given remains significant. Decisions about treatment and care nurses provide should be based on evidence, this 'translation gap' leads to poorer outcomes for patients.

Limited translation of research involve complex range of factors; the individual, organisation and system wide issues. To bridge this gap between evidence and care, the role of middle manager (MM) best described as an under researched area, and a staff group who have the capacity to be both influential and act as potential barriers to research generation and utilisation.

Exploring the experiences and views of MM on how they view research, their personal experiences and the potential they have to influence others helping more nurses generate research or improve evidence based practice (EBP).

Aim: To explore and understand the views of senior mental health nurses role and capacity to influence the conduction of research.

Sampling method: Purposive and convenience sampling

Method: An inductive qualitative explorative study was conducted in an inner-city mental health NHS trust. Semi-structured interviews with twelve nurses were undertaken and analysed by thematic analysis

Analytical approach: best described as an interpretivist paradigm, exploring the human experience

Main findings:

Eighteen subthemes, five broader themes: *'Learning', Leadership', Constraints and demands', Perception', and 'Ownership*".

Discussion: Provides new evidence and insight on the role of MM in research conduction and utilisation within the mental health settings. Adds new evidence to the predominately quantitative understandings in the literature.

Conclusion:

- Transferring research findings to clinical practice appears complex and wider than the individual nurse.
- Inter-professional collaboration may support MM transfer findings into practice
- Nurses need to have research and implementation skills to improve uptake of EBP
- MM an important role, highly valuable and influential; requires investment though to best support others

References

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Lead Presenter Biography

Sarah Galloway

Sarah has 28 years' experience in the NHS as a Registered Mental Health Nurse, with a background of developing new services. She is currently the Quality Improvement and Innovation Manager and Improvement Advisor at SWLSTG.

She has held various clinical roles including Forensics, CaMHS and CMHT’s and as a Lecturer/Practitioner delivering Psychosocial Interventions.
Sarah completed her MSc in Psychiatric and Mental Health Nursing at the University of Newcastle and an MRES from St George’s University, and Honorary Lecturer roles at both Kingston University and Kings College.
Currently a PhD student at Kingston University, researching absorptive capacity in mental health organisations.

Poster 2 | Nurses' experience of racism in forensic/mental health settings through client and family interactions

Friday, 8th September - 13:05: Poster tour A | Mental Health - Poster - Abstract ID: 87

Mr. Anuson Wijayaratanam (Centre for Addiction and Mental health), Dr. Olga Kozlowska (Oxford Brookes University), Ms. Amani Krayem (Oxford Health NHS Foundation Trust), Dr. Satinder Kaur (Centre for Addiction and Mental health), Dr. Cathy Henshall (Oxford Brookes University and Oxford Health NHS Foundation Trust), Dr. Rola Moghabghab (Centre for Addiction and Mental health), Ms. Rebecca Smith (Oxford Health NHS Foundation Trust), Prof. Jane Paterson (Centre for Addiction and Mental Health), Dr. Helen Ayres (Oxford Health NHS Foundation Trust)

Abstract

Background: Nurses (and similar professions) engage readily with patients and families in mental health/forensic inpatient settings. Inpatient settings have instances of workplace violence (WPV) directed toward staff, this includes racism. Racism is a form of WPV that can be better understood and supported within this setting. Completing a systematic review to coalesce preexisting research and suggested interventions can be beneficial to helping nurses.

Aim: Identify the experiences, gaps and interventions in research regarding nursing staff working in forensic and mental health settings in relation to patient/family-initiated racism.

Methods: PRISMA guidelines followed. CINAHL, PsycInfo, Medline, British Nursing Database, and Web of Science databases were searched. Reviewers screened the journals and completed data extraction. Quality appraisal was completed using the Mixed Methods Appraisal Tool. Narrative synthesis is used to summarize findings.

Results: 29 articles out of 7146 were selected for extraction. Racism was not the focus of the majority of included studies, normally under an umbrella term (i.e. verbal abuse, workplace violence). If exposed, evidence indicates racism is a problem but not always acknowledged/acted upon. Some evidence shows racism leads to adverse work-related outcomes. Literature provides limited examples of interventions. These include changing staff education/orientation, openly discussing racist events and planning amongst colleagues/management for patients regarding their care.

Discussion: How racism was conceptualized impacted how data was collected, reported, and interpreted; racism was silenced or exposed depending on how studies were undertaken. Research regarding racist experiences for nurses in a mental health/forensic field can be challenging and region dependent. Challenges can be mitigated through researchers using trauma-informed research approaches when designing/conducting studies. Organizations must recognise racism and its implications on the workforce to ensure nursing accountability and wellness.

Conclusion: Increasing diversity within nurses should be followed with more research into exploring and addressing issues related to racism to ensure better outcomes.

Lead Presenter Biography

Anuson "Andy" Wijayaratnam

Credentials: RN, BSc(Biology), MSc(HQ), CPMHN

As a Concurrent Disorder Specialist with the Psychosocial Rehabilitation Assertive Community Treatment Team at Providence Care Hospital. Andy works to support clients in the community who experience mental health and substance use obstacles in Kingston, Ontario. Previously worked in inpatient supportive roles as an Advanced Practice Lead and Clinical Educator at the Centre for Addiction of Mental Health in Toronto, Ontario. Andy strives to improve the care of clients in the mental health sector and to better supports healthcare workers in fulfilling their duties and feeling satisfied in their roles.

Poster 3 | RIEVA: Evaluating the impact of participating in clinical research within a mental health organisation.

Friday, 8th September - 13:05: Poster tour A | Mental Health - Poster - Abstract ID: 222

Dr. Bonnie Teague (Norfolk and Suffolk NHS Foundation Trust,), Ms. Louise McCarthy (Norfolk and Suffolk NHS Foundation Trust,), Mrs. Claire Rischmiller (Norfolk and Suffolk NHS Foundation Trust,), Mrs. Kathryn Janes (Norfolk and Suffolk NHS Foundation Trust,), Mrs. Kayte Rowe (Norfolk and Suffolk NHS Foundation Trust,), Mrs. Zoe Inman (Norfolk and Suffolk NHS Foundation Trust,), Ms. Izobel Clegg (Norfolk and Suffolk NHS Foundation Trust,)

Abstract

Background: Previous research has found that participating in clinical research has positive impacts on bed days and mortality in acute care trusts (Ozdemir, 2015). However, little is known about the impact of research in mental health and dementia services on individuals.

Aims and Method: The aim of the evaluation was to understand the experiences of taking part in mental health research, and explore perceptions of the impact that research participation had on people's personal or professional lives. We interviewed 8 former service user-carer research participants and 10 healthcare professionals involved as research investigators within an NHS mental health organisation. Participants were sampled to represent diversity of demographic and study design characteristics. Interviews were semi-structured and conducted by research nurses and practitioners following informed consent. Interviews were transcribed and analysed using the framework method for thematic analysis (Gale et al, 2013).

Results: We found four main themes of research experience and impact shared across research participants and healthcare professionals: Building relationships and connectedness, Professional and personal growth and resilience, Feeling valued and empowered through care improvements, Hope for the future through research.

Discussion: Involvement in the mental health research process as a participant or investigator was viewed as a way of holistically supporting people to positively work towards achieving personal goals through education, building relationships and feeling valued.

Conclusions: Overall, the themes which emerged from the data indicated that participating in research within an NHS mental health organisation positively impacted people in a way that aligned to the mental health recovery model (Leamy et al, 2011). For service user participants, the domains of research involvement impact closely mapped onto the CHIME framework (Connectedness, Hope, Identity, Meaning and Empowerment) of personal recovery. In the future, recovery measures could be implemented at an organisational level to evaluate impacts of mental health research participation.

References

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Leamy M, Bird V, Le Boutillier C, Williams J, Slade M. (2011) Conceptual framework for personal recovery in mental health: systematic review and narrative synthesis. *Br J Psychiatry.* 199(6), 445-52.

Ozdemir BA, Karthikesalingam A, Sinha S, Poloniecki JD, Hinchliffe RJ, Thompson MM, Gower JD, Boaz A, Holt PJ. (2015) Research activity and the association with mortality. *PLoS One.* 10(2), e0118253

Lead Presenter Biography

Bonnie Teague

I work across all areas relating to mental health research and lead the strategic programmes of work relating to research across the Trust.

My specific research interests are in mental health inequalities, global health services and social determinants of mental health. I am also Associate Professor in mental health services research at the University of East

Anglia, and act as supervisor for nursing and psychology trainees

Poster 4 | PERSONAL: PERSONal-centred care on mental health wards- a qualitative evaluation of staff's perceptions of care and practice on mental health inpatient wards during the COVID-19 pandemic

Friday, 8th September - 13:05: Poster tour A | Mental Health - Poster - Abstract ID: 228

Mx. Louise McCarthy (Norfolk and Suffolk NHS Foundation Trust,), Mx. Sarah St Ledger (University of East Anglia), Dr. Bonnie Teague (Norfolk and Suffolk NHS Foundation Trust,)

Abstract

The effect of the COVID-19 pandemic on acute hospitals and nurses working in them is widely reported but less is known about inpatient mental health wards and effects on mental health nurses themselves. As well as the impact of pandemic safety measures on the ability to build a therapeutic relationship and deliver person centred care, mental health nurses were dealing with clinical situations, with individuals lacking capacity (i.e., paranoia) while implementing enhanced infection control measures (Foye et al, 2021).

Aim: Investigate the experience of providing care on inpatient mental health wards during a public health emergency.

Methods: The project was registered as a service evaluation adhering to GCP principles. We undertook semi structured interviews with informed consent obtained first. We used the Braun and Clarke framework for thematic analysis adopting an inductive approach to the analysis. Data was coded independently by two researchers (without a pre-existing coding frame) before coming together to discuss and agree themes (Braun and Clarke, 2022).

Results: Five staff were interviewed throughout June to August 2021. We identified four themes.

- Relationship changes (internal to the team and external, in how clinicians perceive themselves and others).
- Human impact, human values (internal impact on individual clinicians relating to their values and the psychological ramifications of working during the pandemic).
- Systemic disruption and isolation (wider healthcare system changes outside the control of the individual).
- Care and practice (changes required to inpatient care and nursing practice).

Recommendations: Our findings indicate that the mental health nurse workforce need specialist guidance and policy to inform practice. Our participants were impacted by the concept of moral injury (when staff make or witness difficult ethical care decisions) and the potential negative consequences of this on providing patient care requires careful consideration and specific psychological support (Rowlands, 2021).

References

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Foye U, Dalton-Locke C, Hargu-Seppanen et al(2021) How has COVID-19 affected mental health nurses and the delivery of mental health nursing care in the UK? Results of a mixed methods study. Journal of Psychiatric Mental Health Nursing. 28, 2, 126-137 https://doi.org/10.1111%2Fjpm.12745

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Lead Presenter Biography

Louise McCarthy

I am a mental health nurse by background and my career has centred on caring for and improving the lives of individuals and families with mental health problems. I now lead a team of Clinical Research Nurses, act as study co-ordinator, and manage clinical research trials and observational studies, in dementia and mental health conditions.

I have an MSc in Clinical Research which provides me with the knowledge and expertise to design and analyse research projects to evaluate complex health interventions. I am an NIHR 70@70 Senior Nurse Research Leader alumni and honorary lecturer at the UEA

Poster 5 | Embedding research in practice: A multisite evaluation of a hybrid clinical research placement model for undergraduate nurses in England (CLIN-R~2)

Friday, 8th September - 13:05: Poster tour A | Mental Health - Poster - Abstract ID: 254

Dr. Catherine Henshall (Oxford Brookes University and Oxford Health NHS Foundation Trust), Dr. Wendy Andrusjak (Leeds and York NHS Partnership Foundation Trust), Ms. Sharon Dorgan (CRN North East North Cumbria), Ms. Jemima Littlejohns (Oxford Health NHS Foundation Trust), Ms. Sarah Cooper (Leeds and York NHS Partnership Foundation Trust), Ms. Alix Smith (Sheffield Health and Social Care NHS Foundation Trust), Ms. Lucy Ainsworth (National Institute for Health and Care Research), Dr. Haley Jackson (Humber Teaching NHS Foundation Trust), Dr. Leila Sharda (Lancashire and South Cumbria NHS Foundation Trust), Ms. Hannah Shephard (Leeds and York NHS Partnership Foundation Trust)

Abstract

Background

Internationally, there is a drive for research active nurses. More momentum is required and particularly in mental health. Embedding research in student nurses' learning environments is a key strategic priority in England and aligns with the National Institute for Health Research (NIHR) Nursing and Midwifery Officer's (NMO) plan and the NHS England Chief Nursing Officer (CNO) plan 'Making Research Matter' (2021). Opportunities for practical research experience are required at the undergraduate level.

Aim and objectives

CLIN-R~2 will evaluate the value, feasibility and acceptability of implementing a hybrid clinical research placement model in four NHS Trusts providing mental health services in England. The study objectives include i) The development of a hybrid clinical research placement model ii) A pilot of the model across four NHS sites iii) An evaluation of the value, feasibility and acceptability.

Methods

Working and advisory groups will be set up to develop the model. Four diverse NHS sites providing mental health services will be selected to pilot the model, supported by NIHR Nursing and Midwifery. A mixed methods approach will be used to evaluate the value, feasibility and acceptability, supported by NIHR Nursing and Midwifery.

Results

CLIN-R~2 will address the practical knowledge gap around acceptable and feasible research activities, which can be embedded in a range of mental health settings, across diverse sites with varied research workforce configurations. A key component will be to explain how the hybrid clinical research placement model can be tailored to meet the needs of diverse organisations. The results will be available in Dec 2024.

Discussion and conclusions

We anticipate research exposure at the undergraduate level will embed research as a core part of the mental health nursing identity, increase awareness of research, and improve research engagement, leading to 'research ready' clinical areas and a change in the research culture.

References

Chief Nursing Officer (2021) *Making research Matter*, England: NHS (PAR880)

Lead Presenter Biography

Leila Sharda

Leila is a registered nurse in mental health, has a BSc (Hons) in sexual health and an MSc in advanced practice. Leila worked in acute inpatient services and mental health liaison before completing a PhD at the University of

Leeds. Leila currently works in medical education in secure mental health services and is working on educational research at Lancashire and South Cumbria NHS Foundation Trust.

Poster 6 | Evaluating a new staff training offer on understanding ‘personality disorder’

Friday, 8th September - 13:05: Poster tour A | Mental Health - Poster - Abstract ID: 296

Ms. Hege Myklebust (Cheshire and Wirral Partnership NHS trust), Mrs. Hannah Gaffney (Cheshire and Wirral Partnership NHS trust), Ms. Imelda Maguire (Cheshire and Wirral Partnership NHS trust)

Abstract

Background

Negative attitudes towards people with personality difficulties have been identified through research in several countries and appears to be an international problem impacting quality of care provided (Shanks et al., 2011). It is hypothesised that this may be due to lack of knowledge and confidence in ability to help (Ebrahim et al. 2016; Krewitz, 2004). Evidence for the utility and longer-term impact of ‘personality disorder’ staff training is limited and inconsistent.

Aims

To evaluate the impact of training on understanding ‘personality disorder’ on staff knowledge, confidence, and attitudes.

Methods

Clinicians developed and delivered 3-hour training sessions designed for all trust employed staff. Training content was updated following staff and expert by experience feedback. A questionnaire measuring staff knowledge, confidence and attitudes when working with personality difficulties was administered pre and post training, and one-way repeated measures ANOVA’s compared results.

Results

Twenty-six training sessions were delivered between June and December 2022 and 258 staff members attended. Forty-five percent (116 of 258) of staff completed both pre and post training questionnaires. Training significantly improved staff knowledge (p < .001), attitudes (p < .001) and confidence (p < .001) in understanding ‘personality disorder’. The findings are also supported by positive qualitative feedback from staff and service users.

Discussion

Results indicate short-term positive effects of staff training on knowledge, attitudes, and confidence in understanding ‘personality disorder’. The findings may not be representative of all staff groups, and data continues to be collected to assess whether effects are maintained.

Conclusions

Initial results demonstrate the positive impact a short staff training session can have on reducing stigmatising attitudes. It is hoped that the increased knowledge and skills gained will improve care for this patient population. The training package includes best practice advice that can be taught in any organisation, across varied settings and diverse workforces.

References

Ebrahim, Selma, Crooks, Samantha, Harenwall, Sari and Forsyth, Angus (2016) “Evaluation of awareness level knowledge and understanding framework personality disorder training with mental health staff: impact on attitudes and clinical practice,” *Journal of Mental Health Training, Education and Practice*, 11 (3). pp. 133-143.

Krawitz, R. (2004) “Borderline personality disorder: attitudinal change following training,” *Australian and New Zealand Journal of Psychiatry*, 38, pp. 554–559.

Shanks, C. *et al.* (2011) “Can Negative Attitudes Toward Patients with Borderline Personality Disorder be Changed? The Effect of Attending a STEPPS Workshop,” *Journal of Personality Disorders*, 25(6), pp. 806–812.

