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Monday 5 September

10.20 – 11am

Location: Dora Stoutzker Hall

Influencing cancer policy and practice through co-design

Professor Mei Krishnasamy BA; RGN; DipN; MSC; PhD
Director of the Academic Nursing Unit, Peter MacCallum Cancer Centre;
Honorary Chair in Cancer Nursing, University of Melbourne
Victorian Comprehensive Cancer Centre Alliance, Research and Education Lead, Nursing

Summary of session

This talk will overview a program of nurse-led cancer supportive care research, outlining its progress from consumer co-design initiative to policy imperative. The capacity of nurses to elevate the voice of those we care for to drive local and system level change will be demonstrated, and ways in which nurses can influence health policy, inform, and innovate for provision of value-based health care, will be discussed.

Intended learning outcomes:

- Appreciate the potential of consumer co-designed research to address entrenched system disparities.
- Appreciate the power and capacity of nursing's voice to lead innovations in care and health policy.
- Recognise the potential for optimised health outcomes through nurse-led system collaboration.

Recommended reading list

- Porter M, Lee T. The strategy that will fix health care. Harvard Business Review. 2013 Oct. (https://hbr.org/archive-toc/BR1310)
- Scanlon B, Brough M, Wyld D, Durham J. Equity across the cancer care continuum for culturally and linguistically diverse migrants living in Australia: a scoping review. Global Health. 2021 Jul 28;17(1):87.
- Small N, Ong BN, Lewis A, Allen D, Bagshaw N, Nahar P, Sanders C; DEPEND team. Co-designing new tools for collecting, analysing and presenting patient experience data in NHS services: working in partnership with patients and carers. Res Involv Engagem. 2021 Nov 27;7(1):85.

Biography

Professor Mei Krishnasamy is Director of the Academic Nursing Unit at the Peter MacCallum Cancer Centre and Honorary Chair in Cancer Nursing at the University of

Melbourne. She is Research and Education Lead for Nursing for the Victorian Comprehensive Cancer Centre (VCCC) Alliance, and co-lead of the Victorian Regional Research Teaching Hub. Mei is past President of the Clinical Oncology Society of Australia and the Cancer Nurses Society of Australia. Her research focuses on health equity and experiences of care for people with poor prognosis cancers, and the contribution of nurses to patient and system level outcomes.

Monday 5 September

2.15 – 3.20pm

Location: Dora Stoutzker Hall

Panel discussion:
Strategic directions for nursing research. Insights from REF (Research Excellence Framework) and the CNO perspective

Sue Tranka, Chief Nursing Officer for Wales, Nurse Director of NHS Wales

Biography

Sue Tranka was appointed as the Chief Nursing Officer for Wales and Nurse Director of NHS Wales in the summer of 2021. She was formerly the Deputy Chief Nursing Officer for Patient Safety and Innovation at NHS England and Improvement from January 2020 and also held the role of Director of Infection prevention and control leading the national team in its response to supporting guidance development, implementation and remobilisation of NHS services. Protecting staff and patients from nosocomial transmission of COVID has been a key focus of her work since the start of the pandemic.

Sue has 29 years of varied experience in nursing and has spent the last 22 years working in the National Health Service. Sue trained as a midwife, registered general nurse, mental health nurse and community nurse. Sue's career has spanned both operational and clinical leadership roles. Her passion for patient safety and quality improvement culminated in her establishing and leading a Critical Care Outreach team in a North London hospital. Sue's nurse consultant and leadership roles have predominantly focussed on the safety arena and she has a strong interest in quality improvement, human factors and safety systems.

More recently she has held a Board level role as an Executive Chief Nurse in a provider organisation. She was made an honorary visiting professor by the University of Surrey and has established links with Staffordshire University as a professional advisor on human factors programmes.

In October 2020, Sue was listed among the Health Service Journal's 50 most influential people in health from a black, Asian and minority ethnic background, and in December 2021 was awarded a fellowship of the Queen's Nursing Institute.

Dame Ruth May, Chief Nursing Officer, England

Biography

Ruth enjoyed national appointments with NHS Improvement and Monitor, as well as regional and trust leadership roles, before becoming the Chief Nursing Officer (CNO) for England in January 2019.

In June 2022, as part of the Queen's Platinum Jubilee Honours, Ruth was awarded a DBE for her services to nursing, midwifery and the NHS since she started her nurse training in 1985. Upon receiving her Damehood, Ruth recognised the expertise of nursing and midwifery colleagues in caring for people at every stage of their lives and the vital role that the professions and care staff played during the pandemic. Ruth has led the nursing, midwifery and care professions' response to COVID-19 in England and led collaborative work with UK CNO colleagues, the NMC and trade unions to ensure agreement and consistent messaging on key issues.

She is passionate about nurturing the next generation of NHS nursing and midwifery leaders and encouraging professional development opportunities. This includes advocating for improved mental health awareness, championing volunteer activity to support the frontline workforce, and she is a vocal supporter of the WRES agenda and increased diversity across the NHS.

Proud mum to her wonderful daughter, Ruth is a great believer in a healthy professional and home life balance for all.

Find Ruth on twitter @CNOEngland / #teamCNO

Professor Mark Radford, BSc (Hons) RGN, PGDip (ANP), MA (Med Ed), PhD, FHEA, DSc (Hon), Deputy Chief Nursing Officer for England

Biography

Mark Radford is currently Chief Nurse of Health Education England and Deputy Chief Nursing Officer for England. Mark led the national NHS vaccine workforce programme, ensuring success in phase one, with the delivery of 15 million vaccinations. The programme recruited and trained over 250,000 people including 90,000 clinicians and 70,000 volunteers, in a few months, to launch one of world's fastest programmes. He also led the deployment of student nurses in the wave one and two pandemic response, with 71 universities in England.

Mark has led other major NHS, workforce policy and delivery programmes as National Senior Responsible Officer for domestic supply for the government's 50,000 nurses manifesto commitment, led the expansion of 5,400 additional places at universities and 7,700 additional placements in the NHS to support expansion.

Mark qualified as a nurse in 1994 and has previously worked in anaesthetics, preoperative assessment, perioperative care, critical care and A&E in the UK and Europe. He was a Consultant Nurse in Perioperative Emergency Care and worked as an advisor to the Department of Health, the National Confidential Enquiry into Patient Outcome and Death, the Medicines and Healthcare products Regulatory Agency and The National Institute for Health and Care Excellence on a range of areas including perioperative hypothermia, emergency management and nurse prescribing.

He is also a Professor of Nursing at Birmingham City University and Coventry University, with research covering emergency care models, advanced practice, staffing, risk modelling, clinical decision-making, expertise and sociological issues in healthcare.

He has published widely on advanced practice nursing and perioperative care.

Professor Alex McMahon, Chief Nursing Officer for Scotland

Biography

Professor Alex McMahon is Chief Nursing Officer for Scotland and Director of the CNO Directorate in Scottish Government. He took up his post in January 2022
Previously he was Executive Director for Nursing, Midwifery and Allied Healthcare Professionals in NHS Lothian.

Professor McMahon has professional responsibility for two thirds of the NHS Scotland workforce: nursing, midwifery, AHPs and healthcare scientists. He leads on a number of policy areas such as infection prevention control.

Professor McMahon was the Executive Director of Nursing, Midwifery and AHPs at NHS Lothian and was Chair of the Scottish Executive Nurse Directors group for four years, working closely with the previous Chief Nursing Officer to shape policy and professional practice. He qualified as a registered mental health nurse in 1986, and as a registered general nurse in 1989, and has worked in the private sector, NHS and Scottish Government. He holds honorary professorships with the University of Stirling and Queen Margaret University.

Maria McIlgorm – Chief Nursing Officer, Department of Health, CNO Northern Ireland

Biography

Maria McIlgorm was appointed to the post of Chief Nursing Officer (CNO) for the Department of Health in March 2021. Prior to joining the Department, Maria was a professional advisor within the Scottish Government.

Maria joined the nursing register in 1988 before becoming a midwife in 1990. Since then, she has worked across a range of acute and community settings within Health and Social care in England and Scotland and has gained extensive leadership, management and strategic experience.

Maria graduated from the University of the West of England in 1994 with an undergraduate degree in Midwifery. In 2011, she successfully completed a leadership programme with the Harvard Business School, gaining a postgraduate diploma in Leadership Practice from Edinburgh Napier University. Most recently, Maria completed a Coaching and Leading for Improvement Programme through NHS Scotland.

As Chief Nursing Officer, Maria leads the nursing, midwifery and allied health professionals' contribution to the development and implementation of health and social care policy in Northern Ireland. Her team of professional nurses, midwives and AHPs provide advice on adult and children's acute services, mental health, elderly care, learning and physical disabilities, public health, community health, primary care, midwifery, and international issues relating to nursing, midwifery and Allied Health Professionals. They also advise on the regulation of professions, education policy, workforce planning and development.

Professor Hugh P. McKenna CBE, PhD, B.Sc.(Hons), RMN, RGN, RNT, DipN(Lond), AdvDipEd, FFNRCSI, FEANS, FRCN, FAAN, MEA, MEASA

Biography

Professor Hugh McKenna is a general and psychiatric nurse and, until recently, was Dean of Medical School Development and PVC Research and Innovation at Ulster University. He has over 250 publications, including 17 books, his latest one on research impact. His research has been cited 20,500 times He was appointed Commander of the British Empire and is a Fellow of four prestigious organisations. In 2013, he received the Outstanding Achievement Award by the Royal College of Nursing and in 2014, a lifetime achievement Award for his contribution to mental health nursing. In a 2018 Government report he was named one of the most influential nurses in the 70-year history of the NHS.

In 2021, he chaired the UK Research Excellence Framework Expert Panel for Pharmacy, Dentistry, Allied Health Professions, Biomedical Sciences, Nursing and Midwifery. He chaired a clinical research quality panel for the Swedish Research Council and chaired numerous education panels for the Hong Kong Council for Accreditation. In 2019 and 2020, he received two Honorary Doctorates and held 7 international visiting professorships.

In 2019, he was appointed Member of the Academia Europaea, founded as an initiative of The Royal Society and in 2020 a Member of the European Academy of Sciences and Arts. He chairs the Study Steering Committee for a National Institute of Health Research on older persons' oral hygiene in nursing homes. He sits on the Department of Health's Clinical Ethics Forum, advising on ethical issues facing nursing during the pandemic. In 2020, he was appointed Non-Executive Director of a large integrated Health and Social Care Trust and a Trustee on Alzheimer's Society UK. In 2022, he was appointed Auditor for the Hong Kong Quality Assurance Council.
Twitter: @mckenna_ho

Tuesday 6 September

9.10 – 9.55 am

Location: Dora Stoutzker Hall

Complexity, connectedness and coordination

Professor Ben Hannigan, BA(Hons), MA, PhD, RMN, RGN, SFHEA, Professor of Mental Health Nursing and Director of Postgraduate Research, School of Healthcare Sciences Cardiff University

Summary of session

In this presentation I begin with an overview of ideas which, over time, have proved useful in underpinning a programme of research in the mental health field. These ideas are:

- a systems approach which places emphasis on the complex relationships between policy, services and their organisation, work and service user experiences
- the value of studying cases, at different 'levels' of organisation
- the appeal of a plurality of analytic and research methods
- the importance of research which is directly informed by stakeholders.

I summarise what has been learned from exemplar studies informed by the application of these ideas, and close by drawing some cumulative insights for researchers and practitioners.

Intended learning outcomes:

- Understand some of the sources of complexity in health and social care systems.
- Identify the value of the detailed study of cases.
- Recognise key messages arising from a programme of research into mental health systems.

Recommended reading list

- Hannigan B., Simpson A., Coffey M., Barlow S. and Jones A. (2018) Care coordination as imagined; care coordination as done: findings from a cross-national mental health systems study. *International Journal of Integrated Care* 18 (3): 12, 1-14
- Hannigan B. and Coffey M. (2011) Where the wicked problems are: the case of mental health. *Health Policy* 101 (3) 220-227
- Hannigan B. and Allen D. (2006) Complexity and change in the UK's system of mental health care. *Social Theory & Health* 4 (3) 244-263

Biography

Ben Hannigan is Professor of Mental Health Nursing in the School of Healthcare Sciences at Cardiff University and is a past Chair of Mental Health Nurse Academics UK. With a practice background in community mental health nursing, he teaches and supervises across all academic levels from pre-registration undergraduate through to doctoral and leads a programme of research examining mental health systems. Using ideas and methods from the health and social sciences, and with support from funders including the National Institute for Health Research and Health and Care Research Wales, Ben has led and collaborated on studies examining the interconnections between mental health policy, the organisation and delivery of care, and the experiences of people using services.

Concurrent Session 1: Monday 5 September 2022

1.1 Theme: Acute and Critical Care

Session no: 1.1.1 Abstract number: 0082

Research Topic: Acute and critical care

Methodology: Interviewing

Research Approach: Qualitative approaches (e.g.: discourse analysis, ethnography, critical theory, grounded theory, phenomenology)

Changing critical care nurses' decision-making to prevent sleep deprivation in critically ill adults

Presenter: Alison Hasselder, M.Sc B.Sc (Hons) RGN PGCert, Sunderland University, UK

Abstract

Internationally sleep deprivation holds many consequences for critically ill patients including slower recovery, decreased resistance to infection and neurological problems such as delirium (Dick-Smith 2017).

Aim

The aim of this paper is to improve the quality of life for patients, decrease the burden on health care workers and prevent sleep deprivation in the Intensive Care Unit (ICU). It is drawing on work from assessing how knowledge and understanding of sleep deprivation can influence critical care nurses' decision making.

Method

This study used a Constructivist Grounded Theory approach. Data was collected from 17 participants using semi structured interviews. Analysis of the data used initial coding, focused coding, and finally theoretical coding and memos to conceptualise the data into a theory.

Results

The categories that conceptualised the theory of 'professional and regulatory compliance' will be explored and explanation to the thinking that developed this theory will be explained. The four main themes were:

- Training
- Navigating and managing risk
- Factors that affect sleep
- Unit culture

Discussion

The theory of 'professional and regulatory compliance' was developed from this study, demonstrating the important role that professional practice and the Nursing Midwifery Code of conduct (UK), accountability and nurse's autonomy have on affecting their decision making.

Conclusion

In this study a difference between novice and expert nurses' decision making was identified, with some of the novice nurses verbalising a fear and pressure to make certain sleep decisions. In this ICU unit there was an over emphasis on technical skills at a cost to the softer skills, for instance communication or knowledge on sleep, which were equally important. More training, mentorship, preceptorship, were suggested as possible solutions to the problem by participants. Empowering novice nurses and changing the culture of the unit to promote sleep by changing nurses' decision making.

Biography

Alison Hasselder is a Lecturer at the University of Sunderland and currently an Apprentice Educational Supervisor in practice. She enjoys teaching and enabling health professionals by the less traditionally routes. She is an experienced academic having worked for numerous different academic institutions in the last twenty-five years as a lecturer/ senior lecturer. She is a fellow of the Higher Educational Academy. She has published her research at a variety of conferences, which have included the World Nursing Congress, World Nursing Conference both in 2019 and Nursing Diversity 2021. She is currently studying for a PhD in Nursing at Anglia Ruskin University.

Session no: 1.1.2 Abstract number: 0174

Research Topic: Acute and critical care

Methodology: Mixed

Research Approach: Evaluation (process, impact)

Bereavement follow up in Critical Care at the Queen Elizabeth University Hospital, Glasgow.

Presenter: Aileen Labram, RN, BA (Hons), Diploma HE (Nursing), MSrC (Pending), NHS Greater Glasgow & Clyde and University of Glasgow, School of Medicine, Dentistry and Nursing, UK

Co-author(s): Bridget Johnston, UK; Margaret McGuire, UK

Abstract

Background

Mortality figures in critical care are high with the trajectory of dying often unpredictable (Efstathiou, et al., 2019). The effect on the grieving process for relatives is well documented. However, in the UK, there is no current research that either examines

individual bereavement follow up interventions or surveys the wider availability of services. This research evaluates the bereavement follow-up programme implemented in 2018 at the Queen Elizabeth University Hospital, Critical Care Unit.

Aims

- Evaluate the current intervention.
- Identify barriers and facilitators.
- Share the results within critical care.

Methods

This research is a mixed methods process evaluation following the UK MRC guidelines. (Moore, et al., 2014). Existing mortality and bereavement follow up data, and a relative's questionnaire examines the process variables through quantitative data. Qualitative interviews with key stakeholders and relatives engaging with the programme provide in-depth data about the experience of the intervention.

Results

94% of relatives want contact from critical care. Overall fidelity is affected by the reliance on a single contact and the collection of contact details. Engagement with the intervention is low, but the benefits for those who do return for a meeting go beyond answering clinical questions. Stakeholders want to support bereaved families but there are issues with organisational structure and resources. Influencing the results is the context of a large critical care department in the middle of a global pandemic.

Discussion and Conclusion

The results are mixed. Bereavement follow up is acceptable to relatives and stakeholders. Recognition of significant loss and the need for ongoing support are important mechanisms of change. However, there is a gap in relatives engaging with the programme due to a combination of implementation issues and a lack of understanding of the mechanisms of change. Changes to the programme are recommended.

Biography

Aileen Labram is currently a senior charge nurse in critical care at the Queen Elizabeth University Hospital in Glasgow. She is interested in bereavement support for families following the death of a loved one in critical care. Over the past two years she has carried out a research project to evaluate the bereavement follow-up programme introduced by herself and colleagues in critical care at the Queen Elizabeth University Hospital in 2018.

Session no: 1.1.3 Abstract number: 0231

Research Topic: Acute and critical care

Methodology: Interviewing

Research Approach: Qualitative approaches (e.g.: discourse analysis, ethnography, critical theory, grounded theory, phenomenology)

Registered Nurses' Experiences and Perceptions of Patient Safety in Critical Care during COVID-19

Presenter: Louise Stayt, PhD, Oxford Brookes University, UK

Co-author(s): Clair Merriman, UK; Suzanne Bench, UK; Helen Walthall, UK; Sarah Vollum, UK; Jody Ede, UK; Ann Price, UK; Nicki Credland, UKKarin Gerber, UK; David Waters, UK

Abstract

Background
The emergence of COVID-19 created a surge in demand for critical care services leading to a large and sudden increase in critical care capacity through the reorganisation of beds and staff (Armocida et al., 2020; Wu & McGoogan, 2020). The specialist critical care nurse workforce was supplemented with staff re-deployed from other specialities which altered the way care was organised and delivered (Graselli et al. 2020). The impact of these changes on the quality and safety of patient care and the strategies employed by nurses that optimise patient safety during surges in demand is unclear. To effectively plan for future critical care provision during surges in demand it is essential that the challenges to patient safety and the strategies to mitigate them are known and understood.

Aims
To explore registered nurses' experiences of patient safety in critical care during COVID-19.

Design
A qualitative interview study.

Method
In depth semi-structured interviews were conducted with 19 registered nurses who worked in critical care during the COVID-19 pandemic between May and June 2021. Transcripts were thematically analysed.

Findings
Two key themes were identified. "On a war footing"- an unprecedented situation: This theme describes the situation that they were faced with, and the actions taken to prepare for the safe delivery of care. These measures included the organisation of staff and the organisation of the environment and equipment. "Doing the best we can"- Safe Delivery of Care: This theme describes the ramifications of the actions taken on patient safety. This included re-organisation of care delivery, missed care/ quality of care and communication. Both themes were embedded within the landscape of staff wellbeing and peer support.

Conclusion
Nurses' understanding of patient safety in critical care extends well beyond quantifiable adverse events and included the holistic and long-term impacts on patients' recovery from critical illness.

Biography

Louise is a senior lecturer in critical and specialist care at Oxford Brookes University. Louise's research interest include fatigue after critical illness, primary hypertension, patient safety, and fundamental nursing care. Louise is also a Professional Advisor for the British Association of Critical Care Nurses. Clair Merriman is a research active educationist and clinician. Clair currently holds the position as Principal Lecturer at Oxford Brookes University, Faculty of Health and Life Sciences. Jody is an experienced ICU Senior Sister in Oxford who has recently been awarded an NIHR/HEE Clinical Doctoral Fellowship. Her PhD focus is employing a Safety-II perspective to explore patient deterioration management. She combines an interest in Human Factors methodologies with significant clinical experience to explore her research interests. Jody is keen to facilitate clinical academic roles for nurses within healthcare.

1.2 Theme: Primary and Community Care

Session no: 1.2.1 Abstract number: 0297

Research Topic: Primary and Community Care, Research Process Issues, Cancer

Methodology: Other collection or analysis method

Research Approach: Systematic Review and other Secondary Research

A systematic review and narrative synthesis investigating the contribution of the family carer in cancer treatment adherence in ambulatory (outpatient) settings.

Presenter: Lenira Semedo, PhD, CPsychol; Health Psychology Trainee (Stage 2), School of Healthcare Sciences, College of Biomedical and Life Sciences, UK

Co-author(s): Bernadette Coles, UK; Abdiraheem Ali, UK

Abstract

Background

Policy in the UK and beyond is to move cancer treatments from hospital to home. This increases the responsibilities of family carers when managing the complexities of cancer treatment and its outcomes. This has implications for patient safety.

Aims

To identify and synthesize evidence related to the family carer contribution in supporting patient cancer treatment adherence.

Methods

A comprehensive search was conducted by a specialist cancer science librarian using seven databases to identify empirical studies in English language about family carers of

adults (over18s) undergoing cancer treatment. A narrative approach was used for analysis and integration of the findings. The analysis focused on behaviours conducted by carers to support patient's adherence across cancer sites and stages of treatment. The quality of studies was assessed in line with systematic review Advisory guidance. The systematic review protocol was registered in PROSPERO.

Results

Sixteen studies met our eligible criteria. Findings revealed three main themes, treatment responsibilities and decision-making (administering treatment, managing side-effects, and being involved in decisions); finding ways to meet treatment needs (seeking resources), and managing relationships and emotional reactions (communicating with patient/clinicians and providing emotional support).The changing role from being a spouse to acting like a 'nurse' was difficult, impacting on carer well-being. They also expressed lacking confidence and preparation to help patients. However, positive relationships with the patient and less feelings of stress to manage treatment resulted in improved patient adherence. Competence and support when communicating with patients and clinicians were indicators of carer support needs.

Conclusions

The support provided by family carers during cancer treatment is practical, emotional and supports relationships between patients and clinicians. This includes ensuring patient safety by help with recognition and management of treatment side effects. It is crucial that clinicians support carers in their contribution to safe cancer treatment.

Biography

Lenira Semedo is a Velindre Research Associate at Cardiff University, Wales (UK) in partnership with Velindre Charity. Part of her work is to support nurses and Allied Healthcare professionals to become research active. Her research focuses on patient adherence to cancer treatment and how that may best be supported by engaging patients, informal carers, and service providers. Lenira has a background in Health Psychology and her research interests focus on adherence to cancer treatment, long-term conditions, development of health-related information to aid decision-making, the patient pathway and behaviour change.

Session no: 1.2.2 Abstract number: 0322

Research Topic: Primary and Community Care

Methodology: Questionnaire

Research Approach: Survey

The impact of COVID-19 on the psychological well-being of Australian primary healthcare nurses

Presenter: Elizabeth Halcomb, RN PhD FACN, RCNi, UK

Co-author(s): Ritin Fernandez, Australia; Ruth Mursa, Australia; Catherine Stephen, Australia; Kaara Calma, Australia; Susan McInnes, Australia; Sharon James, Australia; Anna Williams, Australia

Abstract

Background

COVID-19 has had significant impacts on the psychological health and well-being of people across the world. Nurses have been identified as facing particular challenges to their mental health in previous respiratory pandemics. Given the importance of nurses to our health systems, investigating their experiences is vital to ensure that they are well supported.

Aims

To explore the impact of the COVID-19 pandemic on the psychological health and well-being of nurses working in Australian primary healthcare.

Methods

An online survey was disseminated via professional organisations and social media. Three hundred and fifty-nine primary healthcare nurses completed the survey. Emotional state was measured using the Depression Anxiety Stress Scales (DASS-21). Descriptive and inferential statistics were used to analyse the data.

Results

Based on the DASS-21 scores, 40% of participants were experiencing symptoms of depression, anxiety or stress. Of these, 31% were experiencing symptoms across all three scales and 27% were experiencing symptoms across two scales. Participants described these feelings as being predominately related to COVID-19. Significantly more participants aged under 50 years had DASS-21 scores indicating symptoms compared to older participants. Participants with less nursing experience were significantly more likely to have anxiety than those with more years of clinical experience. There was no significant difference in the participants experiencing symptoms based on their employment setting, years' primary healthcare nursing experience or location of their primary workplace.

Discussion and conclusions

Despite COVID-19 prevalence being lower in Australia than internationally, the pandemic has had a significant impact on the psychological health and well-being of primary healthcare nurses. There is a need to ensure that strategies are developed and implemented to effectively address nurses' concerns and support them to sustain the workforce during and after the pandemic.

Biography

An international award-winning nurse academic, Professor Halcomb is the Editor of RCNi journal 'Nurse Researcher'. She is also the inaugural Professor of Primary Health Care Nursing at the University of Wollongong. Professor Halcomb has a sustained nationally and internationally recognised track record of integrated scholarship. She leads a strong research program in primary care nursing, with particular emphasis on nursing in general practice, chronic disease and nursing workforce issues.

Session no: 1.2.3 Abstract number: 0073

Research Topic: Primary and Community Care

Methodology: Statistical Analysis (descriptive and correlational)

Research Approach: Survey

Consequences of understaffing on type of missed community care- a cross-sectional study

Presenter: Michaela Senek, PhD, MPH, MA,BA, University of Sheffield, UK

Abstract

Background
Resource cuts to primary and community care in combination with a decline of those working in community settings is compromising quality of care and patient safety in the UK. The consequences of understaffing and underfunding have worsened due to the COVID-19 pandemic.

Objective
This is a cross-sectional study examined the prevalence of understaffing and missed care and the relationship between individual and organisational factors caseload, staffing levels and missed care.

Methods
A questionnaire was administered on a community and district nursing forum in February-March 2021.
Results

The mean staffing ratio was reported at 60%, including agency/bank staff (0.59±1.5). Prevalence of missed care was relatively high (60%≈). A backward stepwise regression analysis showed that the *Proportion of Permanent staff capacity* OR=7.9 (95% CI 0.09-0.65), *Active Caseload Size* OR= 5.5 (95% CI: 1.0 – 1.003), *Number of RNs on the team* (OR 4.8 (95% CI:1.003-1.058) *and Amount of Overtime worked* (OR= 3.9 (95% CI:0.98-1.0) variable are statistically significant predictors of missed care. The analysis showed an increase in additional allocated cases per RN as the permanent staff proportion decreased to 70%, at which point the likelihood of reported *Missed Care* outcome peaks.

Conclusion
The compromised quality of care related to human resources and organisational aspects of the nursing process. Where RNs worked longer hours to make up for the backlog of

cases, the prevalence of missed care was more likely. Longer working hours in the community increased the risk of compromised care and sub-optimal patient care.

The aspects of the nursing process identified as ‘missed’ related to The World Health Organisation’s three main pillars of community nursing (health promotion, patient education and screening). As such, significant components of the two first pillars are, according to these data, being undermined.

Biography

Dr Michaela Senek is a researcher at the University of Sheffield. Her main research interests are in health service research, NHS workforce and missed care. The project was funded by the Royal College of Nursing (RCN) as part of the Strategic Research Alliance (SRA) between the RCN and the University of Sheffield.

1.3 Theme: Children and Young People

Session no: 1.3.1 Abstract number: 0192

Research Topic: Children and Young People, Midwifery, Patient Experience

Methodology: Questionnaire

Research Approach: Survey

Exploring parents’ confidence and experiences of going home with their newborn baby during the COVID-19 Pandemic

Presenter: Kerry Gaskin, PhD, MSc, BA (Hons), RN (Child), RGN, University of Worcester, UK

Co-presenters(s): Alison Lewis, UK; Lucy Hope, UK

Co-author(s): Lisa Stephens, UK; Caitlin Wilson, UK

Abstract

Aim

To explore parents’ confidence and experiences of going home with their newborn baby, during the COVID-19 pandemic

Design

A cross-sectional exploratory survey

Method

Recruitment was via a survey url available through social media, during July to August 2020. Sample size calculation n=354 (95%, CI =5). Survey included the Maternal Confidence Scale[1] (MCS) and open-ended questions about parents’ experiences.

Results

Participants were predominantly mothers (n=369/371, 99.4%), aged 25-34 (n=252, 67.8%), fit and healthy (n=314, 85%), white British (n=351, 94,5%) on maternity leave (n=252, 67.9%) and for half this was their first baby (186, 50.1%).

The lowest reported MCS was 29 (n=1), highest score 70 (n=4), mean score 59 (SD 6.5). On the confidence subscales: knowledge scores were the lowest ranging from 11 (n=1) to 30 (n=21) (mean 24.7, SD 3.4); task scores were the highest ranging from 6 (n=3) to 15 (n=272) (mean 14.4, SD 1.3); feelings scores ranged from 9 (n=2) to 25 (n=20) (mean 19.9, SD 3.3).

Qualitative themes included: mixed emotions (fear vs excitement); psychological impact of ‘no partner’ restrictions and lack of support (professional and social); Lack of COVID-19 information; home as a place of safety vs isolation; birth expectations and experience mismatch; concerns for the baby’s future.

Discussion

The findings support other pandemic studies. Parents’ described experiences ranging from joy to signs of post-traumatic stress disorder, associated with lack of support, visitor restrictions and unmet birth expectations. Low MCS knowledge scores may correspond with perceived lack of information and professional support during the pandemic. The long-term impact of COVID-19 on their infant’s physical and social development was a concern for some.

Conclusions:

- Maternal mental health is a post-pandemic priority
- Were birth expectations, birth satisfaction linked with possible post-natal PTSD
- Importance of assessing maternal mental health and identifying prevention strategies, including support systems

Biography

Kerry is an Associate Professor of Nursing at the University of Worcester and Gloucestershire NHS Foundation Trust (from June 2022), at the time of conducting the study was Head of Department for Midwifery and CPD, in the Three Counties School of Nursing and Midwifery (TCSNM). Kerry is a Registered Children’s Nurse and Registered Adult Nurse and worked in children’s cardiac intensive care; high dependency care, as a Cardiac Nurse Practice Educator at several specialist Children’s Cardiac Unit in the UK before moving into academia. Kerry completed her PhD in 2017, she is a mixed-methods researcher with a particular interest in the experiences of parents of infants with complex congenital heart disease. Her continuing research focuses on parental home assessment using a 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. Kerry became an Associate Editor for Evidence Based Nursing Journal in 2020.

Session no: 1.3.2 Abstract number: 0342

Research Topic: Children and Young People, Nursing, Midwifery or Support Worker Education, Patient Experience

Methodology: Interviewing

Research Approach: Qualitative approaches (e.g.: discourse analysis, ethnography, critical theory, grounded theory, phenomenology)

'You don't know who's flying the plane'. Fathers trust in healthcare professionals when their child is born with congenital heart disease

Presenter: Peter McNee, RGN, RSCN, BA (Hons), MSc, PGCE, Cardiff University School of Healthcare Sciences, UK

Co-author(s): Daniel Kelly, UK; Dikaios Sakellariou, UK

Abstract

Background
Trust in healthcare professionals is a key component of the parent / clinician relationship. Within Children's nursing, family centred care is an underpinning philosophy with trust being a key element of this approach. Children born with congenital heart disease (CHD) will require ongoing care and treatment in specialist centres across the UK. This study explored ten fathers' experiences of their child's treatment.

Aims
- To explore the experiences of fathers when their child was born with CHD.
- To explore fathers' experiences of engaging with healthcare professionals in a range of clinical settings.

Methods
Following a narrative methodology, the study explored fathers' experiences through various turning points in their child's treatment across services. Data were collected through the use of semi-structured interviews at two separate points in the father's journey.

Results
Trust and confidence in healthcare professionals and services was a key finding within the study. Once issues of trust had been identified fathers described ways in which they could navigate services in order to meet their expectations of care.

Discussion
Trust was linked to fathers' background and approaches to fatherhood. Fathers identified trust issues in services and healthcare professionals' knowledge and experience in caring for their children. Following diagnosis fathers described a disruption to the expected fatherhood narrative with some wanting to take a lead and maintain some sense of control over their child's treatment. Fathers described being viewed differently to mothers

particularly during periods of hospitalisation which impacted their trust in healthcare professionals.

Conclusion

The findings illustrate the unique ways in which fathers made sense of their experiences of their child's care and how trust can be a fragile element of the parent / clinician relationship. The need for fathers to develop and sustain trust in healthcare professionals was a key finding of the study.

Biography

Peter is a Senior Lecturer in Children's Nursing at the School of Healthcare Sciences, Cardiff University. His clinical background is predominantly within paediatric critical care. His main areas of teaching include acute and critical care alongside clinical skills. Peter's PhD research utilised a narrative approach to explore fathers' experiences when their child is born with congenital heart disease. The research developed out of Peter's clinical experience, caring for children and young people with congenital heart disease. The research was funded by Cardiff University alongside a Florence Nightingale Foundation and Menat Trust research scholarship. Professor Daniel Kelly OBE was appointed RCN Chair of Nursing Research at Cardiff University in 2011. His main career focus has been in cancer care practice, management, research and education roles with an academic background in the social sciences at the University of Edinburgh and a PhD in Sociology at Goldsmiths, University of London. He is currently a Trustee at St Christopher's Hospice, and a Public Governor at Kings College Hospital NHS Foundation Trust. He is also Visiting Professor at UCL and The University of Edinburgh. His international work includes being Co-Chair of the HPV Action Network of the European Cancer Organisation which is actively campaigning to increase awareness and HPV vaccine uptake and screening across the WHO European region. He was a co-applicant on the HS&DR funded project being presented today exploring the continence care needs of people living with dementia who are admitted to acute settings.

Session no: 1.3.3 Abstract number: 0320

Research Topic: Children and Young People, Patient Experience, Cancer

Methodology: Other collection or analysis method

Research Approach: Other approaches

Informing an intervention for siblings (aged 6-12 years) when a brother or sister is diagnosed with Acute Lymphoblastic Leukaemia (ALL): a scoping review

Presenter: Zoe Polly, BSc, University of Surrey, UK

Abstract

Background

Significant improvements in prognosis and treatment of childhood cancers (age 0-14) have increased the overall survival rates, with 85% now expected to survive more than five-years (National Health Service (NHS) 2022). These improvements are accompanied by prolonged and intensive treatments requiring extended time in health care settings and home-based treatments. It is inevitable that disruption created by cancer reaches beyond the diagnosed child, impacting the entire family. It is important to understand the experiences of siblings, to inform interventions to reduce the known associated distress and promotion of adjustment.

Research question

What are the current/existing interventions to support siblings when a brother or sister is diagnosed with cancer?

Methods

Five stages of a scoping review, originally described by Arksey and O'Malley (2005) were followed: identifying the research question; identifying relevant studies; study selection; charting the data; and collating, summarising, and reporting.

Results

Total of 1400 papers were found: 668 papers were screened after duplicates removed; 612 records were excluded based on title and abstract; 56 full text articles were assessed for eligibility; resulting in 17 included in the review. This included: qualitative (n=6) and quantitative quasi experimental studies (n=5); randomised control trails (n=5); studies using mixed methods (n=1). There were no studies undertaken in the UK.

Several interventions have been developed over the past decade. These interventions shared some common features, they were complex and had multiple components, they varied in format, objectives, settings, and delivery placement along the cancer trajectory.

Conclusion

Stages of the scoping review will be presented, and illustrate that further research is needed to inform experience-based interventions for siblings of children with cancer, specifically to determine which components, formats and styles are appropriate and effective to meet their needs. This must draw on insight from siblings about what outcomes are most important to them.

Biography

Zoe Polly is a Teaching Fellow on the Children's and Young People's Nursing programme and a PhD student at the University of Surrey. Zoe graduated from the University of Surrey in 2004 working in general paediatrics until moving into full time education in 2012. Improving the experiences of children, young people and their families has always been Zoe's greatest driver with a particular interest in cancer care and long-term conditions. Zoe's PhD focuses on the experience of siblings following a cancer diagnosis.

1.4 Theme: End of Life Care

Session no: 1.4.1 Abstract number: 0209

Research Topic: End of Life Care, Patient Experience, Inequalities in Health

Methodology: Other collection or analysis method

Research Approach: Other approaches

Using poetic inquiry in refugee research to redress power imbalance and develop cultural humility: lessons for policy and practice

Presenter: Marie Clancy, RNC, Bachelor of Nursing, Masters in Public Health, PGCE in academic practice, Academy of Nursing, University of Exeter, UK

Abstract

Background
The challenge of researching sensitive and potentially vulnerable patient groups has been widely acknowledged in the literature. Whilst advisory group use is advocated by funding and ethical bodies, there is often little advice about tackling the challenges researchers may face when authentic engagement is desired. This presentation aims to highlight the importance of reflexivity to counter power imbalances and approach interpretations with cultural humility.