Lead Presenter Biography

Imelda Maguire

Imelda qualified as a Registered Psychiatric Nurse in Ireland in 2004. Whilst becoming a Jack of all trades nurse she completed a BSc and Postgraduate degree. Her motivation to engage in more recovery orientated practice and widen her experiences drew her to move to England. Whilst working in crisis services, Imelda became more aware of the difficulties those with attachment difficulties faced when presenting to services. This led her to pursue a role as a clinical lead within a complex needs service, where she took on the role as training lead for upskilling all trust staff and improve service provision.

Poster 7 | Embedding Research in Clinical Practice: a reflection of a communication initiative in NSFT Research.

Friday, 8th September - 13:05: Poster tour A | Mental Health - Poster - Abstract ID: 329

Mrs. Claire Rischmiller (Norfolk and Suffolk NHS Foundation Trust,), Dr. Bonnie Teague (Norfolk and Suffolk NHS Foundation Trust,), Ms. Louise McCarthy (Norfolk and Suffolk NHS Foundation Trust,)

Abstract

Aims: To increase awareness and integration of research in a Mental Health Trust through innovative communication. To meet the aims of The NHS Constitution for England pledge “to inform you of research studies in which you may be eligible to participate” (Department of Health and Social Care, 2021:no page number). To increase research referrals and recruitment.

Background: It is essential that research studies meet recruitment targets. This relies on promotion and referrals which can be challenging in large community-based organisations. Most participants start their research journey through clinical staff, particularly nurses working with service users and carers, beginning with conversations exploring the persons interest in hearing about research opportunities, followed by referring to our team’s centralised system. We had observed a drop in referrals during the pandemic, which had not recovered. We recognised a need to:

- Increase our research department profile and embed research into routine nursing clinical practice.
- Communicate innovatively with nurses to ensure all service users are offered research opportunities.

What we did: Our research team met to discuss our existing processes. We explored ideas to increase research awareness through smaller working groups.

We created short term goals of:

- Designing a ‘Welcome to Research’ Pack for nursing staff.
- A Trust-wide Referral challenge including ‘how to refer’ information.
- Virtual coffee morning and research escape room.
- Research poster showcasing all aspects of how to get involved.
- Developing a clinical nurse contacts database with coordinated approach for research and above initiatives updates.

And mid- long-term goals:

- A Trust Research conference to showcase research.
- Reviewing our research referrals database and wider systems to assess changes to referral characteristics.

Outcomes: The initiative measurably increased awareness of research through; increased referrals from new clinicians and teams, training attendance and new Research Links. One study promoted through the new contacts database exceeded recruitment target.

References

Department of Health and Social Care (2021) *The NHS Constitution for England* Updated 1 January 2021. Available at: https://www.gov.uk/government/publications/the-nhs-constitution-for-england/the-nhs-constitution-for-england (Accessed on 15th March 2023).

Norfolk and Suffolk NHS Foundation Trust (2023) *Welcome to Research* Available at: https://www.nsft.nhs.uk/research/ (Accessed on 15th March 2023).

Lead Presenter Biography

Claire Rischmiller

Claire Rischmiller is a Senior Research Nurse with a BSc Hons Mental Health Nursing and MSc Clinical Research. Claire delivers and leads on research studies for adults with mental health conditions, memory difficulties and dementias. Claire's research development interests include dementia research from the aspects of lived experience. Claire's Master's dissertation was a systematic review exploring the experiences of post diagnostic support for people with dementia with Lewy bodies and their family/friend carers which she hopes to publish and take forward as primary research in this area.

Poster tour B | Pt 1 In-equalities in health | Pt 2 Workforce and employment | Pt 3 Nursing, midwifery and support worker education

Poster 8 | Developing an accessible screening information website for hard to reach communities

Friday, 8th September - 13:05: Poster tour B | Pt 1 In-equalities in health | Pt 2 Workforce and employment | Pt 3 Nursing, midwifery and support worker education - Poster - Abstract ID: 316

Mrs. alison milne (NHS Lothian Screening and Early Detection team, Public Health and Health Policy), Dr. Wafaa Salama (NHS Lothian Screening and Early Detection team, Public Health and Health Policy)

Abstract

Background: Cancer screening up-take in Black and Minority Ethnic communities (BAME) and people with intellectual disabilities (PWID) has been found to be lower than the general population (Scottish Government, 2008/2016). Previous work by the Lothian Detect Cancer Early Team (2021) exploring informed decision-making in cancer screening with PWID and BAME communities identified a need for screening information to be in an accessible format and in one place. The aim of this work was to develop an accessible screening website for PWID, BAME communities, Health and Social Care (H&SC) practitioners.

Methods: Pilot work was undertaken in 2021 using convenience sampling with PWID (n=42) using telephone interviews and on-line surveys with H&SC staff and family carers to identify the viability of a website. To further understand what requirements the website needed to meet and review content a focus group of PWID (n=25) and two online surveys with H&SC staff, carers and family (n=56) and people from the BAME community (n=71) were undertaken using convenience sampling.

Results: Findings identified and informed design and accessibility requirements such as directions to screening centres, downloadable leaflets of procedures, visuals such as videos/pictures. It informed font sizes, background colours and adjustments e.g. read-back facilities. From this a website was developed for all five screening programmes (abdominal aortic aneurysm, breast, bowel, cervical and diabetic eye screening) in Scotland. This will be showcased.

Discussion: It is important to consult users from a variety of background in terms of the needs within different communities from the start of projects. The Team identified a number of barriers in developing the website which would be of use to others considering such projects.

Conclusions: Working with communities informs requirements, ensures needs are met and gives weight to design decisions. Having accessible information in one place may help reduce barriers to screening.

References

NHS Lothian Detect Cancer Early Team (2021). *Screening Inequalities Project*. Internal report NHS Lothian
Scottish Government (2016). *Beating cancer: ambition and action*. Edinburgh: Scottish Government: available: file:///F:/DCE%20Data/DCE%20lit%20review%20screening/policy/Beating%20cancer%20ambition%20and%20action%20%2020
Scottish Government (2008). Better Cancer *Care: the action plan*. Edinburgh: Scottish Government Available: https://www.gov.scot/publications/better-cancer-care-action-plan/

Lead Presenter Biography

Alison Milne

Alison Milne is the Strategic Programme manager for NHS Lothian Screening and Early Detection team, Public Health and Health Policy. She oversees a number of projects around the screening programmes. Alison has collaboration at the heart of her work and involves stakeholders from the communities the work is aimed at, to the professionals who deliver the programmes. The current work has also reached out to practitioners and stakeholders in Health Boards.

Poster 9 | Exploring perceptions of what increased gender diversity might bring to nursing.

Friday, 8th September - 13:05: Poster tour B | Pt 1 In-equalities in health | Pt 2 Workforce and employment | Pt 3 Nursing, midwifery and support worker education - Poster - Abstract ID: 257

Dr. Julie McMullan (Queen's University Belfast), Prof. David Thompson (Queen's University Belfast), Mx. Alexx Dixon (King's College London), Mx. Alex Palumbo (Kings College London), Prof. Tommy Dickinson (Kings College London), Mx. Trissie Coleshaw (None), Dr. Catherine Monaghan (Queens university Belfast), Dr. Barry Quinn (School of Nursing and Midwifery, Queen's University Belfast, 97 Lisburn Rd, Belfast BT9 7BL, UK)

Abstract

Background

Despite ongoing efforts, the nursing workforce fails to reflect the richness of gender diversity. Further attempts are needed to understand how nursing can be more reflective of society and how to attract people (trans, non-binary and men) into nursing.

Aims

To explore people's perceptions of what increased gender diversity might bring to nursing.

Methods

A survey and semi-structured interviews were conducted with students and staff from two UK nursing schools. The survey responses were summarised using descriptive statistics, and the free text was grouped into themes. The survey findings helped plan semi-structured interviews that were recorded and transcribed to enable thematic analysis.

Results

The survey was completed by 169 people. The majority of respondents understood what gender diversity was; however, only 12 respondents described their team as extremely gender diverse. Sixty-four per cent (69) of respondents strongly agreed/agreed that the lack of gender diversity negatively impacted nursing care delivery in a gender-diverse society. Following thematic analysis, the 10 interviews resulted in four important themes including: the image of nursing is shaped by the society in which it operates, nursing is perceived as a feminine role, greater gender diversity in nursing is an asset, and the role of gender in providing intimate care.

Discussion

The presence or absence of gender diversity within nursing has much to teach us about nursing and nursing care. Exploring nursing through the lens of gender diversity creates opportunities to learn about how nursing is perceived.

Conclusion

This research provides important insights into unmet needs within nursing care when gender diversity is absent or not addressed. By recognising gender diversity (trans, non-binary, women, men), there is an opportunity to engage with making nursing more reflective of society and a more inclusive choice.

Lead Presenter Biography

Dr Julie McMullan

Dr Julie McMullan is a Research Fellow in the School of Nursing and Midwifery at Queen's University Belfast (QUB). Julie has a background in public health research and has worked on various projects at QUB since completing her PhD 6 years ago.

Much of Julie's research to date has used qualitative methods and she particularly enjoys working alongside PPI groups to discover how research makes a real difference to individuals.

Poster 10 | Care home workers experiences of stress and coping during COVID-19 pandemic: A mixed methods study

Friday, 8th September - 13:05: Poster tour B | Pt 1 In-equalities in health | Pt 2 Workforce and employment | Pt 3 Nursing, midwifery and support worker education - Poster - Abstract ID: 250

Dr. Michelle Beattie (University of the Highlands and Islands), Dr. Clare Carolan (The University of the Highlands and Islands), Dr. Leah Macaden (Edinburgh University), Mrs. ALISON MACIVER (NHS Western Isles), Ms. Lindsay Dingwall (Balhousie Care Group), Dr. Rebecah MacGilleEthain (University of the Highlands and Islands), Dr. Mariyanna Schoultz (Northumbira University)

Abstract

Background

The COVID-19 pandemic placed a heavy physical and psychological burden on health and social care staff globally.[1-2] Care homes were hit hard due to their ageing resident population, associated multi-morbidity, close living quarters and the challenges of implementing infection-reducing behaviours for those with cognitive impairments.[3-5] Care homes staff were and are central to managing COVID-19 responses, but were and are amongst the most vulnerable.

Aim

The aim of the study was to explore the stress and coping experiences of healthcare workers (HCWs) in care home settings in Scotland during the COVID-19 pandemic.

Design

A cross-sectional mixed methods study was conducted using an online survey and interviews. Ethics approval was obtained from the Universities Research Ethics Committee (ETH2021-0599)

Methods

Mean scores were calculated for both Perceived Stress Score (PSS) and Coping Self-Efficacy (CSE) scale and t-tests used to explore possible links to demographics. Qualitative data were analysed thematically using Braun and Clarke’s method.

Results

For 52 survey participants, the mean score for the PSS was M = 39.75 and CSE-M = 150.6 indicating high stress and medium coping skills. From the t-test, only absence of health issues was associated with higher levels of coping. Thirteen HCWs participated in one-to-one interviews. Qualitative data analysis generated four themes contributing to stress: 1. personal factors, 2. changed care environment, 3. amplified scrutiny and 4. psychological responses. Coping was represented as three main themes: 1. personal factors, 2. organizational culture and 3. safety and security.

There is a risk that HCWs’ stress extends into distress and other psychological health problems. The importance of tailoring generic infection-reducing strategies to a care home environment were highlighted. The study acknowledges the strong sense of family within this community.

References

1. Sheraton M, Deo N, Dutt T, Surani S, Hall-Flavin D, Kashyap R. Psychological effects of the COVID 19 pandemic on healthcare workers globally: A systematic review. Psychiatry Research. 2020 Oct 1;292:113360.

2. World Health Organization. Mental Health Considerations During COVID-19 Outbreak. Geneva, World Health Organization, 2020.

3. Davidson PM, Szanton SL. Nursing homes and COVID‐19: We can and should do better. Journal of Clinical Nursing. 2020 Apr 12.

Lead Presenter Biography

Michelle Beattie

Dr Michelle Beattie is a nurse academic with 13 years' experience and expertise in mixed methods research and improvement science. She also has extensive clinical experience (approximately 20 years). Her PhD was around measuring the quality of patient care experiences in hospitals. Michelle is researching a programme of research around care homes, which has resulted in grant income, ongoing collaborative applications, and publications.

Poster 11 | The career aspirations of the research delivery workforce: a cross-sectional survey

Friday, 8th September - 13:05: Poster tour B | Pt 1 In-equalities in health | Pt 2 Workforce and employment | Pt 3 Nursing, midwifery and support worker education - Poster - Abstract ID: 393

Dr. Miriam Avery (University of Southampton), Prof. Peter Griffiths (University of Southampton)

Abstract

Background: There is a need to build research capacity in nursing. In the UK and internationally, nurses remain in the minority when applying for funding and leading studies (National Institute for Health and Care Research (NIHR), 2017; Tranmer, 2020). Most research-active nurses have research delivery roles. The need to strengthen research delivery careers for nurses and to provide attractive advancement opportunities, has been recognised (NIHR, 2021). Nurses in the research delivery workforce (RDW) could be in a prime position to become future research leaders. The 'research leader' aspirations of nurses, warrants investigation.

Aims: To identify the 'research leader' aspirations of nurses, midwives and allied health professionals (NM&AHPs) in the RDW. To understand the enablers and barriers to pursuing this path.

Method: Online survey (11/2022-03/2023) to NM&AHPs in research delivery roles at nine English NHS Trusts. Survey covered current role, training opportunities, 'research leader' aspirations. 'Research leader' defined in the survey as leading research from generating ideas to dissemination of findings.

Results: 686 invitations, 296 eligible responses (response rate 43%, 83% nurses, 93% female). 23% of responders aspired to become a research leader, 45% 'might' aspire (undecided) and 27% were uninterested. Of those aspiring to research leadership, 70% found it (very) difficult; only 36% were confident of achieving it within 5 years. Barriers were 'lack of advice, support and guidance'. A clearer career path, and more training and opportunities to gain experience needed.

Discussion and conclusion: There is a desire for a 'research leader' career from some within the RDW, but most doubt they will achieve this. Almost half 'might' aspire (are undecided), underlining the lack of clarity in the current career path. There is a need for a clearer career path, with support and opportunities for training and experience, to ensure aspiring RDW nurses can pursue their 'research leader' aspirations.

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Lead Presenter Biography

Miriam Avery

Dr Miriam Avery is a post-doctoral research fellow within the ARC Wessex Workforce and Health Systems team and alongside this works as a research nurse in the Bladder and Bowel Management team at the University of Southampton. Miriam's recent research and publications have centred on catheters and continence technology.

She has recently conducted work with the NIHR to understand the enablers and barriers to a clinical academic career for nurses and midwives. Her work within the Workforce and Health Systems team now focusses on the research delivery workforce.

Poster 12 | A phenomenological study of the lived experiences of Nursing Associates, Registered Nurses and Health Care Assistants in secondary care

Friday, 8th September - 13:05: Poster tour B | Pt 1 In-equalities in health | Pt 2 Workforce and employment | Pt 3 Nursing, midwifery and support worker education - Poster - Abstract ID: 145

Mrs. Annabel Coulson (University of Derby)

Abstract

Limited evidence has been identified exploring how the nursing associate (NA) role is being integrated into the existing nursing workforce (Lucas *et al.*, 2021). The Trust where the research is taking place was an early implementer site; in comparison to the number of registered nurses (RNs) and health care assistants (HCAs) the number of NAs is low, accounting for around 3.1% of the nursing workforce in early implementer sites (Warner *et al.*, 2023).

A systematic approach has been taken to reviewing the literature in consideration of whether internationally a second level registered nursing role forms an important part of the nursing workforce. Papers identified have been analysed using thematic synthesis to identify analytical and descriptive themes. Themes have been identified including a lack of role clarity and professional identity, issues with horizontal bullying and concerns in relation to the organisation of nursing care and the distribution of accountability.

Ethical approval has been obtained from the University of Derby, the Health Research Authority and the University Hospitals of Leicester as the host trust to undertake a phenomenological study using Gadamer's Hermeneutics (Dibley *et al.*, 2020).

Research is now underway within an early implementer Trust to explore the lived experiences of NAs, RNs and HCAs. Individuals working within general, adult areas are being interviewed as part of this research; critical care, emergency departments, out-patients and children's areas have been excluded due to staffing ratios and specific work practices which it is felt would reduce the generalisability of results. Semi-structured interviews will be analysed using thematic analysis to identify themes which will be discussed within homogenous focus groups with the intention to further explore and debate these themes.

This research is part of a PhD study aiming to produce practical recommendations to support managers and policy makers.

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Lead Presenter Biography

Annabel Coulson

Annabel qualified as a Registered Nurse in 1991 and after 15 years practicing in secondary care moved into an education role; in 2016 Annabel was given a unique opportunity to lead the local Nursing Associate Programme which is delivered by practice staff based at University Hospitals of Leicester. Annabel is passionate about the NA role and is currently studying for a PhD aiming to develop an in depth understanding as to how the role is perceived in practice now that the NA is embedding within the nursing workforce with the intention of providing new knowledge for policy makers and managers.

Poster 13 | elf-management programme to prevent diabetic ketoacidosis among adults in Saudi Arabia: A feasibility randomised controlled trial (RCT).

Friday, 8th September - 13:05: Poster tour B | Pt 1 In-equalities in health | Pt 2 Workforce and employment | Pt 3 Nursing, midwifery and support worker education - Poster - Abstract ID: 285

Ms. Muneera Alharbi (University of Nottingham), Dr. Gary Adams (University of Nottingham), Dr. Damion McCormick (University of Nottingham), Dr. Paul Hendrick (University of Nottingham)

Abstract

Aim: To test the feasibility and acceptability of the self-management programme (SMP), developed to prevent the occurrence of diabetes ketoacidosis (DKA) among adults with type 1 diabetes mellitus (T1DM) in Saudi Arabia (SA).

Method: This was single-centre, feasibility RCT, involving mixed-methods process evaluation set in a Diabetes Centre, Buraydah, SA.

Participants were adults with T1DM, randomised into intervention or usual care group.

Usual care group was followed the Saudi Ministry of Health programme, including self-monitoring of blood glucose and monthly follow-up.

The intervention group additionally received a structured SMP [1,2,3], including monitoring and management of ketoneamia at home.

The primary outcomes were based on predefined progression criteria assessing intervention's acceptability and feasibility and proposed evaluation, including recruitment rate, attrition rate, acceptability of randomisation, feasibility of outcome measures, adherence, and acceptability of intervention. Face-to-face questionnaires were completed at baseline and after 3-month. Routine data were accessed at the same time-points. A subsample of intervention participants was interviewed on completion of intervention.

Results:

A total of 80 eligible participants were recruited from April to June 2021, with a response rate of 94.5%. 40 were allocated to each group, with 89% reported satisfaction rate of randomisation process. Seven withdrew from the study, with retention rate of 91.25%. Adherence to SMP was 91.5%, no adverse events were observed during its use. 86.5% of participants reported that the intervention was easy to use and 81% would use the SMP in the future. All of questionnaires were completed, no missing data. The interviews revealed barriers to intervention engagement, including diabetes distress and embarrassed about using SMP outside the home.

Conclusion: Initial feasibility testing of SMP indicates it is acceptable and feasible for adults withT1DM in SA.

References

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Lead Presenter Biography

Muneera Alharbi

PhD students in nursing studies,School of Health Sciences , University of Nottingham.

Master of science degree in Advanced Clinical Practice (Critical Care) with a merite degree from University of Southampton, UK in 2018.
Lecturer at the Nursing College, Qassim University, Buraydah, Saudi Arabia.

Poster 14 | Nursing and Midwifery research culture, capacity, and capability in an NHS Foundation Trust

Friday, 8th September - 13:05: Poster tour B | Pt 1 In-equalities in health | Pt 2 Workforce and employment | Pt 3 Nursing, midwifery and support worker education - Poster - Abstract ID: 230

Dr. Kerry Gaskin (University of Worcester), Ms. Beverley Jones (Gloucestershire Hospitals NHS Foundation Trust)

Abstract

Aim: to understand the culture of research for nurses and midwives in Gloucestershire Hospitals NHS Foundation Trust (GHNHSFT) and what research means at team and individual level.

Design: A cross-sectional exploratory survey

Methods: An online survey using the 'Research Capacity and Capability tool' (Holden et al 2012), distributed to all nurses, midwives, nursing associates and healthcare support workers (N=2500) during December 2022 to February 2023. Thematic analysis (Braun & Clarke 2006) and descriptive statistical analysis was used.

Results: Participants (n=94, 3.76% response rate) included healthcare assistants (n=3), Nursing Associates (n=1), Adult nurses (n=64), Children's nurses (n=7), Midwives (n=8), dual qualified (n=6), other (n=5). Of these, 33% (n=31) had worked at GHNHSFT for >20 years, 37% (n=34) were a AfC band 6, 29% (n=28) had an MSc. Research related activities were deemed part of their role for 41.9% (n=39) and 24.7% (n=23) were not sure. The biggest barriers were 'lack of time for research' (75.8%, n=69) and 'other work roles taking priority' (73.6%, n=67). Personal motivators were 'to develop skills' (75%, n=63) and 'increased job satisfaction' (59.5%, n=50). Organisational and team success was rated highest for 'has senior managers that support research' (range 1-10, both means = 5.2, and SD = 2.3). Individual success was rated highest as 'finding relevant literature' (range 1-10, mean 6.5, SD 2.4).

Discussion: The response rate reflected the significant operational demands. Less than half of participants deemed research to be part of their role, however, lack of awareness, time, support, and resources need to be addressed to improve the culture.

Conclusions: The findings will inform development of a plan to develop research awareness and application of evidence in clinical practice; increase the number of staff who are actively engaged with research and increase the number who are leading and promoting a positive research culture (CNO 2021).

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Lead Presenter Biography

Dr Kerry Gaskin

Kerry is an Associate Professor of Nursing with the Three Counties School of Nursing and Midwifery (TCSNM) at the University of Worcester (2 days/week) and Gloucestershire Hospitals NHSFT (3 days/week). Kerry is Course Leader for the PhD Nursing/Midwifery and Research and Knowledge Exchange Coordinator for the TCSNM. Kerry is a mixed-methods researcher with a particular interest in congenital heart disease, particularly parental home assessment using an early warning tool called the Congenital Heart Assessment Tool (CHAT), to enable parents to identify signs of deterioration in their infant and to make prompt contact with the appropriate health care professional.

Poster tour C | Nursing, midwifery or support worker education

Poster 15 | Grading practice as a strategy to improve proficiencies in undergraduate nurse education: modelling key areas of competence.

Friday, 8th September - 13:05: Poster tour C | Nursing, midwifery or support worker education - Poster - Abstract ID: 264

Dr. Sarah Annesley (Northumbira University), Prof. Marco Tomietto (Northumbira University), Dr. Alan Platt (Northumbria Univeristy), Mr. James Wade (Northumbria Univeristy)

Abstract

Grading practice enables meaningful value to be assigned to practice learning. Grading practice has an established history in midwifery education but is generally avoided in nurse education because it is argued as too variable and inconsistent, and seen as educationally inappropriate (Edward, 2012; Helminen, et al. 2016)

The research had two objectives; to examine the results generated by applying an innovative tool to grading practice in undergraduate nurse education and to model the determinants of the final practice grade.

A convenience sample of 782 nursing students were included in this cross-sectional study. The sample included two cohorts of students from 2018 and 2019 programme enrolment in a Higher Education Institution in the North-East of England.

A specifically designed online grading practice tool composed of 36-clinically focused objectives was developed and applied to two consecutive student cohorts on completion of their final practice learning placement.

There was a statistically significant difference in the mean final practice grade between the two cohorts. In the overall sample, regression modelling showed that all four areas of student assessment contributed equally to the final grade. Analysis by cohort showed that in cohort 1 clinical thinking and professionalism had the most influence on the final grade with person-centered care and patient safety most strongly impacting on the final grades of cohort 2. In cohort 2 there is no statistically significant correlation between final grade and each area of assessment and OSCE grade.

This study highlights an approach to assessing placement performance with a transparent and inclusive grading practice tool which engages students and assessors to help overcome the lack of learning time and limited time to reflect (Nordquist, et al. 2019). Results suggest a need for grading practice to support nursing students to attain the grades they deserve in an evolving and challenging clinical context.

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Lead Presenter Biography

Dr Sarah Annesley

Sarah is an experienced nurse academic and an expert in pre-registration nursing curriculum development, review and delivery. Her research topics are across a variety of research areas including clinical research, theory and policy driven qualitative research and quantitative research on grading practice. The latter is the focus of this research presentation.

Poster 16 | The Feasibility of delivering an Online 4-week Compassionate Mindful Resilience (CMR) Programme to undergraduate Nursing and Midwifery students.

Friday, 8th September - 13:05: Poster tour C | Nursing, midwifery or support worker education - Poster - Abstract ID: 103

Ms. Stephanie Burton (Queens university Belfast), Prof. Helen Noble (Queens university Belfast), Prof. Chantal Ski (Queens university Belfast), Dr. Claire Carswell (Queens university Belfast), Dr. Claire McVeigh (Queens university Belfast)

Abstract

Background Inevitably, levels of stress, anxiety and depression that are already predisposed to be higher than normal within healthcare students have increased following the COVID-19 pandemic (Haririan, et al. 2022). Authorities recommend improvements in mental health services for students' post-pandemic (Ke, et al. 2023). However, there are no definitive guidelines for educators on what mental health interventions should be implemented within the nursing and midwifery curriculum at this time. In response to the growing need for shortened mindfulness incentives, MindfulnessUK developed the Compassionate Mindful Resilience (CMR) programme. The course aims to teach simple, effective, evidence-based practices over 4 weeks to help manage stress, develop resilience and enhance wellbeing using mindfulness and compassion techniques (MindfulnessUK, 2021). CMR has currently not been tested with the chosen study population. **Aim**: To test the feasibility of delivering an online CMR programme to undergraduate nursing and midwifery students. The feasibility outcomes of interest included retention, participation, adherence and the suitability of the chosen outcome measures.**Methods:** The study was a 2-stage feasibility study that followed the MRC guidance for developing and evaluating complex interventions to improve health (Skirvington, 2021). Stage 1: quantitative pilot randomised controlled trial. Stage 2: Qualitative process evaluation using 1-1 semi-structured interviews. Data was collected at 3 time points (pre, post, 6 week follow up). Data was collected in 2022 and 2023. **Results:** 50 nursing and midwifery students at Queen's University were recruited to participate. 25 students received CMR whilst 25 students were placed on a waiting list control (WLC). WLC participants received CMR following data collection. Results are currently in process of being analysed. The researcher aims to report these results at conference.

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Lead Presenter Biography

Stephanie Burton

Stephanie is a 3rd year PhD student at Queen's University Belfast. Stephanie graduated in 2017 with a 1st class honours in Adult Nursing and completed a MSc in Critical and Acute Care at QUB in 2019. Stephanie has worked as a registered nurse since 2017 in multiple healthcare settings including Coronavirus Critical Care Units.

Stephanie has a keen interest in compassion training, mindfulness education, student support, improving well-being of healthcare students and professionals. Alongside PhD research, Stephanie also works as a QUB Post-graduate Research Consultant and continues to work in clinical practice in acute and residential healthcare settings.

Poster 17 | Reimagining the use of Student Led Clinics by Learning Disability Nursing Students to improve self-efficacy and confidence in the healthcare team

Friday, 8th September - 13:05: Poster tour C | Nursing, midwifery or support worker education - Poster - Abstract ID: 221

Mrs. Gemma Hodge (Coventry University), Dr. Deborah Cross (Coventry University)

Abstract

Background

Primary care delivery can be a challenging environment which can impact on staff well-being, performance, and patient outcomes. Workplace self-confidence has been strongly associated with increased coping strategies, job satisfaction and resilience to workplace adversity (Bandura, 1997). This results in higher quality care delivery.

Funded by Health Education England (HEE), 3rd year undergraduate learning disability (LD) nurses were engaged to embed high quality care into primary care by undertaking nurse led clinics focusing on LD annual health checks.

This does require self-confidence and self-efficacy from the student, assessor, and supervisors as it is considered a crucial construct that affects a student's performance (Kukulu et al, 2013) in clinical settings.

Aim

The main aim was to assess the growth of confidence and autonomy in developing a LD professional identity within primary care settings, and to evaluate the impact of utilising long arm approach in the supervision of the students.

Methodology/ Methods

An explorative hermeneutic phenomenology approach, using semi structured interviews was utilised to explore themes around self-efficacy and confidence in students and practice assessor/ supervisors.

Results

Long arm approach is an effective learning approach for students to develop their own autonomy in primary care clinics. However, placement planning and a supportive environment are vital for its success and for the student to build self-efficacy and autonomy in primary care setting.

Conclusion and Implications

Increased confidence is viewed as an important factor in evolving role identity and managing change which are major factors in the preparation for registration and joining the healthcare workforce (Whitehead et al., 2016). The 3rd year nurse led clinics did have impact on workforce well-being by alleviating workload on quality outcomes and frameworks (QOF); prepared students for autonomous working; and increase practitioners' confidence in using long arm supervision with viability for transferability to other healthcare disciplines.

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Lead Presenter Biography

Gemma Hodge

Gemma Hodge is a Peripatetic Educator at Coventry University Scarborough. She is an associate fellow of advanced HE and a qualified Advanced Nurse Practitioner working in General Practice.

Poster 18 | The CAFÉ Trial: Encouraging engagement in research in the Emergency Department

Friday, 8th September - 13:05: Poster tour C | Nursing, midwifery or support worker education - Poster - Abstract ID: 252

Ms. Alison Quinn (Barts Health NHS Trust), Ms. Nimca omer (Barts Health NHS Trust), Ms. Grace Tunesi (Barts Health NHS Trust), Ms. Noemi Caponi (Barts Health NHS Trust), Ms. Jacqueline Sear (Barts Health NHS Trust), Ms. Raine Astin-Chamberlain (Barts Health NHS Trust), Ms. Imogen Skene (Barts Health NHS Trust), Mr. Jason Pott (Barts Health NHS Trust), Dr. Ben Bloom (Barts Health NHS Trust)

Abstract

Introduction /Background: A lack of research engagement in Emergency Department (ED) clinicians has been well documented (Good et al., 2002; McRae et al, 2018). There are no publications addressing the engagement of ED nurses in research. It is theorised that the high-pressure environments of EDs and the clinical burden placed on staff is the cause of the low participation in research activities (Probst et al., 2019; Good et al., 2002). The ED research team designed and set up the CAFÉ trial as an educational tool to demonstrate research processes to the clinical team.

Aim /Objective: To engage ED staff in a research trial as a part of International Clinical Trials Day (ICTD) 2022.

Method: ED staff were invited to take part in a double blinded randomised control trial to celebrate ICTD. Staff members were given a participant information sheet to read and asked to sign a consent form if they agreed to participate. They were then randomised to receive either a caffeinated or decaffeinated coffee which was prepared by an unblinded member of the team. Whilst drinking their beverage they could speak to the research team about the portfolio of clinical trials running in the ED. Participants were then asked to complete a questionnaire about the taste and whether they thought their coffee was caffeinated. The trial results were later disseminated to the ED as a research poster.

Results /Conclusion: Over 50% of participants believed that they received a decaffeinated coffee, irrespective of their randomisation. Despite this, ED staff engaged well with the CAFÉ trial, laughing, having fun while they learnt about various aspects of the research process and about the different trials in the ED research portfolio. Increased engagement of clinical staff in research activities may encourage many to consider a future career in research.

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Lead Presenter Biography

Alison Quinn

Ally Quinn is a clinical research nurse in emergency medicine at Barts Health NHS Trust.

Poster 19 | Barriers to care home research recruitment in UK: lessons from social media recruitment during the pandemic

Friday, 8th September - 13:05: Poster tour C | Nursing, midwifery or support worker education - Poster - Abstract ID: 317

Dr. Michelle Beattie (University of the Highlands and Islands), Dr. Mariyana Schoultz (Northumbira University), Dr. Claire McGrogan (University of Northumbria), Dr. Leah Macaden (Edinburgh University), Dr. Clare Carolan (University of the Highlands and Islands)

Abstract

Introduction

Recruitment of care home staff to research studies is recognised as challenging. This got further exacerbated by the pandemic and the negative media portrayal. With social media becoming the preferred interaction means during the pandemic it became a suitable approach to understand the barriers to recruitment and gain insight into public perceptions of care home workers.

Aim

To use comments from two Facebook recruitment posts to: 1) gain understanding of potential barriers to recruitment of healthcare workers (HCWs) in UK care homes, and 2) explore public sentiment towards care home research and care homes in the context of the pandemic.

Methods

A retrospective review of comments to specific social media recruitment posts was undertaken. Comments were manually extracted from two Facebook posts (June-October 2021) advertising a study on psychological support for HCW during the pandemic. Comments were analysed qualitatively (thematic analysis) and quantitatively (word count and correlations between words used and between posts).

Results

Four themes emerged from the qualitative analysis: support, vaccine, mistrust, and blame. There was a greater use of words associated with support and negative emotive words in post 2. Post 2 comments featured significantly more choice words and first-person singular pronouns than post 1. Discussion of mistrust towards researchers was most prominent in post 1. With attribution to blame, there was a larger range of negative emotion words than positive emotion words.

Conclusion

Taken together our findings offer novel insights into why recruitment to care home research during the pandemic including the use of social media might be problematic. Social media is a useful tool for recruitment but should not be considered as a one-time input. Researchers should aim to engage with their target population from the start and include patient and public groups in recruitment and ensure these populations are accurately represented within research.

References

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Lead Presenter Biography

Dr Mariyana Schoultz

Dr Mariyana Schoultz is an Associate Professor in Mental Health Nursing at Northumbria University. Her research interest is in health care workforce (particularly nurses and carers) wellbeing and development and evaluation of psychosocial wellbeing interventions.