Methodological debate
This doctoral study centring around refugee families in palliative care used poetry creation to address some common challenges such as finding and retaining group members, making information accessible and transparent for greater involvement in the research, involvement in ways which suit members and proper acknowledgements for their contributions (Boaz et al, 2012). Specifically, a process for enabling poetry creation and 2 examples of created poems with culturally diverse parent and youth advisory group members will be shared. These illustrate how poetic inquiry can sensitively redress power imbalances and develop cultural humility with seldom heard groups.

Conclusion
Advisory groups can enable researchers to better advocate for the population they aim to represent, but relationships need to be established that allow for meaningful dialogue. As Europe faces the most significant migrant crisis in living memory development and reshaping of healthcare services involving refugees is vital to ensure these address existing and emerging needs. The approach to poetic inquiry proposed can help nurses to initiate and sustain engagement with refugee families to ensure their voices are both heard in research and that policy and services are shaped in culturally sensitive ways.

Terms used: advisory group use in research can have differing means but here it reflects the active and direct participation of relevant advisory members in research design and interpretation (Boaz et al, 2012).

Biography

Marie is a children's nurse by background who has worked internationally in Australia, Trinidad, Malawi, Afghanistan and New Zealand. Marie's work to date both clinically and academically has focused on children with oncology, high dependency needs, pain assessment and treatment with a focus on cultural aspects to care. Her master's in Public Health expanded upon this work with a dissertation focusing on children's pain in Sub Saharan Africa. Marie is now a senior lecturer at the University of Exeter where she has created a new module looking at the art and history of nursing exploring the use of creative mediums such as poetry and art. She is Patient and Public Involvement (PPI) lead and is currently working with colleagues on the mentorship of new staff and the use of literature such as Dickens and Shakespeare in the nursing curriculum. Marie is also studying for her PhD part time, which focuses on exploring the experiences of asylum seeker and refugee families as they navigate children's palliative care services.

Session no: 1.4.2 Abstract number: 0280

Research Topic: End of Life Care, Patient Experience, Methodology

Methodology: Interviewing

Research Approach: Qualitative approaches (e.g.: discourse analysis, ethnography, critical theory, grounded theory, phenomenology)

The experience of death and dying in the emergency department : listening to the voices of bereaved relatives

Presenter: Kay McCallum, RN, MSc (Stirl), MSc (Oxon), Oxford University Hospital NHS Foundation Trust, UK

Abstract

Background

The purpose of this qualitative nursing study has been to understand the experience of death and dying in the emergency department of a hospital, through listening to the experiences of bereaved family members. Death and dying remain taboo subjects in society today and therefore people may come to the end of their life without having thought about what death and dying might be like and what it is to have a good death. Culturally, individuals are unprepared for death, and when death occurs in an emergency setting it is particularly shocking.

Methods

A phenomenological study was planned, based on the existential phenomenology of Merleau-Ponty; and framed by the nurse theorist Hildegard Peplau. Eleven bereaved

relatives gave in-depth interviews describing their experiences and the interviews were analysed using an adaptation of the work of Thomas and Pollio (2002) and Hycner (1985), consistent with Merleau-Ponty's theories.

Results

The study brings new understanding of what it is like to die in an emergency setting through new understanding of what the relatives / friends of the deceased person experience. Uniquely, the voice of the bereaved loved one is heard.

Conclusions

Recommendations for improvements in education, clinical practice, research practice and policy are made along with suggestions for further research to be carried out on this topic. A nursing model, based both on the work of Peplau (Parse et al., 2000) and on the work of the nurse theorists Ruland and Moore (Ruland and Moore, 1998; Zaccara et al., 2017) was devised for use in the Emergency Department

Biography

Kay is a registered nurse with many years of experience in palliative and oncology nursing. She holds an advanced clinical practice Master's degree in palliative care from the University of Stirling and a further master's degree in evidence-based health care from the University of Oxford, obtained through an Academic Health Science Network fellowship. She is currently working as an advanced nurse practitioner at the Oxford University Hospitals NHS Foundation Trust where she is the nursing lead for acute oncology. The work presented here was submitted as part of a funded PhD project at Oxford Brookes University.

Session no: 1.4.3 Abstract number: 0327

Research Topic: End of Life Care

Methodology: Other collection or analysis method

Research Approach: Systematic Review and other Secondary Research

Clinical conversations: I hear a different voice

Presenter: Nqobile Sikhosana, RN, MSC, University of Wollongong, Australia

Abstract

Aim

To synthesis the best available evidence on the experience of persons diagnosed with a life limiting illness about expressing their voice during communication with healthcare professionals.

Background

The voice of persons with a life limiting condition is more than the articulated speech sounds, it is the experience, the communicated behaviour, and a vehicle to communicate one's identity, behaviour, attitude and views. During clinical conversations, there it is echoing, transforming, or silencing the voices of others and it is not clear whose voice is modified and manipulated or promoted. Thus, an understanding of voice as experienced by the persons with lived experience is necessary for delivering care and conducting research that is aligned with patient priorities

Methods

The review was undertaken using the JBI methodology. Data were extracted from studies included in the review using the standardized Joanna Briggs Institute data extraction tool. Findings, and their illustrations, were extracted verbatim at the sub theme level and assigned a level of credibility. Selected studies were critically appraised by two independent reviewers for methodological quality using the standard Joanna Briggs Institute Critical Appraisal Checklist for Qualitative Research JB-QARI.

Results

The expression of the voice of persons diagnosed with a life limiting illness is influenced by: (1) Illness trajectory, prognosis, and physical health status; (2) media, family, and friends; (3) emotional and psychological factors and (4) control and personal autonomy.

Conclusions:

In the early stages of the disease process, physical health status and medical facts influences how patient voice is expressed during clinical conversations. In the final stages, medical facts became less important as past experiences, intuition, autonomy, and control determines how this voice is expressed. Therefore, to hear the voice of persons experiencing the illness, clinicians need to educate patients about the disease process and respect their choice.

Biography

Nqobile Sikhosana RN, MSC (Critical care), BSCN, BS, DipEd is nurse researcher at the centre for research in Nursing and Health at St George Hospital- a collaborative centre of Joanna Briggs Institute. He also holds the position of a research assistant at Western Sydney University. He has studied and worked in Zimbabwe and the UK. His academic merit spans those countries alongside his professional experiences of working within a variety of international healthcare settings. He has extensive clinical experience ranging between surgical, critical care and emergency department across the UK and Australia. His research interests focus on palliative care, marginalised and vulnerable population groups, critical care and evidence-based practice. Nqobile has also been involved in and coordinated inter-university systematic review projects. He is currently a PhD candidate at the University of Wollongong.

1.5 Theme: Older People

Session no: 1.5.1 Abstract number: 0354

Research Topic: Older People

Methodology: Mixed

Research Approach: Mixed Methods Research

Development and formative evaluation of an intervention to improve the safety and experience of care transitions, from hospital to home, for older people

Presenter: Jenni Murray, PhD, Bradford Teaching Hospitals NHS Foundation Trust, UK

Abstract

Background

Older adults going home from hospital are at risk of deconditioning, medication error, and unplanned emergency readmission. Through this challenging transition, patients' involvement is mediated by issues of ageing and service mechanisms. The Getting Home Staying Home intervention was developed to support transitions, positing that patient involvement in hospital may result in better outcomes once home.
Aims: To develop the Getting Home Staying Home intervention and formatively evaluate it to assess intervention acceptability.

Methods

Systematic review, qualitative interviews and use of functional resonance analysis method alongside intervention co-design and evidence consolidation phases to develop the intervention (2017-8) followed by formative evaluation involving three wards in one hospital, 25 patients aged 75+. Data collected in 2019 through semi-structured interviews, observation, and documentary analysis, and analysed inductively and iteratively.

Findings

We identified four key functional activities that patients undertake after discharge. These were: managing medicines; managing health and wellbeing; managing activities of daily living and appropriately escalating care to acute hospitals. These were formed into three fixed components: a patient passport, short film and patient-friendly discharge summary. Nurses and healthcare assistants found intervention delivery challenging but both staff and patients considered that it was acceptable and desirable particularly in relation to increasing patient involvement. Suggestions for improvements were identified.

Discussion

Whilst patient involvement is desirable and essential to patient safety, interventions that necessitate a change to hospital culture and patient perception of their role require intensive support with minimal staff burden.

Conclusions

Through robust and transparent methods, we have developed a complex health care intervention that is evidence-based and patient-centred. The intervention offers a promising new way to improve care transitions for older people leaving hospital by supporting patient involvement in their care.

Biography

Jenni Murray has been a Programme Manager within the Yorkshire Quality and Safety Research Group for the last 5 years. She currently managed the NIHR funded Partners at Care Transitions research programme and a Nurse Redeployment study. Jenni has worked in research for 30 years across many different specialities including antenatal and neonatal screening, stroke research, cardiovascular screening, and social farming.

Session no: 1.5.2 Abstract number: 0316

Research Topic: Older People, Methodology

Methodology: Statistical Analysis (descriptive and correlational)

Research Approach: Quantitative (not included in another category)

Feasibility of using electronic data to investigate the association between missed electronic observations (eObs) and mortality in older medical unit inpatients

Presenter: Louise Bramley, RN PhD., Nottingham University/Nottingham University Trust, UK

Co-author(s): Christopher Bailey, UK; Adam Taylor, UK; Philip Quinlan, UK; Christopher Joyce, UK

Abstract

Background

The increasing use of electronic clinical data collection and management systems offer NHS organisations opportunities for innovation and improvement in relation to quality and patient safety. Given the likelihood of a causal mechanism linking RN staffing levels and inpatient mortality, and the growing evidence of the mediating role of missed nursing care, in particular vital signs observations (Griffiths et al 2018), we set out to investigate the feasibility, at a local Trust level, of developing a methodology for tracking patterns of RN staffing, missed or delayed vital signs observations, and inpatient mortality.

Aims

To develop and test a method of interrogating eObs data to characterise relationships between missed and delayed eObs and patient mortality, and then to establish the feasibility of linking e-rostering data with missing eObs and patient mortality data.

Method

Anonymised data for the study were extracted from the Trust's electronic patient record and e-rostering systems and analysed descriptively and inferentially in accordance with the study aims and objectives.

Results

Initial analyses suggested a significant increase in mortality rate associated with an increase in missed nursing care; however, a case note review and further inferential analysis concluded that eObs were being missed clinically appropriately and the relationship was causal. E-roster data did not offer sufficient detail to track Patterns of RN staffing.

Conclusions

The study offers a way of assessing the significance of fluctuations in the completeness of vital signs observations, an essential part of providing a timely response to the deteriorating patient, and of monitoring fundamental relationships between, missed vital signs observations, and key inpatient outcomes. More broadly, it provides a way of expanding local, clinician-level expertise in navigating and applying the plethora of electronic clinical data now available to Trusts, and of maximising the benefits of this important resource to inpatient care.

Biography

Dr Louise Bramley is Head of Nursing and Midwifery Research at Nottingham University Hospitals NHS Trust and an NIHR 70@70 Clinical Academic Nurse Research Leader. She is a senior nurse with a wealth of clinical, research and leadership experience in acute care and healthcare of older people and currently combines research and practice within a large NHS Trust. Dr Bramley received her PhD from the University of Nottingham in 2016 where she holds an honorary Associate Professor appointment. She is passionate about building capacity and capability for front-line nurses and midwives to undertake primary research that improves patient outcomes and care. In 2018, Dr Bramley co-founded the East Midlands Clinical Academic Practitioner Network. This network has over 250 members and is a forum that brings together and supports both clinical and academic development of members. She also co-chairs the East Midlands Clinical Academic Steering Group.

Session no: 1.5.3 Abstract number: 0063

Research Topic: Older People, Patient Experience, Methodology

Methodology: Interviewing

Research Approach: Qualitative approaches (e.g.: discourse analysis, ethnography, critical theory, grounded theory, phenomenology)

Personality traits and associated behaviours of registered nurses working in older people's acute care settings: a grounded theory study

Presenter: Helen Day, Professional Doctorate in Health and Social Care, South Tees Hospitals NHS Foundation Trust, UK

Abstract

Background

Concern around poor standards of nursing care for older people in hospital has been explored in relation to workload and operational pressures, but less around individuals' characteristics. Notions of personality traits and associated behaviours as possible influencers on nursing care delivery are variables that require consideration. The aim of this work is to critically explore behaviours of registered nursing staff working in older people's acute care settings from the perspectives of key stakeholders and identify whether there are any distinguishing personality traits that influence effective care delivery for older people.

Methodology

Semi structured interviews with 12 stakeholders drawn from patient governors, carers and others from a nursing or relevant professional background were analysed using grounded theory.

Findings

A rubric of specific behaviours aligned with associated trait headings emerged from the data. Two distinct sets of behaviours and outcomes were observed. One group of nurses were perceived to have no specialist interest in older people's care and their care behaviours are perceived as 'cold' and task based. A second group of nurses were perceived as having a commitment to older people's wellbeing and their behaviours led to the delivery of care that was perceived as being highly skilled and compassionate. Four personality traits and their relationship to nursing behaviours are proposed: conscientiousness, sociability, integrity and coping, collectively creating 'the authentic self'. Whilst authentic self is a direct influence on how care is delivered (the consequence), the influence of context is also considered.

Conclusion

This research offers new insights into four key personality traits and associated behaviours displayed by nurses working in the acute older people's healthcare setting and what effect these behaviours have on nursing care delivery.

Biography

I have led a varied clinical and managerial career having worked in both paediatrics and adult settings, holding key roles in critical care, HM prison service, community and various acute and mental health services until taking up my current role as Deputy Chief Nurse in 2016. I have a specific interest in compassionate leadership and civility and have led on several transformational service 'turnaround' initiatives and was a top3 finalist for NHS Inspirational Leader of the Year (London) in 2015. I am committed to helping staff achieve their very best and celebrating their practice and I have experience in developing ward and service accreditation in 2 large trusts. My doctoral studies are in the field of personality of nurses caring for older people, I lead on nursing and midwifery research strategy and my specific interests are 1. Parity of esteem 2. Impact if staff engagement on performance.

1.6 Theme: Nursing, Midwifery or Support Worker Education

Session no: 1.6.1 Abstract number: 0240

Research Topic: Nursing, Midwifery or Support Worker Education, Patient Safety (including human factors, infection prevention and control etc), Quality Standards

Methodology: Questionnaire

Research Approach: Survey

Survey of Practitioners' Education and Attitudes regarding Continence care (SPEAC)

Presenter: Nikki Cotterill, RN, PhD, BSc (Hons), University of the West of England, UK

Co-author(s): Paul White, UK

Abstract

Background

Formal education of healthcare professionals has been found lacking with regard to bladder and bowel continence care (1) despite high prevalence of continence problems. Previous audits identified that continence care provided nationally is not aligned with published guidelines (2,3).

Aims

Explore multidisciplinary healthcare practitioners' perspectives of continence care education and attitudes, and identify gaps to inform future initiatives.

Methods

A nationwide Qualtrics online survey was administered focussed on urinary incontinence (UI) and faecal incontinence (FI) between October 2020 and November 2021. Descriptive statistics describe data.

Results

1216 healthcare practitioners participated across 41 English NHS trusts. Over 20 multidisciplinary healthcare roles were represented. Practice duration ranged from newly qualified to over thirty-five years. Headline findings include:

96% of respondents identified urinary and faecal incontinence as 'any' leakage, irrelevant of frequency, and considered this worthy of treatment.

Only 34% and 32% reported enough knowledge to ask about possible UI and FI respectively. 40% did not where to refer people for continence symptoms within their organisation. Approximately half knew where to find in-house resources (52%) and online resources (47%).

84% reported continence as a fundamental part of any healthcare role. 85% believe that all staff should be able to provide advice and guidance, and 81% wanted to know more about UI/FI treatments. Catheterisation is the most frequent training focus (27%). Less than 1 in 5 (18%) reported continence assessment/management training.

Discussion

Bladder and bowel continence is a fundamental aspect of dignified patient care. Study participants highlighted this but recognised limitations in their education and awareness. Gaps are identified on which to focus continence care improvement initiatives, importantly matched by an appetite to do so.

Conclusions

Developing and optimising training and education to empower staff to identify incontinence and promote continence should be explored to improve patient outcomes.

Biography

I am a Professor of Nursing in Continence Care at University of the West of England and since 2003 have worked in the field of Continence research at North Bristol NHS Trust, completing my PhD in 2009 at the University of Bristol. I am passionate about improving the experience for individuals with bladder and bowel symptoms and focusing on self-help, education and service development. I am currently conducting studies to explore continence in varied settings including community pharmacy (PRIME), care homes (VOICE) and social care (CONTACT). I am also the Director of the Bladder and Bowel CONfidence Health Integration Team - BABCON (@babconHIT) taking a city-and systemwide approach to improvements in continence care provision. BABCON has recently launched the CONfidence app – putting continence promotion in the palm of your hand. Follow me on Twitter for all things related to continence care: @NikkiC07

Session no: 1.6.2 Abstract number: 0242

Research Topic: Nursing, Midwifery or Support Worker Education, Workforce and Employment (including health and wellbeing roles, research careers), Renal

Methodology: Mixed

Research Approach: Mixed Methods Research

Covid-19 impact on renal healthcare practitioners: Results from an international multi-methods study

Presenter: Joanne Reid, PhD, RN, School of Nursing and Midwifery, Queen's University Belfast, UK

Co-author(s): Clare McKeaveney, UK; Claire Carswell, UK; Ann Bonner, Australia; Ilaria de Barbieri, Italy; William Johnston, UK; Alexander P. Maxwell, UK; Julien O'Riordan, Ireland; Veronica Strini, Italy; Ian Walsh, UK; Helen Noble, UK

Abstract

Background

Internationally, renal healthcare practitioners provide care to a highly complex multi-morbid population. Knowledge about the impact of COVID-19 on these practitioners is limited (1).

Aim

This study explored the experiences of COVID-19 with renal healthcare practitioners during the first global lockdown between June 2020 and September 2020.

Methods

Multinational study of renal healthcare practitioners from 29 countries. A multi-methods study using non-probability convenience sampling was conducted, using quantitative tools and qualitative interviews. *Quantitative*: Online self-designed survey on COVID-19 experiences and standardised questionnaires - General Health Questionnaire-12 [2]; Maslach Burnout Inventory [3]. Descriptive statistics were generated for numerical data. Qualitative: Online semi-structured interviews, which were thematically analysed.

Results

The majority of participants surveyed (n=251) were female (86.9 %; *n* = 218), nurses (86.9 %; *n* = 218) with an average 21.5 (SD = 11.1) years' experience since professional qualification. Survey responses indicated 40.3 % experienced fear about attending work, and 49.8 % experienced mental health distress. The highest prevalence of burnout was emotional exhaustion (35.9 %). Qualitative interviews (n=13) highlighted three themes: (1) reflecting the holistic complexities in managing renal healthcare; (2) a neglected specialist workforce; and (3) the need for appropriate support at work during a pandemic.

Discussion

Mental health and well-being of renal healthcare professionals is an urgent priority to limit burnout and to sustain ability to engage effectively in clinical work. Results demonstrated that renal healthcare professionals were at high-risk of burnout and mental health distress. Findings identified the need for appropriate type and timing of support initiatives for renal health care professionals.

Conclusions

As the pandemic has continued, it is important to consider the long-term impact on an already stretched workforce including the risk of developing mental health disorders. Future research and interventions are required to improve the provision of psychological support for these healthcare professionals.

Biography

Joanne Reid is Professor of Cancer and Palliative Care and current chair of the Palliative Care Research Network, All Ireland Institute of Hospice and Palliative Care. She has conducted multi-disciplinary national and international funded studies and her publications reflect the international multi-disciplinary teams she leads (Joanne Reid – Research output — Queen's University Belfast (qub.ac.uk). Her dissemination has involved invited lectures, invited publications, invited conference presentations and workshops run in conjunction with patient public involvement which has been a central part of her research programmes since inception. Joanne's research has been cited in national and international evidence-based guidelines.

Session no: 1.6.3 Abstract number: 0278

Research Topic: Nursing, Midwifery or Support Worker Education

Methodology: Questionnaire

Research Approach: Survey

Nurses' engagement in antimicrobial stewardship (AMS) programmes

Presenter: Martina Nathan, RSCN, RGN, BSc, PGCE, MSc, Cardiff University School of Healthcare Sciences, UK

Co-presenters(s): Molly Courtenay, UK

Abstract

Background

Antimicrobial resistance (AMR) (affected by antimicrobial use) is one of the greatest threats to human health causing around 700,000 deaths globally annually (O'Neil, 2016). This figure will rise to 10 million, combined with a cumulative cost of $100 trillion, by 2050 (Her Majesty's (HM) Government, 2019). AMS, a programme of actions promoting responsible antimicrobial use, is essential for limiting AMR.

Aim

To investigate the determinants of AMS and the impact of training.

Method

A cross-sectional survey design, assessing AMS behaviour and the fourteen domains from the Theoretical Domains Framework. An opportunistic sampling method was used to recruit nurses during February to June 2021 via a range of established nursing networks. Data collection was slow due to the pandemic and to increase participation, a survey link was also sent out via Twitter. A total of 262 nurses (223 female; mean age = 44.45; *SD* = 10.77) from ten nationalities participated. Data was mapped to the COM-B model.

Results

Nurses performed all 9 AMS behaviours. AMS behavioural performance was significantly higher ($t(238) = -4.14$, $p = .000$), by those who had training ($M = 53.15$; SD = 7.40) compared to those who had not ($M = 48.30$; $SD = 10.75$). All TDF determinants were also significantly higher in those with training. COVID-19 led to an increase in AMS behaviours, suggesting that nurses were extra vigilant.

Discussion

Standards of Proficiency for registered nurses (Nursing and Midwifery Council (NMC) 2018), emphasize that nurses must have AMS knowledge and skills. This study supports this proficiency and highlights that the TDF determinants of AMS behaviour, and AMS behaviour itself, are more favourable in those who had training.

Conclusion

This international research has identified the significant benefit of training on AMS behaviour, and the determinants of AMS behaviour.

Biography

Martina Nathan. RSCN, RGN, BSc Professional Practice, PGCE, MSc Advanced Practice (Education) Martina is a Senior Lecturer in the Children and Young People's (CYP) Team, School of Healthcare Sciences, Cardiff University where she is currently the CYP Nursing Field Lead. Her clinical background is predominantly within acute paediatric oncology. She has worked as an adult and children's nurse in Ireland, Singapore, and Wales. Her main areas of interest are children's and young people's cancer care, higher education, and student experience.

1.7 Theme: Lived Experience and Nursing Practice

Session no: 1.7.1 Abstract number: 0149

Research Topic: Leadership and Management

Methodology: Mixed

Research Approach: Qualitative approaches (e.g.: discourse analysis, ethnography, critical theory, grounded theory, phenomenology)

Minimizing the phenomenon of missed nursing care: a qualitative international study among nurse managers working in nursing homes

Presenter: Georgios Efstathiou, PhD, Nursing Services, Ministry of Health, Cyprus, Cyprus

Co-author(s): Evridiki Papastavrou, Cyprus; Panayiota Andreou, Cyprus; Jessica Longhini, Italy; Renate Stemmer, Germany; Christina Ströhm, Germany; Nicole Zigan, Switzerland; Maria Schubert, Switzerland; Susanne de Wolf-Linder, Switzerland; Alvisa Palese, Italy

Abstract

Background

Missed nursing care is a phenomenon that compromises patient safety. Nurse managers may serve as facilitators for minimizing missed nursing care, by implementing certain strategies. However, there is lack of compilation of such strategies into formal recommendations, although a body of expertise exists among nurse managers. A special group of nurse managers is those working in nursing homes.

Aim

To identify strategies implemented by nurse managers working in nursing homes, on preventing and minimizing missed nursing care.

Methods

A qualitative study was conducted during 2019 and 2020, in four European countries (Italy, Germany, Switzerland, Cyprus), as part of the Nurse Managers for Safety Erasmus+ project. A purposive sample of nine nurse managers, working in nursing homes, participated in focus groups discussions and individual interviews. They described strategies and interventions on how they deal with the phenomenon of missed nursing care. Thematic analysis of the discussions and interviews and extraction of codes followed.

Results

Participants identified thirty-nine strategies grouped in seven themes, namely: i) empowerment and education, ii) improvement of care process iii) adequate staffing iv) communication and collaboration v) management of near missed incidents and adverse events vi) reconsideration of the nurse managers role vii) shaping of a cultural and structural environment.

Discussion

Nurse managers have a key role to play regarding missed nursing care. Their suggestions serve as a basis for the development of practices that may facilitate to address, minimise, or prevent the phenomenon of missed nursing care in nursing homes. Based on their recommendations, missed nursing care should be seen in a wider context rather than solely a nursing issue.

Conclusions

Nurse managers working in nursing homes should be empowered to implement strategies to address the phenomenon of missed nursing care.

Biography

Georgios Efstathiou is a nursing officer, member of the Educational Sector of the Nursing Services of the Ministry of Health, Cyprus. He holds a PhD in Nursing, an MSc in Health Studies and a BSc in Nursing. His research interests focus on nursing care, missed nursing care, infection control, ethics and staffing. He is co-author of papers published in international and national journals and author of book chapters. He has participated in international research projects, funded by Erasmus+, eCOST and national bodies and universities. Christina Ströhm is research assistant in two research projects in the department of Health Care and Nursing at the Catholic University of Applied Science. The main topics of her work are Patient Safety, Missed Nursing Care, interdisciplinary collaboration and Advanced Nursing Practice in Primary Health Care. She studied Theology (master level) and Psychology (bachelor level) at the University of Freiburg and hold a certification in individual psychological coaching.

Session no: 1.7.2 Abstract number: 0291

Research Topic: Nursing, Midwifery or Support Worker Education, Leadership and Management, Cancer

Methodology: Interviewing

Research Approach: Qualitative approaches (e.g.: discourse analysis, ethnography, critical theory, grounded theory, phenomenology)

‘Where they’ve got bad side effects or less response it’s a difficult treatment’: Oncology health professionals' experiences of supporting people receiving immunotherapy

Presenter: Tessa Watts, Cardiff University, UK

Co-author(s): Sally Anstey, UK; Stephen Jennings, UK

Abstract

Background

Internationally, greater access to some cancer immunotherapies is transforming outcomes for more people with some cancers. Immunotherapies can be associated with diverse, novel, unpredictable immune-related toxicities which can impact negatively on patients’ health, wellbeing, quality-of-life and treatment continuation. Oncology health professionals are critical to safe, effective person-centred immunotherapy care, yet little is known about their experiences of supporting these patients. This knowledge is important to improve understanding, identify knowledge gaps, inform patient and health professionals’ immunotherapy education and optimise patients’ health outcomes.

Aim

To better understand how oncology health professionals’ support people receiving immunotherapy for cancer.

Methods

A qualitative exploratory approach was adopted. Oncology healthcare professionals were recruited across England and Wales via social media. Data were generated between May and September 2020 using semi-structured interviews via telephone or online, secure

video-conferencing. Interviews were fully transcribed, anonymised and analysed using Braun and Clarke's (2022) inductive, reflexive thematic approach to ensure key patterns and experiences were captured, relative to the study's research questions.

Results

Eighteen senior NHS oncology healthcare professional participated: twelve nurses, 3 physicians and 3 pharmacists. Analysis identified three predominant themes: Certainty with uncertainty; doing immunotherapy toxicity management and prioritising immunotherapy education enhancement.

Discussion and conclusion

Immunotherapies offered genuine possibility of improved disease and survivorship outcomes engendering hope and optimism. Yet this was balanced against profound uncertainties regarding disease response and complex toxicities. While the need for holistic care was recognised, psychological support was downplayed. Direct care focused on proactive and reactive toxicity management and was contingent on nurses' expert coordination and organisation of cross-boundary multi-professional care. The complexity of supporting people receiving cancer immunotherapy was set against a background of suboptimal immunotherapy knowledge. Educational preparation and support for patients, the public and health professionals in primary and secondary care must be prioritised and appropriate educational interventions co-developed.

Biography

Tessa is a Reader in Nursing at the School of Health care Sciences at Cardiff University. Tessa is a qualitative researcher with an academic grounding in the social sciences and nursing. She is particularly interested in people's experiences of health care delivery and support in the fields of cancer, palliative and end of life care and co-producing education interventions to support healthcare professionals in their practice and patients. Tessa is Deputy Research theme lead for the School's research theme, Optimising wellbeing and the management of long-term conditions and an honorary Professor at Swansea University.

Session no: 1.7.3 Abstract number: 0308

Research Topic: Nursing, Midwifery or Support Worker Education

Methodology: Interviewing

Research Approach: Qualitative approaches (e.g.: discourse analysis, ethnography, critical theory, grounded theory, phenomenology)

Sisterhood 'We'll pull each other through'. The lived experience of mature, female students on a Bachelor of Nursing (Adult) programme: An Interpretative Phenomenological Analysis study

Presenter: Owena Simpson, DAHP, LLM(LAMP), PGCEd, BSc(Hons), DipN, RGN., University of South Wales, UK

Abstract

There is currently a national nursing shortage which is driven by an ageing population and an increasing demand for health care. One initiative introduced to increase the number of registered nurses within the system has been to increase the number of students enrolled onto the pre-registration programme. This initiative, coupled with the concurrent expansion of the higher education sector has resulted in a greater diversity of learners entering university and the profession.

This study explored the experiences of mature women from a widening participation background undertaking the Bachelor of Nursing (Adult) programme. This qualitative research study utilised Interpretative Phenomenological Analysis (IPA) and a purposive sample of eight participants were recruited into the study and semi-structured interviews was used to gather data.

This study identified that mature female nursing students have a myriad of trigger factors that influence and result in them considering leaving the programme. Findings demonstrated that although all the women were sharing the process of undertaking the programme, they had various backgrounds, career and educational experiences and these influenced their student nurse journey. The findings identified various and significant course related challenges, the participants had busy lives and were juggling the demands of home and student life. The study surfaced the power and role that belonging played in the student nurses' experiences across all elements of the programme. Peer support is arguably more important than support from family and friends. Their encouragement had a positive influence and supported the notion of belonging to a group with shared ambitions of becoming Registered Nurses.

Developing an understanding of the issues that affect this student group has provided essential insight into the students' needs. It has helped inform the need for individualised approaches to student support to maximise retention, completion and ultimately increase the number of students entering the NMC register.

Biography

Having qualified in 1993 as a Registered General Nurse I gained experience as a practitioner in various settings. This experience, although mostly within cardiac specialities, covered a variety of environments, including general nursing, high dependency and intensive care. I completed the PGCEd in October 2004. Prompted and enthused by this course I obtained a post at the University as a Senior Lecturer within the Adult Nursing Field. Since working at the University, I have managed modules on both pre and post registration programmes and have been the deputy course leader for the undergraduate nursing programme. In 2016 I obtained the role of Academic Subject Manager within the school. I have recently completed my Professional Doctorate (Doctor of Advanced Healthcare Practice). My research study title: Sisterhood 'We'll pull each other through'. The lived experience of mature, female students on a Bachelor of Nursing (Adult) programme: An Interpretative Phenomenological Analysis study.

Concurrent Session 2: Monday 5 September 2022

2.1 Theme: Cancer

Session no: 2.1.1 Abstract number: 0330

Research Topic: Cancer

Methodology: Interviewing

Research Approach: Qualitative approaches (e.g.: discourse analysis, ethnography, critical theory, grounded theory, phenomenology)

Co-designing a web-based resource for head and neck cancer patients - qualitative analysis from planning stage

Presenter: Rosemary Kelly, PhD, MSc, RSCN, Ulster University, UK

Co-author(s): Cherith Semple, UK; Ruth Thompson, UK; Peter Gordon, UK

Abstract

Background
Healthcare delivery is placing greater emphasis on shared care and decision-making between healthcare professionals and patients. The COVID-19 pandemic has illustrated how the internet can be a facilitator in this process. Consequently, there has been an expansion of health information being accessed online by patients. A recent scoping review indicated a lack of high quality, evidence-based online resources for head and neck cancer patients, with a paucity of end-user involvement during development (1).

Aims
To explore patients' and healthcare professionals' views on content preferences and intervention design features to inform the development of an online resource for oral cancer patients.

Methods
Utilising a qualitative research design, one-to-one semi-structured, remote, patient interviews (n=10), and three focus groups, involving healthcare professionals (n=21) were recruited. Healthcare professionals' data were collected using a blended approach of face-to-face and remote attendance. All data was collected between November 2020 and January 2021, in one acute healthcare setting within the UK.
Results:

Three key themes were identified:

1. Key objectives and constructs underpinning the online resource

2. Important content to be included within the online resource

3. Design features to optimise the online resource

Discussion

Triangulated findings from participants importantly highlighted key features which would aid decision-making, promote preparedness for treatment and enhance post-treatment coping. Embedding patient experience narratives was seen as pivotal for contextualising information and enhancing understanding of the short- and long-term effects of treatment. Participants also confirmed that knowing a co-design approach was being adopted to plan and develop the resource was reassuring.

Conclusion

Exploring and triangulating patients' and healthcare professionals' perspectives can co-create more meaningful content and an optimally engaging online resource. Using an intervention development framework such as the person-based approach (2) or the Medical Research Council guidelines (3) should enhance implementation and effectiveness in routine clinical care for patients.

Biography

Dr Rosie Kelly is a registered Sick Children's Nurse who retired from clinical practice in 2016. She was awarded a PhD at Ulster University in 2020 and is currently working as a research assistant with the university. Her current projects include developing an online resource for head and neck cancer patients and analysing data from an Interreg Diabetes study on unscheduled care for diabetes patients across the UK and Ireland.

Session no: 2.1.2 Abstract number: 0357

Research Topic: Cancer

Methodology: Other collection or analysis method

Research Approach: Quantitative (not included in another category)

Study of patient acuity on an acute oncology assessment unit using an innovative acuity tool to standardise acuity measurement according to the Welsh Levels of Care in a stand-alone Cancer Centre.

Presenter: Rachel James, RN, Velindre University NHS trust, UK

Abstract

Background

Welsh levels of care were implemented to measure acuity levels across hospital wards in Wales to ensure staffing levels were sufficient to provide the appropriate and safe care for patients. An innovative acuity tool was developed to enable standardisation and remove the ambiguity of clinical judgement when allocating an acuity level on an acute oncology assessment unit.

Aim

To determine accurate patient acuity on an acute oncology assessment unit, investigate trends and variations in acuity on admission, observe for correlation between acuity and admission source to inform safe staffing levels and future models of acute oncological care in the cancer centre.

Method

Retrospective analysis of acuity levels of recorded in real time on an acute oncology assessment unit from 31 January 2022 to 28 February 2022.

Results

There were 151 admissions to the acute oncology assessment unit between 8am and 8pm, the highest levels of acuity were seen between 5pm and 7pm.

Majority of the highest acuity patients presented unwell on site.

The highest number of patients on the acute oncology assessment unit is between 1pm and 4pm, with regular patient admissions above capacity.

Conclusion

Although unscheduled care is described as unpredictable the trends noted can be used to predict required staffing levels and skill mix at particular times of the day. The data analysed showed outside of normal working hours the patients on the acute oncology assessment unit were the most acutely unwell. These patients were most likely to have presented unwell onsite bypassing the normal admission criteria for the assessment unit. Further interpretation of data will be required to evaluate seasonal fluctuations in service demand and acuity to inform a robust staffing model.

Biography

I currently work as an advanced nurse practitioner within the acute oncology service at Velindre University NHS trust. The clinical aspect of my role is as an autonomous independent prescriber on the acute oncology assessment unit at Velindre assessing and treating patients experiencing toxicities from systemic anti-cancer treatments and the side effects of cancer itself. I am currently in the final phase of the MSc in advanced clinical practice at Cardiff University.

2.2 Theme: Patient Safety

Session no: 2.2.1 Abstract number: 0346

Research Topic: Patient Safety (including human factors, infection prevention and control etc), Service Innovation and Improvement

Methodology: Statistical Analysis (descriptive and correlational)

Research Approach: Evaluation (process, impact)

The development of a new nurse intuition score to predict patient deterioration on surgical and medical wards: a pilot study

Presenter: Filip Haegdorens, RN, PhD, University of Antwerp, Belgium

Co-author(s): Carolien Wils, Belgium

Abstract

Background

Rapid response system activation is usually initiated by ward nurses with guidance of early warning systems such as the National Early Warning Score. However, when a patient is deteriorating and calling criteria are not met, nurse worry or concern should initiate a rapid response. In previous research, the Dutch-early-nurse-worry-indicator-score was developed to quantify nurses' worry or intuition. However, this score is aimed at a surgical population and was never externally validated.

Aim

To develop and test a nurse clinical intuition scale to predict patient deterioration.

Methods

A new nurse intuition score (NIS) was developed for medical and surgical wards. The score was based on previous literature and expert advice. All items were validated by a panel of 16 nurses and selected if they had an item content validity of >0.78. In a monocentric pilot study, the newly developed score performance was tested on 2 surgical and 2 medical wards in Belgium from December 2019-March 2020. The studied events were: medical advice requested, unplanned transfer to a higher level of care, resuscitation, and death within 24h after registration.

Results

The nurse intuition score comprised 10 items: unable to express himself, feeling unwell, altered facial expression, lethargic, restless, change of behaviour, altered skin colour, staring, pain, and altered responsiveness. All items had sufficient content validity (I-CVI 0.82-1.00). In total 210 scores were registered of which 147 without event. Internal consistency was high (α= 0,948). The total sum score ranged between 0 and 29 with a mean of 5.6 (sd 7.9). We found a positive relation of the sum score with the risk of an event (OR 1.41, 95%CI 1.29-1.54). The AUROC was 0.953 with 95%CI of 0.921-0.986.

Discussion and conclusions

The nurse intuition score could be used to predict patient deterioration on medical and surgical wards. Further validation is required.

Biography

Dr. Filip Haegdorens is a critical care nurse specialized in methods and systems to detect patient deterioration and to prevent patient disability or death. He is a lecturer at the University of Antwerp and head of the InterProfessional Healthcare providers Skillslab Antwerp (IPHeSA).

Session no: 2.2.2 Abstract number: 0353

Withdrawn

2.3 Theme: Workforce and Employment

Session no: 2.3.1 Abstract number: 0222

Research Topic: Workforce and Employment (including health and wellbeing roles, research careers)

Methodology: Interviewing

Research Approach: Case Study

Understanding factors affecting mental health workforce retention using organisational case studies

Presenter: Emily Wood, PhD, The University of Sheffield, UK

Co-author(s): Sally Ohlsen, UK; Jaqui Long, UK; Elizabeth Lumley, UK

Abstract

Background
The NHS is struggling to retain nurses across all sectors, with an average of 15% of NHS staff leaving their job every year. Turnover in mental health Trusts varies significantly across the UK. Understanding this variation is key to identifying and better recognising the reasons staff stay in or leave their job and can inform the development of appropriate ways to address these issues.

Aims
To better understand how organisational contexts and the experiences of health care staff in the workplace influence staff retention and patient outcomes.

Methods
We used organisational case studies to explore the effects of, and interactions between, the Trust management, national influences, staff characteristics, roles, workplace practices and experiences at work. Six NHS Trusts in England with different retention rates were identified, based on: staff turnover; CQC rating; staff satisfaction on the NHS staff survey; and location. Professionally registered clinical staff were invited to interview. Key senior staff were also selectively approached and invited to interview. 197 interviews were completed (117 registered nurses), including 169 clinical staff and 28 senior staff.

Results

Analysis is currently ongoing; the results will be shared for the first time at this conference. Initial indications point to organisational culture and the way staff feel valued (or not) as a key driver for retention.

Discussion and Conclusions

The key findings from these organisational case studies will enable identification of key policies and practice which have a positive impact on nurse retention and inform recommendations to improve staff retention across the NHS. Improving staff retention and satisfaction not only benefits the individuals, but also service-users, who have repeatedly emphasised the importance of continuity of care and therapeutic benefits of established relationships with staff. It also benefits employing organisations, who retain experienced, well-trained staff and reduce their recruitment, induction and training costs

Biography

Dr Wood is a senior research fellow at the University of Sheffield. She is a registered mental health nurse, and her research interests are in two main areas: non-medical interventions for mental health and wellbeing, and the health care workforce. She is currently principal investigator on research investigating the retention of mental health staff in the NHS. This uses realist methods to analyse existing data and staff interviews with the aim of producing a theory of staff retention with recommendations to improve the current rapid loss of staff. She also works on a large workforce project funded by the Royal College of Nursing into a variety of nursing workforce issues, she leads on the advance practice nurse work stream, which includes a cohort study of UK advanced practice nurses and will report on the changes in role and experience caused by the COVID-19 pandemic. I am a qualitative researcher on the NIHR funded RCT - STOP-OHSS: Shaping and Trialling Outpatient Protocols for Ovarian Hyperstimulation Syndrome; in addition to a role on a project looking at retention of Mental Health Services Staff in the NHS (RoMHS). I have previously worked as a qualitative researcher on an NIHR funded research programme grant - ACtiF: Development and evaluation of an intervention to support Adherence to nebuliser treatment in adults with Cystic Fibrosis, and on the NIHR Vascular Services Programme Grant. I joined the School of Health and Related Research at The University of Sheffield as a Research Associate in 2014 having completed an MSc in Clinical Research. Prior to this, I was a Registered Nurse in the NHS working in Upper GI Surgery. I also completed an NIHR research internship in conjunction with Collaboration for Leadership in Applied Health Research and Care for South Yorkshire (CLAHRC-SY).

Session no: 2.3.2 Abstract number: 0225

Research Topic: Workforce and Employment (including health and wellbeing roles, research careers)

Methodology: Questionnaire

Research Approach: Survey

Increasing research capacity, capability, and confidence through The Newcastle upon Tyne Hospitals '4Ps Nurses, Midwives and Allied Health Professionals (NMAHP) Researcher Development Programme'. A critical reflection on developing the programme and the first cohort

Presenter: Linda Tinkler, RN, MclinRes (Leadership), BSc (Hons), The Newcastle upon Tyne Hospitals NHS Foundation Trust, UK

Co-author(s): Felicity Pope, UK

Abstract

Background
Research is an essential component of NMAHP clinical practice; however, challenges remain in the availability, pace, and scale of capacity building activities to increase skills and confidence in developing grants and leading research. The aim of the 4Ps NMAHP Researcher Development Programme is to support capacity building endeavours, providing a bespoke programme, co-designed with and for NMAHP staff at Newcastle upon Tyne Hospitals. This modular programme launched in December 2019 enables the flexibility to attend modules based on individual need and context.

Methods
18 NMAHPs contributed to the co-development of the programme over 10 months. 10 went on to lead or co-facilitate modules. This concurrent session will describe the co-development work undertaken to design the programme content and learning outcomes. The foundation module and the four main modules (Person, Place, Project, and Plan) will be summarised. A five-point Likert scale evaluation survey was developed to measure confidence across 15 research related statements in the first cohort.

Results
A total of 89 individual attendances across the NMAHP professions were recorded throughout modules delivered between December 2019 and August 2021. Adaptations and delays in delivery were necessary due to the COVID-19 pandemic.

An increase in research-related confidence levels was reported (measured pre and post session) across all modules. Pre-module responses ranged from "not at all confident" to "somewhat confident". Post-module responses ranged from "somewhat confident" to "fully confident" with an increase of at least one point on the scale across all sessions and indicators.

Conclusion
Co-development of the 4Ps programme maximised the relevance and specificity of content and programme delivery. Programme attendance, increased individuals' confidence in their knowledge, awareness and capability when embarking on research-related activities. The programme is currently undergoing commercialisation and is already open to NHS trusts in the Northeast. Further plans to develop a national programme are underway.

Biography

Linda is the Trust Lead for NMAHP Research at Newcastle upon Tyne Hospitals. Her role involves leading the NMAHP Research agenda on behalf of the Chief Nurse team, facilitating policy and strategy enablers to benefit the development of NMAHP clinical academic careers across the trust. Linda has worked in the NHS for over 20 years. Her research roles have included working as a Clinical Research Nurse and an Academic Research Nurse. Linda's own research is exploring behaviours at the interface between clinical research delivery and clinical practice. This work is currently ongoing through a PhD funded by the RCN Strategic Research Alliance at the University of Sheffield School of Nursing & Midwifery. Linda is a qualified and active coach with an interest in Leadership in the NHS, which weaves through her own research. Linda is also a Florence Nightingale Scholar and is one of the NIHR 70@70 Senior Nurse Leaders.

2.4 Theme: Dementia

Session no: 2.4.1 Abstract number: 0187

Research Topic: Dementia, Methodology, Service Innovation and Improvement

Methodology: Mixed

Research Approach: Action Research / Participatory Inquiry / Practice Development

The effect of the environment on the care of older people with dementia or confusion in acute general hospital settings

Presenter: Bernie Keenan, Birmingham City University, West Midlands Institute of Ageing & Health, UK

Abstract

Background

There is a dearth of studies that have looked comprehensively at the effect of the built environment on the care of older people with dementia in acute general hospital settings, and very few with sufficiently robust methodology with which to make generalisations.

Aims

This study aimed to explore the impact of specifically designed ward-built environments on standards of care and outcomes for older people with dementia or cognitive impairment in acute general hospital wards in a large N.H.S. Trust in England.

Methods

This was a comparative study of 180 older people with dementia or cognitive impairment on one standard medical ward and two purposively adapted dementia-friendly medical wards in a large acute general hospital in England. A mixture of both quantitative and qualitative methods were used to evaluate a range of clinical and quality issues.

Results

There were statistically significant differences between the standard medical ward and the 'dementia-friendly' wards in terms of assessment of cognitive impairment and care planning regarding this, and also the involvement of the patient and family in care. There was also a statistically significant difference in the levels of patient interaction and engagement between the dementia friendly wards and the standard medical ward. Statistically significant differences were also found in the unexpected readmission rates between the wards.

Conclusions

The findings indicate that purposively adapted dementia friendly hospital wards are not only thought by staff to help them provide more patient- centred care and support but are linked to more patient-centred and supportive behaviours and care practices. This research also indicates that purposively adapted built environments contribute to more effective 'safer' discharge. These findings have important implications for practice, and offer the potential to improve the quality of care for older people with dementia or confusion if the insights are shared and adopted.

Biography

Bernie Keenan is a Senior Lecturer at Birmingham City University. Upon completion of her nurse training Bernie completed a first degree at The London School of Economics and Political Science. She has an extensive clinical career as a Clinical Nurse Specialist and Senior Nurse, and completed an MSc in Nursing Studies at Birmingham University. From 1997 to 2006 she held a Lecturer/Practitioner post at University Hospital Birmingham NHS Foundation Trust and Birmingham City University. In her current position at the University she has been module leader for the undergraduate Care of the Elderly course and pathway lead for the post-graduate Long Term Conditions course. Bernie has also held the posts of Chair of the West Midlands Institute for Ageing and Health and represented Nursing and PPI on the Birmingham and Black Country Comprehensive Local Research Network. She is also very proud to have been part of the Royal College of Nursing Quality Improvement Network in the West Midlands and the National Council for Women.

Session no: 2.4.2 Abstract number: 0181

Research Topic: Dementia, Older People, Sexual Health

Methodology: Delphi

Research Approach: Other approaches

A Delphi study in the development of a tool to assess health and social care professionals' knowledge and attitudes towards later life sexuality

Presenter: Yung-Hui Chen, MN, GradDipRes, BN, RN, Faculty of Health Sciences and Medicine, Bond University, Australia

Co-author(s): Cindy Jones, Australia; Amy Bannatyne, Australia; Maria Horne, UK

Abstract

Background

Sexuality and intimacy are important to maintain quality of life, health and wellbeing among older adults (Jones, Moyle and Van Haitsma, 2021). These needs are often forgotten or ignored by health and social care professionals (HSCPs) in healthcare settings, particularly, for older people living with dementia and those identifying as lesbian, gay, bisexual, transgender, intersex or queer/questioning (LGBTIQ+) individuals (Horne et al. 2021). Existing assessment tools are dated and do not adequately address dementia and LGBTIQ+ components. Therefore, it is difficult to examine HSCPs' knowledge and attitudes towards sexuality and intimacy in older adults or to inform the effectiveness of educational interventions (Chen, Jones and Bannatyne, 2020).

Aim

This study aims to content validate a newly developed assessment tool via the Delphi technique.

Methods

HSCPs, educators, researchers, and older adults experienced in aged care participated as an expert panel member (n = 20). Clarity and importance of each assessment item were rated by the panel of experts on a five-point Likert scale. Content Validity Index (CVI) was calculated to indicate the level of agreement amongst the expert panel via two rounds of Delphi.

Results

A total of 46 knowledge items in five categories and 40 attitudes items in six categories were included in the final developed tool. Agreement on both clarity and importance of knowledge (CVI=0.79; 0.78) and attitudes (CVI=0.76; 0.64) items in the developed tool was established.

Conclusion

Acceptable content validity for the developed tool was established. Further research is needed to ensure the tool is psychometrically robust (e.g., reliability). It is anticipated that the newly developed tool will assist in better identification of educational needs of HSCPs to improve care provision in this area of need for older adults.

Biography

Yung-Hui is currently a Bond University PhD candidate. Her PhD research project addresses the inadequacies of current assessment tools that examine health and social care professionals' knowledge and attitudes towards sexual desire, needs and preferences of older people including those living with dementia and identifying as lesbian, gay, bisexual, trans, intersex and questioning/queer (LGBTIQ+) individuals. She and her PhD supervisors have published an integrative review, titled 'Assessment of healthcare professionals' knowledge and attitudes on sexuality and ageing: An integrative review' in 2020. Recently, she and her PhD supervisors have developed an assessment tool to assess health and social care professionals' knowledge and attitudes towards later life sexuality via Delphi technique. She is interested in the issues related to sexuality, intimacy, ageing and dementia. She published a paper titled ‘Exploratory study of Australian aged care staff knowledge and attitudes of later life sexuality’ in 2017.

2.5 Theme: Patient and Public Involvement

Session no: 2.5.1 Abstract number: 0162

Research Topic: Public and Patient Involvement, Primary and Community Care, Patient Experience

Methodology: Interviewing

Research Approach: Case Study

Exploring the experiences, needs and relationships of people who access and provide Health and Social Care in a regional area of Scotland

Presenter: Louise Henderson, PhD, MNursing NLP, PGCert LTA, BSc CH, Dip.HE Ad; FHEA, SPDN, RNA., Robert Gordon University, UK

Co-author(s): Heather Bain, UK; Elaine Allan, UK; Catriona Kennedy, UK

Abstract

Background

Current international Health and Social Care (HSC) guidance sets a precedence of person-centred sustainable services that meet the diverse health and wellbeing needs of Service Users and their families, through improved experiences (1). However, current research in the field focuses on service models and evaluation; fewer studies investigate person-centred experiences and needs of people who use HSC (2).

Aim

This study was co-produced with key stakeholders in HSC and aimed to explore the experiences and needs of people who use and deliver HSC at home, in a regional area of Scotland (UK).

Methods

Data were collected in this qualitative multi-case [n=7] study via individual [n=10] or dyad [n=4] semi-structured interviews (Service Users [n=6]; Informal Carers [n=5]; HSC staff [n=7]). Data were collected in a regional area of Scotland between Dec 2019-March 2020, and synthesised using principles of Interpretive Thematic Analysis (3).

Findings

Supportive relationships and personal connections were instrumental in helping all participant groups to feel able to cope with their changing HSC needs and roles, promoting reassurance, information sharing, and reduced anxiety; when they were

lacking, it negatively impacted upon Service Users' experiences of HSC. Supportive relationships within a community were instrumental in meeting the HSC needs of their individual members. Support that statutory services provided, did not always meet the needs of the people who were accessing or providing HSC, and they undervalued the support that communities provided.

Discussion

It is important to acknowledge the power of connection when designing HSC services that encourage supportive relationships between people who access and provide care, and their communities. Adopting Person-centred, Relationship based HSC could encourage meaningful connections and improve HSC experiences.

Conclusions

This study highlights indicators for improved sustainable HSC beyond COVID-19, advocating co-produced community-driven HSC services that meet the self-defined needs of those who access and provide them.

Biography

Louise is passionate about involving people and communities in co-produced Health and Social Care (HSC) and research. Her areas of interest include HSC education, community and voluntary sector wellbeing support, and project management. Louise completed her PhD study in December 2021, which explored the experiences and perceptions of people who accessed and provided Health and Social Care in the community, within a regional area of Scotland. She is an experienced Lecturer in the School of Nursing, Midwifery & Paramedic Practice at Robert Gordon University, teaching on pre and post-registration academic programmes. Louise is an experienced District Nurse with a background in acute medicine; stroke; geriatrics; rehabilitation; Parkinson’s Disease Specialist Nursing; research and auditing and clinical leadership.

Session no: 2.5.2 Abstract number: 0328

Research Topic: Public and Patient Involvement, Dementia, Primary and Community Care

Methodology: Focus Groups

Research Approach: Qualitative approaches (e.g.: discourse analysis, ethnography, critical theory, grounded theory, phenomenology)

Understanding the barriers and facilitators to upholding Human Rights for people living with Dementia in Care Homes

Presenter: Lesley Butcher, MSC, PGCert, Cardiff University School of Healthcare Sciences, UK

Abstract

Background

The number of people living with dementia (PLWD) is predicted to rise from 55 million worldwide in 2017 to 139 million by 2050. PLWD in care homes are frequently denied their basic human rights and have reduced quality of life in comparison with those who live at home. There is wide disparity among care home services, both Nationally and Internationally. Staff working in care homes report high levels of stress and burnout. Access to dementia education varies.

Aims

This qualitative, ethically approved study aimed to understand and clarify the barriers and facilitators to upholding Human Rights for PLWD in care homes.

Method

In November 2019 seven focus groups were conducted. Each group consisted of 7-9 mixed participants, including staff from 20 nursing homes across Wales, PLWD, unpaid carers of PLWD and student nurses. Vignettes were used to base discussion around 'What are the of barriers and facilitators to upholding human rights for people living with dementia in care homes?'. Discussion was digitally recorded and transcribed verbatim. Thematic analysis was conducted using Braun and Clarke's (2006) method.

Results

Themes identified were barriers of **systems and processes**; including risk aversion, organisational culture, and financial constraints. **Personal barriers**: concerned values, beliefs, assumptions, knowledge, experience, and staff sense of worth. **Environmental barriers** included problems related to ‘false realities’, space, and privacy. **External pressures and expectations** from the public, family members and regulatory scrutiny were additional strains.

Discussion

Themes have informed the production of a bespoke e-learning resource for social care staff, and a further study to evaluate attitudes and understandings of care home staff in relation to dementia.

Conclusion

Safeguarding the human rights of PLWD in care homes is complex but must be prioritised. Overlapping barriers include organisational and personal factors, which need to be addressed on individual, cultural, societal and political levels.

Biography

Lesley is a Senior Lecturer in Nursing at Cardiff University. She has over 30 years’ experience in Nursing, most notably working in specialist roles focused on the care of older people in care homes, hospitals, and community settings. She has a Master’s degree in Psychoanalytic Psychotherapy. Lesley is passionate about applying and instilling person-centred care principles in caring for people living with Dementia. She teaches extensively on this, across undergraduate and postgraduate programmes within Cardiff University, as well as delivering external presentations and webinars. She has conducted qualitative research on understanding the safeguarding of human rights for people living with dementia in care homes and has further quantitative care home research planned. She is also a co-applicant and team member, funded 20% of her time, on a large NIHR research study across the UK, looking at the use of restrictive practices in the care of people with dementia in hospitals.

2.6 Theme: Primary and Community Care

Session no: 2.6.1 Abstract number: 0179

Research Topic: Primary and Community Care, Research Process Issues, Chronic Illness

Methodology: Interviewing

Research Approach: Qualitative approaches (e.g.: discourse analysis, ethnography, critical theory, grounded theory, phenomenology)

Role development in the initial phase of implementing APNs in primary health care in Germany – a model-based reflection

Presenter: Renate Stemmer, PhD, Catholic University of Applied Sciences, Germany

Co-author(s): Christina Ströhm, Germany; Olivia Wöhrle, Germany; Karin Herrmany-Maus, Germany; Sophie Petri, Germany

Abstract

Introduction
In many countries Advanced Practice Nurses (APNs) are already operating in primary health care. This role is completely new in Germany. Within the scope of a research project funded by the Innovation Fund of the Federal Joint Committee, 9 APNs are deployed in German General Medical Practices (GPs) for the first time to take over the medical and nursing care of multimorbid patients. In this context APN role development is an essential factor.

Aim
To reflect the initial phase of APN role development in GPs based on Hamric's model (HM).

Methods
Qualitative approach. Data collection: September to December 2021. Sample: 9 APNs being pioneers in GPs. Data basis: a) 9 guideline-based interviews, before start of intervention, b) 21 structured evaluation interviews during the first 3 months of intervention. Data analysis: content analysis, category development: deductive from HM, inductive from empirical data.

Results

Primary Criteria: unquestioned clinical identification includes 'naturally adopted focus on multimorbid patients care'; Central Competency: uncertainty in medical tasks 'includes clinical assessment and medication management', self-evidence in patient-centred care 'includes participative interaction with patients and relatives'; Core Competencies: delimitation of claims 'includes ethical conflicts of high complexity of care needs, high expectations of patients, APN claim to person-centred and evidence-based care and limited time resources'; Critical Environmental Elements: integration as mutual challenges 'includes integration of APN procedures in GP workflow, searching for new communication and culture', payment driven required workload 'includes high number of patients and their complexity, perceived lack of time'.

Discussion

Role development is characterised by diffuseness and less actively shaped. Patient-centred care bears the chance to improve multimorbid patients care in GPs. To work on the ethical challenges is crucial.

Conclusion

Further role development is needed at all levels. The strength of APNs in patient-centred care can be used as a starting point.

Biography

From 1976 to 1979, Renate Stemmer trained as a nurse (professional title at the time) at the St. Marien-Hospital Hamm. She worked as a nurse until 1988 and completed further training as an anaesthetist and intensive care nurse. This was followed by further training to become a teacher for nursing professions and a degree in pedagogy at the University of Wuppertal, followed by a doctorate. After teaching positions at various universities of applied sciences, in March 2000 Stemmer was appointed to the chair for nursing science and nursing management at the Catholic University of Applied Sciences in Mainz, which Stemmer accepted and currently (as of February 2022) holds. In 2004, Stemmer was a visiting professor at the University of Iowa.

Renate Stemmer's work and research focuses on the areas of care classification, care organization, quality management, the care process and the care of people with dementia.

Session no: 2.6.2 Abstract number: 0355

Research Topic: Primary and Community Care, Public Health (including health promotion), Health and Social Policy

Methodology: Other collection or analysis method

Research Approach: Systematic Review and other Secondary Research

Nursing education in Albania: Evolution and future prospects of health policy

Presenter: Ippolito Notarnicola, Centre of Excellence for Nursing Scholarship, IT and non-UK

Co-author(s): Gennaro Rocco, Italy; Emanuela Prendi, Italy; Alessandro Stievano, Italy

Abstract

Background

Nursing in Albania has grown rapidly over the past decade in response to government initiatives to strengthen primary care. There is limited data on how this expansion has impacted the role of the nurse leadership, the scope of practice, and the characteristics of the workforce.

Aim

The purpose of this study is to try to describe the current demographic and occupational characteristics of Albanian nurses.

Method

A national survey was undertaken to describe the demographics, clinical roles, and skills of nurses. This retrospective study will attempt to describe the situation of nurses from 2009-2021 and the analysis in the processed dataset was carried out to explore changes in the workforce over time.

Findings

There is a clear indication of increased intellectual and conceptual accumulation in the decades when professional nursing education at the technical level has been part of the public policy agenda. This knowledge serves as a reference for the formulation of new actions aimed at other professionals who provide direct assistance to the population.

Results

This study presents a retrospective analysis of Albanian nursing regarding the evolution of nursing. It also provides some information on the preparations for vocational training. In this study it is highlighted that there has been a reformulation of the theme of nursing professional qualification, and the need to improve the quality of educational processes and a wide offer of continuing education for Albanian nurses.

Conclusion

This study identified that some of the structural barriers to nursing in Albanian general care have been addressed over time. However, it also identifies ongoing barriers that impact the development of the nurse´s role. Understanding and addressing these issues is critical to optimizing both the effectiveness of the nursing workforce and undergraduate education.

Biography

Ippolito Notarnicola, is a Nurse Research Fellow at the Center of Excellence for Culture and Nursing Research of the Order of Nursing Professions in Rome (OPI Rome). He is a professor of nursing disciplines in degree and master's degree courses at the Universities of Rome Tor Vergata, at the University of Rome "La Sapienza" and of the Catholic University “Our Lady of Good Counsel” in Tirana. He received his PhD in nursing from the University of L'Aquila. He obtained the title of fellowship by examination at RCSI in Dublin. He carries out research in the field of nursing sciences at national and international level, and is the author of publications at national and international level.

2.7 Theme: Mixed Methods

Session no: 2.7.1 Abstract number: 0325

Research Topic: Chronic Illness

Methodology: Mixed

Research Approach: Mixed Methods Research

Between a rock and a hard place: Coproducing chronic oedema care

Presenter: Ellie Dring , PhD (Business and Management) MA (Research Methods) BA (Hons) Dip. N, Nottingham University/Nottingham University Trust, UK

Abstract

Background

Coproduction refers to customers and service-users contributing to planning, designing and implementing goods and services, with service-providers (Ostrom, 1996). Few studies explore how the coproduction of care is operationalised, and the impact of socioeconomic position and social capital (Bourdieu, 2004), between “hospital” and “home”. Contemporary healthcare coproduction literature reflects a paternalistic dynamic of power between service-providers and service-users living with long-term conditions (LTC) initiatives and suggests that individuals living within a context of socioeconomic deprivation are less equipped to coproduce

Aims

To use mixed methods to explore how coproduction of care is operationalised for those living with chronic oedema (Moffatt, Franks, Doherty et al., 2003) within a context of socioeconomic deprivation.

Methods

This involved overt non-participant observations, within two Lymphoedema Clinics (city and rural), and 28 participants were also recruited to in-depth face-to-face interviews. Their partial postcodes General Practitioners’ addresses were documented, to contextualise the socioeconomic demographic of the study. The study received NHS ethical approval.

Results

Participants described that socioeconomic status does not prevent them from coproducing their care, in terms of their skills and knowledge (operant resources) they use

to engage in shared decision-making. However, a lack of economic resources (operand resources), scientific and social capital means the coproduction and implementation of care within the "home" is challenging. This is especially when treatment options are perceived as limited.

Discussion

Care was described as based upon a traditional, hierarchical and biomedical model of care, which did not align with the daily life of the participants. Service-users perceived that non-specialist health professionals lacked the "operant resources" to meet their care needs.

Conclusion

Despite the challenges identified, the participants described the social capital and support they developed from the SHPs and their significant others as a mitigating factor; this evolved as a tangible "operand resource", for co-implementing and co-delivering care.

Biography

I have been a registered nurse for 25 years working in an acute hospital setting, in variety of specialties, including dermatology. I have an in-depth understanding of healthcare provision, as a manager and clinician; and I am enthusiastic about nurse-led research, especially within the field of skin integrity. In my role as a Practice Development Matron, I lead on Evidence-based Practice and clinical academic careers. This includes leading on the LIMPRINT study, within our organisation in 2014/15. In 2013, I achieved an MA in Research Methods (NIHR funded) exploring research theory and methodology, and an empirical study exploring barriers and enablers to delivering pressure ulcer prevention. I have recently completed a PhD in Business and Management (Health), which was funded by the Health Foundation (full-time). During this I explored the coproduction of care for those living with chronic oedema, through a mixed methods study.

Session no: 2.7.2 Abstract number: 0277

Research Topic: Methodology

Methodology: Other collection or analysis method

Research Approach: Mixed Methods Research

Under-represented, under-served and under-heard: methodological considerations to address the lack of inclusion of adults with impaired capacity to consent in research

Presenter: Victoria Shepherd, PhD MA BSc (Hons) RN, Centre for Trials Research, Cardiff University, UK

Abstract

Background

Research is essential to understand which treatments or ways of providing care are effective, but some populations are routinely excluded from research leading to 'evidence-biased' care. We need to design research studies better so that they are more inclusive of groups who are under-served by research. One such under-served group is people with impaired capacity to consent which may be associated with neurodegenerative conditions (e.g., dementia), an acute illness such as a stroke, a learning disability, or at the end of life. The exclusion of adults who lack capacity to consent may be due to ethical, legal or methodological challenges surrounding their involvement. Addressing the barriers to including these groups is essential to ensure they have equality in the opportunity to contribute to, and benefit from, research.

Aim

To consider the methodological principles that underpin the design of inclusive research, with a focus on overcoming the ethical and legal issues and practical challenges encountered when designing and conducting research involving adults who lack capacity to consent.

Methodological discussion

To date there has been little guidance for researchers on how to effectively involve people who lack capacity in research. This session will examine recent research that explored the structural, systemic, and methodological barriers to involving adults with impaired capacity. A number of innovations to support researchers to design research to be more inclusive of this under-served group will be presented. Strategies to encourage the development of a person-centred approach to research, alongside these new resources to help researchers to overcome these barriers, will be discussed.

Conclusion

Context-specific methodological considerations will arise in different populations, settings and types of research. Researchers and practitioners play a key role in making research accessible. Providing support to overcome these challenges will ensure research is more inclusive of groups who are currently under-served by research.

Biography

Victoria Shepherd is a Research Fellow at the Centre for Trials Research (a Clinical Trials Unit) at Cardiff University. She is a Registered Nurse with a clinical background in adult critical care. For the past 6 years she has led a multi-disciplinary research programme at Cardiff University exploring the ethical, legal, and methodological challenges surrounding research involving adults who lack capacity to consent. This includes a broad range of populations, such as people living with dementia or stroke, and settings including emergency care and care homes. Victoria has held a series of prestigious NIHR and Wellcome Trust fellowships and currently holds an NIHR Advanced Research Fellowship. She co-leads the inclusivity theme of the Trial Conduct Working Group in the MRC-NIHR Trials Methodology Research Partnership and is an expert member of an NHS Research Ethics Committee.

Concurrent Session 3: Tuesday 6 September 2022

3.1 Theme: Public and Patient Involvement

Session no: 3.1.1 Abstract number: 0169

Research Topic: Public and Patient Involvement, Dementia, Methodology

Methodology: Other collection or analysis method

Research Approach: Other approaches

The value of patient and public involvement in doctoral research: involving people living with dementia

Presenter: Cathryn Smith, MSc BSc FHEA RN (Adult), School of Healthcare Science, Cardiff University, UK

Co-author(s): Jessica Baillie, UK; Paul Gill, UK

Abstract

Background

Effective patient and public involvement (PPI) can promote high-quality research, ultimately benefitting healthcare services, patients and the public (Brett et al. 2014). Within dementia research, there is a growing appreciation of the need for meaningful PPI. While there may be challenges associated with this, involving people in research who are living with dementia allows for the recognition of their viewpoints and perspectives that can influence the design and delivery of the research protocol (Miah et al. 2019).

Doctoral students are informed of the importance of PPI from their host university, the Health Research Authority, and the National Institute for Health Research. PPI can be extremely valuable in the development of doctoral research, providing direction and allowing for the identification of difficulties that may have not been anticipated, such as the impact of wording on research objectives or within the patient information sheet. Yet there is limited evidence on PPI in doctoral research, including the impact and importance PPI has on the research process for doctoral students (Coupe and Mathieson 2019).

Aim

To discuss the value and challenges of PPI in doctoral research, and to examine the importance of including people with dementia in advisory groups.

Discussion

This presentation draws on the experience of a doctoral student establishing a meaningful PPI group including people living with dementia, for the development of a research protocol.

This presentation will explore the following three considerations, in relation to the wider literature:

1. Value of PPI: enhancing appropriateness and design of the research protocol.
2. Ethical implications: ensuring ongoing consent, communication strategies and promoting wellbeing.
3. Challenges: being a novice researcher, funding and the long-term commitment to PPI

Conclusion

This presentation will conclude that establishing an advisory group, including people living with dementia, is valuable in doctoral research, with careful consideration of ethical implications.

Biography

Cathryn is a lecturer in primary care and public health at Cardiff University, she has 11 years of clinical experience in community nursing and primary care. Cathryn has a keen interest in dementia, end-of-life care, and community care. She has an MSc in Community Health Studies and is currently a part-time PhD student researching healthcare professionals' decision-making in end-of-life for patients with dementia.

Session no: 3.1.2 Abstract number: 0194

Research Topic: Public and Patient Involvement, Leadership and Management

Methodology: Interviewing

Research Approach: Qualitative approaches (e.g.: discourse analysis, ethnography, critical theory, grounded theory, phenomenology)

Relational leadership in the NHS: how healthcare leaders identify with public engagement

Presenter: Rachel Hawley, MSc, PG (Dip), BA (Hons), RGN, SFHEA, NHS Leadership Academy (Associate), UK

Abstract

This qualitative study engaged twelve healthcare leaders, from a range of contexts, to explore how leaders identify with public engagement. The leaders reported how public engagement led to a level of collaboration and genuine relationship that has hitherto been under-reported and relational leadership is discussed as a perspective. This study contributes to knowledge about how leaders recognise the importance of public engagement.

The study investigates how relational methods are used in public engagement and help leaders to understand themselves, and others, and how this improves the wider range of leadership relationships in their given context. Data was gathered using narrative interviews combined with participant selected artefacts. The artefacts formed a conduit for representing their sense of professional identity, in relation to their leadership, and were key to getting closer to participants construction of themselves in their current roles. Data was analysed using a variation of voice-centred relational analysis (Mauthner and Doucet, 2003). A secondary analysis was undertaken using Ganz (2010) model, which enriched the findings and led to a new 'public story'. By recognising both the linguistic and non-linguistic ways of identifying with public engagement this study provides new insights for building relational practices.

The research identified what motivates leaders to be collaborative with the public, how leaders identify with public engagement and conditions needed to support collaborative practice; curiosity, courage and vulnerability, creativity, role modelling, kindness, and reflexivity - the power of connection. Findings demonstrate how leaders understand their identity is socially constructed, dynamic and changing over time; professional and personal experience being intrinsically linked. The concept of self-identity is offered as an example of reflexive bricolage; a process of re-visiting experiences through a variety of lenses to form holistic understanding of self in their professional, leadership and public engagement practice.

Biography
Rachel is a leadership associate, coach, researcher and author with teaching experience in healthcare leadership and management. With a professional background in nursing, she has over 30 years' experience of working with a wide range of organisations across the public sector at local, regional, national and European levels, where patient and staff engagement has extensively underpinned her experience. She is currently undertaking a Doctorate in Professional Studies at Sheffield Hallam University, on relational leadership in the NHS; how healthcare leaders identify with public engagement. Her passion for collaborative practice is reflected in the publication of the first complete guide to exploring values and ethics in coaching - Iordanou, I., Hawley R. and Iordanou, C. (2017) Values and Ethics in Coaching: Sage, London and Thousand Oaks, CA. Rachel and her co-authors received the Coaching Book of the Year 2017 from The Coaching Centre, Henley Business School.

3.2 Theme: Service Innovation, e-health

Session no: 3.2.1 Abstract number: 0155

Research Topic: e-Health (including informatics and telehealth)

Methodology: Questionnaire

Research Approach: Survey

Nurses' Use of Digital Technologies During the Covid-19 Pandemic: Results of a National Survey

Presenter: Dawn Dowding, RN, PhD, University of Manchester, UK

Co-author(s): Sarah Skyrme, UK; Jo Dickson, UK; Louise Newbould, UK; Angela Reed, UK; Manoj Mistry, UK; Muhammad Faisal, UK; Rebecca Randell, UK

Abstract

Background

The COVID-19 pandemic has led to the rapid adoption of technologies to support patient care. Nurses play a significant role in the successful deployment and use of digital health technologies (Booth et al, 2021).

Aims:

1. To identify what digital technologies have been introduced into acute, primary care and community social care organisations in the UK during the COVID-19 crisis that are led and implemented by nurses to support patient care delivery.
2. To explore what are the similarities and differences in digital technologies introduced across organisations.

Methods

An online survey of UK based nurses to capture their observations and experiences of using digital technologies during the Covid-19 pandemic. Participants were recruited across the UK via professional nursing networks and social media. Survey questions were based on the NASS framework (Greenhalgh et al 2017) and consisted of a mixture of forced choice responses and free-text questions. Data were collected over a 5-week period in October-November 2021.

Results

55 respondents provided data on 85 digital technologies implemented and used by nurses during the pandemic. We identified 9 categories of technology, of which online communications and patient assessments and observations were the two most frequently reported. Key factors that impacted on how staff used the technology were difficulties with IT infrastructure and hardware, and staff digital literacy. Overall respondents had a positive attitude towards technology introduction.

Conclusion

The survey results highlight the diversity of digital technologies implemented and used by nurses during the pandemic. Overall, they valued the role digital technologies have played in supporting patient care. However, issues such as equality of access to care and the potential downsides of technology use were also highlighted. Future research will explore nurses' experiences in more detail, such as what to 'keep' from innovations and the impact of the speed of implementation.

Biography

I am Professor in Clinical Decision Making, Division of Nursing, Midwifery and Social Work, School of Health Sciences, University of Manchester, UK. I am a health services researcher and nurse with expertise in the field of health care decision-making and nursing informatics. My particular research interests are the development and evaluation of decision support tools, and the application of Health Information Technology for assisting decision making in practice. Before my position at Manchester, I was Professor of Nursing at Columbia University School of Nursing and the Visiting Nurse Service of New York (which is the largest not-for-profit home care agency in the USA). Additional past appointments include Professor of Applied Health Research, University of Leeds UK and a Harkness Fellow in Health Care Policy and Practice from 2009-2010, working at Kaiser Permanente, Oakland CA. I am an elected fellow of the American Academy of Nursing and the Faculty of Clinical Informatics.

Session no: 3.2.2 Abstract number: 0347

Research Topic: Service Innovation and Improvement, Workforce and Employment (including health and wellbeing roles, research careers)

Methodology: Mixed

Research Approach: Evaluation (process, impact)

Findings from an evaluation: Does taking part in a virtual Interdisciplinary Preceptorship Programme increase support, confidence and knowledge for Newly Qualified Practitioners during the COVID-19 pandemic

Presenter: Maureen Smojkis, RN, RMN, BSc (Hons), MSc, MPhil., Active Listening for Wellbeing CIC, UK

Co-presenters(s): Raksana Begum, UK

Abstract

The COVID-19 pandemic has increased the possibility of burnout and compassion fatigue for staff working in healthcare. Therefore, the fight to recruit and retain staff is paramount and highlights the importance of supporting staff on entry to the professions and beyond.