Poster 20 | An Evaluation of an Assessment Tool for Clinical Practice from The Nurse Preceptors’ Perspective: A Scoping Review

Friday, 8th September - 13:05: Poster tour C | Nursing, midwifery or support worker education - Poster - Abstract ID: 399

Mrs. Watin Alkhelaiwi (Queen’s University Belfast), Dr. Iseult Wilson (School of Nursing and Midwifery, Queen’s University Belfast), Prof. Marian Traynor (School of Nursing and Midwifery, Queen’s University Belfast), Dr. Katherine Rogers (School of Nursing and Midwifery, Queen’s University Belfast)

Abstract

Introduction:

Clinical practice provides nursing students with the opportunity to practice nursing skills, enabling them to adapt to professional roles in the clinical setting. Practicing nursing skills in the clinical setting facilitates the integration of theoretical knowledge and practical skills among nursing students. Assessment is also critical to provide feedback and to gather information about learning and measure performance, which can be used to confirm the outcome and competency among nursing students. Importantly it also determines their eligibility to be placed on a professional nursing register. Preceptors have an important responsibility in assessing the learning outcomes that must be achieved by nursing students in clinical practice. Considering the importance of the role of the preceptors, it is important to explore how nursing preceptors view competence assessment.

Aim:

To explore and synthesis the existing evidence regarding assessment of competence and assessment methods and the preparedness of nursing preceptors to assess competency of nursing students in clinical practice.

Methods

The review was conducted by the research team. A five-stage methodological framework (Arksey and O’Malley, 2005), the Preferred Reporting Items for Systematic Reviews and Meta-Analysis Extension for Scoping Reviews (PRISMA-ScR) and Joanna Briggs Institute data extraction tool were followed.

Results:

The initial search result through all databases resulted in **8237** publications. The review included **34** studies published between 2008 and 2022

- There was a variation in the definitions of competence.
- A lack of inconsistency among assessment instruments and approaches.
- Nursing Preceptors and Educators face challenges during the assessment of students’ competence.

Discussion and Conclusion

The results of this scoping review can be used by nurse educators to help design competency tools. It is important that the views of preceptors are considered when designing tools for the assessment of competency.

References

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Lead Presenter Biography

Watin Alkhelaiwi

Watin Alkhelaiwi, a PhD candidate at QUB and a lecturer at Jouf university. She is interested in Nursing Education. She has an experience in research, publishing papers and sharing with international conferences.

Poster 21 | Inspire with an educational initiative: The LAURA workshop to improve research culture in preregistration nursing learners

Friday, 8th September - 13:05: Poster tour C | Nursing, midwifery or support worker education - Poster - Abstract ID: 441

Mr. Efstratios Athanasakis (BSc (Hons), RN, MA (Research Methods), NIHR Senior Clinical Research Nurse, Wythenshawe Hospital, Manchester University NHS FT), Mrs. Susan Ferguson (BSc, RN), Mrs. Claudette Wright (BSc, RN), Mr. Richard Clark (BSc, RN), Mrs. Elizabeth Swart (BSc, RN), Mrs. Patricia McCaul (BSc (Hons), RN, Dip), Mr. Luke Ward (BNursing (Hons), RN)

Abstract

Background: Preregistration nursing learners have placements in clinical practice and only a minority of them would attend clinical research placements within the health service. In order to engage as many as possible learners with clinical research, the delivery of the LAURA (Learning And Understanding Research in Action) workshop was initiated in 2015.

Aim: To discuss the LAURA workshop as an educational initiative towards the improvement of research culture in preregistration nursing learners between 2022-2023.

Methods: The LAURA workshop is a face-to-face 4-hour educational initiative that takes place 2-4 times/year within Research and Innovation division at Manchester University NHS Foundation Trust. It is delivered by passionate experienced clinical research nurses. The content of the workshop concerns research/clinical research, Good Clinical Practice, informed consent, the professional identity of the clinical research nurse, clinical academic research, and research staff journeys. Various teaching methods are included. Evaluation of the workshop is undertaken through learners' written feedback which is encouraged.

Results: Data collected from 2 workshops (October 2022, February 2023) is presented. Nineteen learners participated in total. Fifteen learners rated overall the workshop and its content as 'excellent'. 74% of the learners found the information 'useful' and 94% would likely attend future seminars. Learners' favourite parts involved a quiz, historical background of clinical research and informed consent scenarios. Areas for improvement identified, as well, such as introduction of activities and improvement of power point presentations. After the conduction of the workshops, 3 learners attended for research spoke placements.

Conclusion: The LAURA workshop can be a positive influence and inspiration throughout learners' journeys. Cultivate a spirit of inquiry, critical reflection and curiosity about the clinical practice are the main motivations to conduct the workshop and embrace research culture. The LAURA workshop team members always look for opportunities to improve the quality of future workshops.

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Lead Presenter Biography

Efstratios Athanasakis

Efstratios is a Senior Clinical Research Nurse within the Research and Innovation division in Manchester University NHS Foundation Trust. His clinical background is respiratory and cardiology nursing. His main research interests involve medication safety in nursing and his Master's degree focused on nurses' experiences of medication errors. He is now a research nurse and learning environment education link nurse. Along with other valuable nursing colleagues, Efstratios contributes to the improvement of preregistration nursing learners' experience of research placements and the dissemination of the role of clinical research within the Trust through the LAURA workshop described above.

Poster tour D | Older people

Poster 22 | Developing a partnership to make research more useful, usable and used within a care home setting.

Friday, 8th September - 13:05: Poster tour D | Older people - Poster - Abstract ID: 283

Ms. Louise Jones (Northumbria Healthcare NHS Foundation Trust), Mrs. Dawn Esslemont (Eothen care homes), Prof. Barbara Hanratty (Newcastle University), Mrs. Christine Henderson (Eothen care homes), Dr. Jenny Liddle (Newcastle University), Mrs. Lisa Wilson (Eothen care homes)

Abstract

Background

The Creating Care Partnerships (CCPs) look at developing research practice partnerships to deliver sustainable collaborations between research and practice. We are one of three Creating Care Partnerships developing research through co-production with care homes. Historically, care homes engage in ready-to-deliver research. Although this has created research engagement in the care home sector it has not provided the opportunity to contribute to what research is undertaken or how it is developed.

Aim

The CCPs help to build trust and mutual understanding leading to more useful and relevant research for care homes. The overarching aim of the partnership is to work co-productively with care homes to identify their research priorities and work these into studies.

Method

A care home group was identified to form the partnership where two of three care homes were already research active. Regular meetings were conducted face-to-face to develop the partnership and relationships with staff and residents have been further nurtured through the research nurse. The University evaluating the CCPs provided supporting materials which aided in the co-productive shaping of the partnership, including its functionality and what it aimed to achieved.

Outcomes

The partnership provided an opportunity for researchers and care home staff of all levels to have an active and equal voice. There are also opportunities provided by the partnership for care home staff to expand their research knowledge and skills through training.

In-keeping with the aim of the partnership, the first research topic has been co-productively identified: staff uniforms in care homes, what is the evidence-base to support the wearing or not wearing of uniforms. Plans to submit an article to a journal outlining results from searches and surveys relating to this topic are being explored. This will add to the evidence to support decisions in care homes about staff clothing policy.

Lead Presenter Biography

Louise Jones

I have been the Lead Community Research Nurse since 2009, engaging and supporting community and specialist nurses and allied health professionals to become more research active, embedding research into practice.

I am a 70@70 Senior Nurse Research Leader alumnus who co-led the James Lind Alliance Priority Setting Partnership identifying Community Nursing Priorities. I currently hold an ARC Practice fellowship developing the community nursing research priorities and working with the Creating Care Partnership on research priorities as identified by care homes.

Additionally, I am the ENRICH lead for North East and North Cumbria, promoting and supporting research engagement in care homes.

Poster 23 | Behind the veil: What it takes to set up and sustain a care home resident PPIE group

Friday, 8th September - 13:05: Poster tour D | Older people - Poster - Abstract ID: 289

Ms. Louise Jones (Northumbria Healthcare NHS Foundation Trust), Dr. Felicity Shenton (Cumbria, Northumberland, Tyne & Wear NHS Foundation Trust), Dr. Jenny Liddle (Newcastle University), Mrs. Justine Smith (CRN North East North Cumbria), Mrs. Julie Nisbet (Stockton on Tees Borough Council), Mrs. Nikki Brown (SSL Healthcare), Mr. Benjamin Brown (SSL Healthcare)

Abstract

Background

Historically Patient and Public Involvement and Engagement (PPIE) for care homes is done from the perspectives of care home staff, resident’s families and other professionals. Residents are never asked their opinion directly and, as such, there is no authentic resident voice represented. To address this absence of resident voice, a care home was approached with the aim of setting up a resident’s PPIE group.

Method

A group of research engaged professionals approached a care home manager regarding the possibility and feasibility of inviting residents to a PPIE meeting. The care home manager agreed and residents who had shown interest in getting involved in external projects were approached.

Outcomes

Benefits: Having a resident PPIE group ensures the resident voice is heard and is valued. It can give purpose to residents, increase the richness of their day-today conversations and provides an opportunity for them to draw on personal and professional experiences and provides new ones. Furthermore, it enhances the quality of researcher’s proposals and results.

Logistics: The logistics behind setting up a PPIE group are complex. Consideration had to be given to location and timings of meetings and the level of support required to facilitate these. Significant preparation was also needed to collect care home research studies for the group to review through study databases and professional networking.

Challenges: COVID-19 presented a number of challenges to set-up, specifically the wearing of masks which impeded communication. Engagement from multiple residents is necessary to ensure representation at each meeting. How to best support multiple resident PPIE groups simultaneously is under consideration, given the time, coordination and number of collaborations required to sustain the group. To facilitate this the PPIE group have published a blog and are preparing a video sharing experiences of engagement.

Lead Presenter Biography

Louise Jones

I have been the Lead Community Research Nurse since 2009, engaging and supporting community and specialist nurses and allied health professionals to become more research active, embedding research into practice.

I am a 70@70 Senior Nurse Research Leader alumnus who co-led the James Lind Alliance Priority Setting Partnership identifying Community Nursing Priorities. I currently hold an ARC Practice fellowship developing the community nursing research priorities and working with the Creating Care Partnership on research priorities as identified by care homes.

Additionally, I am the ENRICH lead for North East and North Cumbria, promoting and supporting research engagement in care homes.

Poster 24 | Care Home Research Partnership: Breaking Barriers (a critical reflection)

Friday, 8th September - 13:05: Poster tour D | Older people - Poster - Abstract ID: 313

Mrs. Emma Searle (Solent NHS Trust), Mrs. Amie Zolanvar (Solent NHS Trust)

Abstract

With over 360,000 people in the UK living in care homes, research that aims to improve health and wellbeing for under-represented groups is increasingly important. There are significant challenges undertaking research in care homes with factors relating to staff, residents, finance, methodology and ethical issues all presenting as barriers (Lam, Chow, Taylor, et al., 2018).

In 2016, Solent NHS Trust created the Care Home Research Partnership, a collaboration with care homes across Hampshire and the Isle of Wight. We have partnered with around 30 care homes and the outcomes of this research engagement has enabled us to nurture excellent community relationships and gain valuable evidence contributing to local and national research studies, investigating pertinent issues faced in care homes, such as falls management, the identification and prevention of urinary tract infections, pneumonia, and oral health support.

Despite progress, we continue to encounter barriers within the partnership. Our experiences are consistent with existing research (Giné-Garriga, et al., 2020 and Stephen and Knight, 2022) namely:

- Care home staff and residents unaware of research and its implications
- Lack of time, resources and staffing levels in care homes restricting the ability to commence a study
- Periods of research inactivity making it difficult to maintain motivation and interest

To overcome barriers, we worked with care home managers to develop a brochure highlighting the benefits of research. We created a schedule of ‘checking in’ with care homes; managers reported that this increased their sense of value and worth, keeping research at the forefront of their minds. We continue to foster our relationships with individual care homes, aiding us to tangibly understand which studies are feasible for them. We have learnt that open, reciprocal communication with care homes is driving the partnership’s success.

References

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Lead Presenter Biography

Emma Searle

Emma Searle is an older persons mental health research nurse at The Academy of Research and Improvement, Solent NHS Trust.

She trained at Southampton University School of Nursing and Midwifery in 2003 and qualified as a mental health nurse in 2006. She has experience in both acute and community mental health settings and 3 years ago transitioned into the world of research.

Emma is a passionate advocate in promoting research to under-represented groups, in particular care homes and along with colleagues, has continuously developed the innovative Care Home Research Partnership.

Poster 25 | Experience-based Modifications of the Bed Band ReAlised through Co-dEsign (EMBRACE) Project

Friday, 8th September - 13:05: Poster tour D | Older people - Poster - Abstract ID: 348

Dr. Michelle Beattie (University of the Highlands and Islands), Mrs. Roma Gibb (Person Centred Solutions), Dr. Leah Macaden (Edinburgh University), Dr. Kevin Muirhead (University of the Highlands and Islands), Ms. Fiona Ross (University of the Highlands and Islands)

Abstract

Mobility limitations affect between one third and one half of all adults 65 years and older in the UK. Upper body limitations are prevalent in people with Parkinson’s, Multiple Sclerosis, Stroke and other conditions common to the Highland region of Scotland. A key challenge for people with mobility limitations is their ability to get adequate, high-quality sleep and or carry out daily activities independently.

To address these issues, Person Centred Solutions Ltd have developed the Bed Band, a patent pending device, designed to support positioning in bed for people with limited upper body mobility. The Bed Band aims to help ensure users can maintain a comfortable position whilst in bed, thereby reducing the incidence of slippage when carrying out basic activities, e.g., eating and/ or reading in bed and/or insomnia. Indirect anticipated benefits include improved user agency, self-esteem, autonomy and lower costs of care. The aim of the current project is to undertake a process of product development involving healthy volunteers and expert stakeholders to provide feedback on the design, functionality and usability of the Bed Band. The feedback gained is intended to support the development of a more user-friendly, beneficial and commercially viable product, as well as developing user instructions.

The exploratory nature of the project lends itself to qualitative and co-production methods. Co-production refers to the involvement of the research team, expert stakeholders, and product designers. Methods include user testing in simulation and virtual focus groups with expert stakeholders. Data collection March and April. Findings will be available from July 2023. Attendees may find this a good example of transferring person-centred care theory into practice and or elements of the co-design process.

Lead Presenter Biography

Michelle Beattie

Dr Michelle Beattie is a nurse academic with 13 years’ experience and expertise in mixed methods research and improvement science. She also has extensive clinical experience (approximately 20 years). Her PhD was around measuring the quality of patient care experiences in hospitals. Michelle is researching a programme of research around care homes, which has resulted in grant income, ongoing collaborative applications, and publications.

Poster 26 | Repeated Referrals in Community Rehabilitation: Prevalence and Reasons

Friday, 8th September - 13:05: Poster tour D | Older people - Poster - Abstract ID: 473

Mrs. Maria Dark (Royal Devon University Healthcare NHS Foundation Trust), Prof. Maggie Shepherd (Royal Devon University Hospital), Mr. James Rodger (Royal Devon University Healthcare NHS Foundation Trust)

Abstract

Background

Repeated referrals are problematic in many healthcare settings e.g acute hospitals (Black 2014), primary care (Welzel 2017), and outpatient physiotherapy (Topley 2021) however evidence on repeated referrals in a community rehabilitation setting is lacking.

Clinical experience suggests that repeated referrals can prolong waiting lists and incur an increased cost to the NHS. They may also suggest initial care was insufficient to address the original problem and that issues remained unaddressed at point of discharge.

Aim

To identify the prevalence of, and reasons for, repeated referrals to the Community Rehabilitation Team.

Methods

Repeated referrals for physiotherapy/occupational therapy intervention to the Bideford Community Rehabilitation Team (01.06.2021-31.05.2022) was extracted from the RIO electronic patient records system. Data was collected on referral source and reason. Internal/community referrals were explored further to identify referral reasons.

Results

463/1349 (34%) referrals were repeated and from 9 different referral sources. Median number of repeated referrals was 2 (range 2-5). Most common repeated referrals were received from: Acute hospital n=141 (30%) (with 107 from inpatient and 34 from A+E), community health service n=86 (19%), primary care n=82 (18%). Main referral reasons included: mobility problems (46%), falls risk (26%) and equipment provision (24%). Equipment provision(n=27) was the most common reason for referring from community nurses.

Discussion

Referrals for mobility and falls risk may be appropriate, however the high number of referrals for equipment provision is questionable. Solutions to reduce the number of referrals for equipment could positively impact the service.

Conclusion

Repeat referrals were a problem in this service with mobility being a major concern. Repeat referrals for equipment provision were high from the community nurses. Further understanding into issues surrounding equipment provision with this professional group is needed. Exploration into whether the service was insufficient or if there were unmet needs at point of initial discharge is required.

References

Black, JT. (2014) Learning about 30-day readmissions from patients with repeated hospitalizations. *The American Journal of Managed Care*, 20(6), pp. e200-207.

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Welzel, F., Stein, J., Hajek, A., Koing, HH., and Riedel-Heller, S. (2017). Frequent attenders in later life in primary care: a systematic review of European Studies. *BMC Family Practice,* 18 pp. 104.

Lead Presenter Biography

Maggie Shepherd

Maggie trained at King’s College Hospital and worked as Diabetes Specialist Nurse before joining Exeter’s monogenic diabetes team in 1995. She has a PhD in Medical Science, qualifications in Specialist Nursing(diabetes), Medical Education, Genetic Counselling and Genomic Medicine. She is Lead Nurse for Research (RDUH) and Honorary Clinical Professor of monogenic diabetes (UoE). She was an NIHR70@70 Senior Nurse Research Leader(2019-22). She has >145 publications and was the first nurse awarded the Arnold Bloom lecture(2019). She was one of the Women in Global Health’s 100+ Outstanding Nurses and Midwives 2020 and was awarded a prestigious Florence Nightingale Foundation Leadership scholarship(2022).