Preceptorship acknowledges the anxieties experienced in the transition from student to qualified practitioner and aims to support and integrate Newly Qualified Practitioners (NQP) into the workforce (NMC 20020). In March 2020, a pre-existing face to face Interdisciplinary Preceptorship Programme (IPP) was adapted to a virtual platform and has been delivered to 3 cohorts. An evaluation was carried out using a mixed methods approach informed by Kirkpatrick's Four Levels of evaluating training programmes (James & Kayser 2016) asking the following questions

- Does taking part in the IPP improve confidence and knowledge
- Is the present IPP sufficient in the early career of the NQP.
- Does improving knowledge and confidence of the NQP impact on the service in a positive way

The evaluation process began with a review of the literature and was carried out through desk-top research of the available data, including evaluation questionnaires, Reflective Activity Records, a Trust wide survey and interviews.

The right support for NQP is a necessary strategy for the recruitment and retention agenda. Findings of this evaluation, highlight the value of peer support for NQP during the early transition phase and suggest that the virtual IPP has positively influenced confidence and competence. This reinforces the notion that a preceptorship programme has greater impact than 1-1 preceptorship (Irwin et al 2018).

The paper starts with an overview of the IPP programme, summarises the evaluation process and findings with implications and recommendations.

Biography

Maureen Smojkis is a Nurse and Academic by professional background. Currently a Director of Active Listening for Wellbeing CIC and an Honorary Lecturer in the Department of Social Policy and Social Work at the University of Birmingham. Maureen has a long-standing interest in the wellbeing and resilience of service users and staff in clinical practice and higher education; this is reflected in her research and teaching.

3.3 Theme: Older People

Session no: 3.3.1 Abstract number: 0279

Research Topic: Older People

Methodology: Measurement (e.g.: physiological)

Research Approach: Quantitative (not included in another category)

Managing clinical uncertainty for older adults with multimorbidity and frailty in community hospitals: a prospective cohort study of symptoms and service use to construct a Frailty Pathway

Presenter: Catherine Evans, PhD, MSc, BSc (hons), RGN, SPQDN, Cicely Saunders Institute, Faculty of Nursing Midwifery and Palliative Care, King's College London, UK

Co-author(s): India Tunnard, UK; Rebecca Wilson, UK; Deok Hee Yi, UK

Abstract

Background

Community Hospitals provide nurse-led multidisciplinary care for mainly older adults in transition between hospital and home (Evans et al. 2021). Patients' typically have uncertain clinical outcomes associated with multimorbidity and frailty (Tunnard et al. 2021). High-quality care necessitates understanding of outcomes of care to construct care pathways from admission to discharge.

Aims

- Describe symptoms for adults in community hospitals from admission to discharge
- Examine informal and formal care use before and after admission

Method

Prospective cohort study in two community hospitals providing intermediate care. Participants were aged ≥65 years recruited June 2021-October 2021, sample size calculation 40 patients for exploratory study, with timepoints admission, pre-discharge and post-discharge. Main outcomes were physical/psychosocial symptoms, frailty, and disability, and service use pre- and post-admission. Descriptive statistical analysis exploring symptoms, outcomes of care and service use.

Results

Of 102 potential participants, 40 were recruited. Participants' mean age 83.5 years, with mean 6.6 comorbidities, mild/moderate frailty, and moderate disability. 90% unplanned admission from an acute hospital. Main condition a fall (49%) and community hospital length of stay mean 20.2 days. Symptoms improved from admission to pre-discharge, but often not sustained post-discharge. Participants reported affected moderately/severely by anxiety (49%vs.33%vs.48%), depression (31%vs.26%vs.32%), pain (59%vs.37%vs. 58%), and poor mobility (74%vs. 63%vs. 71%), respectively. Pre-admission participants lived alone at home (72%). Most were discharged home (77%) with package of care, but involvement of community nursing, GP and family carers greatly varied.

Conclusion

Community hospitals are caring for adults of advanced age with multimorbidity and frailty who present with multiple distressing symptoms, and complex social circumstances with most living alone at home and requiring admission after an unplanned event triggering marked decline in function and symptom distress. Outcomes improve during the admission, but greater integration with community and primary care is required for continuity of care on discharge.

Biography

Dr Catherine Evans is a Professor of Palliative Care and Honorary Nurse Consultant. She holds a joint clinical academic post between the Cicely Saunders Institute, Faculty of Nursing Midwifery and Palliative Care, King's College London and Sussex Community NHS Foundation Trust. She is funded by a National Institute of Health Research, Senior Clinical Lectureship. Her research focusses on new models of community-based palliative care for older adults with multiple conditions, including dementia and frailty. She co-leads a major research programme on Empowering Better End of Life Dementia Care (EMBED-Care). She led the OPTCare Elderly trial, the first trial on the integration of specialist palliative care in community and primary care. She has pioneered research methods in palliative care, developing the MORECare-Capacity statement on process of consent for adults with impaired capacity. Researcher ID: https://orcid.org/0000-0003-0034-7402

Session no: 3.3.2 Abstract number: 0206

Research Topic: Older People

Methodology: Documentary Research

Research Approach: Systematic Review and other Secondary Research

Can we systematically support patients and families to improve their care during the transitional period between hospital and home?

Presenter: Jenni Murray, PhD, Bradford Institute for Health Research, Bradford Teaching Hospitals NHS Trust, UK

Co-presenters(s): Sally Moore, UK

Abstract

Background
Internationally, care transitions from hospital to home are variable, complex, and inherently risky, particularly for older people with complex needs (Craven et al, 2015). Improving the safety of transitions, and reducing readmissions, is a key healthcare priority. Is it possible to involve a patient in their care in a way to support a safe transition?

Objective
To develop a model representing how patient involvement happens during transitions of care (Murray et al, 2019).

Search strategy
Electronic search strategy run in five databases and adapted to run in an Internet search engine supplemented with searching of reference lists and forward citations.

Inclusion criteria
Qualitative empirical published reports of older people's experiences of care transitions from hospital to home.

Data extraction and synthesis
Reported findings were coded into an existing framework (Thompson, 2007) and developed into a new framework and model representing the states of patient involvement during transitions.

Main results
Patients and caregivers can move through multiple states of involvement in their care in response to desired or perceived interactions with health-care professionals as they attempt to discover information about their care. The mains states of involvement were; 'Non-involvement', 'information-acting', 'challenging and chasing' and 'autonomous-acting'. A patient can move through different states of involvement depending on how we interact with them in both a positive and negative way. Feeling uninvolved as a

consequence poor communication or not understanding a patient's need for involvement can lead to patients acting autonomously, creating the potential to cause harm.

Discussion and conclusion

Our model suggests that involvement in their care can be highly challenging for older people during care transitions, especially since Covid began. Going forward, how we communicate with patients and interventions which seek to support patient involvement should attempt to address the dynamic states of involvement and their mediating factors.

Biography

Sally is a Patient Safety Research Nurse and has been working with the Yorkshire Quality and Safety Research group (YQSR) at the Bradford Institute for Health Research for the last 10 year. She has worked for the NHS for over 40 years working as a Matron in an acute hospital trust prior to joining YQSR. Jenni Murray has been a Programme Manager within the Yorkshire Quality and Safety Research Group for the last 5 years. She currently managed the NIHR funded Partners at Care Transitions research programme and a Nurse Redeployment study. Jenni has worked in research for 30 years across many different specialities including antenatal and neonatal screening, stroke research, cardiovascular screening, and social farming.

3.4 Theme: Tissue Viability and Wound Care

Session no: 3.4.1 Abstract number: 0244

Research Topic: Tissue Viability / Wound Care

Methodology: Other collection or analysis method

Research Approach: Evaluation (process, impact)

Internationalising the post qualifying and post graduate nursing curricula through virtual wound care clinics during covid-19; a teaching evaluation for bilateral learning in Uganda and Salford

Presenter: Melanie Stephens, PhD, University of Salford, UK

Co-presenters(s): Matthew Wynn, UK; Sheba Pradeep, UK; Louise Ackers, UK; Rachel Namirro, Uganda

Abstract

Background

To address intercultural and global health learning, clinicians from Fort Portal Regional Referral Hospital (FPRRH), supported by University of Salford academics, developed, and delivered a series of virtual wound care clinics to post qualifying (PQ) and postgraduate (PG) students registered on a Tissue Viability Module in 2021.

Aim

To assess the impact of the virtual wound care clinics on bilateral learning for health care practitioners in Uganda and Salford.

Methods

6 virtual wound care clinics were developed and delivered to students studying on a PQ/PG Tissue Viability module from September to December 2021. The clinics provided a unique learning experience both in terms of direct exposure to the more clinical aspects of wound management in Uganda, but also to promote inter-cultural and global health learning.
Using a questionnaire and semi structured interviews, the researchers evaluated the impact of the clinics on those involved.

Findings/Results

Participants in the virtual wound clinics included representation from across the Ugandan multidisciplinary team, volunteers from British Charity Knowledge 4 Change and staff and students from the Tissue Viability Module.

Impact on future practice for those involved included development of: wound care guidelines, a multidisciplinary team approach to wound management, a local honey dressing, community wound care clinics and education and training materials in Uganda. Salford students and staff reported understanding of frugal innovation, diverse patient cohorts and skin tone bias in wound/skin assessment.

Discussion

Video conferencing facilities offer potential for internationalising the PG and PQ nursing curriculum whilst proffering bilateral learning in the care and management of patients with wounds. Collaboration with distant practitioners enabled reflections on wound management, resulting in bilateral learning and changes in practice.

Conclusions

Virtual wound care clinics proffer opportunity for bilateral learning, however further research is needed to assess the impact of this approach on patient and service outcomes.

Biography

Dr. Melanie Stephens is a senior lecturer in Adult Nursing and Head of Interprofessional Education at the University of Salford. Melanie is a health service researcher with specific research interests in the pressure redistributing properties of seating, tissue viability, and interprofessional working and learning. She has undertaken research in order to provide an evidence base for products used in the twenty-four-hour management of pressure ulcers and the affective domain development of student nurses. Melanie co-led a Cochrane Systematic Review on Pressure redistributing static chairs for preventing pressure ulcers and an amendment to the UK Tissue Viability Society Seating Guidelines with service users and is using this work to impact policy and practice. She is experienced in mixed methods of enquiry, working with practitioners and commerce to develop research for the use in the clinical environment.

Session no: 3.4.2 Abstract number: 0306

Research Topic: Tissue Viability / Wound Care

Methodology: Other collection or analysis method

Research Approach: Experimental Research

Effectiveness of a multi-layer silicone-adhesive polyurethane foam dressing as prevention for sacral pressure ulcers in at-risk in-patients: randomised controlled trial

Presenter: Elisa Ambrosi , Associate Researcher, University of Verona, Italy

Co-author(s): Cristiana Forni, Italy

Abstract

Background
There is need for improvement in effective pressure ulcers (PUs) preventive strategies (Moore and Webster, 2018).

Aim
To study whether a multi-layer silicone-adhesive polyurethane foam dressing shaped for the sacrum prevents PUs development in addition to standard PUs preventive care for high-risk hospitalized patients.

Methods
An open-label, parallel group, multi-centre randomized controlled trial involving 709 patients consecutively admitted to 25 medical, surgical and intensive care units, at risk for PUs compared a sacral multi-layer silicone-adhesive polyurethane foam to standard PUs preventive care. Primary outcome was incidence of sacral PUs of any stage at seven days from hospital admission. Secondary outcomes were incidence of sacral PUs ≥II stage, number of days needed to PU development, and number of skin adverse events.

Results
In patients admitted to medical units, 15/113 controls and 4/118 in the intervention group developed sacral pressure ulcers (p=0.010; absolute reduction 9.2%; NNT for benefit 11, 95% CI 6 to 44). In patients admitted to surgical units, 21/144 controls and 8/142 in the

intervention group developed sacral pressure ulcers (p=0.010; absolute reduction 8.9%; NNT for benefit 11 95% CI 6 to 49). Pressure ulcers incidence was not significantly different between the randomization arms (5.2% experimental vs 10.4% control, p=0.141) in patients admitted to intensive care units. Overall, 46/358 (12.8%) controls and 17/351 (4.8%) in the intervention group developed sacral pressure ulcers (p<0.001; absolute reduction 8%; number needed to treat (NNT) for benefit 12, 95% CI 8 to 26). Incidence of sacral pressure ulcers ≥ II stage did not differ significantly between the two groups. No adverse skin reactions attributable to the foam application were reported.

Conclusions

A sacral multi-layer silicone-adhesive polyurethane foam in addition to standard PUs preventive care is effective for PUs prevention in high-risk hospitalized patients admitted to medical and surgical units.

Biography

Elisa Ambrosi is Senior Assistant Professor at the Department of Diagnostics and Public Health of the University of Verona. She is qualified as an Associate Professor of Nursing. She completed a PhD in Education at the University of Verona (Italy) with a thesis on caring perceptions and behaviours amongst nursing students, as they progressed through their nurse education. As a doctoral student, she spent a quarter at University of California, Los Angeles studying Advance Qualitative Research Methodology. She lectures in Evidence Based Nursing and Qualitative Research Methodology both at undergraduate and graduate courses. She is a member of the Italian Society of Nursing Sciences and an Associate Editor of the international journal "BMC Nursing". She has published extensively on nurse caring, nursing sensitive outcomes and workforce issues.

3.5 Theme: COVID-19

Session no: 3.5.1 Abstract number: 0369

Research Topic: Primary and Community Care

Methodology: Interviewing

Research Approach: Qualitative approaches (e.g.: discourse analysis, ethnography, critical theory, grounded theory, phenomenology)

Responding to domestic violence and abuse (DVA) during covid-19 through remote interventions: An evaluation of IRIS, a general practice-based programme

Presenter: Parveen A Ali, PhD, RN, SFHEA, FFPH, The University of Sheffield, UK

Co-presenters(s): Michaela Rogers, UK

Abstract

Aim

To explore the perspectives of patients/service users in receipt of specialist domestic violence and abuse (DVA) support from the IRIS service during COVID-19.

Methods

Data were collected from January to March 2021. We conducted eleven in-depth individual interviews with patients/service users who received DVA support following their disclosure of abuse to a healthcare professional in General Practice. Data were analysed using thematic analysis.

Findings

The findings are presented in six themes: experience of DVA during COVID-19; awareness of the IRIS service; pathway to care; accessibility, safety, and remote consultations; adequacy of telephone support; impact of IRIS support. Participants felt supported by the healthcare professionals and DVA specialists from the IRIS service.

Conclusion

The pandemic had a significant impact on healthcare and specialist DVA service providers. The shift to remote consultations was swift and this proved to be an effective way of identifying DVA, determining the support needs of those experiencing DVA from the perspective of patients/service users, and in making appropriate referrals for specialist support. Further research is needed to understand the views of healthcare professionals and those working in the IRIS service to explore factor affecting their ability to provide remote services.

Impact

This paper highlights successful collaboration between healthcare professionals based in General Practice and the IRIS service to facilitate patients' access to DVA specialist support. The study found that healthcare professionals can identify DVA during remote consultations leading to disclosures and subsequent referral to IRIS. This implies that future support could be offered remotely as well as through in-person support; something that warrants further investigation. The project also highlighted the need for healthcare professionals other than doctors (including nurses, midwives, and others) to build knowledge, confidence, and competence in asking about DVA. The findings have implications for future policy, practice, training, and research.

Biography

Professor Parveen Ali has a joint position at the University and Doncaster and Bassetlaw Teaching Hospitals (DBTH). Prof Ali joined the School of Nursing and Midwifery in 2014. She is a Registered Nurse, Registered Nurse Teacher and Senior Fellow of Higher Education Academy and Fellow of Faculty of Public Health. Prof Ali leads MMedSci Advanced Nursing Studies and 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. Prof Ali is a mixed method researcher and has led and contributed to many projects around her research and teaching interests. She is an expert in developing and delivering effective and interactive face to face and online learning material. She is the developer and lead educator of Supporting victims of domestic violence and domestic abuse training game.

Session no: 3.5.2 Abstract number: 0232

Research Topic: Learning/ intellectual disability, Public Health (including health promotion), Inequalities in Health

Methodology: Questionnaire

Research Approach: Survey

The COVID-19 pandemic experiences of people with intellectual and developmental disabilities (PWIDD) through a nursing lens: Global Perspectives

Presenter: Daniel Marsden, MSc, Canterbury Christ Church University, UK

Co-presenters(s): Daniel Marsden, UK; Paul Horan, Ireland

Co-author(s): Melissa Desroches, The USA; Kathleen Fisher, The USA; Judith Stych, The USA; Sarah Ailey, The USA; Shirley McMillan, Canada; Henrietta Trip, New Zealand; Nathan Wilson, Australia

Abstract

Background
The COVID-19 pandemic had significant impacts on the lives of PWIDD globally (Doody & Keenan, 2021). This study explored life experiences of PWIDD from the perspective of nurses in the USA, Canada, Australia, New Zealand, Ireland and the UK.

Aim of the study
This study aimed to conduct international research to ascertain the experiences of PWIDD one year into the Covid 19 pandemic, as observed by nurses.

Methods
An online 52-item questionnaire adapted from a study by Desroches et al (2021) was completed by 369 nurses across three continents between March and May 2021. Descriptive statistics were used to rank the challenges in providing nursing care for PWIDD. Manifest content analysis was applied to open-ended responses. Ethical approval was granted for the study by the Institutional Ethics Review Board at one of the co-author's educational establishments.

Results

Quantitative results revealed many pandemic issues for PWIDD, including limitations to, socialisation with family/friends, day programming/educational activities and also challenges to ensuring sufficient staffing to provide adequate nursing care. Qualitative content analysis of open-ended survey responses revealed issues relating to accessing healthcare and also adapting to and understanding rapidly changing public health guidelines.

Discussion

This study reveals that the pandemic exposed the health inequalities experienced by PWIDD is a global phenomenon. Access to care for PWIDD in health and social care settings were further impaired by the pandemic. The importance of having high quality nursing care and meaningful activity and socialization for overall well-being of PWIDD during the pandemic was evident in the study's findings.

Conclusion

This study benefited significantly from an intercontinental collaboration made possible due to great advances in virtual communication during the pandemic resulting in the potential development of a global nursing research collaboratory to research issues relating to nursing care needs of PWIDD.

Biography

Daniel Marsden qualified as RNLD in 1998 and has practiced in various positions and roles in children’s, community, acute hospitals and as a Consultant Nurse, both in NHS and independent services and has recently commenced on an academic pathway. Passionate about person centred care, nursing and practice development, Daniel has several funding awards and publications, including MSc research project, a participatory action research project. Daniel has been involved in founding a number of organisations to facilitate community inclusion with people with learning disabilities, including WeLDNurses, Kent Surrey Sussex Learning Disability Community of Practice, and Anchorians Equal Teams Football Club - administered and run by and for people with learning disabilities. A committed practice developer, Daniel is an International Fellow of the England Centre for Practice Development, has been a past member of the RCN Learning Disability Nursing Forum and is an editorial board member of Learning Disability Practice. Paul is an Assistant Professor in Intellectual Disability Nursing at the School of Nursing and Midwifery, Trinity College Dublin. His nursing career begin in the UK in 1987. He has held many roles in nursing from nursing assistant to Director of Nursing before becoming a nursing academic in 2002. His research has been published in peer reviewed journals and he has presented as both a conference and keynote speaker at international conferences. Doody et al.’s (2021) BMJ scoping review ranked him 12th for Intellectual Disability Nursing publications in the Republic of Ireland since 1998. Paul has organised international nursing conferences. He reviews for international journals and acts as external examiner, site inspector and reviewer for nursing courses in Ireland and the UK. He regularly contributes to radio and print media and is a published essayist. Paul is a published poet, historian, and a researcher and contributor to performing arts productions.

3.6 Theme: Translational Research

Session no: 3.6.1 Abstract number: 0172

Research Topic: Translational Research

Methodology: Interviewing

Research Approach: Qualitative approaches (e.g.: discourse analysis, ethnography, critical theory, grounded theory, phenomenology)

Exploring Nursing Students Understanding and Experiences of Academic Resilience. A Qualitative Study

Presenter: Carolyn Lees, PhD, University of Liverpool, UK

Co-presenters(s): Pauline Keane, UK; Bridget Porritt, UK; Beverley Ball, UK; John Paul Cleary, UK

Abstract

Background
Stress is part of any students' academic life with continued levels negatively impacting on individual academic performance, anxiety or withdrawal from their programmes (Clarkson, 2018). The benefits of resilience in nursing students' lives are documented in studies linked to academic success however, little is known specifically about the use of academic resilience and what student nurses understand about it.

Aim
To explore nursing students' understanding and experiences of academic resilience.

Method
A qualitative, descriptive phenomenological approach was adopted (Patton, 2002). Focus groups and one to one semi structured interviews were used to collect data from participants on the undergraduate and post graduate nursing programmes through purposive sampling. Data was analysed using thematic analysis (Braun and Clarke, 2006).

Results
Analysis from the focus group and one-to-one interviews resulted in the identification of 6 themes: defining resilience, obstacles and challenges, process, strategies, attitudes and connectiveness

Discussion
Findings suggest that the academic resilience of nursing students is more than coping with substantial challenges; it also relates to accomplishing positive outcomes when faced with an array of obstacles. Significant is the description of perseverance as an action-oriented process and learning from past experiences in strengthening academic resilience. A lack of clarity on what is expected from students and feeling supported seems to impact on their academic resilience.

Conclusion

Student nurses faced with academic challenges, appear to evaluate their situation and act upon it while accepting their own strengths and weaknesses. In order to increase academic resilience, there are a number of things that universities can do including monitoring student engagement from an early stage in their programme, purposively raising the profile of academic resilience in curriculum content, its inclusion in personal development planning or appraisal meetings with students and ensuring that they are clear about what support is provided.

Biography

Carolyn Lees has had an academic career spanning over a decade. Her clinical career was focused on community nursing services and professional development roles in quality and governance. She was given the Queens Nursing award several years ago for her contribution to community nursing. Research interests have centred on aspects of pedagogy, carer experiences and falls prevention presenting at international conferences and having a number of papers published in peer reviewed journals.

Session no: 3.6.2 Abstract number: 0348

Research Topic: Methodology, Translational Research, Quality Standards

Methodology: Other collection or analysis method

Research Approach: Systematic Review and other Secondary Research

A review of conceptual analysis studies on nursing competencies

Presenter: Ippolito Notarnicola, Research Fellow, Centre of Excellence for Nursing Scholarship IT and non-UK, Italy

Co-author(s): Gennaro Rocco, Italy; Emanuela Prendi, Italy; Florian Spada, Italy; Blerina Duka, Italy; Alessandro Stievano, Italy

Abstract

Background

Concept analysis is a research methodology that clarifies the concept analysed in nursing, bringing new fundamental knowledge to guide nursing practice in particular on the concept of competence, where still in literature the concept is still nebulous.

Aim

Summarize the research relevant to the conceptual analysis of nursing competence.

Method

Literature review and synthesis based on search on electronic databases CINAHL©, COCHRANE©, SCOPUS©, PubMed©, Web of Science©, EBSCOhost©. Search used the terms “competenc*”, “concept analysis”, and nurs*. Papers written English or Italian were included. Three reviewers conducted summary of research findings independently. 48 records were identified, and seven papers were included.

Findings

Five studies used Walker and Avant (2005) concept analysis methodology and two used Beth Rodgers (2000) evolutionary model. Several main attributes for competences have been identified (Ability, Attitude, Critical thinking, Decision making, Dynamicity, Experience, Honesty, Knowledge, Problem solving, Professionalism, Responsibility, Skill) as well as different antecedents (Clinical activities, Clinical experience, Professional practice, Professional standards) and consequences (Advanced practice, Nurse outcomes, Nurse performances, Professional role) which define the concept of competence. We have also developed a conceptual reference model, for a holistic view of the concept of nursing competencies.

Discussion

Competencies are a fundamental concept in nursing, with a multidimensional and multifactorial aspect. The concept of competence has been studied by nurses, and the attributes, antecedents, consequents and similar concepts were synthesized into a definition. The analysis of the key components of the concept provided some guidance for designing further studies about undergraduate nursing education related to competence.

Conclusion

The synthesis of these seven studies using concept analysis provided a clear definition of competence. These findings open new challenges for future research and education, particularly for the study of undergraduate and postgraduate nursing education programs to enhance competencies for preserving patient safe in clinical practice.

Biography

Ippolito Notarnicola, is a Nurse Research Fellow at the Center of Excellence for Culture and Nursing Research of the Order of Nursing Professions in Rome (OPI Rome). He is a professor of nursing disciplines in degree and master's degree courses at the Universities of Rome Tor Vergata, at the University of Rome "La Sapienza" and of the Catholic University “Our Lady of Good Counsel” in Tirana. He received his PhD in nursing from the University of L'Aquila. He obtained the title of fellowship by examination at RCSI in Dublin. He carries out research in the field of nursing sciences at national and international level and is the author of publications at national and international level. Blerina Duke is currently the President of Albania Order of Nursing (2019). Since 2007-2009 she has been the Director of the Social Center "Balashe" in Elbasan, a centre which deals with the rehabilitation of persons with disabilities and the elderly. President of the District Nursing Order of Elbasan (from 2014-2018). In 2019 she was certified in Switzerland by the Global Leadership Institute (GLI) for the nurse leadership. She is a part-time Lecturer at the European University in Tirana (since 2019). In 2016 she achieved the MSc title in Nursing Science from the Catholic University Our Lady of Good Counsel, Tirana. In 2013 she completed her first masters level studies at the Catholic University Our Lady of Good Counsel, Tirana. She has organized some conferences, seminars and has published three articles in national magazines.

3.7 Sponsored Session

Session no: 3.7.1
Innovation and improvement in research nursing in Wales

Presenter: Jayne Goodwin, National Head of Research Delivery, Health and Care Research Wales, UK

Abstract

The event will celebrate developments in research nursing in Wales. It will specifically showcase the research nurse role in different contexts and will provide examples of role and service development and delivery which are relevant to clinical research delivery contexts across the UK and internationally. This will include for example:

- Research nurse training and education role
- Research nursing in a remote/virtual delivery model
- Clinical research nurse perspectives from clinical research facilities
- Cancer research nursing – working with the cancer strategy for Wales
- Nurse Principal Investigator experience

An introduction to the session will highlight similarities and differences in the policy context.

Learning Outcomes

Delegates will be able to learn from the Wales research nurse experience in a variety of contexts. The event will promote thinking around application of clinical research nursing models in delegates own areas.

Concurrent Session 4: Tuesday 6 September 2022
4.1 Theme: Public Health

4.1 Withdrawn

Session no: 4.1.2 Abstract number: 0202

Research Topic: Public Health (including health promotion), Patient Experience, Women's health

Methodology: Interviewing

Research Approach: Qualitative approaches (e.g.: discourse analysis, ethnography, critical theory, grounded theory, phenomenology)

Exploring the preferences for timing of deinfibulation surgery and views on NHS female genital mutilation care provision with survivors, men and healthcare professionals across the UK: the FGM Sister Study

Presenter: Laura Jones, BSc (Hons), DPS, PhD, FHEA, PGCert AP (Dist) , University of Birmingham, UK

Co-author(s): Julie Taylor, UK

Abstract

Background

Female genital mutilation (FGM) is where genitals are deliberately injured without medical reason. FGM has no health benefits. Globally, 200 million women and girls are affected, thus FGM is a global health concern and an important healthcare challenge in destination countries such as the UK. WHO have identified 4 types of FGM with type 3 the most extensive. There is no consensus on the optimal timing of deinfibulation (opening) surgery for women with type 3. This study explored the views of survivors, men, and healthcare professionals (HCPs) on the timing of deinfibulation and delivery of NHS FGM services.

Method

Qualitative study informed by the Sound of Silence framework. 101 interviews (survivors n=44; men n=13; HCPs n=44) were undertaken. Supplemented by three workshops (two with FGM communities (n=10) and one with stakeholders (n=30)) to synthesise findings. A hybrid framework method was used for analysis.

Findings

There was no consensus between groups on the optimal timing of deinfibulation. Within groups, survivors expressed a preference for deinfibulation pre-pregnancy; HCPs preferred antenatal deinfibulation, qualifying that it should be the survivor's choice. There was no consensus among men. There was agreement that deinfibulation should take place in a hospital setting, undertaken by a suitable HCP. Decision-making was complex. Although some good practice and positive care interactions, service provision was largely opaque, with deficiencies most notable in mental health.

Conclusions

NHS FGM service provision remains suboptimal. Deinfibulation services need to be widely advertised, mentioning that the procedure will be carried out in hospital by suitable HCPs and offering a range of time points. Services should be developed jointly with survivors and guidelines updated to ensure consistency in service provision.

Biography

Dr Laura Jones (@drlauraljones) is an Associate Professor of Qualitative and Mixed-Methods Applied Health Research in the Institute of Applied Health Research at the University of Birmingham. Laura is an experienced applied health researcher and her research focusses on undertaking qualitative and mixed-methods research to answer challenging questions around women's and maternal health, and within maternity care. She is the chief investigator of a large qualitative study funded by the National Institute for Health Research (NIHR) exploring female genital mutilation-survivors', men's, and healthcare professionals' preferences for the timing of deinfibulation (opening surgery) and their views on how NHS care provision could be improved. In addition, Laura is currently leading the qualitative phases of a number of clinical trials in women's and maternal health.

Session no: 4.1.3 Abstract number: 0323

Research Topic: Public Health (including health promotion), Methodology, Sexual Health

Methodology: Mixed

Research Approach: Mixed Methods Research

The DASH Study (Digital interventions for Adolescent Sexual Health: Methodological Challenges in Making Young People's Voices Heard

Presenter: Clare Bennett, D.Nurs, CF, SFHEA, PGCE, MSc, BSc (Hons), Dip.N, RGN, Cardiff University School of Healthcare Sciences, UK

Co-author(s): Daniel Kelly, UK; Massirfufulay Musa, UK; Honor Young, UK; Zoe Couzens, UK; John McSorley, UK; Emma Jones, UK

Abstract

Background

16–18-year-olds are a hard-to-reach group in sexual health services and experience disproportionate rates of sexually transmitted infection and unintended pregnancy (House of Commons 2019). Throughout the COVID-19 pandemic the majority of outreach services closed and 16–18-year-olds 'disappeared' due to a lack of service provision that was acceptable to them (BASHH 2020). As an alternative, digital services emerged. Young people's affinity with digital technology suggests that this could be a positive development, but the literature suggests that digital interventions are currently underutilised and, importantly, very little is known about the types of digital interventions that are most acceptable to young people in the context of sexual health (Cao et al. 2020).

Aims

This paper presents a critical reflection regarding the methodological challenges involved in conducting research with young people in the field of sexual health. The discussion will draw on our experiences throughout the DASH Study, which employed a survey, qualitative data collection and a systematic review in order to explore the acceptability of digital sexual health technologies for 16–18-year-olds and to, subsequently, co-produce a service development.

Methodological Discussion

The paper will explore potential methodological barriers to accessing the perceptions of young people regarding sexual health service delivery and how these can be overcome. Challenges in co-design, working with gatekeepers, recruitment, consent, data generation and addressing bias will be explored. Priority will be given to discussing how such barriers can be overcome to ensure that young people's voices are heard, listened to and acted upon.

Conclusion

Through a solution focused discussion, this paper will demonstrate that research with young people concerning their sexual health needs is feasible, which will, in turn, contribute to addressing the inequalities that currently exist in this under researched field.

Biography

Clare is a Senior Lecturer in Cardiff University's School of Healthcare Sciences. She is a nurse with a clinical background in HIV, Sexual Health and Immunology. Her career in HIV began in the early 1990s in Romania and subsequently at the West Midlands Regional Centre for HIV. She then went on to work in sexual health before becoming a Research Nurse and a Clinical Nurse Specialist in Immunology. Clare's research interests are primarily focused on Young People's Sexual Health Promotion and Well-being. Clare is currently Principal Investigator for a Burdett Trust sponsored study into the role of digital technologies in enhancing young people's sexual health and she has led a European Group to produce an Umbrella Review of interventions aiming to enhance HPV vaccine uptake internationally. Clare has recently published two books about Relationships and Sexuality Education, based on her doctoral research in England and post-doctoral study in the Netherlands. Professor Daniel Kelly OBE was appointed RCN Chair of Nursing Research at Cardiff University in 2011. His main career focus has been in cancer care practice, management, research and education roles with an academic background in the social sciences at the University of Edinburgh and a PhD in Sociology at Goldsmiths, University of London. He is currently a Trustee at St Christopher's Hospice, and a Public Governor at Kings College Hospital NHS Foundation Trust. He is also Visiting Professor at UCL and The University of Edinburgh. His international work includes being Co-Chair of the HPV Action Network of the European Cancer Organisation which is actively campaigning to increase awareness and HPV vaccine uptake and screening across the WHO European region. He was a co-applicant on the HS&DR funded project being presented today exploring the continence care needs of people living with dementia who are admitted to acute settings.

4.2 Theme: Children and Young People

Session no: 4.2.1 Abstract number: 0210

Research Topic: Children and Young People

Methodology: Other collection or analysis method

Research Approach: Qualitative approaches (e.g.: discourse analysis, ethnography, critical theory, grounded theory, phenomenology)

A systematic literature review and evidence synthesis to explore the barriers and facilitators to good oral health of children whilst in hospital

Presenter: Claire Jennings, RN (Child), BSc (Hons), Mclin Res, Royal Manchester Children's Hospital, UK

Co-author(s): Ginny Bennett, UK

Abstract

Background

A national survey (PHE, 2017) reported that 23.3% of five-year-olds in England have experience of dental decay, and just over half (58.6%) do not regularly visit the dentist. With increased focus on preventable diseases, it is imperative that all healthcare professionals acknowledge that ‘Every contact counts’ (HEE, 2020) to support health promotion and behaviour change, whatever the setting. Paediatric nurses are in a unique position to promote good oral health advice to children and their families as part of holistic care during an admission, yet evidence suggests that oral health status in hospital is given low priority, despite the increased healthcare costs associated with poor oral care delivery.

Aims

This work aimed to explore barrier and facilitators for the provision of oral care by nursing staff to children whilst in hospital.

Methods

A systematic approach to a literature review was undertaken to collate studies and an evidence synthesis using a Framework approach was used to extract and analyse the data to generate themes. 200 papers were initially generated, and studies were excluded that did not meet the inclusion criteria. Of the seven papers identified, critical appraisal was undertaken, and all were determined to be applicable for further review and synthesis. An *a priori* conceptual framework was developed, and an iterative approach was undertaken to the data extraction, labelling and coding using Framework synthesis.

Results

Four additional themes were generated from the extracted data from the original conceptual framework: Role of the parent, recognition of symptoms, personalised care, and collaborative working. A final framework was synthesised, and confidence in the findings was appraised.

Conclusions and Recommendations

Recommendations for future practice suggest a partnership model including parents, nursing staff and dental professionals to implement a programme of work to support the delivery of high-quality oral care in hospital for children.

Biography

Claire Jennings is a Paediatric Critical Care Research Nurse at the Royal Manchester Children’s Hospital. Since qualifying in 2003, her clinical background has been in children’s nursing, from neonatal care through to the care of the critically ill child and adolescent. She is currently undertaking a clinical academic career pathway, commencing on a PhD Nursing programme at the University of Manchester from April 2022.

Session no: 4.2.2 Abstract number: 0283

Research Topic: Children and Young People, Primary and Community Care, Service Innovation and Improvement

Methodology: Observation

Research Approach: Qualitative approaches (e.g.: discourse analysis, ethnography, critical theory, grounded theory, phenomenology)

The supportive nature of safeguarding supervision during a global pandemic - results of a wider ethnographic PhD study, evaluating mandatory safeguarding supervision for health visitors working with vulnerable children and their families

Presenter: Michelle Moseley, RN (Child, Adult, SCPHN (HV)), BSc, MSc, PGCE, SFHEA, Cardiff University School of Healthcare Sciences, UK

Abstract

Background

Health visitors work with children and their families aged 0-5 years and are regularly involved in the safeguarding agenda, where children have been placed at potential risk/ risk of significant harm by their parent or carer. Safeguarding supervision allows support to be provided with an aim to develop effective practitioners who can critically think and analyse complex situations (Public Health Wales 2017). Supervision allows the practitioner to confront and discuss the emotional strain of their workload within their safeguarding children caseloads (Warren 2018, Smikle 2018).

Aim

To critically explore and interpret how health visitors are supported within their safeguarding work, investigating the role of safeguarding supervision and the relationship with the safeguarding supervisor, in developing proficient safeguarding practitioners.

Methods

An ethnographic stance was undertaken in observing health visitors in practice, as well as safeguarding supervision observations, health visitor and safeguarding supervisor interviews, and focus groups. Data collection involved face to face interaction as well as online, due to the impact of the pandemic restrictions. Three local health boards are included in the study.