Poster 27 | USE OF PAINAD IN OLDER ADULTS WITH DEMENTIA/COGNITVE IMPAIRMENT: Barriers and facilitators

Friday, 8th September - 13:05: Poster tour D | Older people - Poster - Abstract ID: 281

Ms. Yetunde Mercy Adebayo (Royal Devon University Healthcare NHS Foundation Trust), Prof. Pat Schofield (University of Plymouth School of Nursing and Midwifery), Mrs. Faye Doris (Royal Devon University Hospital), Prof. Helen Quinn (Royal Devon University Healthcare NHS Foundation Trust), Prof. Maggie Shepherd (Royal Devon University Healthcare NHS Foundation Trust)

Abstract

Authors: Adebayo, Y. Doris, F. Shepherd, M. Quinn, H. Schofield, P

Background

Patients with dementia are equally likely to experience pain as cognitively healthy individuals of the same age (Lydia Giménez-Llort,2020) and assessment can be challenging. Evidence regarding the impact that dementia/cognitive impairment (CI) have on the perception/expression of pain is lacking, except in Alzheimer's disease (Lydia Giménez-Llort,2020). Pain is underdiagnosed/undertreated in people with dementia/CI, consequently, they receive less pain treatment than individuals without CI (Achterberg WP,2013). Diagnostic pain tools depend on self-reports requiring intact cognitive and communication skills.

In contrast, PAINAD is observational so could be beneficial in this patient group (British Pain Society, 2017)

Aim

To identify nurses' perceived barriers and facilitators in using PAINAD among older adults with dementia/CI.

Methods

A systematic study of pain assessment was conducted: a) Data on PAINAD use from electronic patient records (EPR) from Jan-Oct 2022, b) A questionnaire was designed for ward nurses(n=17) to complete.

Results

From the EPR, 160/249 (64%) assessments of pain used a 0-10 rating scale, with only 9/249 (3%) using PAINAD.

16/17 nurses returned the questionnaire. Only 1/16 nurses had received training to use PAINAD. 6/16(38%) were not aware of PAINAD. 13/16(81%) stated that training and awareness would facilitate PAINAD use.

2/16 (13%) of nurses used an alternative observational scale. 10/16(63%) reported always being able to assess pain when needed while barriers to this included ward pressures and patient's inability to communicate.

Conclusion

Nurses use a range of measures to assess pain. However further training and awareness is required to ensure use of the optimal tool in this patient group.

Lead Presenter Biography

Maggie Shepherd

Maggie trained at King's College Hospital and worked as Diabetes Specialist Nurse before joining Exeter's monogenic diabetes team in 1995. She has a PhD in Medical Science, qualifications in Specialist Nursing(diabetes), Medical Education, Genetic Counselling and Genomic Medicine. She is Lead Nurse for Research (RDUH) and Honorary Clinical Professor of monogenic diabetes (UoE). She was an NIHR70@70 Senior Nurse Research Leader(2019-22). She has >145 publications and was the first nurse awarded the Arnold Bloom lecture(2019). She was one of the Women in Global Health's 100+ Outstanding Nurses and Midwives 2020 and was awarded a prestigious Florence Nightingale Foundation Leadership scholarship(2022).

Poster 28 | Embedding Research into Everyday Tissue Viability Practice

Friday, 8th September - 13:05: Poster tour D | Older people - Poster - Abstract ID: 265

Ms. Louise Jones (Northumbria Healthcare NHS Foundation Trust), Dr. Rebecca Williams (Northumbria Healthcare NHS Foundation Trust), Mrs. Jeanette Milne (Northumbria Healthcare NHS Foundation Trust)

Abstract

Approach

The Tissue Viability (TV) Team within an NHS Trust have successfully embedded a culture of research into everyday practice which continues to inform an ever-evolving specialism. They have built a strong portfolio of national and international studies, both commercial and non-commercial, having recruited to time and target following rigorous feasibility.

In order to achieve this, a number of actions have been undertaken to support the development of research-active TV nurses. The team have been supported by the Community Research team which has provided access to relevant training opportunities to develop research knowledge. A blended TV research role was developed to increase capacity and capability for research delivery and there have been further opportunities for TV nurses to engage with and lead on research studies as Principle Investigators.

Impact

The Chief Nursing Officer's Strategic Plan for Research emphasises the fundamental nature of embedding research in ongoing patient safety and the delivery of optimal care (NHS 2021). The approach taken by Tissue Viability has been developed and sustained over a 15-year period, testifying to its success. Through ongoing research engagement, the team continue to develop their knowledge and add to the growing evidence-base around wound care, including contributions to best practice, at conferences and in peer-reviewed journals. The team disseminate their findings through education delivered by the TV team to the wider Trust community, encompassing nurses in both secondary care and community, specialist nurses and allied health professionals. Development of PIs within the team has further enabled successful funding bids allowing reinvestment back into the team to support continued research.

References

NHS England (2021) Making Research Matter: Chief Nursing Officer for England's strategic plan for research. NHS England. London, UK.

Lead Presenter Biography

Louise Jones

I have been the Lead Community Research Nurse since 2009, engaging and supporting community and specialist nurses and allied health professionals to become more research active, embedding research into practice.

I am a 70@70 Senior Nurse Research Leader alumnus who co-led the James Lind Alliance Priority Setting Partnership identifying Community Nursing Priorities. I currently hold an ARC Practice fellowship developing the community nursing research priorities and working with the Creating Care Partnership on research priorities as identified by care homes.

Additionally, I am the ENRICH lead for North East and North Cumbria, promoting and supporting research engagement in care homes.

Symposium 6 - Capturing research impact

Capturing Research Impact (Overview)

Friday, 8th September - 13:40: Symposium 6 - Capturing research imapct - Symposium - Abstract ID: 290

Prof. Mary Wells (Imperial College Healthcare NHS Trust), Prof. Bridie Kent (University of Plymouth School of Nursing and Midwifery), Prof. Jane Coad (University of Nottingham), Prof. Joanne Cooper (NHS England)

Abstract

Reducing research waste and assuring the value of research is a priority. Research undertaken by nurses, midwives and allied health professions (NMAHPs) is most useful and least wasteful when it makes a demonstrable difference to healthcare and society. Illustrating pathways to research impact is increasingly important for all funding applications and being able to articulate research impact is vital if we are to encourage cultural and organisational change to support a clinical academic career structure in the NHS.

Historically, the capture and measurement of impact has mainly been considered in academic terms. However, real impact is much broader than this and includes impacts on understanding and awareness, attitudes, resources, the environment, health and wellbeing, policy, decision-making, behaviour change, culture, society and capacity (Reed 2023). This has been recognised by the Research Excellence Framework, which has placed increasing emphasis on the wider impact of research.

This symposium presents examples of how the impact of nursing, midwifery and allied health professional research can be captured and communicated. It will start with an overview of what research impact is and how research impact can be evaluated. Paper 1 will then provide a synopsis of impact case studies from REF 2021, illustrating the contribution of nursing research. Paper 2 will present the Research and Clinical Impact Tracker for Excellence (ReCITE ™) Tool, developed in the Midlands UK, to help research active nurses and midwives to track and record their research impact. Paper 3 will describe the development and piloting of an impact capture tool for clinical academic NMAHPs at Imperial. Together, these papers will provide an opportunity for participants to examine and debate ways of capturing impact, from a macro to a micro level.

References

Reed MS (2023) http://www.fasttrackimpact.com/resources (accessed 17.3.23)

Reed MS et al (2021) Evaluating impact from research: A methodological framework Research Policy 50 (4) https://doi.org/10.1016/j.respol.2020.104147

Lead Presenter Biography

Professor Mary Wells

Mary is a Deputy Director of Nursing - Research at Imperial College Healthcare NHS Trust and a Professor of Practice (Cancer Nursing) at Imperial College London. She leads the Impact and Metrics subgroup of the Clinical Academic Roles Implementation Network (CARIN). Mary is an experienced cancer nurse and health services/clinical researcher, whose current role is dedicated to improving the research culture and developing clinical academics in nursing and midwifery at one of the largest NHS Trusts in London.

Capturing Research Impact | REF2021 Impact Case Studies: The contribution made by nursing research | Paper 1

Friday, 8th September - 13:40: Symposium 6 - Capturing research imapct - Symposium - Abstract ID: 381

Prof. Bridie Kent (University of Plymouth School of Nursing and Midwifery)

Abstract

Background: Every 6-7 years, the UK's Higher Education Funding Councils conduct a national assessment of the quality of research carried out in UK universities. In the latest exercise (Research Excellence Framework (REF) 2021) 'impact case studies' were submitted to rigorously demonstrate the impact of the research beyond the academic sector. Analysis of the REF2021 dataset provides details of changes made in topic and scope since 2014.

Aims: To collate and categorise available REF2021 impact case studies involving nurse researchers or on topics of direct relevance to nursing.

Methods: A desk-based analysis of the REF2021 dataset to identify impact cases in three categories: 1) Research undertaken by a team containing at least one nurse and was concerned mainly with the practice or a topic of relevance to nursing; 2) Research was on the practice of nursing, but where nurse representation in the research team was not obvious; 3) Research that had no direct or immediate relevance to nursing, but was relevant in a more generic sense to health and social care. Descriptive and thematic analyses were undertaken.

Results: 580 impact case studies were identified from the REF2021 dataset using the search term nurs*. The results related to categories 1 & 2 will be presented, highlighting the number of cases submitted by universities, the units of assessment, and the topic areas.

Discussion: Nursing was successful in demonstrating impact in REF 2014, and some examples were marked out for particular note. Concerns were expressed about the low number of impact case study submissions from nurse academics in REF2014 and it is important to understand if this has changed.

Conclusions: Attention must focus on how to ensure that the impact of nursing research, and research on nursing, is captured and celebrated. This work forms an important component of this work.

References

Research Excellence Framework REF (2021) Home - REF 2021

Lead Presenter Biography

Professor Mary Wells

Mary is a Deputy Director of Nursing - Research at Imperial College Healthcare NHS Trust and a Professor of Practice (Cancer Nursing) at Imperial College London. She leads the Impact and Metrics subgroup of the Clinical Academic Roles Implementation Network (CARIN). Mary is an experienced cancer nurse and health services/clinical researcher, whose current role is dedicated to improving the research culture and developing clinical academics in nursing and midwifery at one of the largest NHS Trusts in London.

Capturing Research Impact | Capturing and Celebrating Clinical Impact in Nursing and Midwifery Research | Paper 2

Friday, 8th September - 13:40: Symposium 6 - Capturing research imapct - Symposium - Abstract ID: 380

Dr. Helen Janiszewski (University of Nottingham), Ms. Ceri Jones (University Hospital Coventry and Warwickshire NHS Trust), Dr. Louise Bramley (Nottingham University Hospital), Prof. Jane Coad (University of Nottingham)

Abstract

Background: Measuring research impact is long-established within Higher Education Institutions, UK and is known as Research Excellence Framework **(REF).** Healthcare impact is also nationally defined and recognised, including patient safety, staffing metrics and finances and resource. However, clinical impact of research projects can be challenging to meaningfully articulate to clinicians and academics. Consequently, with a growing number of Nurses and Midwives who are Clinical Academics and Researchers want to measure their project impact, so it is meaningfully captured and celebrated, but to do this, it requires agreed solid metrics within a user-friendly tool.

Aims: To develop a digital user-friendly tool to capture and measure clinical impact of research.

Methods: The Research and Clinical Impact Tracker for Excellence (ReCITE ™) Tool was developed and piloted in partnership across two NHS organisations in the Midlands, UK. It is a cutting edge digital tool that provides clinical academics and researchers with a prospective working document to self-identify metrics of their studies which in turn captures project impact. Metrics within the NHS are often presenting as a score, and the ReCITE Tool enables professionals to self-capture and articulate the impact of their project or study with a score, whilst also providing guidance about how to increase their impact.

Results/Conclusion: The pilot results will be shared with delegates and has shown that the ReCITE Tool enables individuals to collect information prospectively and translate impact in a meaningful way to their audiences, whether that be healthcare practitioners or impact required by Higher Education Institutions.

References

NHSE (2015). How to Understand and Measure Impact. The Better Care Fund. Issue no 4. bcf-user-guide-04.pdf.pdf (england.nhs.uk)

Research Excellence Framework REF (2021) Home - REF 2021

Lead Presenter Biography

Professor Mary Wells

Mary is a Deputy Director of Nursing - Research at Imperial College Healthcare NHS Trust and a Professor of Practice (Cancer Nursing) at Imperial College London. She leads the Impact and Metrics subgroup of the Clinical Academic Roles Implementation Network (CARIN). Mary is an experienced cancer nurse and health services/clinical researcher, whose current role is dedicated to improving the research culture and developing clinical academics in nursing and midwifery at one of the largest NHS Trusts in London.

Capturing Research Impact | Developing an impact capture tool for NMAHPP research: results of the first pilot at Imperial | Paper 3

Friday, 8th September - 13:40: Symposium 6 - Capturing research imapct - Symposium - Abstract ID: 379

Prof. Mary Wells (Imperial College Healthcare NHS Trust), Dr. Lisa Newington (Imperial College London), Prof. Caroline Alexander (Imperial College Healthcare NHS Trust)

Abstract

Background

Building clinical academic roles for nurses, midwives, allied health professionals, pharmacists and psychologists is challenging. Despite the strategic ambition for 1% of our workforce to be clinical academics by 2030 (AUKUH), shortages across our professions mean that organisations struggle to commit to protected research time within clinical roles. It is crucial that we demonstrate the impact of clinical academics on patients, staff and the organisation, so that the benefits of recruiting and retaining them is explicit and undeniable. This paper reports the development and pilot testing of an electronic impact capture framework and tool, to determine the impacts that clinical academic NMAHPPs make in research and practice.

Methods

The framework was developed from the findings of a systematic review and two qualitative studies, reviewed and refined in an iterative fashion, with input from research-active NMAHPPs, managers, patient and public representatives. Once agreed, the framework was used to define questions for an electronic research impact capture tool. A further round of feedback from the above stakeholders was performed before the tool was piloted with clinical academic NMAHPPs across a large NHS Trust.

Results

Eight elements were included in the impact framework and capture tool: clinical background, research and service improvement activities, research capacity building, research into practice, patients and service users, research dissemination, economics and research funding, and collaborations. Sixty-two research-active NMAHPPs were invited and 30 provided data (55% response rate). A range of positive impacts were reported across all elements of the framework. Importantly, these included impacts on recruitment and retention.

Conclusion

The electronic tool is a feasible means of collecting detailed information on research impact. It could help standardise reporting and provide evidence to support clinical academic NMAHPP careers within and across organisations.

References

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Newington L, Alexander C, Kirby P, Saggu R, Wells M (2022) Reflections on contributing to health research: A qualitative interview study with research participants and patient advisors PLoS ONE 17(12):e0279354

Lead Presenter Biography

Professor Mary Wells

Mary is a Deputy Director of Nursing - Research at Imperial College Healthcare NHS Trust and a Professor of Practice (Cancer Nursing) at Imperial College London. She leads the Impact and Metrics subgroup of the Clinical Academic Roles Implementation Network (CARIN). Mary is an experienced cancer nurse and health services/clinical researcher, whose current role is dedicated to improving the research culture and developing clinical academics in nursing and midwifery at one of the largest NHS Trusts in London.

Symposium 7 - Person centred key performance indicators

Person-centred Key Performance Indicators: An innovative and sustainable approach to measuring nursing and midwifery practice/Outcomes from an international Research Programme/paper 1

Friday, 8th September - 13:40: Symposium 7 - Person centred key performance indicators - Symposium - Abstract ID: 412

Prof. Tanya McCance (Ulster University), Prof. Val Wilson (Prince of Wales Hospital, Randwick Sydney), Ms. Susan Dyer (Women's and Children's Health Network)

Abstract

Over the past decade, there has been a global commitment towards creating a more person-centred healthcare system. There is a growing body of evidence that links person-centred practice to a range of quality outcomes. Nurses and midwives have a significant contribution to make in determining a positive patient experience. The evidence, however, demonstrates that greater emphasis continues to be placed on quantified measurements and indicators, rather than a focus on those that evaluate the impact of nursing and midwifery care, with a person-centred orientation.

Measuring indicators that are considered central to a positive experience of nursing and midwifery care, such as dignity, respect, privacy and communication is challenging. This abstract focuses on a programme of research, focused on the implementation of eight key performance indicators (KPIs), which are considered novel in the context of the existing evidence as they: 1) illustrate the unique contribution of nursing and midwifery to the experience of care for patients and families; 2) contribute to the development and sustainability of person-centred cultures when underpinned by principles of Practice Development; and 3) have the potential to contribute to improving the patient experience. The theoretical positioning of this work is underpinned by the Person-centred Nursing Framework (McCormack & McCance 2010, 2021).

This abstract will focus on the evaluation outcomes resulting from the implementing the KPIs across multiple settings regionally, nationally and internationally. In summary, the evaluation outcomes to date illustrate that the KPIs are: an effective measure to evidence performance of nursing and midwifery teams; a powerful driver for improvements in practice; and a mechanism that can promote person-centred cultures. At the heart of the KPIs is the unique contribution of nursing and midwifery, and ultimately its impact on the health care experience for patients and families and for nurses and midwives.