Results

It has exposed participants concerns about the impact of COVID-19 on the children and families, as well as their own ability to cope with fear of re-deployment, fear of returning to re-deployed areas, fear of someone else managing their caseloads and most importantly fear of reduced access to the most vulnerable of families.

Discussion

Early analysis of data suggests that health visitors are not able to completely stop thinking about the families within their caseloads. Many of the health visitors supported the group supervision model used with some accessing one to one supervision in addition.

Conclusion

Recommendations of potential safeguarding supervision will be offered as well as learning from practice during COVID-19 offering strategies to further support health visitors.

Biography

Michelle is as RN Child, Adult, SCPHN (HV) and previous senior lecturer She is undertaking a PhD at Cardiff University. Her specialist area of teaching and learning is associated with public health nursing. Michelle is passionate about safeguarding and well-being of staff. She was awarded the RCN Wales Nurse of the year Award for Safeguarding in 2018. In 2020 Michelle was awarded Senior Lecturer and Senior Fellow of the Higher Education Academy. Since October 2020 Michelle has worked at RCN Wales as education and lifelong learning adviser and is also seconded into Welsh Government as professional lead for a national clinical supervision project. Michelle commenced a PhD in 2018 on a part-time basis and is exploring how supportive safeguarding supervision is for health visitors. Michelle's portfolio within RCN Wales covers education, lifelong learning, children/young people nursing, safeguarding, nurses returning to practice, healthcare support workers and students.

Session no: 4.2.3 Abstract number: 0284

Research Topic: Children and Young People, Patient Experience, Pain Management

Methodology: Other collection or analysis method

Research Approach: Systematic Review and other Secondary Research

How children and young people with chronic pain and their families live with pain and perceive pain treatments and services: a meta-ethnography

Presenter: Emma France, PhD, MA, University of Stirling, UK

Co-author(s): Jane Noyes, UK; Abbie Jordan, UK; Isabelle Uny, UK; Liz Forbat, UK; Line Caes, UK; Ruth Turley, UK; Mayara Silveira Bianchim, UK

Abstract

Background

Chronic pain in children and young people (CYP) is a global public health problem.

Aims

To investigate how CYP with chronic pain and their families live with pain and perceive and experience pain-related treatments and services.

Methods

A meta-ethnography was conducted with patient and public involvement. Systematic review methods included comprehensive searches of 12 bibliographic databases from inception to September/October 2020 to identify qualitative and mixed-methods studies conducted with CYP with chronic pain aged 3 months to 18 years and their families.

Results

Forty-two publications representing 561 participants across 11 countries were included. Chronic pain and its management have wide-ranging negative impacts on CYP and their families, often dominating family life and altering family dynamics. Parents feel responsible for, and develop expertise in assessing, their child's chronic pain. Parents and CYP with recent-onset chronic pain want objective, credible diagnoses and curative treatment. Over time, families' move towards focusing more on better quality of life and pain management. Without a diagnosis, parents can feel blamed for causing their child's pain. A diagnosis can legitimise children's pain and facilitate access to treatment. Nonetheless, barriers to effective pain management may still exist, families lose trust in health services if they perceive suboptimal care and communication from healthcare professionals, and accessing and navigating services can be difficult.

Discussion

Our new theoretical insights about children's chronic pain and its management highlight: the importance of healthcare professionals acknowledging the credibility of the child's pain and the expertise of CYP and parents who live with pain; and adopting a systemic family approach to pain management. Trust and good communication between families and professionals is important for effective pain management.

Conclusion

Future high-quality research is urgently needed to investigate safe, effective, patient/family-orientated treatments to advance children's chronic pain management and how to better support families' psychosocial needs.

Biography

Emma is an associate professor based in the Nursing Midwifery and Allied Health Professions Research Unit (NMAHP-RU) at the University of Stirling. Her background is in social science. She leads and collaborates on research in the fields of families and long-term health conditions and is a methodological expert in the area of qualitative evidence synthesis. Emma previously led a National Institute for Health Research-funded project to develop the first bespoke reporting guidance for meta-ethnography. She also led a qualitative evidence synthesis on children's chronic pain management for the World Health Organization in 2020. Emma also led a project funded by the Chief Scientist Office and the Cystic Fibrosis Trust to develop an audio-visual intervention to encourage adherence to chest physiotherapy in children with cystic fibrosis.

4.3 Theme: Acute and Critical Care

Session no: 4.3.1 Abstract number: 0250

Research Topic: Acute and critical care, e-Health (including informatics and telehealth), Chronic Illness

Methodology: Statistical Analysis (descriptive and correlational)

Research Approach: Quantitative (not included in another category)

The significance of multimorbidity and disease-count as predictors of poor outcomes in emergency department attenders: a cross-sectional data-linkage study

Presenter: Chris McParland, University of Glasgow, School of Medicine, Dentistry and Nursing; NHS Greater Glasgow & Clyde, UK

Co-author(s): Mark Cooper, UK; David Lowe, UK; Bethany Stanley, UK; Bridget Johnston, UK

Abstract

Background
Multimorbidity (2 or more concurrent chronic conditions) is associated with poor outcomes and increased healthcare use in primary care and community-dwelling populations (Xu et al, 2017). Less is known about its utility in predicting healthcare use and mortality in emergency department (ED) attenders.

Aims
To explore whether multimorbidity and disease count are significant predictors of admission, 30- and 90-day reattendance and inpatient mortality in people attending the ED.

Methods
Validated algorithms for the detection of 28 chronic conditions using ICD-10 codes (Tonelli et al, 2016; Stokes et al, 2021) were deployed on historical inpatient records for people resident in Glasgow (Scotland) attending an ED between April 2019 and March 2020. Binomial logistic regression models were fitted, and both adjusted and unadjusted odds ratios were calculated with 95% confidence intervals. Age, sex, ethnicity and deprivation were included in adjusted models. To handle missingness, complete case analysis was conducted and compared with results from imputed data. An individual's first attendance was considered the index attendance to satisfy statistical assumptions of independence.

Results
126,158 attendances by 75,726 persons with linked data occurred over 12-months. Multimorbidity and disease count were significant predictors of all outcomes in both adjusted and unadjusted models. Complete case analysis (n=63,331) was comparable with post-imputation analysis (n=75,726).

Discussion

We detected significant associations with access to only two to three years historical inpatient data. The true prevalence of multimorbidity in this population is likely greater, and future models should incorporate more historical primary and secondary care data.

Conclusions

These findings are important both in the development of predictive risk-stratification models, but also provide a framework of clinically observable diagnoses, which can aid ED practitioners in making time-sensitive decisions. We aim to develop a nurse-led intervention for people with multimorbidity and this approach will aid in the identification of suitable candidates for intervention.

Biography

Chris McParland is undertaking a clinical-academic PhD fellowship funded by NHS Greater Glasgow and Clyde at the University of Glasgow which aims to develop a nurse-led intervention for people with multimorbidity, with a particular focus on those approaching the end of life. Chris' research interests include multimorbidity, palliative and end of life care, custodial care and the use of technology to support clinical decision-making. Clinical experience includes emergency department and clinical research nursing.

Session no: 4.3.2 Abstract number: 0300

Research Topic: Acute and critical care

Methodology: Other collection or analysis method

Research Approach: Systematic Review and other Secondary Research

A rapid review of violence risk assessment tools currently used along the emergency care pathway

Presenter: Dana Sammut, BNurs (Hons), RN, University of Birmingham, UK

Co-author(s): Nutmeg Hallett, UK; Liz Lees-Deutsch, UK

Abstract

Background

Violence against staff working in emergency care is a pervasive global problem. The consequences are wide-ranging, impacting staff psychologically, physically, and professionally, while staff sickness following workplace violence has significant cost implications. Despite the availability and increasing use of violence risk assessment tools, most have limited supporting evidence in emergency care settings.

Aims

To collate primary literature evaluating the psychometric properties, acceptability, feasibility and usability of violence risk assessment tools used along emergency care pathways (emergency departments [EDs] and acute medical units [AMUs]).

Methods

We undertook a rapid review, searching: Embase, Medline, Web of Science, CINAHL and Google Scholar. We excluded studies conducted within specialist emergency care settings (e.g., paediatric or psychiatric) or focused on violence occurring outside of hospital. All studies underwent quality appraisal, and findings were synthesised narratively.

Results

Eight studies met our inclusion criteria, all conducted in either the USA or Australia, and all focused on ED settings. Seven tools featured across the studies, four of which were developed specifically for use in ED. The evaluated psychometric properties were diverse, including measures of predictability, usability, validity and reliability. Overall, the studies concluded very mixed findings about the tools' psychometric properties.

Discussion

Due to the heterogeneity of included studies, it is difficult to draw conclusions about the generalisability of any one tool. However, individual study findings indicate that many of these tools are appropriate and acceptable for use in ED settings. None of the studies included AMUs, which highlights a significant gap in the literature, given the distinctiveness of this subspeciality area.

Conclusions

Existing violence risk assessment tools have produced varying results in ED settings. The recentness of much of the literature in this area suggests this clinical issue is gaining traction. Future research should focus on incorporating and evaluating violence risk assessment in AMUs.

Biography

Dana is a registered adult nurse and research associate currently working on various academic projects at the University of Birmingham. Her research interests include violence, gender-based violence, child maltreatment and healthcare education.

Session no: 4.3.3 Abstract number: 0233

Research Topic: Acute and critical care

Methodology: Mixed

Research Approach: Mixed Methods Research

Interprofessional Ward Rounds in an Adult Intensive Care Unit: An Appreciative Inquiry into the Central Collaboration between the Consultant and the Bedside Nurse

Presenter: Clair Merriman, PhD, Oxford Brookes University, UK

Abstract

Background: Ward rounds (WR) are complex social processes. Nevertheless, WRs are important for reviewing patents' progress and needs, and the shared decision-making of updating priorities and care plans which drive coordinated multidisciplinary input towards agreed objectives. This directs attention to ensuring that WRs are as clinically effective and resource efficient as possible. WRs should be interprofessional and viewed by HCPs as having central importance in the working day (RCN & RCP 2021)

Aim

To examine what supported good interprofessional ward rounds in critical care.

Method

Mixed-method Appreciative Inquiry (Cooperrider et al 2008) study. Data: ethnographic and structured observations; appreciative inquiry conversations and interviews. Inductive iterative analysis shaped by Activity Theory. Data was collected between February 2015 and August 2016.

Results

The study identified a pivotal axis of collaboration between the most senior medical role (the consultant) and the bedside nurse (BSN). Four key concepts emerged from cyclical interpretive analysis: 'need', 'presence', 'ability' and 'willingness'. BSNs and consultants needed the interprofessional WR to enable their work; WR effectiveness was affected by whether they were both present, then able and willing to participate in IPC. BSN presence was necessary for effective and efficient interprofessional collaboration (IPC) between these key roles. Appreciative examination of interprofessional WRs identified mechanisms supporting and undermining effective WR IPC and the centrality of consultants' and BSNs' collaboration. However, the AI also identified several factors which reduce BSNs' ability to be present for WR discussions, and their willingness and ability to contribute.

Conclusions

This study found that most consultants wanted and tried to encourage IPC with BSNs. Inhibiting factors for BSNs included challenges relating to cultural expectations, clinical knowledge, language and confidence. Beyond BSNs' individual characteristics, confidence and ability to contribute was influenced by the approach of the consultant.

Biography

Clair Merriman is a research active educationist and clinician. Clair currently holds the position as Principal Lecturer at Oxford Brookes University, Faculty of Health and Life Sciences.

4.4 Theme: Workforce and Employment

Session no: 4.4.1 Abstract number: 0134

Research Topic: Workforce and Employment (including health and wellbeing roles, research careers)

Methodology: Other collection or analysis method

Research Approach: Mixed Methods Research

Extending the scope of advanced practice but at what cost? : A cohort study investigating how advanced nurse practitioners' experiences have changed over the COVID-19 pandemic

Presenter: Emily Wood, PhD, The University of Sheffield, UK

Co-presenters(s): Tony Ryan, UK; Rachel King, UK; Steven Robertson, UK

Abstract

Background
The effect of the pandemic on health systems is widely reported, in traditional and new media and, in peer-reviewed journals. However, subgroups of professionals will have been impacted in different ways and to different extents.

Aims
To investigate the challenges and opportunities for advanced nurse practitioners (ANPs) in the UK.

Methods
The cohort was recruited in 2018-20 via UK nursing networks. Data were collected annually February-March 2019-2022. The study was designed to investigate subjects relevant to advanced practice, such as regulation. It was modified in 2020 to incorporate the pandemic. Analysis compared cohort pre-COVID and with-COVID data and, cohort data to the NHS staff survey results for all nurses.

Results
The cohort has 248 participants, from all four nations of the UK and primary, secondary and tertiary settings. Concerns about colleague wellbeing and the consequences of delayed care for patients are a key feature of the COVID-19 period. Thoughts of leaving the nursing profession are high. Changes in service need during the pandemic have led to innovation and extended the scope of advanced practice. There are differences between primary and secondary care staff in terms of moral distress and types of trauma experienced during the pandemic.

Discussion and Conclusions
Despite concerns for the wellbeing of colleagues and patients, self-reported wellbeing compared favourably with the NHS average for nurses, possibly due to higher levels of autonomy and ability to contribute to change in many of these advanced roles, but even here the impact of COVID-19 is stark. ANPs are a highly skilled and very experienced, if they are considering leaving the NHS this represents a significant potential loss which must be addressed. Innovation and broadening the scope of advanced nursing was accelerated by the pandemic. These gains must be maintained and lessons learned for future development and support.

Biography

Dr Wood is a senior research fellow at the University of Sheffield. She is a registered mental health nurse and her research interests are in two main areas: non-medical interventions for mental health and wellbeing, and the health care workforce. She is currently principal investigator on research investigating the retention of mental health staff in the NHS. This uses realist methods to analyse existing data and staff interviews with the aim of producing a theory of staff retention with recommendations to improve the current rapid loss of staff. She also works on a large workforce project funded by the Royal College of Nursing into a variety of nursing workforce issues, she leads on the advance practice nurse work stream, which includes a cohort study of UK advanced practice nurses and will report on the changes in role and experience caused by the COVID-19 pandemic. Steve worked in the UK National Health Service for over twenty years before commencing a career in research in 1999. His main research interests relate to men, gender and health and more recently to research on nursing education and the nursing workforce. He has over 100 peer reviewed publications and has worked with fellow academics, policy makers and practitioners from Australia, the United States, Canada and Europe. He has acted as a consultant on gender and men’s health to the UK Department of Health and to WHO (Europe). He is Editor-in-Chief of the International Journal of Men’s Social and Community Health.

Session no: 4.4.2 Abstract number: 0156

Research Topic

Workforce and Employment (including health and wellbeing roles, research careers)

Methodology: Other collection or analysis method

Research Approach: Qualitative approaches (e.g.: discourse analysis, ethnography, critical theory, grounded theory, phenomenology)

How do children’s nurse working in hospices manage emotional labour and professional integrity in long-term relationships with parents?

Presenter: Mandy Brimble, Professional Doctorate in Advanced Healthcare Practice, Cardiff University School of Healthcare Sciences, UK

Abstract

Background

Children with life-limiting conditions are living longer, so relationships between nurses and families can span decades (Maunder 2013). Although long-term relationships between nurses and children/families in paediatric palliative care have been researched, studies undertaken exclusively in children’s hospices (CH) are rare.

Aims

Develop an understanding of how CH nurses maintain professional integrity whilst providing long-term practical, emotional, social, and spiritual care to parents.

Explore coping strategies used by CH nurses to manage emotional labour

Methods

Purposive sample of six registered children's nurses, employed at CH for minimum of 4 years. Participants told the story of a shift, focusing on interactions with parents. Data collected (January 2019-January 2020) via audio diaries recorded on mobile phones and further explored in telephone interviews. Audio diaries securely transmitted via 'Whatsapp' (university and hospice ethics approval granted).

Results

Thematic analysis (Braun and Clarke 2006) used to identify that participants used a range of strategies/approaches to manage their relationship with parents; in terms of their emotions ***(Purposeful positioning)*** and interactions ***(Balancing personability and professionalism)***. In addition, participants revealed other CH specific factors which helped them cope with their role ***(Coping with and counterbalancing emotional labour)***.

Discussion

Findings were indicative of CH nurses' using and building Emotional Intelligence (EI). Established EI theory combined with findings to develop: ENRiCHn (Using EI to Navigate Relationships in Children's Hospices: a framework for nurses). Although CH specific, aspects of the framework could be adapted for other areas of nursing practice where long-term nurse-parent/client relationships exist.

Conclusions

The findings provided an insight into how experienced CH nurses used emotional intelligence to engage emotionally with parents whilst simultaneously managing the level of involvement and maintaining a sense of separation. Features of hospice work which positively contributed to counterbalancing the emotional demands of the role were also highlighted.

Biography

Dr Mandy Brimble is a Senior Lecturer in Children and Young People's nursing. She is a registered children's nurse and Health Visitor. She has worked in a range of clinical settings and was lead practitioner for a new education and research department at a children's hospice. She has undertaken many roles at Cardiff University School of Healthcare Sciences, including Director for Undergraduate Studies with responsibility for 2,000 students registered on 9 undergraduate programmes across nursing and allied health professions. Her publication profile encompasses a range of professional journals and joint editorship of a book entitled 'Nursing Care of CYP with Long-Term Conditions (Brimble & McNee, 2021). She is also Associate Editor for the Journal of Child Health Care. The research presented at conference relates to a project entitled 'How do children's nurses working in a hospice setting manage emotional labour and professional integrity in long-term relationships with parents?', undertaken for a Professional Doctorate in Advanced Health Care Practice which was awarded in September 2021.

Session no: 4.4.3 Abstract number: 0200

Research Topic

Workforce and Employment (including health and wellbeing roles, research careers)

Methodology

Interviewing

Research Approach

Qualitative approaches (e.g.: discourse analysis, ethnography, critical theory, grounded theory, phenomenology)

The experiences of Early Career Nurses Working in Specialist Adolescent/Young Adult Cancer Units: A Narrative Inquiry

Presenter: Maria Cable, Doctorate of Advanced Healthcare Practice, Cardiff University School of Healthcare Sciences, UK

Co-author(s): Daniel Kelly, UK; Tessa Watts, UK; Carly Reagon, UK

Abstract

Background

Understanding the impact of cancer on an adolescent/young adult (AYA)(age 15-25) challenges nurses to consider the uniqueness of their age-related needs during cancer treatment. This specialism is built on the foundation of multidisciplinary healthcare, striving to meet the age-related needs of this patient group (Cable and Kelly, 2019), yet the role of nurses within it has received little attention. Less so are insights into the work of early career nurses (ECN) who are engaged in AYA cancer care delivery, which is under similar service and workforce pressures as other specialism in the current healthcare climate.

Aims

To explore and further understand the experiences of registered ECN working in specialist adolescent/young adult cancer (AYAC) units.

Method

A purposive sample of 9 ECN from 6 specialist AYAC units in the UK, participated in online in-depth narrative conversations between October 2020 and January 2021. Data were analysed thematically using Clandinin and Connelly's (2000) metaphorical three-dimensional narrative inquiry approach focussed on commonplaces of temporality, sociality and place.

Findings/results

The intensity and complexity of the nursing work associated with AYAC and their families over protracted periods exposed the personal and professional impacts on nurses. The similarity of age between patients and nurses was shown as having some benefits as well

as posing risks. The complexity of four types of nursing labour (emotional, cognitive, physical and organisational) (Jackson et al 2021) were highlighted, providing further justification for more training and support.

Conclusion

This study presents new insights into the complex work of nurses in specialist units that align with four types of nursing work, when caring for the unique needs of AYAC. This study contributes to understanding developmentally appropriate nursing care of AYAs with cancer in specialist settings. From this, a new conceptual framework for AYAC nursing is proposed.

Biography

Maria Cable has a 30-year cancer nursing career where she has spent the last 16 years as an academic focussing on educating the interprofessional workforce in caring for adolescents/young adults with cancer (AYAC). She is accomplished in using various teaching and assessment methodologies and is a Senior Fellow of the Higher Education Academy. She recently completed a Doctorate in Advanced Healthcare Practice where she explored the experiences of early career nurses who work in specialist settings in the UK, caring for AYA with cancer, using narrative inquiry. From this she proposed a conceptual framework for AYAC nursing work. She is passionate about supporting nurses and healthcare professionals' well-being as they undertake complex emotive work in a variety of settings. She is a Trustee of the Myton Hospices; an executive board member of TYAC, a membership organisation for those working with AYAC, and mentors for the Florence Nightingale Foundation. Professor Daniel Kelly OBE was appointed RCN Chair of Nursing Research at Cardiff University in 2011. His main career focus has been in cancer care practice, management, research and education roles with an academic background in the social sciences at the University of Edinburgh and a PhD in Sociology at Goldsmiths, University of London. He is currently a Trustee at St Christopher's Hospice, and a Public Governor at Kings College Hospital NHS Foundation Trust. He is also Visiting Professor at UCL and The University of Edinburgh. His international work includes being Co-Chair of the HPV Action Network of the European Cancer Organisation which is actively campaigning to increase awareness and HPV vaccine uptake and screening across the WHO European region. He was a co-applicant on the HS&DR funded project being presented today exploring the continence care needs of people living with dementia who are admitted to acute settings. Tessa is a Reader in Nursing at the School of Health care Sciences at Cardiff University. Tessa is a qualitative researcher with an academic grounding in the social sciences and nursing. She is particularly interested in people's experiences of health care delivery and support in the fields of cancer, palliative and end of life care and co-producing education interventions to support healthcare professionals in their practice and patients. Tessa is Deputy Research theme lead for the Schools research theme, Optimising wellbeing and the management of long-term conditions and an honorary Professor at Swansea University.

4.5 Theme: Primary and Community Care

Session no: 4.5.1 Abstract number: 0084

Research Topic: Primary and Community Care, Older People, Patient Experience

Methodology: Mixed

Research Approach: Qualitative approaches (e.g.: discourse analysis, ethnography, critical theory, grounded theory, phenomenology)

Experiences of falls in domestic settings and use of ambulance services: An Ethnographic study

Presenter: Christina Heaton, Prof Doc, University of Salford, UK

Abstract

Introduction

Each year, 35% of people over age 65 years' experience falls and approximately 45% of those are aged over 85 and live in the community. Local unpublished data from an English ambulance service found that following ambulance callouts, 24-32% of the patients were not conveyed to hospital, of those, only 32-52% were referred to the local Falls Prevention Service (NICE, 2013).

Background

The literature review undertaken supports the need for a falls pathway to be in place which is fully utilised, by all practitioners. However, it did not uncover the reasons for low referral rates of non-conveyed patients to Falls Prevention Services. This study will outline the design of a study aimed to gain an in-depth understanding of the falls patient journey from patient and ambulance crew perspectives.

Methods

A critical ethnographic approach enabled participants' values, behaviours and beliefs to be explored. The methods were participatory observation, semi-structured interviews of patients/carers and crew and in-depth field notes. The sample was people over 50 years of age who had fallen or their carers (n= 10) who had been seen by the ambulance service. Ambulance crew were also recruited (n= 10).

Results

The study gained an in-depth understanding of the experiences of crew and patients/carers. For both ambulance crew and patients/carers, there are two shared themes 'falls journey' and 'falls not being a problem for patients'. For crew 'training' was a theme and for patients/carers 'language' and 'patient transport' are themes. The study's unique contribution is that it has gained an in-depth understanding of the patient journey from patient and ambulance crews' perspectives and a better understanding of the fall's pathway. In summary, the falls pathway in the local area was clearly understood and

followed by all crew observed. The study shared the challenges of recruiting in a hard-to-reach group.

Biography

Dr Christina Heaton Consultant Nurse RN, DProf, MSc, BSc (hons), V300 Email: personal: chrisheaton25@gmail.com work: christina.heaton@nhs.net Mobile: 07980 021238 Twitter: @ChristinaHeaton1. As a Consultant Nurse, I provide expert clinical practice, leadership, consultancy, strategic development, education, research, and audit. I also provide corporate support in falls prevention across the trust and expert advice on developments of services for older people. Awards 2021 Nov NIHR CRN Greater Manchester's Evening of Excellence 2021- Exceptional Leadership in Delivery award 2018 Sept Outstanding contribution to research and innovation Bridgewater Community Foundation NHS Trust Interests I have been nursing for 30 years and have extensive experience in falls management, bone health, elderly and community care, rehabilitation, neurology, neurosurgery, movement disorders, acute care including stroke, frailty, fragility fractures and the treatment of osteoporosis. I am married with two children and two dogs, I enjoy walking in the countryside, reading, and listening to music.

Session no: 4.5.2 Abstract number: 0224

Research Topic: Primary and Community Care, e-Health (including informatics and telehealth)

Methodology: Questionnaire

Research Approach: Mixed Methods Research

The use and uptake of video group consultations in primary care general practice

Presenter: Eleanor Scott, RN, MSc*, Keele University, UK

Co-author(s): Laura Swaithes, UK; Gwenllian Wynne-Jones, UK; Andrew Finney, UK

Abstract

Background

The impact of COVID-19 has stimulated a digital shift, significantly impacting the ways in which healthcare services are run with the need to adapt to newer ways of working (Greenhalgh, Koh, and Car, 2020). Video Group Consultations (VGCs) are one approach to delivering care, using a virtual platform for a group of patients with the same or similar health condition (Birrell et al., 2020). Yet, little is yet known about the use and uptake of the approach from healthcare professionals' perspectives.

Aim

To evaluate the uptake and use of VGCs by healthcare professionals in primary care general practice.

Methods

A cross-sectional survey explored the use and uptake of the approach by general practice staff, recruited by purposive, random and snowball sampling. Microsoft Forms was used to design the survey and was accessed online. Data analysis adopted the principles of Content Analysis, underpinned by Normalisation Process Theory (May et al., 2018). Data was collected between November 2021-January 2022.

Results

The cross-sectional survey was sent to healthcare professionals and general practice staff in UK general practices implementing and/or delivering VGCs and 38 responses were received. Preliminary results suggest varying definitions of VGCs, types of conditions managed through this approach, and the transition from group consultation to VGC was not always apparent.

Discussion

There is an apparent lack of standardisation of VGCs across UK general practices which hinders both the implementation, scale-up and delivery of this approach into practice.

Conclusion

Whilst a limited sample size, we suggest our results are representative of 38 UK general practices. Initial findings suggest general practice clinicians demonstrate the use of VGCs, yet significant work is required to sustain the approach. Further research is yet to be conducted focusing on the impact and implementation of VGCs to develop a more robust evidence-base for implementation into practice.

Biography

Eleanor Scott is currently a PhD Student at Keele University, focusing on video group consultation in primary care general practice. After completing BA in Religious Studies at Lancaster University (2013-2016), Eleanor began an MSc in Adult Nursing at Keele University (2017-2019). Whilst working on Intensive Care as a Staff Nurse at Royal Stoke University Hospital from 2019, Eleanor is completing her PhD alongside her clinical practice. She has a great interest in the future of the workforce, underpinning primary care, academia and service improvement. Dr Andrew Finney is a Senior Lecturer of Nursing and a post-doctoral researcher at Keele University. He specialises in primary care nursing research whilst also leading Keele's Fundamentals in General Practice Nursing programme. Andrew combines these roles by also leading a regional evidence-based practice group for general practices nurses funded by local CCGs and the Staffordshire training hub. He has a broad skill set that includes experience in epidemiology, RCTs and qualitative work. Andrew has published over 30 academic papers.

Session no: 4.5.3 Abstract number: 0238

Research Topic: Primary and Community Care, Older People, Chronic Illness

Methodology: Other collection or analysis method

Research Approach: Systematic Review and other Secondary Research

Types of nurse-led multimorbidity interventions and their effect on health outcomes: a mixed-methods systematic review

Presenter: Chris McParland, University of Glasgow, School of Medicine, Dentistry and Nursing; NHS Greater Glasgow & Clyde, UK

Co-author(s): Bridget Johnston, UK; Mark Cooper, UK

Abstract

Background
People with multimorbidity (2 or more concurrent chronic conditions) are at risk of receiving care that is fragmented and inefficient (Boyd & Fortin, 2010), rather than person-centred. Given the central role of person-centredness in nursing care, we sought to explore the effectiveness of nurse-led interventions for people with multimorbidity.

Aims
To identify types of nurse-led interventions for people with multimorbidity, and which outcomes are improved by these interventions

Methods
A mixed-methods systematic review was undertaken following Joanna Briggs Institute (JBI) methodology. Cochrane CENTRAL, CINAHL, Embase and MEDLINE were searched from inception in October 2020. Grey literature searches were also conducted. Quality appraisal was conducted using JBI tools; low-quality studies (<50% summary quality score) were not excluded but did not generate any novel findings. Interventions were classified using an adapted Cochrane EPOC taxonomy (EPOC, 2015) and outcomes were mapped to the Core Outcome Set for Multimorbidity Research (Smith et al, 2018). PROSPERO ID: CRD42020197956.

Results
20 studies were included. Interventions were mostly case-management or transitional care interventions, featuring advanced nurses, support to self-manage, and an emphasis on continuity of care. Positive effects were most consistently reported in relation to person-centred outcomes, with mixed effects on healthcare utilisation, mortality and other outcomes.

Discussion
Nurse-led multimorbidity interventions are well-received by patients. There is some evidence that they can reduce utilisation and achieve cost-neutrality, yet findings are inconsistent. Interventions are complex, multi-faceted and deal with a group that is, by definition, also complex. This complexity may account for the variability in effects observed both within and between studies of similar interventions.

Conclusions
Nurse-led interventions for multimorbidity can be both long-term or short and targeted at high-risk junctures, and generally focus on improving continuity of care. A localised and

iterative approach to the development and evaluation of such interventions may generate more consistent improvements.

Biography

Chris McParland is undertaking a clinical-academic PhD fellowship funded by NHS Greater Glasgow and Clyde at the University of Glasgow which aims to develop a nurse-led intervention for people with multimorbidity, with a particular focus on those approaching the end of life. Chris' research interests include multimorbidity, palliative and end of life care, custodial care and the use of technology to support clinical decision-making. Clinical experience includes emergency department and clinical research nursing.

4.6 Theme: Patient Safety

Session no: 4.6.1 Abstract number: 0184

Research Topic: Patient Safety (including human factors, infection prevention and control etc), Cancer

Methodology: Other collection or analysis method

Research Approach: Other approaches

Patient safety incidents in systemic anti-cancer therapy (SACT): exploring the reality

Presenter: Rachael Palmer, BSc (Hons), RN, Royal Devon and Exeter NHS Foundation Trust, UK

Co-author(s): Maggie Shepherd, UK; Bridie Kent, UK

Abstract

Background

Medication errors are high on the patient safety agenda, however SACT is predisposed to high incident levels and associated morbidity due to toxicities, complexity and dynamic nature of treatment. However local guidelines exist to ensure safe delivery of SACT to protect patients from harm. Aim: To understand the international scope of SACT incidents from the literature and identify whether this pattern is replicated in the Trust, with the goal of identifying ways to improve patient safety and ensure guideline adherence. Methods: Data collection included analysis of Datix incidents submitted between Nov 2019-Oct 2021 (n=254) to identify the most common areas of error. The nursing errors (n=110) were further analysed into incident type. A literature review was conducted to determine international context regarding SACT delivery incidents. Results: Preliminary results identified nursing administration and prescribing errors as the most common across cancer services at 43% (n=110) and 33% (n=83) respectively. Nursing administration errors most frequently identified were: incorrect supportive medication to take away (TTA) (29%, n=32), inaccurate patient education regarding treatment (14%, n=15) and intravenous medication errors (14%, n=15). Discussion: The results support existing literature, which identifies errors occurred at all stages of the patient pathway, but prescribing, followed by administration, were the most common incidents. Emerging recommendations include the re-introduction of SACT checklists and registered nurse double-checking when dispensing TTAs. There are minimal data exploring the impact of SARS-CoV-2 on SACT incidents and further research should investigate the implications of this context and wider NHS pressures. It would also be of benefit to understand nurses' experiences and needs when delivering SACT. Conclusion: This evaluation helps clarify the landscape of SACT delivery in one large NHS Trust, the key areas of error and areas for potential improvement to ensure quality of patient care moving forward.

Biography

Rachael is a Registered Nurse who trained at the University of Plymouth and qualified in 2020. She gained her current Staff Nurse post in acute Haematology at the Royal Devon and Exeter NHS Foundation Trust and has since completed the Florence Nightingale Foundation Leadership Programme for Early Career Nurses. Rachael is currently appointed as one of the Royal Devon and Exeter NHS Foundation Trust's Chief Nurse Research Fellows. Her clinical interests include patient safety and experience. Maggie trained as a RGN at King’s College Hospital and worked as Diabetes Specialist Nurse in Greenwich before joining the monogenic diabetes team in Exeter in 1995. She has a PhD in Medical Science and qualifications in Specialist Nursing (diabetes), Medical Education, Genetic Counselling and Genomic Medicine. She is an NIHR70@70 Senior Nurse Research Leader, lead nurse for Research at the RDE and consultant lead for the national monogenic diabetes project with NHSE/GMSA. She has >145 publications (40+ first author) and was the first nurse awarded the Arnold Bloom award lecture at Diabetes UK 2019 in recognition of her work in improving lives of people with monogenic diabetes. She was one of just four UK nurses and midwives to be included among the Women in Global Health’s 100+ Outstanding Women Nurses and Midwives 2020 for her work and has been awarded a prestigious Florence Nightingale Foundation Leaderships scholarship 2022.

Session no: 4.6.2 Abstract number: 0256

Research Topic: Patient Safety (including human factors, infection prevention and control etc)

Methodology: Interviewing

Research Approach: Qualitative approaches (e.g.: discourse analysis, ethnography, critical theory, grounded theory, phenomenology)

Exploring the value of the written word in healthcare

Presenter: Catherine Pengelly, RN, BA, University College London Hospitals NHS Foundation Trust, UK

Co-author(s): Carolyn Spring, UK; Rachel Taylor, UK

Abstract

Background and Aims

The written word is an essential aspect of healthcare, underlying staff and patient experience. Poor quality writing can adversely impact patient care (Tower, 2012), while both expressivity and structure are required to communicate accurate personalised information (Rosenbloom et all, 2011). The Royal Literary Fund (RLF) provide writing fellowships to authors, supporting writing in academic and social care organisations. In 2018, the RLF hosted a writing fellow in an NHS Trust. The aim of this study was to evaluate the experience of staff using the service and explore the perceived value of written communication

Methods

Semi-structured interviews (n=20) were conducted (4/2/22 -7/3/22) with staff who had used the writing fellow service. Purposive sampling allowed for a range of professions to be included. Data were analysed using thematic and constant comparison analysis.

Results

The writing service, accessed by diverse professionals, was highly valued. Three key themes emerged: feelings about writing at work, reported benefits of attending sessions and perceived barriers to accessing them. Staff felt the writing service addressed an unmet need, expressing feelings of inadequacy about their own writing and gratitude that help was available. Key skills requested were the ability to write more succinctly and reflectively. Use of the service increased self-reported confidence in staff with English as a foreign language as well as native speakers. It was perceived to enable career progression in under-represented, non-medical staff groups. Stigma regarding obtaining help with writing prevented some staff from recommending the service to others and the confidential nature of the service was valued.

Conclusion

The experience in one Trust of supporting written communication suggests that wider adoption through the NHS could have benefits in terms of increasing self-perceived skills and confidence and facilitating academic publication. The benefits to patients need to be determined.

Biography

Catherine Pengelly is an Adult Nurse who has worked primarily in surgery and outpatients. She currently works as a research nurse in ENT and as a Chief Nurse Research Intern (CNRI) within UCLH, with a particular interest in qualitative research and in supporting clinical areas to be research active. She has initiated research placements for student nurses within her clinical setting and is working towards an application for NIHR Pre-doctoral Clinical Academic Fellowship scheme. I joined Imperial College NHS Trust in 2017 as a Research Nurse. In 2020 I was awarded an Imperial Health Charity/NIHR Imperial BRC Research Fellowship (part time) to explore the workplace experiences of nursing associates and the perceptions of nurses and healthcare assistants regarding the new nursing associate role. Since 2020 I have also been employed as a Clinical Research Facilitator at the Centre for Nurse, Midwife and AHP Research (CNMAR) at University College London Hospital. This role involves signposting clinical academic careers for professionals outside of medicine. In 2021 I became a Mary Seacole Scholar, the Award study explored the experiences of minority ethnic nursing associates at a London NHS Hospital.

Session no: 4.6.3 Abstract number: 0324

Research Topic: Patient Safety (including human factors, infection prevention and control etc), Acute and critical care

Methodology: Mixed

Research Approach: Mixed Methods Research

Pressure Injury Prevalence and Practice Improvements in Nursing (PIPPIN study): A realist evaluation of pressure injury prevention practices in an Australian hospital

Presenter: Jenny Sim, RN, PhD, Grad Dip Business Administration, Grad Dip Clinical Nursing, B Applied Science (Nursing), University of Newcastle, Australia

Co-author(s): Kathryne Hoban, Australia; Karen Tuqiri, Australia

Abstract

Background

Pressure injuries cause patient harm and place a significant burden on health care systems. Despite being preventable, pressure injuries occur frequently (12.9%, 95% CI 9.5-16.8%) and 7.9% (95% CI, 5.7-10.3%) of patients in Australian hospitals develop a pressure injury while hospitalised (Rodgers et al, 2021).

Aim

To share findings from a study examining the impact nurses' knowledge, nurses' attitudes, nursing care practices, and structured Plan-Do-Study-Act cycles can have on preventing pressure injuries in an acute care hospital.

Methods

A mixed-methods study using a realist evaluation framework was conducted between November 2021 and March 2022. Data on nurses' knowledge and attitudes towards pressure injury prevention and pressure injury prevalence were collected at baseline and completion of the project. Eleven wards participated in a series of six structured cycles using plan-do-study-act improvement methodology. Qualitative interviews were used to evaluate the project and examine what worked for whom and in what circumstances.

Results

Prevalence of pressure injuries at baseline was 12.4% (n=217) and 5.5% were hospital-acquired. Nurses (n=237) at baseline had low levels of knowledge on prevention (32.3%) and etiology (46.6%) but high levels of knowledge on risk assessment (83.3%) using the

Pressure Ulcer Knowledge Assessment Test (PUKAT 2.0). Nurses had positive attitudes towards pressure injury prevention (Mean 43.25, SD 4.43) using the Attitudes to Pressure Ulcer Prevention (APuP) scale. All eleven wards participated in six cycles of plan-do-study-act cycles with focus areas including education, risk assessment, implementation of evidence-based prevention strategies, and trialling the PURPOSE T risk assessment tool. Baseline measures were repeated at the completion of the project and qualitative interviews of key stakeholders were conducted.

Discussion and Conclusion

Pressure injury prevention requires nurses to have high levels of knowledge about preventing pressure injuries and for practice improvement activities to be embedded in the ward context.

Biography

Associate Professor Jenny Sim is employed in the School of Nursing and Midwifery at the University of Newcastle in Australia. Jenny also holds Honorary appointments in the Australian Health Services Research Institute and the School of Nursing at the University of Wollongong (Australia). Jenny has a program of research focused on patient safety topics including pressure injuries, falls, medication errors, hospital-acquired infections, and mortality. Jenny also researches patient experiences with care, the nursing practice environment, nurse staffing, missed care, and safety culture. Jenny is passionate about helping nurses to use their knowledge and expertise to improve patient safety with a specific focus on exploring the impact of nursing care on patient outcomes.

4.7 Theme: Patient Experience

Session no: 4.7.1 Abstract number: 0217

Research Topic: Patient Experience, Service Innovation and Improvement, Cancer

Methodology: Focus Groups

Research Approach: Qualitative approaches (e.g.: discourse analysis, ethnography, critical theory, grounded theory, phenomenology)

Using Immersive Technology and Architectural Design to assist Head and Neck Cancer Patients' Recovery from Treatment: a focus group and technology acceptance study

Presenter: Kathleen Greenway, EdD, MEd, BSc (Hons), RN, RNT, SFHEA, Oxford Brookes University, UK

Co-presenters(s): Cathy Henshall, UK

Abstract

Background

Head and neck cancer patients have specific post-cancer needs and high requirements for support, commonly experiencing debilitating treatment side-effects including altered appearance and changes to speech and swallowing. Head and Neck cancer patients often feel more empowered when using health promotion and self-management activities to balance physical, mental and emotional health. However, these strategies needed tailoring to improve long term compliance and to minimise anxiety and distress (Dunne et al 2019).

Aim

This study aimed to provide additional support to Head and Neck cancer patients through development of a WebXR platform 'recovery' package, enabling patients to access and utilise focused resources and learning materials in a 'virtual room'.

Method

This qualitative study (March to July 2020) consisted of three phases: 1) Focus groups with patients and healthcare professionals 2) Development of 'recovery' package 3) Technology acceptance study. Patients who had received treatment for Head and Neck cancer (n=7) and clinical staff (n=6) in a South England Cancer Centre were invited to participate. Focus group data informed the content and design of the WebXR recovery platform; this was built around a virtual room containing supportive resources for patients and enabling virtual reality experiences to be delivered to users via a web address link. The platforms acceptability was assessed via qualitative interviews with six patient participants.

Results

Three main themes were identified from the data to inform the WebXR design: 'pre-operative preparation', 'support' and 'post-operative issues and rehabilitation'. Most participants reported feeling comfortable using the virtual reality platform, finding it a realistic and useful support for identifying resources and signposting to relevant materials.

Conclusion

Participants agreed the WebXR platform was a feasible tool for the Head and Neck cancer setting and helped reduce their anxiety and distress. The platform was implemented during the COVID-19 pandemic, demonstrating its versatility and accessibility.

Biography

Kathleen Greenway EdD, RN, MEd, BSc (Hons) , SFHEA, RNT, Cert HE is a Senior Lecturer in Adult Nursing. Her nursing background is in colorectal nursing and older person care. She currently teaches on the BSc and MSc pre-registration nursing courses, the DNURS programme, and is also second supervisor to doctoral students. Kathleen is the PI on a collaborative European research project regarding fundamentals of care and is part of another study evaluating the nursing cadets programme.

Session no: 4.7.2 Abstract number: 0248

Research Topic: Patient Experience, Chronic Illness

Methodology: Interviewing

Research Approach: Qualitative approaches (e.g.: discourse analysis, ethnography, critical theory, grounded theory, phenomenology)

The experiences and perceptions of people living with heart failure in Saudi Arabia: A Grounded Theory study

Presenter: Sohad Noorsaeed, RN, MSN, University of Manchester, UK

Co-author(s): Janice Christie, UK; Hannah Cooke, UK

Abstract

Background
Heart failure (HF) is a major cause of mortality and morbidity worldwide. While the number of people with HF has increased in Saudi Arabia (SA), there is currently no published qualitative evidence within any Gulf state addressing how people with HF experience or perceive the condition.

Aim
To explore the illness perceptions and experiences of adults living with HF in SA.

Methods
Using Classic Grounded Theory, a sample of 23 adults (aged 29-80 years) with HF were recruited for interview from a tertiary hospital in SA. The sampling strategy involved maximum-variation purposive sampling, followed by theoretical sampling. Data were collected through semi-structured interviews both face-to-face and by telephone. Data collection occurred concurrently with data analysis (which included coding, memo writing and constant comparison) as recommended by Glaser and Strauss (1967).

Findings
Data analysis generated categories regarding the perceptions of first symptoms, help-seeking for initial symptoms, reactions to diagnosis, coping with life with HF, selective concealment of HF and the role of formal and informal support systems.

Discussion
The participants were trying to be seen as normal and when this fails, they strive to be seen as a good Muslim patient. An emergent theory of ***striving to be seen as a good Muslim within Saudi culture*** was developed. It described how participants resolved their main concern of how to live with HF while meeting social, cultural and religious expectations.

Conclusion
This study's findings show how meeting social, cultural and religious expectations is a high priority for people with HF in SA. The insights from this study can inform SA policy and healthcare provision for supporting people with HF. It also adds insight to existing

international evidence regarding the influence of religion and culture on the illness experience, which can help guide healthcare staff in providing good personalised, multicultural care.

Biography

I obtained a BSc (Hons) in nursing from King Abdulaziz University in Saudi Arabia in 2008 and an MSc in nursing (adult acute and critical care/clinical nurse specialist) from Johns Hopkins University in the USA in 2013. During my studies, I trained in several hospitals known for their cultural diversity. I am proud that I served my country as a Volunteer, Staff Nurse, and Clinical Teaching Assistant in different prestigious hospitals and organizations in Saudi Arabia. Besides, I worked part-time registered nurse, to acquire clinical experience in acute care and chronic illnesses hospital units at the National Guard Hospital and other Canadian Accredited Hospital. I have been working as a nurse educator/ lecturer at King Abdulaziz University since 2010. Currently, I am at the final stage of my PhD in nursing at the University of Manchester.

Session no: 4.7.3 Abstract number: 0044

Research Topic: Patient Experience

Methodology: Interviewing

Research Approach: Qualitative approaches (e.g.: discourse analysis, ethnography, critical theory, grounded theory, phenomenology)

Examining Ovarian Hyperstimulation Syndrome (OHSS): How qualitative research shines a light on an under-examined side effect of fertility treatment

Presenter: Elizabeth Lumley, RGN, BA (Hons), MSc in Clinical Research, The University of Sheffield, UK

Abstract

Aims

To highlight the experiences of women who have had OHSS during fertility treatment.

Background

OHSS is a recognised side effect of fertility treatment that can significantly affect the health of women. Symptoms commonly include abdominal swelling due to excess fluid, pain, nausea/vomiting, difficulty breathing and in rare cases thrombosis in the legs or lungs (Royal College of Obstetrics and Gynaecology (RCOG) 2016). Mild OHSS can affect around 33 in 100 women having fertility treatment, however, only 1 in 100 will develop moderate or severe (RCOG 2016). Historically research has focused on medical aspects of OHSS, such as causation, prevalence and treatment, with little research to examine the experiences of women who develop OHSS. This qualitative study sought to address that research gap by highlighting the experiences of women who have had OHSS.

Methods

Semi-structured interviews with ten women who have had OHSS. Framework analysis was used to identify themes exploring women's experiences of OHSS.

Results

A wide range, and severity, of OHSS symptoms were described; women were affected both physically and emotionally. Methods of treatment varied although women were commonly monitored until OHSS became ‘severe’; for some women this felt like they were left to suffer from symptoms with little or no respite. Women described feeling under-informed about both OHSS, and the subsequent impact that it could have on their fertility treatment; this led to them to seek information from unofficial, and often unreliable, sources such as internet forums and social media.

Conclusion

There is a dearth of qualitative research exploring the experiences of women who developed OHSS during fertility treatment. This qualitative study highlights the wide-reaching effects OHSS can have on women emotionally and physically, and the need for provision of accurate information at the appropriate time in their fertility treatment.

Biography

I am a qualitative researcher on the NIHR funded RCT - STOP-OHSS: Shaping and Trialling Outpatient Protocols for Ovarian Hyperstimulation Syndrome; in addition to a role on a project looking at retention of Mental Health Services Staff in the NHS (RoMHS). I have previously worked as a qualitative researcher on an NIHR funded research programme grant - ACtiF: Development and evaluation of an intervention to support Adherence to nebuliser treatment in adults with Cystic Fibrosis, and on the NIHR Vascular Services Programme Grant. I joined the School of Health and Related Research at The University of Sheffield as a Research Associate in 2014 having completed an MSc in Clinical Research. Prior to this, I was a Registered Nurse in the NHS working in Upper GI Surgery. I also completed an NIHR research internship in conjunction with Collaboration for Leadership in Applied Health Research and Care for South Yorkshire (CLAHRC-SY).

Concurrent Session 5: Tuesday 6 September 2022

5.1 Theme: Optimising Research Delivery

Session no: 5.1.1 Abstract number: 0096

Research Topic: Methodology, Leadership and Management, Workforce and Employment (including health and wellbeing roles, research careers)

Methodology: Interviewing

Research Approach: Qualitative approaches (e.g.: discourse analysis, ethnography, critical theory, grounded theory, phenomenology)

Delivering Covid-19 research during the UK pandemic: Experiences of a local research taskforce

Presenter: Siobhan Gardiner, RN, MA, University of Oxford, UK

Co-author(s): Jennifer MacLellan, UK

Abstract

During the COVID-19 pandemic in the UK, clinical research nurses had to work in new ways and under significant pressure to generate evidence for the developing health crisis. Research nurse support needs, personal and professional challenges have not been explored. This study addresses that gap, generating learning for continued support and development of the research nurse specialty and its ability to respond to public health priorities. Research nurses, a previously invisible workforce, have proved critical to the pandemic response. This study explores the experiences of a team of redeployed research nurses and develops a theory of their experience as they were undertaking the rapid delivery of urgent public health studies during COVID-19.

Design

We employed a qualitative exploratory approach through online open-ended interviews to explore research nurses' experiences of delivering research during the pandemic using principles of Grounded Theory.

Method

Fifteen research nurses in the local research taskforce were identified through purposive sampling. Qualitative interviews were conducted online between November 2020 and January 2021 and analysed using the principles of constructivist grounded theory.

Results

Three themes of adapting to uncertainty, inclusive leadership and finding validity in the stretch zone were generated in the analysis. A Comfort, Panic, Stretch model, commonly used in business training, was used to illustrate finding validity in the stretch zone.

Conclusion

A model of inclusive leadership and support can facilitate high-functioning performance in a research team, supporting a rapid, confident and efficient response to research needs. What was found was a process of adaptation and resilience through collaborative teamwork, a strong sense of purpose and role validation enabled by an inclusive leadership style. This work will drive future development of a model of research nursing with a focus on collaboration between research and clinical colleagues.

Biography

Siobhan Gardiner is a Clinical Research Nurse in the Nuffield Department of Experimental Medicine, University of Oxford. She completed a Masters in Research Methods in 2008 while she was a Lecturer in Adult Nursing at Thames Valley University. Siobhan's career in clinical research began with dementia research in 2010 when she worked for the Dementia and Neurodegenerative Research Network in Berkshire Healthcare NHS Foundation Trust, and in 2014 moved to Oxford to work within gastroenterology research for the University. Essentially Siobhan sees herself as a nurse, with an interest in the practice of research in an active teaching hospital setting. She is currently working as a Clinical Research Nurse in research studying the immune response to COVID-19.

Session no: 5.1.2 Abstract number: 0265

Research Topic: Methodology, Underrepresented Groups (including black and minority ethnic), Cancer

Methodology: Other collection or analysis method

Research Approach: Other approaches

Engaging a diverse population in research to understand support needs in cancer screening in Wales

Presenter: Juping Yu, PhD, MSc, PGCE, University of South Wales, UK

Co-presenters(s): Sarah Wallace, UK; Joyce Kenkre, UK

Abstract

Background

Cancer screening is an effective way to help improve early detection and reduce mortality. Unfortunately, uptake of cancer screening is below required standards especially for breast screening, bowel screening, and cervical screening with geographical variation in Wales. Commissioned by Newport West Neighbourhood Care Network, our study sought to understand the support needs in cancer screening from the perspectives of eligible population in the area, which has a diverse multicultural population, to address any screening inequalities.

Aim

The aim of this paper is to present an innovative method of collecting information from diverse populations to address inequalities in cancer screening.

Methodological discussion

Group Concept Mapping (GCM) was used as the research method via Concept Systems GroupWisdom^{TM} software (Kane & Trochim 2007). As a sophisticated, robust, participatory approach, GCM enables a diverse group of people to articulate their ideas and represent them visually through a series of related concept maps. Three GCM studies (breast/bowel/cervical screening) were run concurrently. Eligible participants completed three activities: brainstorming to generate statements via completing a focus prompt '*Something that would help me go for x screening is….*'; sorting statements into themed categories; rating statements on a 5-point Likert scale against two criteria: perceived importance and accessibility (easy to get). 141 participants were recruited across three studies. More than half were from black and minority ethnic groups, of which most did not speak English. We will discuss how the challenges and difficulties encountered in the research process, such as language barriers, time demands and IT competence, were addressed/overcome, to help ensure inclusion and participation amongst diverse/multicultural communities in future research.

Conclusion

Being adaptable and using the GCM approach both online and offline, whilst building in sufficient time, allows a wide range of people, especially non-English speakers, to have a voice and make a significant contribution to research.

Biography

Dr Juping Yu is an experienced researcher at the University of South Wales with a background in nursing and public health. Since the completion of her PhD at Stirling University in 2005, she has gained substantial experience of conducting systematic reviews and undertaking both qualitative and quantitative research. Her work centres on enhancing care and support for people from diverse social and cultural backgrounds and has a publication track record in the area. She has a particular research interest in empathy and compassion in health and care settings, screening, systematic reviews, group concept mapping, and tool development and validation. She is a grand holder for a number of projects, supervises several research students, and collaborates with colleagues nationally and internationally.

Session no: 5.1.3 Abstract number: 0203

Research Topic: Research Policy

Methodology: Mixed

Research Approach: Mixed Methods Research

Support, Resist, Avoid: Uncovering the factors influencing research delivery relationships in the NHS.

Presenter: Linda Tinkler, RN, MclinRes (Leadership), BSc (Hons), The University of Sheffield, UK

Co-author(s): Angela Tod, UK; Steven Robertson, UK

Abstract

Background

Limited understanding of the delivery of clinical research is reported to affect relationships at the interface between research delivery and clinical service delivery. This has the potential to affect the success of research. Little is currently known about how research delivery is viewed by those practicing alongside, yet outside of, clinical research nurse teams. The aim of this study was to explore the views of Nurses, Midwives and AHPs practicing outside of research teams, regarding their role in relation to the delivery of clinical research in the NHS.

Methods

Group concept mapping (GCM), a mixed methods participant-centred approach, was used to collect and analyse data between January and December 2021.

Analysis via the Group Wisdom, Concept Systems Global© software enabled multidimensional scaling and hierarchical cluster analysis, producing a set of visual maps.

Results

32 participants contributed ideas by responding to an open-ended statement and subsequently sorting and rating the dataset.

The final concept map contained 99 unique statements sorted into 6 conceptual clusters

1. “We value and understand the importance of research”
2. “How it should be and how we could work together”
3. “Behaviours, beliefs and missed opportunities”
4. “Dissonance and disengagement”
5. “Time and capacity affects our ability to engage”
6. “I keep thinking of ways to facilitate research as 'everyone’s business but it is hard”

Discussion

Clusters 3, 4 and 5 rated as most likely to generate resistance/avoidance behaviours. Clusters 2 and 5 rated as most important to address.

This example statement from cluster 2 reveals the enthusiasm to support research: “There should be more opportunities for those not involved in research delivery teams to express interest in being involved in research projects”.

Conclusion

GCM helped reveal contextual factors driving resistance/avoidance behaviours at the interface between research delivery and clinical service delivery. Participants offered important challenges and solutions for further exploration.

Biography
Linda is the Trust Lead for NMAHP Research at Newcastle upon Tyne Hospitals. Her role involves leading the NMAHP Research agenda on behalf of the Chief Nurse team, facilitating policy and strategy enablers to benefit the development of NMAHP clinical academic careers across the trust. Linda has worked in the NHS for over 20 years. Her research roles have included working as a Clinical Research Nurse and an Academic Research Nurse. Linda's own research is exploring behaviours at the interface between clinical research delivery and clinical practice. This work is currently ongoing through a PhD funded by the RCN Strategic Research Alliance at the University of Sheffield School of Nursing and Midwifery. Linda is a qualified and active coach with an interest in Leadership in the NHS, which weaves through her own research. Linda is also a Florence Nightingale Scholar and is one of the NIHR 70@70 Senior Nurse Leaders. Steve worked in the UK National Health Service for over twenty years before commencing a career in research in 1999. His main research interests relate to men, gender and health and more recently to research on nursing education and the nursing workforce. He has over 100 peer reviewed publications and has worked with fellow academics, policy makers and practitioners from Australia, the United States, Canada and Europe. He has acted as a consultant on gender and men's health to the UK Department of Health and to WHO (Europe). He is Editor-in-Chief of the International Journal of Men's Social and Community Health.

5.2 Theme: Mental Health

Session no: 5.2.1 Abstract number: 0139

Research Topic: Mental Health, Patient Safety (including human factors, infection prevention and control etc), Ethical and Philosophical Issues

Methodology: Interviewing

Research Approach: Qualitative approaches (e.g.: discourse analysis, ethnography, critical theory, grounded theory, phenomenology)

Exploring nurses' experiences of value congruence and the perceived relationship with wellbeing and patient care and safety: a qualitative study

Presenter: Alice Dunning, BSc (hons), Yorkshire Quality and Safety Research Group, UK

Abstract

Background
Values are of high importance to the nursing profession. Value congruence is the extent to which an individual's values align with the values of their organisation. Value congruence has important implications for job satisfaction.

Aim

This study explored nurse values, value congruence and potential implications for individual nurses and organisations in terms of wellbeing and patient care and safety.

Method

Fifteen nurses who worked in acute hospital settings within the UK participated in semi-structured telephone interviews between May and November 2018. Thematic analysis was utilised to analyse the data.

Results

Four themes were identified: organisational values incongruent with the work environment; personal and professional value alignment; nurse and supervisor values in conflict; nurses' values at odds with the work environment. Perceived value incongruence was related to poorer wellbeing, increased burnout and poorer perceived patient care and safety. The barriers identified for nurses being able to work in line with their values are described.

Conclusions

Value congruence is important for nurse wellbeing and patient care and safety. Improving the alignment between the values that organisations state they hold, and the values implied by the work environment may help improve patient care and safety and support nurses in practice.

Biography

Alice is a Research Fellow currently working for the Yorkshire Quality and Safety Research Group at Bradford Institute for Health Research on the Redeploy study. She is completing a PhD which explored the appropriateness of a values-based intervention in supporting nurse wellbeing and patient safety. In 2021 Alice has also held a Research assistant role at the University of Birmingham working on a study exploring junior doctors working conditions, psychological distress and suicidality.

Session no: 5.2.2 Abstract number: 0140

Research Topic: Mental health, Workforce and Employment (including health and wellbeing roles, research careers), Health and Social Policy

Methodology: Interviewing

Research Approach: Qualitative approaches (e.g.: discourse analysis, ethnography, critical theory, grounded theory, phenomenology)

Understanding the processes of nurse redeployment during the Covid-19 pandemic and their impact on nurses: Lessons from the frontline

Presenter: Alice Dunning, Yorkshire Quality and Safety Research Group, UK

Co-presenters(s): Hannah Hartley, UK

Abstract

Background

Mass redeployment of nurses was critical to the NHS response to COVID-19. This was implemented with limited knowledge of how best to conduct redeployment. There remains little understanding of how redeployment was enacted in practice and the impact this had for decision makers and nurses.

Aim

To outline the processes utilised and decisions made when managing nurse redeployment during the pandemic and understand the experiences of nurses affected.

Method

Thirty-seven nurse managers and 63 nurses who were redeployed or worked in units that received redeployed nurses were recruited from three NHS hospital Trusts in England. Participants were interviewed between March and December 2021. Data were analysed using Framework thematic analysis.

Results

Four key overarching themes were identified: 1) pre pandemic redeployment; 2) planning pandemic redeployment response; 3) COVID-19 redeployment processes and 4) lessons, reflections and suggestions. These outline the chain of command and flow of events. Including how top-level decisions were based on strategy and numbers, whereas decisions made by matrons placed more emphasis on the individual. This disconnect in priorities meant that matrons faced logistical and emotional challenges when redeploying nurses to satisfy the top-level numbers approach, whilst also attempting to support nurse wellbeing. How nurse redeployment was managed impacted upon nurses in several ways including: wellbeing and mental health, intention to stay and patient care. We will present the four overarching themes in detail.

Discussion

The benefits of effective redeployment and the positive impact this has for nurses were demonstrated through examples of good practice. Conversely, poorly organised or managed redeployment has a profoundly negative impact on nurses; thus, highlighting the importance of developing effective redeployment strategies to support nurse wellbeing and retention.

Conclusions

The implications for policy and practice include lessons for future mass redeployment, day to day redeployment, and post pandemic workforce recovery.

Biography

Alice is a Research Fellow currently working for the Yorkshire Quality and Safety Research Group at Bradford Institute for Health Research on the Redeploy study. She is completing a PhD which explored the appropriateness of a values-based intervention in supporting nurse wellbeing and patient safety. In 2021 Alice has also held a Research assistant role at the University of Birmingham working on a study exploring junior doctors working conditions, psychological distress and suicidality.

Session no: 5.2.3 Abstract number: 0252

Research Topic: Mental health, Nursing, Midwifery or Support Worker Education, Workforce and Employment (including health and wellbeing roles, research careers)

Methodology: Questionnaire

Research Approach: Survey

Self-reported health and wellbeing amongst the nursing and midwifery workforce in Wales during the COVID-19 pandemic: a cross-sectional survey

Presenter: Richard G Kyle, PhD, Academy of Nursing, University of Exeter, UK

Co-author(s): Benjamin J Gray, UK; Aimee Challenger, UK; Alisha R Davies, UK

Abstract

Background
Since March 2020, the nursing and midwifery workforce have been at the frontline of the COVID-19 pandemic. Previous research has highlighted the burden of poor mental health within this workforce.

Aims
To examine the self-reported health and wellbeing of the nursing and midwifery workforce in Wales in 2021.

Methods
Between June and August 2021, Public Health Wales conducted a cross-sectional online survey amongst registered and student nurses/midwives and health care support workers in Wales. Respondents (n=2,880) were asked to self-reflect on changes to their health and wellbeing “since the start of the COVID-19 pandemic”. Health measures included mental health (SWEMWBS), physical health, alcohol consumption (AUDIT-C), diet, physical activity, and relationships at home. Multinomial logistic regression models adjusted for gender and staff grouping (e.g., midwives/students) were used to examine differences between age groups.

Results
Overall, 70.6% of respondents reported worsening mental health, over half reported worsening diet (58.5%), levels of physical activity (54.2%) and physical health (51.2%), whereas approximately a third (30.1%) reported a detrimental impact on home relationships. Compared to the oldest age group (60 years and older), those aged 18-29 years and 30-39 years were 5.4 [adjusted odds ratio, 95% CI 3.5-8.3] and 4.2 [adjusted odds ratio, 95% CI 2.9-6.2] times more likely to report worsening mental health,

respectively, and at least 2 times more likely to report worsening diet (2.10, 95% CI 1.4-3.2; 2.08, 95% CI 1.4-3.1) or home relationships (2.4, 95% CI 1.5-3.9, 2.8, 95% CI 1.7-4.4).

Discussion and conclusions

The COVID-19 pandemic had a negative impact on the self-reported health and wellbeing amongst the nursing and midwifery workforce especially mental health. As systems move to a different model to response to COVID-19, the continued efforts to support the mental and physical health across this workforce, in particular those of younger age, is of significant importance.

Biography

Professor of Interprofessional Education, Academy of Nursing, University of Exeter.

5.3 Theme: Older People

Session no: 5.3.1 Abstract number: 0230

Research Topic: Older People

Methodology: Observation

Research Approach: Qualitative approaches (e.g.: discourse analysis, ethnography, critical theory, grounded theory, phenomenology)

'Pad cultures' and their consequences: Findings from an ethnographic study examining continence care for people living with dementia during a hospital admission

Presenter: Daniel Kelly, PhD, Cardiff University School of Healthcare Sciences, UK

Co-author(s): Katie Featherstone, UK; Andy Northcott, UK; Jane Harden, UK; Paula Boddington, UK; Sofia Vougioukalou, UK; Deborah Edwards, UK; Aled Jones, UK

Abstract

Background

People living with dementia (PLWD) are a significant and highly vulnerable patient population within the acute hospital setting: their health can significantly and suddenly worsen, with poor experiences and outcomes reported following unscheduled admissions. Evidence should inform improvements and reduce vulnerability in the acute setting.

Aims

This study's focus was to explore a significant but poorly understood aspect of everyday care for PLWD during an acute admission: continence care.

Methods

This ethnography was informed by symbolic interactionism; focusing on understanding action and meaning. 180 days of ethnographic research, alongside 562 in-situ interviews, occurred over a 12-month period, in six wards within three hospitals across England and Wales. In-depth analysis of everyday care enabled us to examine how staff responded to the continence care needs of PLWD and explore the consequences.

Results

We identified continence care as a key feature in the organisation and delivery of everyday care for PLWD during hospital admission, with significant but overlooked consequences. We observed the embedded practice of ‘pad cultures’: the routine use of continence pads in all PLWD as a precautionary strategy. The organisational rationale to provide safeguards, ensure containment, and prevent incontinent episodes, informed an expectation that PLWD not only wear pads, but could and should use them. Pad cultures were associated with evidence of distress in the person, and significant impacts on dignity, personhood, and identity. Ward staff described feeling abandoned with the responsibility of continence care, believing it impossible to support continence in other ways.

Discussion

These findings have implications for understanding the person living with dementia and cultures of care within acute wards. We are using our findings to inform staff education and training in collaboration with PLWD and specialists in dementia care and continence care.

Conclusions

Continence care is emblematic of PWLD's wider needs in acute settings.

Biography

Professor Daniel Kelly OBE was appointed RCN Chair of Nursing Research at Cardiff University in 2011. His main career focus has been in cancer care practice, management, research and education roles with an academic background in the social sciences at the University of Edinburgh and a PhD in Sociology at Goldsmiths, University of London. He is currently a Trustee at St Christopher’s Hospice, and a Public Governor at Kings College Hospital NHS Foundation Trust. He is also Visiting Professor at UCL and The University of Edinburgh. His international work includes being Co-Chair of the HPV Action Network of the European Cancer Organisation which is actively campaigning to increase awareness and HPV vaccine uptake and screening across the WHO European region. He was a co-applicant on the HS&DR funded project being presented today exploring the continence care needs of people living with dementia who are admitted to acute settings.

Session no: 5.3.2 Abstract number: 0175

Research Topic: Older People, Service Innovation and Improvement

Methodology: Interviewing

Research Approach: Action Research / Participatory Inquiry / Practice Development

Not the last resort: the impact of an interprofessional training care home scheme on students, health and social care staff and residents

Presenter: Melanie Stephens, PhD, University of Salford, UK

Co-author(s): Siobhan Kelly, UK; Lydia Hubbard, UK

Abstract

Care homes are a fundamental part of the health and social care system, and with demand in the sector expected to increase, it is important to better understand how the sector can improve recruitment and retention and promote collaborative practice. Interprofessional training environments are increasingly seen as a key stage in advancing health and social care systems, yet little is known about such initiatives in the context of the UK care home environment. This pilot study aimed to implement and evaluate a 6-week IPE student training placement scheme across 3 care homes in Greater Manchester. Students (*n*=15) across a variety of disciplines - including nursing, physiotherapy, social work, podiatry, counselling, and sports rehabilitation - were placed within the homes to work in an inter-professional environment and address the goals of residents as a collaborative team. A total of 52 qualitative semi-structured interviews were undertaken with residents (*n*=10), care home staff (*n*=12) and students (*n*=30), over 5 months. Quantitative data was collected by administering an AGEIN questionnaire to students pre and post placement (*n*=13) to assess their perceptions of, and attitudes toward, working with older people. Our study suggests that care homes provide students with an optimal opportunity for interprofessional working and learning. Through better understanding the dimensions of difference perspectives and approaches, the project improved students' education and shifted their perceptions of aged care. Staff benefited from new ways of working, improving their knowledge and skills, which in turn enhanced the care the residents received. Findings also highlight the embedded power dynamics that influence interprofessional learning in this setting. In this paper we will discuss the benefits and challenges of implementing interprofessional education in the care home environment, detail the positive and transformative impacts the experience had on residents, staff and students and consider the future direction of such schemes.

Biography

Dr. Melanie Stephens is a senior lecturer in Adult Nursing and Head of Interprofessional Education at the University of Salford. Melanie is a health service researcher with specific research interests in the pressure redistributing properties of seating, tissue viability, and interprofessional working and learning. She has undertaken research in order to provide an evidence base for products used in the twenty-four-hour management of pressure ulcers and the affective domain development of student nurses. Melanie co-led a Cochrane Systematic Review on Pressure redistributing static chairs for preventing pressure ulcers and an amendment to the UK Tissue Viability Society Seating Guidelines with service users and is using this work to impact policy and practice. She is experienced in mixed methods of enquiry, working with practitioners and commerce to develop research for the use in the clinical environment.

Session no: 5.3.3 Abstract number: 0313

Research Topic: Older People, Methodology, Workforce and Employment (including health and wellbeing roles, research careers)

Methodology: Mixed

Research Approach: Mixed Methods Research

The Care Home Action Research-in-residence Model (CHARM) - Moving forward from a Covid-19 outbreak

Presenter: Suzanne Mumford, MSC, PCE, RGN, Head of Nursing, Care and Dementia, Care UK , UK

Co-presenters(s): Katherine Matthews, UK

Co-author(s): Isabelle Latham, UK

Abstract

Background

The Association for Dementia Studies was granted funding in 2019 to work with four care home providers to develop an innovative approach to research in care homes. The project was funded by the Alzheimer's Society and Dunhill Medical Trust, (Grant Reference: 506/AS-CC-18-006).

It can often feel daunting for care homes taking part in research. Many homes express concern about time, resources and usefulness that can put care homes off from wanting to be involved. However, we also know that care homes want to deliver best practice for their residents and are interested in trying out new things to make their care the best it can be.

Aims

The CHARM model aims to encourage and support care home communities to design, conduct and evaluate their own bespoke research projects, with the support of an experienced 'researcher-in-residence' providing guidance and the right tools to do so in an efficient, ethical way.

Method

This research project used a double-layered method as it had a dual aim: to support individual care homes to undertake mini-research studies and to evaluate CHARM itself.

Findings/results

The findings for this project are double layered, including both the individual projects conducted by the care homes and the overall evaluation of the researcher-in-residence model.

Conclusion

Participating in CHARM created positive outcomes for care homes because of the impact of the mini studies they undertook, by improving relationships in the home, increasing motivation, providing opportunities for external recognition and through an improved understanding of the possibilities and relevance of research to care homes. Stress and grief were common, and staff experienced conflict between work responsibilities and a need to protect their own families. However, staff were motivated by a high level of commitment to residents. Support from management and team unity were key factors in helping staff cope.

Biography

Suzanne Mumford is a Registered Nurse specialising in the care of older people with dementia, she is currently the Head of Nursing, Care, and Dementia Services for Care UK. Mumford completed her MSc in Dementia training in 2016. She has been involved in a variety of research in care homes and has regularly presented at UK Dementia Congress, the 2020 Alzheimer’s Disease International conference, and Hiroshima University End of Life Care Conference.

5.4 Theme: Nursing, Midwifery or Support Worker Education

Session no: 5.4.1 Withdrawn

Session no: 5.4.2 Abstract number: 0153

Research Topic: Inequalities in Health, Underrepresented Groups (including black and minority ethnic), Workforce and Employment (including health and wellbeing roles, research careers)

Methodology: Interviewing

Research Approach: Action Research / Participatory Inquiry / Practice Development

The experiences of trainee and newly trained Minority Ethnic (ME) Nursing Associates (NAs) at a London NHS hospital: Challenges, opportunities and lessons learned

Presenter: Carolyn Spring, MSc BA (Hons) PG Dip Adult Nursing, Imperial College Healthcare NHS Trust, UK

Co-author(s): Enrique Castro Sanchez, UK; Mary Wells, UK

Abstract

Background
Nursing Associates (NA) comprise a new professional ‘bridging’ role introduced in England in 2017 to mitigate staffing shortages. The role aims to enable the career progression of healthcare support workers (HCAs) and to free registered nurses (RNs) to undertake more complex tasks. Embedding new nursing roles into practice is known to be challenging (Halse, 2018). Evidence demonstrates staff from minority ethnic backgrounds face barriers to progression from institutional racism and gender power imbalances. (NHS WRES, 2020). To date, there are few studies of the subjective experiences of NAs and nonspecific to minority ethnic (ME) NAs.

Aim
This study, funded by the Mary Seacole Foundation, conducted between May and October 2021, aimed to investigate ME NAs’ role experiences and to identify any improvements required to better support the integration and progression of NAs from ME backgrounds.

Methods
Semi-structured interviews were conducted digitally and in person, supplemented by a confidential questionnaire. Interviews and free-text responses were transcribed verbatim and thematically analysed using an intersectionality framework (Van Herk et al, 2011).

Findings
Eight NAs participated and analysis produced five themes: (1) role confusion, negotiation and re-negotiation, (2) disjunction between individual and institutional role characterisation, (3) professional validation through patient relationships, (4) ethnicity and the burden of risk and (5) pandemic challenges and role affirmation. Low inter-professional engagement contributed to the lack of role embeddedness and the risk of marginalisation of the skills and talents of NAs.

Conclusion
Organisational policies must address the professional isolation of ME NAs and their differential risk exposure. Better education about the NA role, improved communication with NAs and supportive monitoring of their integration in teams must be undertaken if culturally competent equitable workplaces are to be realisable.

Biography
I joined Imperial College NHS Trust in 2017 as a Research Nurse. In 2020 I was awarded an Imperial Health Charity/NIHR Imperial BRC Research Fellowship (part time) to explore the workplace experiences of nursing associates and the perceptions of nurses and healthcare assistants regarding the new nursing associate role. Since 2020 I have also been employed as a Clinical Research Facilitator at the Centre for Nurse, Midwife and AHP Research (CNMAR) at University College London Hospital. This role involves signposting clinical academic careers for professionals outside of medicine. In 2021 I became a Mary Seacole Scholar, the Award study explored the experiences of minority ethnic nursing associates at a London NHS Hospital.

Session no: 5.4.3 Abstract number: 0164

Research Topic: Nursing, Midwifery or Support Worker Education, Methodology, Ethical and philosophical Issues

Methodology: Other collection or analysis method

Research Approach: Other approaches

Military medical ethics for military nurses – a pedagogical approach towards tailoring education

Presenter: Janet Kelly, PhD MA LLB (Hons) PGHE RGN RM, Faculty of Health Sciences, University of Hull, UK

Co-presenters(s): Chiu-Yi Lin, UK

Abstract

There are ethical challenges in all areas of healthcare practice. The term 'military medical ethics (MME)' creates a strong perception that the topic is focused on the medical profession. We argue that there are some distinct aspects that apply for military nurses and nursing in a military environment. Therefore, it is necessary to assess learning needs for this group and then design and implement educational interventions that are appropriate for this target audience.