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Lead Presenter Biography

Tanya McCance

Professor Tanya McCance has an international reputation in the development of person-centred practice through the use of participatory research approaches, such as practice development and action research. She has been a registered nurse since 1990 and throughout her career has held several joint posts between higher education institutions and health and social care providers demonstrating her commitment to the integration of practice, education, and research. She has developed a programme of work through engaged scholarship and research that is underpinned by the Person-centred Practice Framework, which is central to the impact of her research.

Person Centred Key Performance Indicators: Measuring What Matters/Making iMPAKT and Going Global the Development and Testing of a KPI App/ Paper 2

Friday, 8th September - 13:40: Symposium 7 - Person centred key performance indicators - Symposium - Abstract ID: 212

Prof. Val Wilson (Prince of Wales Hospital, Randwick Sydney), Prof. Tanya McCance (Ulster University), Ms. Jacqui Cross (Nursing and Midwifery Office, NSW Ministry of Health), Ms. Jenny Hurley (South Australia Ministry of Health), Ms. Maria McIlgorm (Department of Health Northern Ireland)

Abstract

Using evidence to inform practice change is a fundamental principle of quality and safety initiatives. Key to success, is not only the type of evidence collected it is the value the evidence holds for those engaged in improving practice. There is an abundance of different data sources providing evidence of nursing practice and care delivery. These traditional sources of nursing evidence such as medication errors and incident of hospital acquired pressure injuries have one thing in common, they tell us what is not working in nursing practice. There is little evidence gathered that provides evidence of the contribution of nurses to patient care. The Person-Centred Key Performance Indicators provide holistic evidence about what nurses contribute the care experience.[1]

Building on this body of work we set out to make the collection, analysis and reporting of this type of evidence easier for nurses to achieve within the busy and complex care environment of today. We developed the Implementing and Measuring Person-centredness using an APP for Knowledge Transfer (iMPAKT).[1] Collecting data through Apps is not new, or indeed novel.[2] However, the way in which we developed this App considered ease of access to the App, differing data sources (survey, audit, observations and patient stories), how the data would be collated and analysed and the integration of a dashboard, bench-marking and the production of a written results report.

After initial testing[3] of the prototype App we approached several Chief Nursing Officers in the UK and Australia who were interested in using the App in work they were leading at a state and national level. Working in partnership the CNOs have provided funding to support the upgrade and implementation of the App. Working together, iMPAKT is now ready to go global, measuring what matters, privileging the patient voice and making a difference in practice.

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Lead Presenter Biography

Professor Val Wilson

Val Wilson is Professor of Nursing at Prince of Wales Hospital in Sydney and Professor of Person Centred Care at the Ingham Institute in NSW, Australia. She has been a Nurse for over 43 years and a researcher for over 25 years. Her main research focus is on building research capacity of nurses and midwives, and in person centred practice and quality and safety research. She uses action orientated mixed methods approaches that engage staff in investigating and improving their practice. She is currently supervising 12 PhD candidates.

Person Centred Key Performance Indicators: Measuring What Matters/ Consumer voice – facilitating the creation of data that informs change: The South Australian Story/ Paper 3

Friday, 8th September - 13:40: Symposium 7 - Person centred key performance indicators - Symposium - Abstract ID: 374

Ms. Susan Dyer (Women's and Children's Health Network), Prof. Tanya McCance (Ulster University), Prof. Val Wilson (Prince of Wales Hospital, Randwick Sydney)

Abstract

Person-centred KPI's are an effective measure to evidence the performance of nursing & midwifery teams; a powerful driver for improvements in practice; and a mechanism that can promote person-centred cultures.

We have been leading the implementation of the person-centred KPI cycles across acute and residential services in South Australia since 2013. Clinical areas include perinatal mental health, child and family health and paediatric medical, surgical, adolescent and midwifery wards. To-date 30 data collection cycles (surveys, audits, observations, and stories) have been completed resulting in clinical practice improvements.

Consumer stories shape the qualitative data and enable the consumer voice to be heard. The stories build on the quantitative data and most often provide the driver for nurses to celebrate and improve practice. The process of facilitating the collection of patient stories is also of value because each context is diverse across settings.

Some key observations and experiences of collecting and sharing patient stories include:

- Actively engaging and involving staff in data collection processes promotes accountability for actioning the KPI report.
- Staff are empowered to facilitate practice changes when they understand what matters to consumers during the care process.
- Cultural considerations and actions required to assist with facilitating the voice of diverse members of our community e.g., working with Aboriginal consumers.
- A number of consumers who shared their story indicated that the process of sharing helped them resolve aspects of care they were not satisfied with.
- The process of collecting data is just as valuable as the voices being listened to
- Recognition through the local person-centred care award has increased for participating clinical areas.

In this presentation we share the experiences of clinicians, consumers and facilitators and the value of stories in celebrating and influencing improvements in person-centred practice.

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Lead Presenter Biography

Susan Dyer

With over 30 years' experience as a paediatric nurse, I have worked in South Australia and the UK. In 2002 I commenced a joint nursing research position at the Women's and Children's Health Network in SA. In 2011, I commenced my current role of Advanced Nurse Consultant in the Clinical Practice Development Unit. This enabled me to work with many service areas in developing person-centred practice. I led SA in the implementation and evaluation of the person-centred KPI’s and the establishment of the South Australian Practice Development Network (SAPDN) Inc. including membership with the International Practice Development Collaborative (IPDC).

Symposium 8 - Nurses in the boardroom: Exploring the changing role of the Nurse Director

Nurses in the boardroom. Exploring the changing role of the Executive Nurse Director. Paper 1

Friday, 8th September - 13:40: Symposium 8 - Nurses in the boardroom: Exploring the changing role of the Nurse Director - Symposium - Abstract ID: 249

Prof. Daniel Kelly (Cardiff University), Ms. Zoe Horseman (The University of Edinburgh), Dr. Fiona Strachan (The University of Edinburgh), Dr. Sharon Hamilton (Teeside University), Prof. Aled Jones (University of Plymouth School of Nursing and Midwifery), Prof. Aisha Holloway (The University of Edinburgh), Prof. Anne-Marie Rafferty (Kings College London), Prof. Helen Noble (Queens university Belfast), Prof. Joanne Reid (Queen's University Belfast), Prof. Ruth Harris (King's College London), Prof. Pamela Smith (The University of Edinburgh)

Abstract

This symposium will present three recent studies exploring the role of nurses who work at the executive level in Trusts in the UK NHS[1].

The first presentation by Professor Daniel Kelly will present date from the UK-wide STRONGER study into this role and how it can be strengthened. Data will be shared from semi-structured, telephone interviews with 15 nurse directors and 9 colleagues who they nominated to comment on their role from across the UK.

Participants described a uniquely complex role, often one with a broader remit than any other executive board member. There was some evidence of the 'doctor-nurse' game emerging in the data that deserves more attention. We drew on recent ethnographic research on the role of medical directors who commonly undertake 'diplomatic' work [3]. Clinical credibility was a key strategy in terms of how they ensured success.

Executive nurse directors may differ in terms of how they are perceived in terms of clinical credibility and this may impact their influence, but they are key to the transmission of nursing values and delivery of safety and quality in healthcare settings. To strengthen this role, the limiting factors and the recommended shared learning identified in the research available should be recognised and addressed at the individual, organisational, and professional levels.

Given the pressure on all health systems to retain nurses, the role of executive nurse directors needs to be seen as an important source of professional leadership, and their value in actioning health policy from the boardroom into practice should be better recognised.

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Lead Presenter Biography

Professor Daniel Kelly

Professor Daniel Kelly OBE PhD RN FRCN

Professor Daniel Kelly has held the Royal College of Nursing Chair of Nursing Research at Cardiff University since 2011.

He has over 250 publications from funded research and has contributed to many international conferences.

He is the Convenor of RCN Fellows and was awarded the OBE in the 2021 New Year Honour's list. He is currently a Visiting Professor at Edinburgh University, University College London & Oxford Brookes University. He is also a Trustee at St Christopher's Hospice, and the GNC Trust, and is Public Governor at Kings College London NHS Foundation Trust.

Nurses in the boardroom: Exploring the changing role of the Executive Nurse Director | A critical realist study of the leadership experience of chief nurses and why it is experienced that way. Paper 2

Friday, 8th September - 13:40: Symposium 8 - Nurses in the boardroom: Exploring the changing role of the Nurse Director - Symposium - Abstract ID: 311

Mrs. Sally Bassett (Oxford Brookes University)

Abstract

The executive director of nursing's leadership role is seen as pivotal to English Trust boards securing the effective delivery of care quality. To do this, executive nurse directors need to be able to influence decision-making within the boardroom, which in turn requires board members to heed their advice. Not all executive nurse directors may have equal opportunities to lead successfully within the boardroom due to many intersecting factors such as gender and role socialisation[1]. Despite the complexity and importance of this role, there is minimal research[2] that explores the experiences of these senior nurses or provides an explanation of what enables them to be successful. This critical realist study involved 20 participants and explored the perceptions of successful executive nurse leadership and sought to explain why it may be experienced that way. Semi-structured interviews were conducted with current and retired chief nurses, medical directors, chief executives and senior colleagues who shared their stories of successful chief nurse leadership within the boardroom. Using critical realist thematic analysis[3], plausible explanations are suggested for why executive directors of nursing experience leadership as they do. A shared experience was navigating the liminal space from appointment to established tenure. Further, the gendered nature of nursing and medical work has an influence in the boardroom where, as a performance stage, power may not be equally held. Together this exploration and explanation form a narrative that can potentially influence our perception of this role, contribute to future policy and reflection on role preparation.

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Lead Presenter Biography

Sally Bassett

Sally's career has involved working in education, clinical effectiveness, governance and policy . At the DH, she led the development of the community matron policy. At PwC , she was involved in the review of Mid-Staffordshire, Winterbourne View and the Keogh Reviews. Sally joined Marie Stopes UK as the chief nurse before taking a senior lecturer post at Oxford Brookes. Sally is studying for her professional doctorate in nursing, exploring the perceptions of successful chief nurse leadership. Sally is the chair of the Nurse Management and Leadership Forum and the Forums Chairs Committee at the Royal College of Nursing.

Nurses in the Boardroom: Exploring the changing role of the Executive Nurse Director |Identifying priorities and actions for leadership strategies post pandemic: the CovLead study. Paper 3

Friday, 8th September - 13:40: Symposium 8 - Nurses in the boardroom: Exploring the changing role of the Nurse Director - Symposium - Abstract ID: 294

Dr. Alison James (Cardiff University), Prof. Daniel Kelly (Cardiff University School of Healthcare Sciences), Dr. Rebecca Dimond (Cardiff University, School of Healthcare Sciences), Prof. Aled Jones (University of Plymouth School of Nursing and Midwifery), Prof. Diane Watkins (Cardiff University)

Abstract

Raising the importance of effective leadership in nursing was acknowledged prior to the COVID-19 pandemic. The WHO (2020) report on the State of the World's Nursing acknowledged the need for strengthening nurse leadership. However, little evidence had been published about the Executive Nurse role, and its impact. It is known from studies prior to the pandemic that austerity and failures in care placed increasing pressure on Executive Nurses with calls for clear strategies of support for nurse leaders (Kelly et al 2016). As influential leaders for nursing, Executive Nurses can provide leadership and clear messages to the nursing workforce, by being present in decision making and being visible in their role. Therefore, generating in-depth understand of their experiences during COVID-19 both in terms of leadership and in how they have received leadership from others is important for the future of the wider nursing profession.

Building on recent doctoral research, which explored leadership preparation within nurse education (James et al 2020), The Stronger Study, this research focused on the learning from the pandemic response and what can be built upon from these senior role holders as we move into a recovery phase. Understanding this from the perspective of Executive Nurses during this time of public health emergency in healthcare, provides an evidence base to learn from experiences and inform future leadership strategies for nursing.

This study provides empirical evidence identifying effective nurse executive leadership strategies during the COVID-19 pandemic, and provides recommendations for strengthening the nurse executive role in the future.

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Lead Presenter Biography

Dr. Alison H. James

Dr. Alison H. James is a Reader in Healthcare Leadership at Cardiff University, a Registered Adult Nurse, a Senior Fellow of the HEA, and member of the editorial Board for RCNi Nursing Management Journal. Alison's research interests are Leadership, Quality Improvement and Innovation and organisational cultures. Alison also teaches across undergraduate and postgraduate programmes in healthcare. Alison is widely published internationally in journals and books.

Her clinical nursing background includes neurosciences, clinical research, osteoporosis, and metabolic bone disease. She previously held roles of Senior Consultant in Knowledge Transfer and applied research working across the UK in health and social care.

Sympoisum 9 -

Developing the future academic workforce: The experience of early career academics from health and social acre registered professions

Developing the Future Academic Workforce: The Experiences of Early Career Academics from Health and Social Care Registered Professions - A systematic literature review (1)

Friday, 8th September - 13:40: Symposium 9 - Developing the future academic workforce: The experience of early career academics from health and social care registered professions - Symposium - Abstract ID: 83

Mrs. Lesley Gratrix (University of Lincoln), Dr. Sharon Black (University of Nottingham), Ms. Rachael Mason (University of Lincoln), Ms. Marishona Ortega (University of Lincoln), Prof. Todd Hogue (University of Lincoln), Dr. Thomas Parkhouse (University of Lincoln), Prof. Ros KANE (University of Lincoln)

Abstract

Aim

The aims of this review were to: (a) identify the experiences of clinical practitioners following the transition from clinical practice to academia (b) identify the barriers and facilitators to successful transition into academia as a novice academic (c) identify strategies to support the transition from expert healthcare practitioner to novice academic.

Design

A systematic review of published, peer-reviewed, original research exploring the experiences of novice academics following a career as a healthcare practitioner.

Data Sources

Six electronic databases were searched: CINAHL Complete (EBSCO), Medline (EBSCO), Scopus (Elsevier), Web of Science (all databases) (Clarivate), British Education Index (EBSCO) and ERIC – Education Resources Information Center (EBSCO).

Review Methods

Three authors independently screened the literature using agreed inclusion and exclusion criteria. Themes were extracted from each selected study and synthesised to address the aims of the review.

Results

20 studies were retrieved and included in the review. Themes identified included: lack of mentorship or the person to ask; lack of preparedness for the role; balancing workload with teaching requirements and maintaining a work-life balance; building relationships and career progression.

Conclusion

Novice healthcare practitioners that have transitioned from a role as an expert practitioner to novice academic need to be supported with robust mentorship, time to learn and develop as an academic and to receive the practical and theoretical skills to become a confident and accomplished teacher, scholar and academic.

Impact

This review addresses the problems faced by expert clinical practitioners transitioning to the role of novice academic. Understanding the challenges faced by new healthcare academics allows education providers to consider how to support, nurture and retain aspiring academics of the future when navigating the challenges of returning to novice status. This review provides healthcare education providers with recommendations of strategies to consider when identifying how to prepare and support new academics.

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Lead Presenter Biography

Lesley Gratrix

Lesley Gratrix Is Deputy Head of the School of Health and Social Care at the University of Lincoln. She qualified as a Registered Nurse in 1990 and has worked in a range of specialities and Trusts but predominantly within General, Neurosurgical and cardiothoracic Critical Care nursing.

After completing her BA (Hons) in Management in Health and Social Care at Leeds, Lesley undertook her MSc at the University of Hull which resulted in a move into higher education in 2012. Within her academic career, Lesley has had a particular teaching focus on Leadership, management and critical care.

Developing the Future Academic Workforce: The Experiences of Early Career Academics from Health and Social Care Registered Professions - A survey of academic staff (2)

Friday, 8th September - 13:40: Symposium 9 - Developing the future academic workforce: The experience of early career academics from health and social care registered professions - Symposium - Abstract ID: 217

Mrs. Lesley Gratrix (University of Lincoln), Dr. Sharon Black (University of Nottingham), Ms. Rachael Mason (University of Lincoln), Prof. Todd Hogue (University of Lincoln), Ms. Marishona Ortega (University of Lincoln), Dr. Thomas Parkhouse (University of Lincoln), Prof. Ros KANE (University of Lincoln)

Abstract

Aim: To explore the experiences of new academics transitioning from clinical practice into academia.

Background: Previous research has focused on support offered to practitioners after taking up new academic posts, but support prior to this transition to help set realistic expectations about the nature and demands of the role is lacking.

Design: A cross-sectional survey (April-May 2022).

Methods: An electronic survey (March-June 2022) using two validated measures were used; an amended version of the Career Transition Inventory (CTI), and the HEXACO personality trait measure. The survey included open questions (analysed thematically) to elicit further detail. Ethical approval was granted by the University of Lincoln.

Results: The CTI showed strong agreement with a range of statements such as “I felt overwhelmed in my first year of academia”, “my line manager supported me during my probationary period”, and “I felt as though I had made the right decision to move from a clinical/professional role to an academic role”, suggesting the transition to academia was a difficult process but that help was received when required. Despite the challenges faced in transitioning, most participants felt it was a good decision.

The HEXACO personality trait measure suggested that higher levels of extraversion seemed to be associated with a more positive transition from a clinical role to an academic role.