In 2020, the King's Centre for Military Ethics launched a smart phone app that matched physical playing cards that have been widely used to provide scenarios for teaching MME. We are now developing a second MME pack to cover military nursing. This presentation will describe our journey in creating playing cards for military nurses that contain ethical dilemmas and challenges in a military nursing environment for inclusion in the new pack.

The first phrase was to create an initial bank of scenarios using individual military nurses who contributed anonymised ethical challenges and dilemmas that they have personally experienced in their military nursing career.

The second phase was to test the content validity and educational reliability of each scenario. In the first round, each scenario was reviewed by a small group of military nurses of different military ranks, each with experience and knowledge of ethical dilemmas and challenges in military nursing in both operational and not operational environments. The second round involved using the scenarios with a larger group of military nurses within an educational setting.

This two-phase process provided assurances of the educational validity and reliability of scenarios to users of the new suit of cards for teaching military medical ethics to nurses. We intend to use this model to develop additional suits for new cards

Biography

Janet is a Senior Lecturer in Healthcare Law and Ethics at the University of Hull, an Honorary Senior Lecturer at Kings College, Centre for Military Ethics and a British Army reservist at the rank of Lieutenant Colonel in Queen Alexandra's Royal Army Nursing

Corps. In 2012, she gained a Doctor of Philosophy in Health Studies from the University of Hull titled, ‘Professional, Ethical, and Legal Issues in British Military Healthcare practice’. Janet has many published national and international academic papers on healthcare and military ethics including a book titled, ‘Is Medical Ethics in Armed Conflict Identical to Medical Ethics in Peace?’ that was nominated for the Medical Book Award of the Year 2013 and more recently a book chapter in 2019 ‘on ‘Legal Issues in Midwifery Care: In Empowering Decision-Making in Midwifery, A Global Perspective’. Her research interests are military medical ethics, neonatal ethics and women’s health in the military.

5.5 Theme: Workforce

Session no: 5.5.1 Abstract number: 0075

Research Topic: Midwifery

Methodology: Interviewing

Research Approach: Mixed Methods Research

Influence of midwives/nurses' sociocultural beliefs on midwifery care of women with Female Genital Mutilation/Cutting (FGMC) in Osun State Nigeria

Presenter: Rukaiyya Muhammad, Doctoral Candidate, RM, RN , Kings College London, Nigeria

Co-author(s): Kim Watts, Nigeria; Elsa Montgomery, UK

Abstract

Background
As a cultural practice, FGMC carries social relevance passed down through generations in African societies. International and national policies highlight the need to eliminate FGMC. This study explored how societal culture may influence the practice of midwives/nurses providing care for women in Osun State, Nigeria.

Aim
To identify midwives/nurses' sociocultural beliefs about FGMC and how these may influence midwifery care in Osun State, Nigeria.

Method
Data were collected in December 2020 across the tertiary, state, and primary healthcare facilities using 24 in-depth interviews with midwives/nurses through a simple random sampling process. Transcribed discussions were thematically analysed using Nvivo 12.

Results
Three-quarters of the midwives/nurses had personally undergone FGMC revealing how it is embedded in superstitious beliefs of purity, preventing promiscuity in later adult life.

Staff recalled their own difficult experiences with childbirth. Although the midwives/nurses no longer encourage its continuation in healthcare facilities, it is believed to be practised in the community by Traditional Birth Attendants (TBAs) and local circumcisers, promoting traditional midwifery practices.

Discussion

The midwives/nurses acknowledged that FGMC is symbolic to the culture but their personal childbirth experiences with FGMC and midwifery training have facilitated an aversion to the practice. TBAs practising at home and in the communities reportedly provide the procedure under the terminological guise of 'female circumcision'.

Conclusion

Midwives/nurses have adopted evidence-based practice against continuing FGMC, which must be nurtured and extended to TBAs if FGMC is to be abolished completely. Broader interdisciplinary and professional partnerships between healthcare facilities and TBAs must be fostered, monitored, and supported by the government. Continuous awareness and education on the effect of FGMC should be intensified. Future research should involve TBAs to explore and promote positive change behaviour.

Biography

Rukaiyya Muhamamd is a PhD candidate with Kings College London with a special interest in midwifery care of women with female genital mutilation and cutting and improving access to healthcare. She obtained an MSc in Maternal and newborn health from the University of Nottingham and is actively engaged in a non-governmental organisation helping women from disadvantaged communities, raising donations for girl child education and providing expert advice.

Session no: 5.5.2 Abstract number: 0310

Research Topic: Health and Social Policy

Methodology: Other collection or analysis method

Research Approach: Qualitative approaches (e.g.: discourse analysis, ethnography, critical theory, grounded theory, phenomenology)

Workplace dilemmas and compassion in nurse-patient interaction – is the problem compassion in policy?

Presenter: Rachael Drewery, RN, SCPHN (HV), BSc, MSc, MA, University of Nottingham, UK

Co-author(s): Alison Edgley, UK; Alison Pilnick, UK; Joanne Cooper, UK

Abstract

Background

A lack of compassion by nurses was one reason given for failings at the Mid-Staffordshire NHS Foundation Trust (Francis, 2013). Subsequently, compassion has become a core value in the NHS Constitution (2015), and nursing worldwide.

Within policy documents there is an implicit assumption that compassion is a characteristic of the nurse, and that nurses display these characteristics through compassionate acts. The current paper discusses findings from a study exploring compassion in nurse-patient interaction, which suggests that these conceptualisations of compassion may be problematic for nursing.

Aim

To explore the enactment of compassion in advanced nurse practitioner (ANP) - patient interaction and consider how this relates to contemporary conceptualisations of compassion.

Method

Collection of twenty-seven audio-visual recordings of naturally occurring interaction between ANPs and older people in hospital in-patient settings (data collection Jun.-Dec. 2019).

Analysis uses conversation analysis, a qualitative, inductive approach which aims to understand how participants construct and understand what is happening within the context of turn-by-turn interaction (Clayman & Gill, 2004).

Findings

Fine grained analysis of audio-visual recordings show that contemporary conceptualisations of compassion create a number of workplace dilemmas. These include the need to provide safe, effective long-term care, which potentially alleviates suffering, and short-term ‘compassionate’ responses. Using recordings, I will also show data which raises questions about the binary distinction between 'compassionate' and 'uncompassionate' actions.

Conclusion

Researching compassion in ANP-patient interaction suggests that conceptualisations of compassion in policy are problematic. The notion of measurable, universal compassionate actions fails to address the nuances of responding to interactional and institutional demands within context. These conceptualisations create workplace dilemmas, which may have detrimental consequences for nurses. These findings have implications for both our understanding of the sophisticated communication skill-set nurses use in-situ, and our understanding of contemporary conceptualisations of compassion in healthcare.

Biography

Rachael is presently completing an ESRC-funded PhD using conversation analysis (CA) to explore the enactment of compassion in nurse-patient interaction. She has also completed an NIHR MA in research methods, which included a pilot project using CA to explore health visitor-client interaction. As a result, Rachael developed an interest in CA and its potential to expand knowledge about the communication skills nurses use in actual practice. Rachael is a nurse and health visitor, who prior to commencing her PhD worked on an intensive home-visiting programme with vulnerable families (FNP). She has also worked in specialities including oncology and paediatric bone marrow transplant. Rachael's research interests include policy and its practical accomplishment, the interactional work of nurses, and compassionate care.

Session no: 5.5.3 Abstract number: 0262

Research Topic: Inequalities in Health

Methodology: Mixed

Research Approach: Evaluation (process, impact)

Developing Clinical Academic Research Leaders from Ethnic Minority Backgrounds

Presenter: Louise Bramley, RN PhD. , Nottingham University/Nottingham University Trust, UK

Co-author(s): Helen Janiszewski, UK; Gemma Stacey, UK; Ellie Dring , UK; Alison Cowley, UK; Vicky Booth, UK; Carmel Bond, UK; Aquiline Chivinge, UK; Joanne Cooper, UK

Abstract

Background
Equality is about recognising that everyone should have the opportunity to fulfil their potential (Equality Act 2010). Current data from the East Midlands Clinical Academic Internship programs shows a lack of representation and success in applicants from ethnic minority backgrounds. In response, Nottingham University Hospitals Institute of Care Excellence (NUHICE) and the Florence Nightingale Foundation (FNF) co -developed an ethnic minority clinical academic research leadership programme.

Aims
Evaluation of the East Midlands Ethnic Minority Clinical Academic Research Leadership Programme

Methods
The programme was delivered over six days. It was underpinned by the FNF learning on specific barriers of those from ethnic minorities in pursuing their career goals and maximise their potential. This was applied to a clinical academic context using the NUHICE 'Step Into' Clinical academic careers programme and delivered using a blended learning approach. Quantitative and qualitative evaluation and impact data were collected both pre, during and following the programme using surveys and interviews. Data were analysed and case studies developed.

Results

Eight participants were recruited. This included four nurses, three AHPs and a healthcare scientist. Participants reported increased skills and knowledge in building collaborations in research and research finance, funding and resources, personal presence and impact, building authority and influencing upwards. One participant applied for an NIHR PCAF, one applied for a PhD and all developed 12-month clinical academic personal career development plans.

Discussion and conclusions

Local data showed lack of diversity across clinical academic training cohorts. Research that is not inclusive will not command the confidence of our patients or our colleagues (Race and Health Observatory (2022). Clinical academic leadership programs are essential for developing confidence to apply for research funding (Trusson et al 2019) and bespoke programs can encourage nurses and midwives from ethnic minority backgrounds into clinical academic careers.

Biography

Dr Louise Bramley is Head of Nursing and Midwifery Research at Nottingham University Hospitals NHS Trust and an NIHR 70@70 Clinical Academic Nurse Research Leader. She is a senior nurse with a wealth of clinical, research and leadership experience in acute care and healthcare of older people and currently combines research and practice within a large NHS Trust. Dr Bramley received her PhD from the University of Nottingham in 2016 where she holds an honorary Associate Professor appointment. She is passionate about building capacity and capability for front-line nurses and midwives to undertake primary research that improves patient outcomes and care. In 2018, Dr Bramley co-founded the East Midlands Clinical Academic Practitioner Network. This network has over 250 members and is a forum that brings together and supports both clinical and academic development of members. She also co-chairs the East Midlands Clinical Academic Steering Group. I have been a registered nurse for 25 years working in an acute hospital setting, in variety of specialties, including dermatology. I have an in-depth understanding of healthcare provision, as a manager and clinician; and I am enthusiastic about nurse-led research, especially within the field of skin integrity. In my role as a Practice Development Matron I lead on Evidence-based Practice and clinical academic careers. This includes leading on the LIMPRINT study, within our organisation in 2014/15. In 2013, I achieved an MA in Research Methods (NIHR funded) exploring research theory and methodology, and an empirical study exploring barriers and enablers to delivering pressure ulcer prevention. I have recently completed a PhD in Business and Management (Health), which was funded by the Health Foundation (full-time). During this I explored the coproduction of care for those living with chronic oedema, through a mixed methods study.

5.6 Theme: Qualitative Methods

Session no: 5.6.1 Abstract number: 0331

Research Topic: Women's health

Methodology: Interviewing

Research Approach: Qualitative approaches (e.g.: discourse analysis, ethnography, critical theory, grounded theory, phenomenology)

The developing maternal-infant relationship: a qualitative longitudinal study

Presenter: Jane Peters, PhD, RN, SCPHN, University of Plymouth, UK

Co-author(s): Susie Pearce, UK; Julia Morgan, UK; Maria Clark, UK; Jill Shawe, UK

Abstract

Background
There is an international awareness of the importance of promoting the maternal-infant relationship. However, research and policy has focused on mothers' behaviour rather than their perception and experiences of the relationship with their infant.

Aim
To explore maternal perceptions of the developing relationship with their infant over the course of the first year of life.

Methods
In-depth interviews were undertaken with seven mothers from the third trimester of pregnancy and throughout the first year of their infant's life. Interviews were at 34 weeks of pregnancy, then 6, 12 weeks, 6, 9, 12 months after birth. In total 41 interviews, and researcher field notes were collected between June 2017 and October 2018. Data were analysed using a psycho-socially informed approach by creating case profiles, memos, and summaries, and then cross-comparison of emerging narratives.

Results
Three interrelated themes: Evolving maternal identity, Growing a person, and Creating a safe space were found. Participant narratives illustrate these themes, giving voice to their perception of the developing maternal-infant relationship in the context of their socio-cultural setting, relationship with others, and experiences over time.

Discussion
The maternal-infant relationship grew in response to their mutual needs as the mother worked to create and sustain identities for herself and the infant within their socio-cultural context and individual situations. The findings illustrate the importance of temporal considerations, social networks, and intergenerational relationships to this evolving process.

Conclusion

This study adds new knowledge by giving mothers a voice to express how the maternal-infant relationship develops over time. Recommendations for practice, policy, and education for specialist community public health nurses, and other health and social care professionals are made that reflect the unique relationship between mother and infant and the need to conceptualise this within an ecological framework.

Biography

I am a lecturer in public health nursing at the University of Plymouth, joining the university in 2005. I am mainly a qualitative researcher with a particular interest in how health care services are experienced. I completed my RGN in 1991 and went to work at the Bristol Royal Hospital for Sick Children in the Oncology and Bone Marrow Transplant Units. I went on to qualify as a Midwife in 1994, during which time I practiced in both hospital and community settings, and as a Specialist Practitioner in Public Health Nursing in 2002. I worked as a specialist midwife for a Sure Start organisation, which sparked my interest in how women experienced the health care services available to themselves and their families. This interest drove my MSc, and later my PhD which focused on the developing maternal-infant relationship using qualitative longitudinal research.

Session no: 5.6.2 Abstract number: 0334

Research Topic: Public Health (including health promotion), Older People

Methodology: Interviewing

Research Approach: Qualitative approaches (e.g.: discourse analysis, ethnography, critical theory, grounded theory, phenomenology)

The impact of national restrictions on COVID-19 vaccine hesitancy of older people: A longitudinal phenomenological study

Presenter: Joanne Brooke, RN, DProf, BSc(hons), MSc, PG Cert of HE, Birmingham City University, UK

Abstract

Background

A successful COVID-19 vaccination programme is essential to support the reduction of national restrictions, infection rates and support the quality of life of older people. Vaccine hesitancy describes an approach to vaccine decision making, acknowledging there is a continuum from acceptance to refusal of a vaccine or all vaccines (Betsch et al. 2018; Oduwole et al. 2019). However, little is known on the impact of national restrictions on COVID-19 vaccine hesitancy of older people.

Aims

An exploration of the impact of national restrictions on COVID-19 vaccine hesitancy of older people.

Methods

The longitudinal hermeneutic phenomenological approach of this study was informed by the work of Gadamer (Cohen et al. 2000). Data were collected through semi-structured audio-recorded telephone interviews with older people during two national restrictions implemented in England due to COVID-19. Interviews occurred between April and July 2020 (n=6), and between January and April 2021 (n=4), data were transcribed verbatim, and content analysis completed as described by Forman and Damschroder (2008).

Results

Thirteen older people (mean age 78) worked through six stages regarding their thoughts and beliefs of receiving a vaccine, ‘our only hope is a vaccine’; ‘understanding and acceptance of an effective vaccine’; ‘social responsibility to protect others’; ‘organised but left with unanswered questions’; ‘need to feel secure’ and finally ‘vaccination alone is not enough’.

Discussion

Older people within this study engaged with scientific information to inform their decisions to be vaccinated, although their sense of collective responsibility supported their behaviours to adhere to restrictions and to be vaccinated.

Conclusions

Nurses are also optimally placed to discuss the safety and the necessity of a vaccine with older people, whilst being inclusive of their sense of collective responsibility, as they are trusted to provide accurate and non-biased advice, reducing hesitancy, promoting confidence, and increasing vaccination rates.

Biography

Professor Joanne Brooke is the Director of the Centre of Social Care, Health and Related Research at Birmingham City University, as well as the lead for the Person-Centred Ageing Cluster, and the Director of the International Dementia and Culture Collaborative. Joanne's work focuses on the exploration of need and support of older people, and those with dementia across all settings, including prison.

Session no: 5.6.3 Abstract number: 0358

Research Topic: Criminal justice/prison nursing, Learning/ intellectual disability, Mental health

Methodology: Interviewing

Research Approach: Qualitative approaches (e.g.: discourse analysis, ethnography, critical theory, grounded theory, phenomenology)

Student nurses lived experience of a clinical placement in a prison healthcare setting: An inductive phenomenological study

Presenter: Joanne Brooke, RN, DProf, BSc(hons), MSc, PG Cert of HE, Birmingham City University, UK

Co-author(s): Monika Rybacka , UKOmorogieva Ojo, UK

Abstract

Background

A strategy to support both the recruitment of nurses to prison healthcare and more clinical placements for student nurses is the development of clinical placements in prison healthcare. However, there is a lack of understanding of the impact on student nurses, one study has highlighted students were psychologically ill-prepared for the physical and emotional demands of a placement in prison (van de Mortel et al. 2017).

Aims

To explore student nurse's lived experience of a clinical placement in a prison healthcare setting.

Methods

An inductive phenomenological study. Fourteen student nurses from three fields, Adult (n=4), Learning Disability (n=3), and Mental Health (n=7), studying at one of two Higher Education Institutions in England, who had completed a clinical placement in a prison participated in a semi-structured recorded interview between October and December 2021, audio data was transcribed verbatim and thematic analysis as described by Braun and Clarke (2006) completed.

Results

Four themes were identified, 'overwhelming first day', the shock of prison security and a feeling of not being able to leave, 'safety within healthcare', a feeling of safety in healthcare due to extra security, 'learning in a structured environment', the prison routine provided structure to their clinical experience and learning, and 'challenging preconceptions' many students preconceptions of prison and prisoners were developed from the media and families, which were challenged.

Discussion

A clinical placement in prison was valued by the student nurses, and they appreciated the learning experience. Many suggested they would work in a prison, however, most of these students had volunteered to complete a prison placement.

Conclusions

A structured approach to supporting student nurses prior to a clinical placement in prison is required, which is beginning to be explored through a prison-insight day to provide the student with a practical understanding of a clinical placement in a prison.

Biography

Professor Joanne Brooke is the Director of the Centre of Social Care, Health and Related Research at Birmingham City University, as well as the lead for the Person-Centred Ageing Cluster, and the Director of the International Dementia and Culture Collaborative. Joanne's work focuses on the exploration of need and support of older people, and those with dementia across all settings, including prison.

5.7 Theme: Nursing History

Session no: 5.7.1 Abstract number: 0068

Research Topic: Primary and Community Care, Health and Social Policy

Methodology: Mixed

Research Approach: Mixed Methods Research

The fluctuating fortunes of the community nursing workforce in England 1948 - 2021: a secondary data analysis and policy study

Presenter: Vari Drennan, PhD, MSc., BSc., RN, RHV , Centre for Health & Social Care Research, Kingston University and St. George's University of London, UK

Abstract

Background

Community nursing services exist in many countries. The National Health Service (NHS) in the UK was created in 1948 and included district nursing, health visiting and school nursing services, which had already formed from very different origins. [1]. Known as community nursing services they were located within Local Authorities. Collectively they provided health promotion services, treatment, rehabilitation, long term care and care of the dying in people's homes, in community clinics and schools. Since 1948 the population in England has grown and aged. The staff numbers in the community nursing services in England workforces have fluctuated, with periods of growth, stagnation and decline. It has been argued that these services are 'invisible', 'out of sight' and in the case of district nursing politically marginalised [2] But this does not explain the periods of growth in these services.

Aims

Drawing on a critical health policy analysis approach this study investigates possible explanatory theories for these workforce changes in different time periods. The study addresses questions: what has been the profile of the community nursing workforce over the time period? And what are the factors that might have influenced the decision making as to growth, stagnation or decline of community nursing?

Method and findings

Analysed data from NHS workforce statistics will be presented which demonstrates the profile and changes in this workforce (district nursing, health visiting and school nursing) since 1948 to the present. Drawing on current and previous statistical analysis[3], variations by region and in relation to patient populations will be presented. Using wider socio-economic and health policy evidence, explanatory theories at the macro, meso and micro level of the health system will be offered for these fluctuations in the fortunes of the community nursing workforce.

Conclusion

Lessons and questions for the future will be discussed.

Biography

Vari Drennan MBE, Professor of Health Care and Policy Research, Kingston University and St. George's University of London, has an extensive track record in health and social care research, with prior experience as a senior NHS community health service manager and professional head of community nursing. My academic background is in sociology and social policy, my professional background is as a nurse and health visitor. I undertake research in four main areas: 1) health and social care services for older people 2) health and social care workforce development 3) interfaces between the health service and criminal justice system and 4) health service provision for women, particularly those on the margins. All my research involves the public and service users. I have published widely on issues concerning developing and retaining nursing workforces e.g., Drennan VM, Ross F. Global nurse shortages-the facts, the impact and action for change. Br Med Bull. 2019 2019 Jun 19;130(1):25-37. doi: 10.1093/bmb/ldz014).

Session no: 5.7.2 Abstract number: 0296

Research Topic: Leadership and Management

Methodology: Documentary Research

Research Approach: Systematic Review and other Secondary Research

Revisiting the lesser-known Crimean War Diaries of an Irish Nursing Nun, Sr. Mary Aloysius Doyle RRC in the context of Russia's invasion of Ukraine: History Repeating

Presenter: Paul Horan, PhD, School of Nursing and Midwifery Trinity College Dublin, Ireland

Co-presenters(s): Leanne Hynes, Ireland; John Kelly, Ireland

Abstract

Background

As news of the Russian invasion of Ukraine and the annexation of the Ukrainian province of Crimea dominates our media feeds, it seems apt to resurrect the little-known Crimean war diaries of a religious Irish Nursing Sister, Sr. Mary Aloysius Doyle. Sr. Doyle's war diary was published in 1897, the year Mercy order nun was decorated with the Royal Red Cross by Queen Victoria for her Crimean War nursing service (De Lourdes - Fahy, 1977).

Aim of the study

This study aimed to explore nurses' experiences of the Crimean war through the chronicles of an Irish Nursing Nun.

Methods

The study used a triangulation method to explore Sr. Doyle's war diaries whilst consulting many other sources to create a compelling account of nursing during the 1st Crimean War.

Results

This study reveals the nursing activities of Mercy Irish Nursing Nuns during the Crimean War. The nuns hailed from Mercy convent communities in Ireland and the UK. Many letters from senior military and political figures catalogue the activities of the Irish nursing nuns exemplifying the activities of the nursing profession in a theatre of war. Nursing activities at hospitals in Scutari, Koulali and Balaclava are recalled. A moving poem within the narrative memorialises the death and nursing service of one of Sr. Doyle's religious nursing colleagues Sr. Winifred from the ravages of typhus. The funeral of another Sr. Doyle's nursing colleagues Sr. Mary Elizabeth is also sensitively told (Doyle,1897).

Discussion

Sr. Doyle's published diary serves a poignant reminder of the 18th century political philosopher Edmund Burke's contention that those who don't heed the lessons of history are doomed to repeat the mistakes of history.

Conclusion

The historic war diaries of those who were the genesis of the modern nursing profession may offer learnable insights in current military conflicts.

Biography

Paul is an Assistant Professor in Intellectual Disability Nursing at the School of Nursing and Midwifery, Trinity College Dublin. His nursing career begin in the UK in 1987. He has held many roles in nursing from nursing assistant to Director of Nursing before becoming a nursing academic in 2002. His research has been published in peer reviewed journals and he has presented as both a conference and keynote speaker at international conferences. Doody et al.'s (2021) BMJ scoping review ranked him 12th for Intellectual Disability Nursing publications in the Republic of Ireland since 1998. Paul has organised international nursing conferences. He reviews for international journals and acts as external examiner, site inspector and reviewer for nursing courses in Ireland and the UK. He regularly contributes to radio and print media and is a published essayist. Paul is a published poet, historian, and a researcher and contributor to performing arts productions. Leanne is a Clinical Placement Coordinator in Mental Health Nursing with the HSE in the greater Dublin South area in partnership with Trinity College Dublin (TCD). She graduated in 2021 with an MSc in Clinical Health Science Education from (TCD) where she also studied for a BSc Honours Degree in Mental Health Nursing in 2010. In her clinical practice nurse education role, Leanne strives to provide an optimal clinical learning environment for students in line with the 'Nurse registration Programmes Standards and Requirements of the Nursing and Midwifery Board of Ireland (2016)'. Her research interests include the philosophy of teaching and the underpinnings of Mental Health Nursing. Leanne's MSc Dissertation is entitled 'An Exploration of the factors that enable Student Nurses in becoming reflective practitioners - The Journey from Novice Student Nurse to Competent Nurse Reflective Practitioner: A systematic review' explored key themes within nurse education and practice.

Session no: 5.7.3 Abstract number: 0186

Research Topic: Ethical and Philosophical Issues

Methodology: Other collection or analysis method

Research Approach: Case Study

Using historical research to understand Scotland's early nursing history – the cases of Christian Saidler and Bartie Patersoune accused of witchcraft for their healing practices (1597-1607)

Presenter: Rachel Davidson-Welch, BA, BN (Child), PGCert LTA, Edinburgh Napier University, UK

Abstract

Background
This Monica Baly funded study is a follow-up to the popular 2021 'Witches' Stories' project which reported on healers/midwives accused of witchcraft in Scotland (1563-1736) and identified some needing further study. In 1560 Scotland underwent religious Reformation moving from Catholicism to Protestantism.

Aims
To investigate in-depth Christian Saidler (1597) and Bartie Patersoune (1607) both executed as witches for their healing activities, to better understand their lives and the context of their witchcraft accusations.

Methods
Historical case study investigation using primary and secondary archives/sources.

Findings
Saidler/Patersoune's healing practices were highly unusual for the period. She treated leprosy with mercury (suggesting alchemy) and nursed a leper in her home - alchemy and leper nursing were associated with Catholic religious healers. Patersoune used written Latin palindromes and said prayers reflecting pre-Reformation religious beliefs/practices.

Conclusions
Catholic religious orders provided hospital/nursing care in Scotland Pre-Reformation. Some of these friars/nuns may have passed on their healing knowledge to their communities once their religious institutions were disbanded. Those who taught Saidler/Patersoune may have been religious healers. Saidler may have been a nursing nun. Saidler/Patersoune's actual or perceived links to Catholicism in a newly reformed Protestant country appears to have contributed to their witchcraft accusations. These two healers appear to have been the wrong gender and/or religion in a post-Reformation Scotland in which healing became exclusively associated with the practice of male university educated Protestant physicians.

Saidler and Patersoune's cases help nurses understand the beginnings of their profession and highlight that to exclude people from being nurses because of their gender, religion, ethnicity ultimately harms the profession. They are a reminder from the past that in the

future, nursing must be more inclusive and representative of the communities they are linked to, in order to learn valuable lessons on how best to care for all people.

Biography

Rachel Davidson-Welch is a Child Health Nurse, with experience in surgical nursing in London and Paediatric Intensive Care in Edinburgh. She is an Edinburgh Napier Graduate and she has worked in Nursing Education for about three years. This is Rachel's first experience leading a research project. Before Rachel ventured into nursing, she completed a history degree at the University of Reading and wrote her dissertation on The representation of women in the Malleus Maleficarum (Witches Hammer) – a witch hunting manual from the 15th Century. She is passionate about social history in particular. Rachel is a second-generation nurse – as far as she knows! Her mother was a nurse and midwife before she recently retired.

Symposia: Monday 5 September 2022, 4.55 – 6.25pm

Symposium 1

Abstract no: 0266

Looking Forward - Supporting the Culture of Clinical Academic Researchers to Make Real Differences to Nursing and Midwifery Research and Careers: a Co-creation, Organisational approach

Lead: Professor Jane Coad

Symposium Statement

Introduction

Dr Louise Bramley and Professor Jane Coad

The National Institute for Health Research (**NIHR**) supports the development, delivery and implementation of research within the National Health Service, U.K including supporting the Integrated Clinical Academic Training Pathway. For health and social care professionals, including Nurses, Midwives and Allied Healthcare Professionals, this aims to provide personal research training for those who wish to develop careers that combine clinical research and research leadership with continued clinical practice and clinical development and are known as **Clinical Academic Researchers**. However, numbers of Nurses and Midwives remain low on the pathway in comparison to the size of these professional groups and challenging in the current health and social care climate. Creative solutions and untapped opportunities are thus needed, including non-NIHR funding, if Nurses and Midwives are to support, deliver and lead research. However, crucial to this is cultural organisational sign up.

This symposium brings together a series of experienced and well-respected speakers who are committed to improving clinical academic research careers and opportunities. Four papers will be presented to highlight how they have navigated a new co-creation, participatory approach in Nottingham University Hospitals NHS Trust (**NUH**), U.K as an organisation in order to impact on the culture and build Clinical Academic Research capacity of Nurses and Midwives.

This symposium is timely in helping delegates consider their own personal and/or organisational readiness for research in response to the Chief Nursing Officer for England Strategic Plan for Research (2021) and will provide an opportunity to share with delegates examples of positive interventions aiming to make real differences to Nursing and Midwifery research and Clinical Academic Researcher careers as part of the drive to improve patient outcomes and public benefit.

Paper 1: Setting the Scene

Authors and affiliation

Dr Joanne Cooper, Nottingham University Hospitals NHS Trust, UK

Abstract

Recognising the important contribution that Nurses and Midwives make towards improved clinical research and patient outcomes, Nottingham University Hospital (**NUH**) have worked collaboratively to raise and transform the culture of applied clinical research though an innovative new organisational approach to support the trajectory of careers to improve clinical research. This is necessary in overcoming the challenges of transforming the research culture of NHS healthcare providers, improve patient outcomes and ensure high quality care is delivered to patients and their families

Developing capacity and capability for research requires strategic commitment, resource and partnerships. While this symposium focus is more recent developments at NUH, this paper will provide a broader contextual history by outlining the journey and critical developments at NUH since the appointment of the Trust's first Head of Nursing and Midwifery Research in 2011 and the development of a nurse-led Institute of Care Excellence. This paper will detail that from these developments, the organisational culture and the strategic ambitions evolved. It will also highlight that how creative solutions were required for research plans and clinical academic careers of staff to be realised. Learning was enhanced from alignment with international standards for nursing excellence (e.g., American Nurses Credentialing Centre Pathway to Excellence and MAGNET accreditations).

The paper will outline how NUH culture of research and innovation was formed and share practical interventions that have helped to engage, enthuse and empower nurses in developing research awareness, confidence and leadership. Examples will include an Evidence in Practice Programme, Excellence in Chief Nurse Junior Fellowship, Step into Clinical Academic Career programme and research leadership development across research themes. This will be presented acknowledging that building capacity and capability for research is not without challenges and requires no short amount of investment, commitment and tenacity.

References

References: NHSE/I (2021) 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
National Institute of Health Research https://www.nihr.ac.uk/

Paper 2: Starting out

Authors and affiliation

Prof Professor Jane Coad, Nottingham University, UK

Abstract

Following on, during 2020/1, it was identified that whilst Nottingham University Hospitals (NUH) NHS Trust had made immense progress in supporting Nursing and Midwifery research and Clinical Academic Researchers it was time for a period of reflection, review and re-shaping. Consequently, amidst a climate of COVID19, the NUH team have undertaken an innovative organisational approach to consider new solutions across an organisational level.

Firstly, a Research and Innovation Strategic plan (2022-2027) for Nurses and Midwives was agreed, which would use a co-creation, Community of Inquiry (**COI**) approach. This resulted in the team interviewing Divisional/Team Nursing and Midwifery Leads and using wider engagement techniques with key NUH patients, stakeholders and staff across the Trust. Following in-depth analysis and refinements the final new strategy was developed. This process will be shared with delegates and the action-orientated delivery plan around high-level strategic aims and clear deliverable objectives. Three aspects that emerged from the COI approach will also be shared. Firstly, engagement of all divisions/teams across the organisation is needed if the new strategy is to be realised so the team developed a **Hub and Spoke** approach, which begins with the Institute of Care Excellence and transcends to NUH divisions, offering support at whatever stage of research and innovation to then also develop their own hub and spoke approach.

Secondly, we needed improved systems for **capturing metrics and success** so considerable thought was given to developing new systems that records Nurses and Midwifery project/Fellowship income but also contribution. Finally, a tool to capture **impact** in all activities was required. Fundamental to this is the development of impact literacy – the understanding of the processes (how) and people-based skills (who) needed to generate real world benefits (what).

References

NHSE/I (2021) 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 Minkler, M. and Wallerstein, N. (2008) Community based participatory research for health: Process to outcomes. 2nd Edition, Jossey Bass, San Francisco. Bayley and Phipps, (2019) Building the concept of research impact literacy. Evidence & Policy: A Journal of Research, Debate and Practice. DOI:10.1332/174426417X15034894876108

Paper 3: Embedding the approach Dr Helen Janiszewski and Dr Ellie Dring

Authors and affiliation

Dr Helen Janiszewski, Nottingham University Hospitals NHS Trust, UK

Embedding the strategy from Paper 3 relies upon clinical areas in health and social care organisations having the desire, skills, knowledge and resources to support aspiring clinical academics and their activities. During 2020/21, as the COI approach and strategy developed, the team spent considerable time developing systems to support staff within the Trust at individual and team levels. Consequently, each divisional Hub and Spoke consists of a Nursing or Midwifery lead who co-ordinates research and works with the Institute of Care Excellence and Research and Innovation delivery boards to maximise opportunities for Nurses and Midwives and thus deliver on the Nursing and Midwifery strategic plan for research and innovation.

One aspect that emerged is that NUH needed a tool to capture progress of the capability and capacity within each division and across the organisation. Following on, a Maturity Matrix was developed to support the progression within each division. This matrix facilitates divisions to identity where they are with regards to research and innovation (e.g., *ability/readiness*) using tangible examples and outcomes and then identifies how to progress to next levels. This evolving Maturity Matrix will be shared with delegates to demonstrate how it supports progression across all levels, including postdoctoral nursing-led research.

Reflecting on the journey so far, case studies of how this approach has been embedded at a number of the Matrix levels will be presented. Two will be drawn by each presenter of this paper, who are both Clinical Academics in NUH, the first one of which will be Dr Helen Janiszewski drawn from her research career centred on Irritable Bowel Disease and secondly, Dr Ellie Dring, who will share her research career, which has been supported by Professor Christine Moffatt, a leading academic nurse professor in the field of skin integrity.

References

Minkler, M. and Wallerstein, N. (2008) Community based participatory research for health: Process to outcomes. 2nd Edition, Jossey Bass, San Francisco. Maturity Matrix Approaches in AHP faculties (2020) https://www.hee.nhs.uk/sites/default/files/documents/Maturity%20Matrix%20-%20Accessible.pdf

Paper 4: Debate and discussion Led by Dr Louise Bramley

Authors and affiliation

Dr Louise Bramley, Nottingham University Hospitals NHS Trust, UK

Following the series of papers, a facilitated critical reflection and discussion will be undertaken with the speakers and audience. It will provide an opportunity for collective, critical thinking and debate through practical and sustainable solutions to enable the further development and embedding of Nursing and Midwifery research and clinical academic careers in health and social care organisations. Salient points raised from the papers will be identified for debate which will include the following questions:

1. Organisational support and sign up is pivotal to success but embedding a culture of research and innovation remains challenging. What are the leadership and strategies and structures required to support this at organisational level?
2. Taking a Community of Inquiry approach can be a powerful way to engage others in developing strategic ambitions, how can we continue to use this approach to deliver and embed nursing and midwifery research?

3. As opportunities emerge for the healthcare professions to undertake research training that is fully funded, how are we ensure NHS organisations and leaders are *ready* to support Nurses and Midwives to be competitive?
4. What do we collectively learn from the cases here in terms of how we facilitate research careers and clinical academic roles and what are the solutions to ensuring these are sustainable?

References

NHSE/I (2021) 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 National Institute of Health Research https://www.nihr.ac.uk/ Minkler, M. and Wallerstein, N. (2008) Community based participatory research for health: Process to outcomes. 2nd Edition, Jossey Bass, San Francisco.

Symposium 2

Abstract no: 0304

International nursing digital menopause taskforce: a program of research developing digital solutions to alleviate the discomfort of menopause

Lead: Professor Camille Cronin

Symposium Statement

Across the global workforce, an estimated 300+ million women are aged in peri-menopause or menopause range. Nurses contribute 60% of the global health workforce, with 90% of them women. Unlike all other health professions, women nurses work longer than their health professional peers, with many in the mid to late career age range. This symposium will present papers from several years of research by nurse scientists from around the world interested in the global health and well-being of women. Our digital menopause taskforce is committed to exploring the suitability and useability of digital solutions to support women during discomforts associated with menopause. Wilson (AU) and Cronin (UK) met in 2017 at an RCN conference in Nottingham, but the genesis of the project commenced in January 2019 with a writing weekend in Denmark where the initial scoping review began. As the project developed it became clear that evidence on the physical symptoms of menopause was apparent, and medicalised, yet understanding symptom management and how to facilitate coping were not well documented in the literature (Cronin et al 2020).