The qualitative data showed four themes: (1) a need to do something different (2) expectations not reflecting reality (3) importance of support, (4) transformative experience.

Conclusion: Feeling like a novice highlighted the importance of support and preparation for role transition. Data from this study suggest training or exposure prior to applying for an academic post may help to align people’s expectations and reduce the pressure felt when entering a world which is unknown to them. Higher Education Institutes are ideally placed to offer pre-transition preparation programmes.

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Lead Presenter Biography

Sharon Black

Dr Sharon Black qualified as a Registered Nurse in 1996 and has nearly 20 years of experience as a nurse educator. Having worked in a number of universities, more recently as a Professional Lead for Education – Leadership at the Royal College of Nursing, and now as Associate Professor and Director of People and Culture in the School of Health Sciences at the University of Nottingham, Sharon works to ensure the clinical and academic workforce of the future are competent and confident in their roles. She is passionate about supporting students and her colleagues to achieve their full potential.

Developing the Future Academic Workforce: The Experiences of Early Career Academics from Health and Social Care Registered Professions – Factors influencing transition: development of an academic transition measure (3)

Friday, 8th September - 13:40: Symposium 9 - Developing the future academic workforce: The experience of early career academics from health and social care registered professions - Symposium - Abstract ID: 219

Prof. Todd Hogue (University of Lincoln), Ms. Rachael Mason (University of Lincoln), Mrs. Lesley Gratrix (University of Lincoln), Dr. Sharon Black (University of Nottingham), Dr. Thomas Parkhouse (University of Lincoln), Ms. Marishona Ortega (University of Lincoln), Prof. Ros KANE (University of Lincoln)

Abstract

Aim: Development and initial testing of a Transition to Academia from Practice (TAP) measure.

Background: Previous research has explored the psychological resources employed by a person when deciding to transition in their career, resulting in the development of the Career Transition Inventory (CTI). The transition to academia has been explored in studies, however, there appears to be no specific measure for this career change.

Design: A cross-sectional survey (April-May 2022).

Methods: A survey was designed centred on the five factors measured in the CTI with the questions amended to reflect transitioning from clinical practice to academia, based on findings from qualitative research in this area. Responses from 122 participants, across a range of countries and clinical professions, provided the data for developing the TAP. Reliability testing and factor analysis was conducted using JASP to test and refine the TAP. Ethical approval was granted by the University of Lincoln.

Results: The initial 72-item survey resulted in a Cronbach's alpha of α=0.812. Principal component factor analysis revealed support for the five factors, with the addition of subfactors and identification of an outcome variable. (1) Readiness with subfactors "understanding the role" and "motivations and desires", (2) Confidence with subfactors "confidence in expertise", "confidence in role", and "confidence in transition", (3) Control with subfactors "in control" and "adaptation", (4) Internal support, and (5) External factors. Factor 5 revealed a further factor relating to "intention to stay" which on reflection, was the outcome for a successful transition rather than a prerequisite for undertaking a change. The final measure resulted in 50 items and 3 questions to measure a successful transition.

Conclusion: The TAP helps to understand the factors that result in a successful transition to academia which may help to develop support for professionals who are contemplating the transition.

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Lead Presenter Biography

Sharon Black

Dr Sharon Black qualified as a Registered Nurse in 1996 and has nearly 20 years of experience as a nurse educator. Having worked in a number of universities, more recently as a Professional Lead for Education – Leadership at the Royal College of Nursing, and now as Associate Professor and Director of People and Culture in the School of Health Sciences at the University of Nottingham, Sharon works to ensure the clinical and academic workforce of the future are competent and confident in their roles. She is passionate about supporting students and her colleagues to achieve their full potential.

7.1 Acute and critical care

Registered Nurses’ use of NEWS in the U.K : the 3 pinch points of risk

Friday, 8th September - 15:00: 7.1 Acute and critical care - Oral - Abstract ID: 141

Mrs. Claire Nadaf (AECC University College)

Abstract

Background: Failure to recognise patient deterioration and act in a timely manner is a significant patient safety risk for which the National Early Warning Score (NEWS) was introduced in the U.K. as a potential solution. Despite this, patients continue to deteriorate unrecognised. Registered Nurses (RNs) are the main users of NEWS and responsible for patient clinical monitoring.

Aim: To explore RN experiences and perceptions of using NEWS in the U.K. as part of the recognition and management of acute adult patient deterioration.

Methods: Taking an interpretative hermeneutic phenomenological approach, guided by Gadamerian philosophy (2004), sixteen RNs from an acute NHS Trust participated in in-depth interviews exploring their experiences through dialogue. The texts formed part of hermeneutic spiral, interpreted to form new understanding and meaning through a fusion of horizons until establishing the emerging final horizon.

Results/Discussion: The study revealed that when using NEWS nurses are not completing all four stages of clinical judgement (Tanner,2006). Three points of risk in the process of nurses using NEWS in the recognition and management of potential deterioration were revealed. The first risk involves the delegation of vital sign monitoring to the healthcare assistant workforce with lack of certainty over competency and delays to escalation. The second risk is associated with a heavy reliance on NEWS restricting the full use of clinical judgement in Junior RNs. The final risk comprises of Senior RNs taking control of the patient, delaying further escalation which may lead to erroneous decision making.

Conclusion: Embedding of NEWS appears to have affected RNs full use of clinical judgement. There is a failure to recognise that every time that NEWS is used there is a potential for any of three points of risk to materialise. This could lead to failed opportunities to prevent patient deterioration or inappropriate management and avoidable adverse events.

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Lead Presenter Biography

Claire Nadaf

Claire Nadaf is a nurse academic and final year doctoral student with a thesis entitled “Registered Nurses’ use of a National Early Warning Score: An interpretative hermeneutic phenomenological study”. Claire has developed a keen interest and expertise in the Deteriorating Patient phenomenon over a number of years, delivering a range of post-registration education, developing one of the first MOOCs in healthcare in this subject resulting in being co-author of the learning for healthcare Recognising and managing deterioration elearning programme. Claire has been a Registered Nurse for thirty years, working in the UK and New Zealand in acute adult care.

7.2 Workforce and employment

Building a Professional Identity: a Longitudinal Qualitative study of Trainee Nursing Associates

Friday, 8th September - 15:00: 7.2 Workforce and employment - Oral - Abstract ID: 255

Dr. Rachel King (The University of Sheffield), Dr. Sara Laker (Winona State University), Dr. Bethany Taylor (The University of Sheffield), Prof. Tony Ryan (The University of Sheffield), Dr. Emily Wood (The University of Sheffield), Prof. Angela Tod (The University of Sheffield), Dr. Michaela Senek (The University of Sheffield), Mrs. Sally Snowden (The University of Sheffield), Dr. Steve Robertson (The University of Sheffield)

Abstract

Background

Nursing associates have been introduced in England to bridge a perceived gap in the workforce and provide an alternative route into registered nursing. Similar roles are well-developed in other high-income countries (Lucas *et al.*, 2021). Trainees undertake a two-year programme (Health Education England 2017), with some overlap of competencies with registered nurses. Little is known about how nursing associates develop and perceive their professional identity.

Aim

To understand the factors that contribute to the development of the nursing associate professional identity.

Methods

Trainee nursing associates in England were interviewed remotely, annually, in February 2020 (n=14), March 2021 (n=17), and March 2022 (n=12), and completed diary entries during this three-year period. Data was anonymised, transcribed, and analysed thematically.

Results

Nursing associate professional identity was developed through; increased knowledge, skills and feelings of responsibility; self-perceptions of identity, alongside the perceptions and responses of their colleagues. Tensions arose when the expectations of the scope of practice by employers and colleagues differed from those of nursing associates. Frustrations also occurred when nursing associates were perceived as substitutes for registered nurses in the context of nursing workforce shortages.

Discussion

The development of skills and knowledge enabled participants to provide an enhanced level of care for patients compared to their previous healthcare support roles. Accountability through professional registration, self-perception of the role, and experiences of the views of colleagues were important in building professional identity; key factors identified by Fitzgerald (2020). Although the scope of the role is set out in regulatory standards it was sometimes stretched beyond those boundaries to meet service needs.

Conclusion

Nursing associates valued their new knowledge, skills and responsibilities. Greater clarity of role boundaries is necessary to enhance the professional identity of nursing associates and reduce the inter-professional tensions arising from role ambiguity within health and social care organisations.

References

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Lead Presenter Biography

Dr Rachel King

Rachel is a Lecturer in Nursing at the University of Sheffield. She has worked as a registered nurse in clinical practice in a range of roles, most recently as an advanced practitioner in primary care. Her research focuses on emerging roles in nursing, such as advanced practitioners and nursing associates. Teaching activities include supervising master’s and PhD students, and teaching research methods and ethics, in addition to co-leading the school’s ethics committee. Her current research focuses on advanced practice roles in oncology, and she recently travelled to the Scottish Highlands and Islands exploring advanced practice in remote and rural settings.

Examining the lived experience of newly registered nurses and nursing associates working with a clinical nurse educator in their practice area – research in progress

Friday, 8th September - 15:35: 7.2 Workforce and employment - Oral - Abstract ID: 388

Mrs. Claire Agnew van Asch (University of Derby)

Abstract

Aims

The aim of my PhD research is to explore newly registered nurse (NRN) and nursing associate's (NAR) experience of transitioning to practice; with a specific focus on the influence of the clinical nurse educator (CNE) working alongside them during their preceptorship period in an acute hospital trust. This presentation will focus on the results of my literature review, methodology and how this study will contribute to both the current evidence gap, as well as informing the support needs of new registrants.

Literature review

Since the seminal work on reality shock by Kramer in 1974 the transition and preceptorship support needs of new registrants has been extensively explored across the globe. Following the thematic analysis of 38 articles in my literature review four areas of influence on transition were identified, 1) the preceptor as protector; 2) supporting the supporter; 3) impact of others; 4) value of time, with little evidence specifically citing the impact of the CNE role.

NHS England commissioned the development of a national preceptorship standard and framework which was published in October 2022. This, alongside the work of Watson et al (2020) support ongoing research on preceptorship and transition, and highlight the need for further exploration into the CNE role.

Methodology and methods

This is a qualitative study using van Manen's (1997) phenomenological approach to explore people's interpretation of the world as they see it and attach meaning to it. Data collection is about to start following HRA IRAS and University ethics approval and will be through semi-structured in-depth interviews with NRNs and NARs who have been supported by CNEs. A focus group with line managers of the NRNs and NARs interviewed; and a focus group with the CNEs will also be conducted to support the researchers contextualisation of the narrative from the NRNs and NARs.

References

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van Manen, M. (1997) *Researching Lived Experience, Human Science for an Action Sensitive Pedagogy*. 2nd edn, reprint Oxon: Routledge 2016

Watson, R., Wray, J., Barrett. D., Gibson. H and Aspland. J (2020) *Executive Summary STaR Project: supporting transition and retention of newly qualified nurses*, University of Hull: Burdett Trust for Nursing

Lead Presenter Biography

Claire Agnew van Asch

My enthusiasm and belief in the positive impact Preceptorship can have on new registrants began in 1998 when I undertook a staff nurse practice development project to implement the role of Clinical Support Nurse working alongside new nurses to support their transition to practice. This began my career-long interest in this area which I am now basing my PhD research on.

I am an RN with 28 years of experience working in an acute inner-city Hospital NHS Trust. I have always been passionate about supporting staff to be the best that they can be to deliver high-quality patient care.

7.3 Public health

Utilising creative methods and thematic analysis to explore sex workers’ experience of healthcare

Friday, 8th September - 15:00: 7.3 Public health - Oral - Abstract ID: 150

Ms. Fiona Meth (University of Leeds)

Abstract

This presentation will share findings from my PhD Thesis. The presentation will draw out the fundamental role that research plays in exploring patient experience, and in tackling stigma and bias through utilising creative methods to work with underserved populations.

The presentation will outline the Thesis findings, which gathered data from street sex workers who work in the Managed Approach (MA) in Leeds. Current literature fails to focus on physical or mental health measures, or long-term conditions. Street sex workers face extreme health inequalities, and without fully understanding the nature or extent of patient experiences in healthcare, from the women’s perspective, little can be done to address these. Gaps in the literature will be outlined, and the following research questions explored

From the women’s perspectives, what are sex-working women’s patterns of engagement with health care providers?

- From the women’s perspectives, what are the critical junctures at which they do and do not seek professional assistance?
- What is the impact of criminalisation, stigma, bias on their health outcomes?
- What are the implications of these findings for future policy and service provision?

Using Feminist Constructivism, Timelines were used alongside semi structured qualitative interviews to capture the women’s critical decision-making in their health seeking behaviours. Thematic Analysis (TA) was used to analyse the timelines and interviews. From the TA, 3 meta narrative threads were generated and these will be explored more fully in the presentation.

The rich narrative data provided by the creative methods used gives a unique first-hand account of the sex workers’ experiences in healthcare. The presentation will focus on the key recommendations for practice, highlighting the value of research in understanding patient experience.

References

Department of Health, (2014), *A Review of the Literature on Sex Workers and Social Exclusion*. [Online]. London: UCL Institute of Health Equity for Inclusion Health. Available from: https://tinyurl.com/2uxypd3a [Accessed 01/12/2021]

Putnis, N., and Burr, J., (2019), Evidence or stereotype? Health inequalities and representations of sex workers in health publications in England. Health (London), 24(6), pp.665-683. doi: 10.1177/1363459319833242. Epub 2019 Mar 11. PMID: 30854902.

Lead Presenter Biography

Fiona Meth

I have a Social Science and Urban Planning MSc background. Prior to Nursing, I worked as a Research Associate at London School of Economic and Queen Mary, University of London, as well as Shelter, the homelessness

Charity, where my interest in health developed, as I was working on a number of projects related to housing, homelessness and health inequalities.

My research interests include health Inequalities, under-served Populations, street sex worker health; qualitative research methods and creative methods, timelines & artefact research; and, racism in student clinical placements. I have just submitted my PhD looking at tackling Sex Worker Health Inequalities.

PERCEPTION, ATTITUDE, AWARENESS AND PERSPECTIVE TOWARDS SUSTAINABILITY PRACTICES IN RELATION TO CLIMATE CHANGE AMONG NURSES GLOBALLY: A SYSTEMATIC REVIEW.

Friday, 8th September - 15:35: 7.3 Public health - Oral - Abstract ID: 139

Mr. Ebenezer Akore Yeboah (Coventry University), Dr. Amanda A R Adegboye (Coventry University), Prof. Rosie Kneafsey (Coventry University)

Abstract

Background

Climate change threatens human existence and is caused by increasing carbon emissions. Healthcare systems generate about 5% of global net CO2 emissions further contributing to the crisis. Green healthcare practices could be implemented and nurses as the largest workforce group could potentially drive this activity. This review explored nurses' awareness, perception, and attitudes towards sustainable nursing practice in relation to climate change.

Methods

The JBI methodology for mixed methods systematic review was applied and results were reported in accordance with Preferred Reporting Items for Systematic Reviews and Meta Analyses (PRISMA) guidelines. CINAHL, PsycINFO, SCOPUS, and PUBMED databases were searched. JBI and MMAT critical appraisal tool were used for the data appraisal. Data synthesis and integration followed JBI convergent integrated approach and thematic analysis performed.

Findings

Eighteen papers were included comprising nine quantitative, eight qualitative and one mixed method study, and represented 9 different countries across five continents. Five key themes were generated: i) knowledge and awareness of climate change, ii) Link between nursing and climate change, iii) environmental sustainability, iv) barriers to environmentally responsible healthcare, and v) routes to environmentally sustainable nursing practices.

Interpretation

The review clearly indicates the need to raise awareness in relation to climate change and sustainable practices among nurses and the need to clarify and conscientise nurses' role in climate change. Engagement with policy makers and healthcare leaders to include criteria relating to environmental sustainability into procurement decisions and involvement of nurses in these decisions is recommended.

Ethics and Dissemination: This study has been approved by the Research Ethics Committee, Coventry University, UK. The approval reference number is P140687.

References

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Pachauri, R.K., Allen, M.R., Barros, V.R., Broome, J., Cramer, W., Christ, R., Church, J.A., Clarke, L., Dahe, Q., Dasgupta, P. and Dubash, N.K., 2014. *Climate change 2014: synthesis report. Contribution of Working Groups I, II and III to the fifth assessment report of the Intergovernmental Panel on Climate Change* (p. 151). Ipcc.

Stern, C., Lizarondo, L., Carrier, J., Godfrey, C., Rieger, K., Salmond, S., Apostolo, J., Kirkpatrick, P. and Loveday, H., 2020. Methodological guidance for the conduct of mixed methods systematic reviews. *JBI evidence synthesis*, *18*(10), pp.2108-2118.

Lead Presenter Biography

Ebenezer Akore Yeboah

I am a PhD candidate in the Centre for Healthcare Research, Coventry University, UK. I did my Bachelor's degree in Nursing in KNUST-GHANA, served as a Research and Teaching Assistant in the same University and later worked in the University hospital as a registered general nurse in Ghana. Owing to COVID-19, I became a research study nurse at KCCR for Sanofi/GSK COVID vaccine trial. I moved to the UK and became a UK RN at University Hospital of Morecambe Bay Trust. I am currently researching on the topic: Nursing in the context of climate change.

7.4 Women’s Health

Adult experiences of rape disclosures in nursing practice: A phenomenological study

Friday, 8th September - 15:00: 7.4 Women's Health - Oral - Abstract ID: 162

Dr. Claire Dosdale (Northumbria University)

Abstract

Introduction:

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

Aim and Objectives:

The aim of this research is to address this gap in knowledge and gain an understand of the experiences of sexual assault disclosure to nurses, through the perspectives of both survivors and nurses.

Methods:

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

Outcomes

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

Conclusion:

This study demonstrated nurses must be trauma informed in their care and practice, only then will they be able to fully support survivors of sexual assault. Both sets of participants' experiences are entrenched with underlying rape myth and victim blaming assumptions resulting in bias that impacts communication.

Lead Presenter Biography

Claire Dosdale

Dr Claire Dosdale is a Registered Nurse with 20 years professional experience. Claire worked as a clinical specialist sexual health nurse before moving into academia. She has been an academic in nurse education for 10 years and has recently completed her doctorate exploring sexual violence disclosures in healthcare. Research in the arena of sensitive topics is methodologically challenging. These challenges are familiar to Claire, she has experience and expertise in researching survivors of sexual violence. She is an early career researcher with knowledge in qualitative methods and has presented her research nationally

The Working Lives of Menopausal Women in the NHS

Friday, 8th September - 15:35: 7.4 Women's Health - Oral - Abstract ID: 460

Mrs. Katharine Gale (North Bristol NHS Trust), Dr. Sam Harding (North Bristol NHS Trust), Mrs. Sarah Rudd (North Bristol NHS Trust)

Abstract

England's National Health Service (NHS) employs over 1.3 million people & 75% of the workforce is female (NHS Employers, 2022). However, it has been suggested that a fifth of the NHS workforce could be experiencing menopausal symptoms (NHSE, 2022).

Menopause is a natural time in every woman's life when her menstrual periods stop, usually between 45 and 55 years (NICE, 2019). Menopausal symptoms affect three-quarters of women, with 25% reporting severe effects (BMS, 2021). Within the workplace, 60% of women experiencing menopausal symptoms say it has had a negative impact on their work (CIPD, 2022).

Internationally, there is surprisingly limited research into supporting women through menopause at work (Verdonk, et al 2022). However, there has been a significant increase in interest represented by editorials and commentary in published literature in the last two years (Rees et al, 2021). Unfortunately, there has been even less focus on the experiences of menopausal women working in the healthcare setting, particularly the NHS.

Following a scoping review to explore the research using validated measures and identify tools available to help understand the working lives of menopausal women within healthcare settings.

An online questionnaire was devised using the validated Menopause Rating Scale (Heinemann et al, 2004) to assess health-related quality of life for menopausal women. The questionnaire was distributed across one acute NHS organisation in England with over 8,000 employees.

Over 900 women, managers & supervisors completed the questionnaire in 2022. The qualitative & quantitative findings from the women and the managers within the organisations will be shared during the presentation. The findings identified the impact of menopausal symptoms on their work, the variety of challenges they faced in the workplace & provided information on how managers & supervisors can further support women in their organisation.

Ethical Approval: IRAS Project ID: **314962 REC: 22/HRA/2700**

References

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Verdonk, P., Bendien, E. and Appelman, Y., 2022. Menopause and work: A narrative literature review about menopause, work and health. *Work*, (Preprint), pp.1-14.

Lead Presenter Biography

Katharine Gale

Katharine is a registered nurse with nearly three decades of working in the NHS as a senior nursing leader in women's health.

She is the current chair of RCN Women's Health Forum and received charitable funding to research 'The Working

Lives of Menopausal Women in the NHS' within one acute NHS organisation. As an Independent Consultant Nurse & certified coach & trainer, she now empowers women with the key information they need to understand their bodies and minds around midlife. In addition, she works with organisations to enable them to support women in the workplace around menopause confidently.

7.5 Cancer

Making Research Matter: Bridging the Gap between Research and Clinical Practice through a ‘Researcher in Residence’ Model

Friday, 8th September - 15:00: 7.5 Cancer - Oral - Abstract ID: 468

Mrs. Jane Ireson (Sheffield Teaching Hospitals NHS Foundation Trust), Ms. Clare Warnock (Sheffield Teaching Hospitals NHS Foundation Trust), Prof. Diana Greenfield (Sheffield Teaching Hospitals NHS Foundation Trust)

Abstract

Background

The Chief Nursing Officer for England identified an ambition for research to be fully embedded in nursing practice and decision-making (NHS England 2021). A ‘Researcher in Residence’ model can contribute to building an active research active culture through the co-production of clinically relevant knowledge and bridging the gap between research and practice (Vindrola-Padros et al 2019). This role was introduced in a regional cancer centre in May 2022.

Aim

To identify the first stage priorities, challenges, and impact of a Researcher in Residence in building research capability, capacity, and awareness in nursing practice.

Method

A mixed methods approach was utilised to identify priorities and gaps in knowledge, skills and experience in research practice. A focus group was carried out with stakeholders from nursing, management and university sectors to agree an initial framework and identify measurable outputs, time frames and factors that could influence effectiveness. All teaching, mentoring and support activities provided by the Researcher in Residence from May 2022 to February 2023 were documented and analysed using descriptive statistics.

Results

Priorities, challenges and sources of support were identified by the focus group. 94 research support activities were documented revealing gaps in research knowledge and skills. These included project design, gaining research approvals, data collection and analysis, dissemination and presentation.

Discussion

The reasons nurses sought advice provide new insight into knowledge and skill gaps, and the support needed to enable nurses to actively participate in research. Organisational and operational factors were identified that created difficulties for nurses to engage in research.

Conclusion

The Researcher in Residence is providing a bridge to the gap between research and practice, enabling clinical nurses to develop confidence and skills in research. The findings provide information for educators, managers and research leads on practical challenges to building a culture where research is embedded in nursing.

References

NHS England (2021) Making Research Matter: Chief Nursing Officer’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/ (Accessed March 2023)

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Lead Presenter Biography

Jane Ireson

Jane Ireson is a Clinical Nurse Specialist in Gestational Trophoblastic Disease (GTD), NIHR Doctoral Fellow and Researcher in Residence at Weston Park Cancer Centre. Jane's Doctoral research has co-produced an electronic Patient Reported Outcome Measure (ePROM) for GTD that is supporting a UK wide pilot study of new virtual nurse-led clinics and has produced new insight into quality of life and the short and long term effects of chemotherapy. As a Researcher in Residence, she works across the organisation as a nurse and researcher to lead, promote and support an active culture of embedded nurse-led research.

The Role and Impact of Palliative Care Clinical Nurse Specialist in the Delivery of Enhanced Supportive Care for Patients with Hepatopancreatobiliary Cancer

Friday, 8th September - 15:35: 7.5 Cancer - Oral - Abstract ID: 438

Mrs. Sinead Benson (The Clatterbridge Cancer Centre), Dr. Helen Wong (The Clatterbridge Cancer Centre), Dr. Anna Olsson-Brown (The Clatterbridge Cancer Centre), Dr. Seamus Coyle (The Clatterbridge Cancer Centre), Dr. Daniel Monnery (The Clatterbridge Cancer Centre)

Abstract

Background

Integration of care between palliative care and oncology offers improvement in patient outcome and is increasingly recommended. There is evidence of improved patient and healthcare outcomes including quality of life, tolerability of systemic anticancer treatment in the last year of life and reduced healthcare cost. Alongside discussions of early palliative care integration, supportive care and its integration into oncology care has also come into focus. Supportive care is the prevention and management of the adverse effects of cancer and its treatment, including management of physical and psychological symptoms associated with cancer, its treatment and associated post-treatment care. Enhanced Supportive Care (ESC), led and delivered by palliative care clinical nurse specialists is a potential model to achieve this but is currently unevidenced.

Aim

To investigate the impact of a nurse-led integrated ESC model within the hepatopancreatobiliary (HPB) cancer care setting

Methodology

One-hundred and one patients with HPB cancer were supported by integrated ESC delivered within a co-located clinic structure.

Data relating to symptoms and quality of life were collected prospectively.

Survival data and chemotherapy usage was retrospectively analysed following minimum follow-up, utilising a matched control technique.

Results

ESC patients illustrated improvements in certain key symptoms including pain, nausea, vomiting and mood over time.

Patients had less aggressive treatment towards the end of life amounting to 31% less chemotherapy than controls with comparable survival.

During the 6 month follow up period for the 101 ESC patients, a total of 236 referrals to other supportive care specialties were made.

Conclusion

An integrated nurse-led ESC model can be effective in improving outcomes for patients with hepatopancreatobiliary cancer. This model resulted in improved quality of life and a reduction in the amount of chemotherapy administered in the last year of life with comparable survival.

References

Benson S, Wong H, Olsson-Brown A, Coyle S & Monnery D. (2023) The Role and Impact of Palliative Care Clinical Nurse Specialists in the Delivery of Enhanced Supportive Care for Patients with Hepatopancreatobiliary Cancer. *Int J Palliat Nurs*. In Press.

Lead Presenter Biography

Sinead Benson

Sinead is a Palliative Care Clinical Nurse Specialist at The Clatterbridge Cancer Centre Liverpool. She has a keen interest in hepatopancreatobiliary (HPB) cancer and runs a weekly intergraded Enhanced Supportive Care (ESC) clinic for patients who have HPB cancer.

7.6 Inequalities in health

Health Professional's Implicit Bias of Adult Patients With Low Socioeconomic Status and Its Effects on Clinical Decision Making: A Scoping Review.

Friday, 8th September - 15:00: 7.6 Inequalities in health - Oral - Abstract ID: 327

Mrs. Claire Job (Cardiff University), Ms. Bami Adenipekun (Cardiff University), Mrs. Anne Cleves (Velindre University NHS Trust), Prof. Paul Gill (Northumbira University), Dr. Ray Samuriwo (University of Bradford)

Abstract

Introduction: People with lower socioeconomic status (SES) are reported to receive worse healthcare and have worse health outcomes compared to those with higher SES, in part due to implicit bias and prejudice. A better understanding of the relationship between SES and Health Professional (HP) decision making is therefore essential to address socio-economic inequalities in health.

Aim: To scope the reported impact of HP bias about SES on clinical decision making and its effect on the care of adults with lower SES in wider literature.

Methods: This review used JBI methods and Preferred Items for Systematic Reviews and Meta-Analyses for Protocols and Scoping Reviews (PRISMA-ScR) guidelines. A robust systematic search for literature and was conducted on various, pertinent databases to identify relevant literature. A scoping review protocol was published in BMJ Open. A patient and public interest representative was involved in the planning and analysis of this review.

Results: Sixty-four papers were retained 1975 - 2022. The primary research studies included in the review explored implicit bias of Nurses, Doctors and Allied Health Professionals. Three quarters of the papers demonstrate a link between implicit bias of SES and HP decision making. There is evidence that unconscious bias becomes explicit when the HP is fatigued or overworked. The assertiveness of patients with low SES could help limit implicit bias.

Conclusions: HPs hold implicit bias of people with low SES, HP decision making is at times influenced by non-medical factors for people of low SES, and assumptions are made based on bias and stereotyping. This is a phenomenon contributing to health inequalities. The practice of self-awareness and perspective taking especially when the HP is fatigued may help to overcome implicit bias when decision making. There is a research gap in the formulation and evaluation of education or awareness programmes to counteract implicit bias.

References

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Lead Presenter Biography

Claire Job

Claire has over 20 years' clinical nursing experience, working in the field of cancer and palliative care. Claire is a Senior Lecturer at Cardiff University's School of Healthcare Sciences, teaching undergraduate and postgraduate education. Claire has a special interest in health inequalities, especially in relation to socioeconomic status and the provision of equitable care. Claire is a 2022-2023 RCBC First into Research Fellow and current winner of Cardiff University's Celebrating Excellence Awards 2022: Excellence in Teaching and Scholarship category.

7.7 Workforce health and wellbeing

Exploring staff experiences and perceptions of patient-perpetrated violence in hospital settings: A qualitative study

Friday, 8th September - 15:00: 7.7 Workforce health and wellbeing - Oral - Abstract ID: 477

Ms. Dana Sammut (University of Birmingham), Dr. Liz Lees-Deutsch (Coventry University and Centre for Care Excellence, University Hospitals Coventry and Warwickshire NHS Trust), Ms. Jennifer Imasogie (University of Birmingham), Dr. Nutmeg Hallett (University of Birmingham), Ms. Luul Ali (University of Birmingham), Ms. Mpembe Nkundo (University of Birmingham)

Abstract

Background

Patient-perpetrated violence is a pervasive and complex problem. Healthcare systems are facing unprecedented demand, with record numbers of frontline staff leaving the service. Many staff have come to see violence as a normal part of the job.

Aims

To explore staff experiences and perceptions of patient-perpetrated violence in hospital settings.

Methods

In this qualitative study, 12 semi-structured interviews were conducted with a diverse sample of hospital staff, including nurses (3), doctors (2), allied health professionals (5), hospital security (1) and a non-clinical health and safety officer (1). Interviews were held in June-August 2022. Data were analysed using qualitative framework analysis, with Weiner's (1982) Attribution Theory used as a theoretical lens.

Results

Three themes were identified: violence as (un)predictable, violence as (un)preventable, and the cumulative toll of violence.

Discussion

In making sense of why patients become violent, participants described different 'types' of aggressive patient and variably attributed patients' behaviours to situation, disposition, or a combination of both. Regardless of perceived causal factors, staff overwhelmingly appeared to view violence as predictable. Participants also reflected on the wider structural problems underpinning violence, frequently alluding to their sense of relative powerlessness to initiate change. The cumulative toll of violence was a common thread across participants' narratives, with many describing their acquisition of 'resilience' and reflecting on its role in their responses to escalating situations.

Conclusions

The concept of staff 'resilience' following violence is not unproblematic, having the potential to serve as a guise for acceptance and as an additional variable for which staff are held accountable. When designing strategies, organisations should ensure that accountability for violence reduction is distributed across multiple levels. This research comes at an important time as the Government commits itself to tackling violence, abuse and aggression in its action plan for the Agenda for Change workforce.

References

Weiner, B. (1982). An attribution theory of motivation and emotion. In H. W. Krohne & L. Laux (Eds.), Series in clinical & community psychology: Achievement, stress, & anxiety (pp. 223–245). Washington, DC: Hemisphere Publishing Corporation.

Lead Presenter Biography

Dana Sammut

Dana Sammut is a Registered Nurse and Research Associate. Since qualifying as a nurse in 2018, she has worked in a dual role combining clinical work with her research career, working on a number of projects in the UK and further afield. Her research interests include workplace violence, gender-based violence, safeguarding and healthcare education.

Examining the relationship between moral distress and nurses' intention to leave the Emergency Department: Results of a Systematic Review.

Friday, 8th September - 15:35: 7.7 Workforce health and wellbeing - Oral - Abstract ID: 419

Ms. Olivia Boulton (University of Stirling), Dr. Barbara Farquharson (University of Stirling)

Abstract

Background: There is a global shortfall of nurses (WHO, 2022). Despite national targets to increase nurse training and retention, the numbers leaving the profession continue to rise. Emergency Departments (EDs) have consistently recorded above average staff-turnover (McDiarmid et al., 2020). Moral distress is experienced when an individual is required to act in conflict with their moral principles (Jameton, 1984) and is increasingly described by ED nurses.

It is important to understand the relationship between moral distress and the intention to leave, to inform interventions mitigating moral distress, aiding nurse retention and the organisational stability of health services.

Aim: To synthesise the available evidence on the association between moral distress and intention to leave in emergency nurses.

Methods: Pre-registered protocol: PROSPERO CRD42022336241. Comprehensive search: MEDLINE, CINAHL, PsychINFO, Web of Science and Cochrane databases (8^{th} -10^{th} June 2022). Results were screened and quality-assessed with cross-checks. Heterogeneity of samples and insufficient data precluded statistical pooling and meta-analysis. Consequently, narrative synthesis was performed.

Results: Five studies reported quantitative results eligible for synthesis. Low to moderate levels of moral distress were reported in ED nurses; contrasting starkly with the significant proportion who reported having left or considered leaving due to moral distress (up to 51%).

Discussion: Sparse, mostly low-quality evidence was identified, highlighting a need for more robust research. Current tools for measuring moral distress appear not to capture the unique pressures which contribute to moral distress in ED nurses.

Conclusions: ED nurses cite moral distress as a reason for leaving. Further study is required to determine the levels of moral distress associated with intentions to leave and the strength of that association. This is fundamental to the design of effective retention policies. Future research should also explore the applicability of current moral distress measures to the ED, with consideration given to developing ED-specific tools.

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Lead Presenter Biography

Olivia Boulton

Olivia qualified as a registered nurse in 2006. After working in renal medicine for four years, moved to the A&E department at The Royal London Hospital, Barts Health. In 2016 Olivia began working as a clinical research nurse in emergency departments across Barts' Health NHS Trust. Whilst research team leader she developed an interest in engaging patients, public, nursing staff and students in research. Helping to build a PPI group and provide student nurse placements with the research team.

After completion of an MRes her main interests lie in exploring ways to improve the well-being and working environment of nurses.

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