We report on the progress of the program of research with expanded international scope including six countries: Australia, UK, Finland, New Zealand, Denmark and USA. Literature review and international qualitative research has been completed. Results suggest strategies can be delivered using digital health and well-being platforms to facilitate coping with menopause. We will present the methods employed and our findings, including end-user perspectives about digital components that can be incorporated in a tailored response to promote the comfort for nurses during menopause. We will demonstrate proof of concept and prototypes of a digital solutions designed to equip nurses with non-pharmacological, complementary digital health alternatives to support them during menopause.

Paper 1: Menopause in the nursing workplace: an international collaborative project.

Authors and affiliation

Prof Camille Cronin[1], Mrs Gemma Bidwell[1], Dr Janene Carey[2], Dr Sara Donevant[3], Dr Kerri-ann Hughes[4], Prof Marja Kaunonen[5], Dr Jette Marcussen[6], Prof Rhonda Wilson[2]

[1]University of essex, UK [2]University of Newcastle, Australia [3]University of South Carolina, The USA [4]Massey University, New Zealand [5]Tampere University, Finland [6]UCL University College, Denmark

Abstract

Background
Menopause symptoms impact on women's lives around the world. It's estimated by 2030 there will be 1.2 billion women, experiencing menopause or post-menopausal symptoms. Women currently make up 90% of the global nursing and midwifery workforce, and they will experience menopause during their careers.

Objectives
The aim of study was to explore menopause and discuss the suitability of digital health interventions as strategies to facilitate coping and alleviate discomfort from a global perspective

Design
A qualitative study, using focus groups to explore nurses' experiences of menopause

Setting
Nurses experiencing menopause were recruited from healthcare workplaces around the world, from 2020 -2022 during the global pandemic: UK (n=11), Finland (n=6), Australia (n=8), New Zealand (n=9), USA (n = 8) and Denmark (n = 6).

Methods
A blend of face to face and virtual focus groups were used, creating an open platform for nurses to share their perception of menopause and discuss their experiences of support. The use of virtual conferencing platforms enabled the study to continue throughout the pandemic. All focus groups were audio recorded and transcribed verbatim.

Results
A Framework Method was used to analyse the focus group data, and findings suggest overarching themes with subcategories, there are common issues related to management

of symptoms and the impact on daily living whether at work or at home. The data presents unique characteristics from each country and differences within each hemisphere.

Conclusions

A range of lived experiences recognised the discomfort in menopause both physically and mentally. Coping strategies, management of symptoms, as well as the lack of preparation for menopause, and lack of recognition at work was discussed. The nurses shared their experiences confidently and proposed alternative therapies, memory aids, digital apps and peer support as mechanisms to manage menopausal symptom at work and home.

References

References: Cronin C.., Hungerford C, Wilson R., (2020). Using Digital Health Technologies to Manage the Psychosocial Symptoms of Menopause in the Workplace: A Narrative Literature Review, Issues in Mental Health Nursing, 42:6, 541-548 Gale et al (2013) Using the framework method for the analysis of qualitative data in multi-disciplinary health research. BMC Medical Research Methodology, 13:117-125. Krueger, R.A., & Casey, M.A. (2009). (4th Edition) Focus Groups: A practical guide for applied research. London, Sage

Paper 2: Menopause in the nursing workplace: an international collaborative project – using The Framework Method to analyse data across different countries

Authors and affiliation

Dr Kerri-ann Hughes[1], Mrs Gemma Bidwell[2], Dr Janene Carey[3], Prof Camille Cronin[2], Dr Sara Donevant[4], Prof Marja Kaunonen[5], Dr Jette Marcussen[6], Prof Rhonda Wilson[7]

[1]Massey University, New Zealand [2]University of Essex, UK [3]University of Newcastle, Australia [4]University of South Carolina, The USA [5]Tampere University, Finland [6]UCL University College, Denmark [7]Univeristy of Newcastle, Australia

Abstract

Background

Nurse researchers from UK, Australia, Finland, New Zealand, United States and Denmark met to work on a collaborative project exploring the impact menopause has on nurses in the workplace, with the aim of discussing suitable digital health interventions that provide strategies to facilitate coping with menopause.

Objectives

To discuss how The Framework Method (TFM) was utilized successfully as a method of analysis across the different countries.

Design

A qualitative exploratory study where researchers in their individual countries conducted focus groups to explore nurse’s narratives on menopause.

Setting

Nurse researchers conducted focus groups with registered nurses recruited from: UK (n=11), Finland (n=6), Australia (n=8), New Zealand (n=9), USA (n = 8) and Denmark (n = 6).

Methods

Thematic analysis using TFM was utilized for data analysis of the transcribed audio recordings. A matrix framework was constructed using the first set of qualitative findings and discussed collaboratively with the group. Following initial discussion and agreement of the charting and categories, researchers systematically inputted data, working within the categories to add to existing findings or formulate new findings within the matrix. Data analysis meetings were held as each country collected data.

Results

TFM successfully enabled researchers to collectively agree on preliminary overarching categories for analysis of the data with sub-categories within each theme. Different metaphors for different countries were incorporated using the sub-categories.

Conclusion

The use of TFM facilitated a consistent and coherent set of findings to be collated across six countries using a set of four overarching themes. Additionally, through the charting and categorization process unique characteristics for each country were captured.

References

Cronin C.., Hungerford C, Wilson R., (2020). Using Digital Health Technologies to Manage the Psychosocial Symptoms of Menopause in the Workplace: A Narrative Literature Review, Issues in Mental Health Nursing, 42:6, 541-548 Gale et al (2013) Using the framework method for the analysis of qualitative data in multi-disciplinary health research. BMC Medical Research Methodology, 13:117-125. Ritchie J, & Lewis J (2003) Qualitative Research practice: a guide for social science students and researchers. Sage, London.

Paper 3: Menopause in the workplace – an organisation-based case study

Authors and affiliation

Prof Camille Cronin[1], Miss Joanne Abbott[2], Prof Rhonda Wilson[3]

[1]University of Essex, UK [2]University of essex, UK [3]Univeristy of Newcastle, Australia

Background

It is widely acknowledged that peri-menopause and menopause symptoms are experienced by a large percentage of the workforce, and symptoms can continue for many years. Cronin et al (2020) highlighted that there has been much research into the symptoms experienced but also highlighted a lack of research into how women experiencing peri-menopause and menopause are supported within the workplace. For many women, it can be a challenging time and symptoms may require everyday management and support (RCN 2020).

Aims

To explore and understand the organisational culture of a workplace in terms of support and wellbeing for staff experiencing perimenopausal and menopausal symptoms at work.

Methods

This project examined one NHS organisation (n=6,500) using a case study design (Yin, 2018) approach to review workplace documentation including resources, policies and procedures, interview managers (n=6) at different levels and distribute an online survey to all employees via the organisation's communications system.

Results

The study generated both quantitative and qualitative data. Data from interviews and documentation was thematically analysed using the framework method. Biographical data described the organisational employee base and psychometric scales were used to understand the prevalence and severity of perimenopausal and menopausal symptoms in employees; examined factors that influence symptoms and severity; and also examined how the organisation might help employees who are impacted by perimenopausal and menopausal symptoms.

Conclusion

Case study methodology permitted an iterative approach to data collection and subsequent synthesis providing holistic understanding of one organisation. Results suggest there is variation in the understanding of menopause, and in the support required by those experiencing peri-menopause and menopause. Employees require a substantial package of support that will help them while at work and when at rest at home. Symptoms of the menopause are unique to the person, and person-centred mechanisms are required to support menopause in the workplace.

References

Cronin C.., Hungerford C, Wilson R., (2020). Using Digital Health Technologies to Manage the Psychosocial Symptoms of Menopause in the Workplace: A Narrative Literature Review, Issues in Mental Health Nursing, 42:6, 541-548 RCN (2020) Menopause. RCN Guidance for nurses, midwives and health visitors. 2nd Edition. RCN Yin R.K., (2018). Case study research and applications: design and methods. London: Sage.

Paper 4: Digital health proof of concept and prototype: Tailored response to supporting women in nursing during menopause

Authors and affiliation

Prof Rhonda Wilson[1], Dr Sara Donevant[2], Mrs Gemma Bidwell[3], Dr Janene Carey[3], Prof Camille Cronin[3], Dr Kerri-ann Hughes[4], Prof Marja Kaunonen[5], Dr Jette Marcussen[6]

[1]University of Newcastle, Australia [2]Univeristy of South Carolina, The USA [3]University of Essex, UK [4]Massey University, New Zealand [5]Tampere University, Finland [6]UCL University College, Denmark

Women in peri-menopause and menopause have expressed a desire for a wider array of resources to support them through the discomforts associated with menopause (Cronin et al 2021). Globally there are more than 20 million nurses: a profession that is dominated by a largely female (90%) workforce and representing 59% of the total global health workforce (Boniol, McIsaac, Xu, Wuliji, & Diallo, 2019) At any time, a large component of the workforce will be aged within the peri-menopause and menopause life stage. COVID-19 in recent years has resulted in many nurses reconsidering their professional and personal life balance, with expanding demands placed upon them in response to the nursing care needs of the global population (Wilson et al., 2021). This, combined with life stage, and dissatisfaction in employment conditions and remuneration, and diminishing personal compassion satisfaction may have contributed to what has been coined as 'the great resignation' from nursing career pathways (Wilson et al., Chen et al., 2021). There is an urgent need to find innovative solutions to support the nursing workforce, and particularly those nurses who experience discomforts associated with peri-menopause and menopause.

The findings of a six country (AU, UK, FI, NZ, DK, USA) qualitative study was conducted (in prep) to ascertain the scope and acceptability of digital health tools to support working nurses during menopause. Analysis revealed end-user perspectives about digital components that could be incorporated to form a tailored response aimed at promoting the comfort for nurses during menopausal life phase. Drawing from these findings, this presentation will outline a proof of concept and prototype of a digital solution designed to equip nurses with a non-pharmacological, complementary digital health alternative to support them during menopause. The presentation will demonstrate the prototype and report on the iterative approach to technological development of the digital solution.

References

Boniol, M., McIsaac, M., Xu, L., Wuliji, T., & Diallo, K. J. C.. (2019). Gender equity in the health workforce: analysis of 104 countries. Geneva: World Health Organization. Retrieved from Geneva: https://apps.who.int/ iris/bitstream/handle/10665/311314/WHO-HIS-HWF-Gender-WP1-2019.1-eng.pdf?sequence=1&isAllowed=y. Chen, Y., Li, T., Chang, Y., Liao, H., Huang, H., & Huang, L.. (2021). Exploring the relationships among professional quality of life, personal quality of life and resignation in the nursing profession. Journal of Advanced Nursing, 77(6), 2689–2699. https://doi.org/10.1111/jan.14770 Cronin C, Hungerford C and Wilson RL. Using digital health technologies to manage the psychosocial symptoms of menopause in the workplace: A narrative literature review. Issues in Mental Health Nursing 2021; 42: 541-548. DOI: 10.1080/01612840.2020.1827101. Wilson, R.L., Carryer, J., Dewing, J., Rosado, S., Gildberg, F., Hutton, A., Johnson, A., Kaunonen, M., Sheridan, N., 2020. The state of the nursing profession in the International Year of the Nurse and Midwife 2020 during COVID-19: A Nursing Standpoint. Nursing Philosophy 21.. doi:10.1111/nup.12314

Symposium 3

Abstract no: 0249

“You can’t walk through water without getting wet”: The psychological impact of COVID-19 on nurses and midwives in the UK; longitudinal survey; interview study and guidelines and strategies to support nursing staff during future high-stress situations.

Lead: Professor Ruth Harris

Symposium Statement

This symposium reports a programme of work to investigate the psychological impact of COVID-19 on nurses and midwives in the UK. This research, initiated by the RCN Research Society at the beginning of the pandemic, includes a longitudinal survey and a longitudinal interview study. Our intention was to obtain the best evidence possible from the UK nursing and midwifery workforce and to report the findings in real-time, so they could be used to inform workforce strategies within the NHS and social care. Findings were reported to the staff burnout select committee and across professional nursing journals and the national media, including the BBC, The Guardian and i newspaper Both studies track the impact of working in clinical areas during the pandemic and how this has changed over time. The work received funding from the Florence Nightingale Foundation, the Burdett Trust and the Colt Foundation; the majority of the work is unfunded.

The first paper reports findings from the ICON longitudinal survey study which investigated the impact of COVID-19 on the wellbeing of the UK nursing and midwifery workforce at three timepoints during the first pandemic wave. The second paper reports findings from the ICON longitudinal qualitative study where a purposive sub-sample of the survey respondents talked in detail about their experiences over two years (2020-22) as the pandemic progressed through the different waves. The third paper discusses how the collective findings of both studies contribute to a comprehensive understanding of COVID-19 on UK nurses’ psychological and emotional health over time which has been used to develop guidelines to support nursing staff during future high-stress situations.

The symposium concludes with a panel discussion of how the guidelines could and should be used to inform nursing and midwifery workforce policy in post-COVID19 recovery and to strengthen and protect the future workforce.

Paper 1: The impact of COVID-19 on the wellbeing of the UK nursing and midwifery workforce during the first pandemic wave: A longitudinal survey study

Authors and affiliation

Prof Keith Couper[1], Mr Trevor Murrells [2], Prof Julie Sanders[3]

[1]Warwick University , UK [2]Florence Nightingale School of Nursing and Midwifery, King's College London , UK [3]Queen Mary, University of London , UK

Abstract

Background

The COVID-19 pandemic created significant challenges for nurses and midwives across the UK. This was against a backdrop of pre-existing workforce challenges.

Aims

To determine the psychological impact of the COVID-19 pandemic on the UK nursing and midwifery workforce and identify potential factors associated with signs of post-traumatic stress disorder.

Methods

We conducted a UK national online survey at three time-points during the first wave of the COVID-19 pandemic between April and August 2020 (T1 and T2 during initial wave; T3 at three-months following the first wave). All members of the UK registered and unregistered nursing and midwifery workforce were eligible to participate. The survey was promoted via social media and through organisational email and newsletters.

The primary outcome was an Impact of Events Scale-Revised score indicative of a post-traumatic stress disorder diagnosis (cut-off score ≥33). Multivariable logistic regression modelling was used to assess the association between explanatory variables and post-traumatic stress disorder.

Findings

Over the three survey time-points, we included 7,840 responses (T1 2040; T2 3638; T3 2162). Respondents were typically female (92%) and adult registered nurses (77%). 28.7% were redeployed during the pandemic.

An Impact of Events Scale-Revised score ≥33 was observed in 45%, 37%, and 29% participants at T1, T2, and T3 respectively.

At all time-points, both personal and workplace factors were associated with an Impact of Events Scale-Revised score ≥33. Specific associations changed over time. A lack of confidence in infection prevention and control training was associated with increased odds of an Impact of Events Scale-Revised score ≥33 at all three time-points (e.g. T1 odds ratio 1.48, 95% confidence interval 1.11–1.97).

Conclusion

We observed an ongoing negative psychological impact 3-months after the first wave of the pandemic. Both personal and workplace variables are associated with adverse psychological effects linked to the COVID-19 pandemic

References

References: Couper K, Murrells T, Sanders J, Anderson JE, Blake H, Kelly D, Kent B, Maben J, Rafferty AM, Taylor RM, Harris R. The impact of COVID-19 on the wellbeing of the UK nursing and midwifery workforce during the first pandemic wave: A longitudinal survey study. International Journal of Nursing Studies. 2022;127:104155. doi: 10.1016/j.ijnurstu.2021.104155.

Paper 2: Nurses' shifting narratives of front-line nursing during the trajectory of the COVID-19 pandemic: A longitudinal qualitative study

Authors and affiliation

Dr Anna Conolly[1], Jill Maben [1], Dr Ruth Abrams[1], Dr Emma Rowlands[2]

[1]University of Surrey, UK [2]Florence Nightingale School of Nursing and Midwifery, King's College London , UK

Abstract

Background
The COVID-19 pandemic created a unique set of frequently extremely challenging working conditions for nurses and midwives in the UK NHS.

Aims
To identify the impacts of the COVID-19 pandemic on nurses' and midwives' psycho-social wellbeing over time.

Methods
Longitudinal in-depth interviews capturing nurses' experiences (n=50) of working clinically since March 2020 were undertaken. Data were inductively analysed for themes, with preservation of each narrative (Hollway & Jefferson, 2013).

Results
Nurses working across different settings struggled with the traumatic and distressing working practices experienced in altered care-landscapes with more critically ill patients during the pandemic. This paper builds on our preliminary analysis (Maben et al., in press) to reveal the longer terms consequences of these experiences over time. We present our findings in two main themes (emotional work and risks to patient care). One particular challenge identified by nurses across all settings, grades and ages was the extent of nurses' disillusionment and their intentions to leave the NHS or to find non-patient facing roles.

Discussion
The pandemic has reportedly left the majority of nurses feeling embittered. Pandemic unpreparedness within the NHS, for example in regard to PPE supplies, and staff shortages, exacerbated by staff absences due to COVID-19, made an extremely difficult situation almost untenable for many nurses. Extreme busyness combined with feelings of being undervalued, ignored and silenced have been consistently reported with associated negative impacts for patient care.

Conclusion
We call for more considered systemic support to be generated and consistently provided to nurses and other healthcare workers to ensure the future of nursing, all healthcare workers and the security of society. The avoidance of a mass exodus, and any further deepening of recent UK and global nursing workforce shortages, depends on adequate and ongoing psychosocial support for nurses to address the extensive impact of pandemic.

References

Maben, J., Conolly, A., Abrams, R., Rowland, E., Harris, R., Kelly, D., Kent, B., & Couper, K. and the Impact of Covid on Nurses (ICON) Survey Research Group (in press). 'You can't walk through water without getting wet': A longitudinal interview study to explore UK nurses' distress and psychological health needs during the Covid-19 pandemic. International Journal of Nursing Studies.

Paper 3: So what can we do? Key COVID-19 challenges and development of guidelines and strategies to support nursing staff during future high-stress situations

Authors and affiliation

Jill Maben [1], Prof Bridie Kent[2], Prof Daniel Kelly[3], Prof Ruth Harris[4]

[1]University of Surrey, UK [2]University of Plymouth, UK [3]Cardiff University School of Healthcare Sciences, UK [4]Florence Nightingale School of Nursing and Midwifery, King's College London, UK

Abstract

Background

The COVID-19 pandemic has resulted in a significantly altered working landscape for nurses within the UK and has exacerbated the issue of excessive demands on a workforce already at risk of stress and burnout.

Aims

To better understand the full impact of Covid-19 on UK nurses' psychological and emotional health and develop guidelines to support nursing staff during future high-stress situations.

Methods

Drawing on data from a three time-point UK national online survey of nurses and midwives (first wave of the COVID-19- parent study) and longitudinal narrative interviews with 50 nurses and midwives (2020-2022) we analysed our data to identify strategies and interventions that were used to support psychological well-being and from these developed our recommendations and guidelines. We 'tested' our suggested strategies with the nurses we have interviewed using participatory, co-produced, research techniques to assess the acceptability and benefits of proposed interventions to assist nurses' psychological wellbeing.

Findings

This final paper in this symposium will summarise the key challenges encountered (Maben et al in press) and suggested solutions, before discussing how we mapped these onto, and compared with, guidelines developed at the beginning of the pandemic from the wider literature (Maben and Bridges 2020). We will also present the support strategies identified by our participants and how these were shaped and co-produced with interviewees. Data

and strategies are presented at three levels: individual; team and structural/organisational.

Conclusions

The use of longitudinal data and testing with interviewees using participatory, co-produced, research techniques have facilitated the development of evidence informed guidelines and strategies to support nursing staff during future high-stress situations.

References

Maben, J., Conolly, A., Abrams, R., Rowland, E., Harris, R., Kelly, D., Kent, B., & Couper, K. and the Impact of Covid on Nurses (ICON) Survey Research Group (in press). 'You can't walk through water without getting wet': A longitudinal interview study to explore UK nurses' distress and psychological health needs during the Covid-19 pandemic. International Journal of Nursing Studies. Couper K, Murrells T, Sanders J, Anderson JE, Blake H, Kelly D, Kent B, Maben J, Rafferty AM, Taylor RM, Harris R. The impact of COVID-19 on the wellbeing of the UK nursing and midwifery workforce during the first pandemic wave: A longitudinal survey study. International Journal of Nursing Studies. 2022;127:104155. doi: 10.1016/j.ijnurstu.2021.104155. Maben J and Bridges J. (2020) Covid-19: Supporting nurses' psychological and mental health. Editorial Journal of Clinical Nursing April 22, 2020. http://dx.doi.org/10.1111/jocn.15307

Symposium 4

Abstract no: 0243

Symposium title: Identifying and mitigating moral distress in the nursing workforce: insights from the UK and the United States

Lead: Dr Tessa Watts

Symposium Statement

Moral distress in healthcare is founded in the inner conflict that surfaces when individuals act in ways that are incompatible with deeply held moral beliefs and values. It is the anguish experienced when individuals are repeatedly confronted with adverse situations where they believe their personal and professional moral values and integrity are undermined, because of either personal or system level constraints. Although long recognised and debated in nursing research and practice, COVID-19 has thrown the importance of moral distress into sharp relief. The sustained, intense and repetitive pressures and invidious situations experienced by nurses during the COVID-19 pandemic means it is now imperative that the impacts of experiencing moral distress on nurses' health and wellbeing and workforce retention are both better understood and mitigated through specialist intervention. This symposium brings together international experts on moral distress to identify key knowledge gaps and promising areas of moral distress intervention through the presentation of four inter-linked papers.

The first paper reports findings of a large systematic review to identify contributing factors, impacts of experiencing moral distress on nurses' physical and psychological health and wellbeing, and the role moral distress plays in intention to leave nursing roles and the profession.

In paper two, the presenter will provide a broader understanding of moral distress and briefly summarize the practical benefits it has to help break down barriers between healthcare professionals and help moral communities grow. An empirically and conceptually informed model that can inform the development of moral distress interventions will be presented.

Paper three reports systematic review findings of existing interventions to prevent and mitigate moral distress, identifying key gaps and calling for more robust evaluation and reporting.

Finally, paper four reports findings from a qualitative investigation of the acceptability of a tiered mental-health intervention to support nurses experiencing COVID-19 related moral distress.

Paper 1: A mixed methods systematic review of contributing factors and impacts of moral distress on nurses' health and wellbeing and workforce retention

Authors and affiliation

Dr Bethan Jones[1], Dr Tessa Watts[1], Dr Anna Sydor[1], Ms Eunice Temeng[1], Ms Rachael Hewitt[1], Dr Rachael Pattinson [1], Dr Dean Whybrow[1], Ms Elizabeth Gillen[2], Prof Richard G Kyle[3], Prof Christine Bundy[1]

[1]Cardiff University School of Healthcare Sciences, UK [2]Cardiff University, UK [3]Exeter University, UK

Abstract

Background

Moral distress in healthcare workers results from unresolvable tensions between knowing and being able to take morally right actions due to contextual or institutional pressures. Globally, the COVID-19 pandemic has heightened awareness of nurses' vulnerability to moral distress. While the prevalence and experience of moral distress among nurses has been investigated, better understanding of contributing factors and impacts on nurses' health, wellbeing and workforce retention is needed.

Aims

To identify, evaluate, and synthesise empirical evidence relating to factors contributing to, and impacts of, moral distress on nurses' health and wellbeing and professional and career intentions.

Method

Five electronic databases were systematically searched for quantitative, qualitative, and mixed-methods studies published in English between January 2010 and May 2021.

Screening, data extraction and critical appraisal for included studies were conducted by two reviewers using Covidence systematic review management software. Methodological quality was assessed using Hong et al.'s (2018) Mixed Methods Appraisal Tool. Thematic narrative analysis was used to identify key findings.

Results

77 international studies of variable quality were included. Analysis identified factors contributing to moral distress at individual, team, and structural levels. Moral distress was associated with fatigue, insomnia, hypertension, anorexia, anxiety and depression. Between 13% and 50% of nurses considered leaving the profession because of moral distress. More frequent and/or intense moral distress was associated with higher intention to leave a workplace or the profession.

Discussion and conclusion

Factors contributing to nurses' moral distress relate to complex, situated moral experiences on several levels. Moral distress has a substantial impact on nurses' physical and psychological health and stark implications for the nursing workforce. It must be taken seriously by healthcare leaders. Strategies and interventions to improve the ethical climate of workplaces are urgently required to prevent premature workforce exit and depletion of the health and wellbeing of the nursing workforce.

References

References: Hong, Q.N., Fàbregues, S., Bartlett, G., Boardman, F., Cargo, M., Dagenais, P., et al., 2018 The mixed methods appraisal tool (MMAT) version 2018 for information professionals and researchers. Education for Information,34, pp. 285-291.

Paper 2: The Moral Distress Model: An empirically informed guide for moral distress interventions

Authors and affiliation

Dr Georgina Morley[1], Prof Caroline Bradbury-Jones[2], Prof Jonathan Ives[3]

[1]Cleveland Clinic, The USA [2]University of Birmingham, UK [3]Bristol University, UK

Abstract

Background

There is ongoing debate about how to understand and respond to moral distress in nursing practice.

Aims

To explore moral distress empirically and conceptually, to understand the factors that mitigate and exacerbate moral distress and construct a model that represents how moral distress relates to its constituent parts and related concepts.

Method

The 'Moral Distress Model' is based upon the triangulation of empirical data from critical care nurses in the UK, conceptual literature from feminist philosophers and normative theorising. The overarching methodology was feminist empirical bioethics (Scully, 2017), combining empirical research with feminist theory to produce normative recommendations regarding how to conceptualise and respond to moral distress. Data were collected and analysed following feminist interpretive phenomenology, combining feminist approaches with Heidegger's (1962) interpretive phenomenology. Reflexive balancing (Ives, 2014) was used to balance the data and theory to provide the normative justification for a broader definition of moral distress.

Results

Compounding factors captured in the model include: epistemic injustice; the 'roster lottery'; conflict between one's professional and personal responsibilities; nurses as advocates and team dynamics. In addition to the causal connection and responses to moral distress, these factors make up the moral distress model which can guide approaches to mitigate moral distress.

Discussion and conclusions

The model provides an overarching structure to guide the formulation and development of interventions and resources to mitigate moral distress. It is argued that leaders within healthcare organisations should take steps to integrate these recommendations into practice in order to enhance their ethical climate. The speaker will share some of the ways in which they have operationalised the normative recommendations in a healthcare organisation in the United States and reflect upon lessons learnt.

References

Heidegger, M., 1962. Being and Time. Oxford: Blackwell Press. Ives, J., 2014. A method of reflexive balancing in a pragmatic, interdisciplinary and reflexive bioethics. Bioethics, 28(6), pp. 302–312. https://doi.org/10.1111/bioe.12018 Scully, J. L., 2017. Feminist Empirical Bioethics. In: J. Ives, M. Dunn, & A. Cribb, eds., Empirical Bioethics: Theoretical and Practical Perspectives. Cambridge: Cambridge University Press. pp. 195–221.

Paper 3: A mixed-methods systematic review of interventions to prevent and mitigate moral distress among nurses using the Template for Intervention Description and Replication (TIDieR) checklist

Authors and affiliation

Dr Tessa Watts[1], Dr Anna Sydor[1], Dr Bethan Jones[1], Ms Rachael Hewitt[1], Dr Rachael Pattinson [1], Ms Eunice Temeng[1], Dr Dean Whybrow[1], Ms Elizabeth Gillen[2], Prof Richard G Kyle[3], Prof Christine Bundy[1]

[1]Cardiff University School of Healthcare Sciences, UK [2]Cardiff University, UK [3]Academy of Nursing, University of Exeter, UK

Background

Moral distress can amplify job dissatisfaction and has been correlated with nurses' intentions to leave a workplace or the profession, thereby contributing to the international nursing workforce retention crisis. To support and retain a healthy nursing workforce, insights into interventions to prevent and mitigate nurses' moral distress is imperative for policy and practice.

Aims

To identify and evaluate the characteristics of interventions for preventing and mitigating moral distress among nurses using the Template for Intervention Description and Replication (TIDieR) (Hoffman et al. 2014).

Method

Five databases were systematically searched for studies published in English between January 2010 and May 2021. Two independent reviewers completed critical appraisal and data extraction for each included study. Intervention characteristics were assessed using TIDieR.

Results

Seventeen papers were identified. Nine met the inclusion criteria for full review: two randomised controlled trials; four quasi-experimental, and three mixed-methods studies. Overall, methodological quality was poor. Interventions fell into one of three categories: ethics and morals *education*; facilitated small group *discussion* and multi-dimensional *support.* Interventions were workplace based, facilitated by healthcare staff and primarily focused on individuals rather than organisational structures and systems. Content included healthy coping, de-briefing, reflection, yoga and guided mindfulness.

Discussion and conclusions

Firm conclusions cannot be drawn on which interventions are most effective to prevent and mitigate moral distress. This is due to the small number of studies with methodological and intervention design and implementation reporting limitations. Few interventions to support nurses experiencing moral distress exist, particularly at organisational level. There is urgent need for development and embedded evaluation of accessible, specialist moral distress interventions to support recovery and retention of the nursing workforce. As moral distress is as much a product of external organisational constraints, a shift of focus from the individual to the organisational infrastructures in which interventions are located is required.

References

Hoffmann, T.C., Glasziou, P.P., Boutron, I., Milne, R., Perera, R., Moher, D., et al., 2014. Better reporting of interventions: Template for intervention description and replication (TIDieR) checklist and guide. BMJ, 348, doi: 10.1136/bmj.g1687

Paper 4: "That's what I felt: moral distress": Perceived helpfulness of a mental health support intervention for Registered Nurses experiencing COVID-19 distress

Authors and affiliation

Dr Bethan Jones[1], Dr Dean Whybrow[1], Dr Anna Sydor[1], Prof Richard G Kyle[2], Prof Christine Bundy[1], Dr Tessa Watts[1]

[1]Cardiff University School of Healthcare Sciences, UK [2]Academy of Nursing, University of Exeter, UK

Background

It is probable the COVID-19 public health emergency has magnified moral distress among Registered Nurses (RNs). We know little about how helpful workplace and psychological interventions deployed in response to COVID-19 are in mitigating RN's moral distress. This knowledge is needed to ensure appropriate support to preserve the health of the nursing workforce, reduce the risk of premature exit and sustain high quality care.

Aim

The Health for Health Professionals Wales (HHPW) mental-health support intervention was offered to healthcare workers during COVID-19 to assist those feeling distressed or having difficulties managing pandemic specific challenges. This study aimed to assess the perceived helpfulness of the HHPW intervention for RNs experiencing COVID-19 related distress.

Methods

A purposive sample of RNs experiencing COVID-19 related distress was invited to participate by HHPW Doctors. Data were generated between January and February 2022 using in-depth interviews via secure teleconferencing. Interview audio-recordings were fully transcribed, anonymised and analysed using Braun and Clarke's (2022) Reflexive Thematic Analysis.

Results

Nineteen RNs participated. Eighteen received one-to-one support and one received self-help support. Preliminary analysis identified four major themes: “Covid changed things”; “You're a nurse, you're human”, “I've got ‘me’ back” and “Pretty close to miracle workers”.

Discussion and conclusion

Participants' accounts revealed the substantial toll of nursing during a global public health emergency on their physical and mental health and the psychological distress connected with morally troubling incidents. The results suggest the HHPW intervention was perceived to confer benefit. A key strength was timely access to a safe space to share experiences and be heard without judgement. Together with systemic changes to improve the ethical climate of workplaces where staff feel valued and heard, there is a pressing need for more support of this nature, to protect and enhance nurses' health and wellbeing and optimise workforce recovery and retention.

References

Braun, V., and Clarke, V., 2022. Thematic Analysis: a practical guide. London: Sage.

Symposia: Tuesday 6 September 8 – 9am

Symposium 5

Abstract no: 0293

Research Capacity Building Collaboration (RCBC) for nursing, midwifery and allied health professionals; The perspective from Wales

Lead: Dr Gina Dolan

Symposium Statement
Building clinical academic research capacity is central to the development of global healthcare. Yet, limited opportunities are available for Nursing, Midwifery and Allied health professions (NMAHPs) to develop a clinical academic research career (Carrick-Sen et al. (2019). This symposium draws together a collection of papers on a long-standing and successful collaboration to build research capacity and capability in nursing, midwifery and allied health professionals in Wales.

This symposium aims to provide a critical overview of RCBC Wales, an initiative to build research capacity across disciplines, and will focus on three areas:

- The purpose of the scheme and the success of the Community of Scholars, an integral part of RCBCWales to develop research leadership, enhanced research skills and a community of practice.
- Insight into the First info Research (FiR) fellowship including reflections from a current funded FiR about the opportunity to take a first step into research.
- A model of collaboration and partnership with sustainable success and impact.

The symposium focusses on the enabling effect and impact of RCBCWales on our participating fellows, institutions and external partners. More specifically we discuss the sustainability of our model to build capacity across disciplines, lessons learnt and the critical success factors for long-term collaborative provision. The symposium will be relevant to a range of researchers across the career pathway and those who undertake, support and host healthcare research.

Paper 1: Research Capacity Building Collaboration (RCBC) and the Community of Scholars

Authors and affiliation

Dr Roiyah Saltus, University of South Wales, UK

Abstract
This paper provides an overview of RCBCWales with a focus on our Community of Scholars Programme. Established in 2005, Research Capacity Building Collaboration (RCBC) Wales (http://www.rcbcwales.org.uk/) is an all Wales collaboration aiming to increase the research capacity and capability of Nursing, Midwifery, Allied health professions. Since its

inception, 122 RCBC Fellowships have been awarded, from four funding phases with nine cohorts.

The Community of Scholars (CoS) was established as an integral part of the RCBC initiative to:

- Accelerate the development of Scholars methodological and research leadership expertise as a means of 'fast tracking' future research leaders
- Foster a facilitative environment for Scholars to meet regularly to discuss issues, share ideas and present their work
- Facilitate Scholars in building professional, research and policy networks
- Pool the intellectual capacity of nursing, midwifery and allied health academics, researchers, industry and policy leads in Wales for the benefit of the RCBC Scholars.

RCBC Scholars are contractually obligated to attend bi-monthly study days and an annual 2 day residential for the duration of their funding. The CoS programme is rooted in three core approaches that have been evaluated and refined. Firstly, the provision of an enhanced research skills training programme based on the surveyed needs of each cohort. Secondly, leadership skills through bespoke training including sessions on political influencing, media training, high level communication strategies and promoting. Thirdly, the cultivation of a community of practice through a positive, nurturing environment that seeks to foster a sense of community and an emergent sense of identity as research leaders and change agents.

The varying pathways (new, early and mid- career), and the rolling cohort (not just a single intake) helps the scholars to think beyond their professional boundaries, and gain confidence in working with and listening to others at different levels and across different disciplines.

Paper 2: RCBCWales First into Research Fellowship

Authors and affiliation

Ms Malissa Pierri[1], Gina Dolan[2]

[1]Cardiff and Vale University Health Board, UK [2]University of South Wales, UK

Abstract

This paper outlines one of our popular fellowships, First into Research (FiR). An outline of the fellowship structure is provided, followed by some reflections from a current First into Research Fellow.

The First into Research award aims to support those new to research or wishing to develop their confidence by conducting a small-scale project which is undertaken one day for week for a year. Projects address questions relevant to nursing, midwifery and allied health professions which may have an impact on care, their role, or patient outcomes. The First into Research (FiR) is a highly competitive scheme valued by applicants, HEIs and external partners. FiR epitomises the values of RCBC Wales to support and nurture those new to

research to conduct impactful research. Our fellows report that protected time to conduct research in a supportive environment is a big attraction to the award.

The FiR provides an opportunity to build confidence in those new to research who may be passionate about an area of practice, with considerable clinical expertise but have less exposure to research. Despite many clinical responsibilities, the split of doing something enjoyable whilst learning and developing knowledge even just one day a week, provides some balance. It also gives fellows a chance to experience the realities of research under supervision, whilst also engaging with a supportive group of fellows at different stages of their research career. Networking, professional development, publications and research impact are all fundamental outputs for our FiR. For many it's the first step and provides encouragement and confidence about where to go next.

The session highlights some of the benefits of the FiR including the CoS and broader experiences, builds on the first paper and highlights the importance of supporting research in practice outlined in paper 3.

Paper 3: Collaboration, partnership and impact of RCBCWales

Authors and affiliation

Dr Paul Gill[1], Prof Sue Bale[2], Prof John Geen[3], Gina Dolan[4], Prof Daniel Kelly[1], Dr Roiyah Saltus[4], Prof Jaynie Rance[5], Dr Robert Mayer[6], Dr Joanne Pike[7], Dr Lorelei Jones[8]

[1]School of Healthcare Sciences, Cardiff University, UK [2]Cardiff and Vale University Health Board, UK [3]Cwm Taf Morganwwg University Health Board, UK [4]University of South Wales, UK [5]Swansea University, UK [6]Cardiff Metropolitan University, UK [7]Wrexham Glyndwr University, UK [8]Bangor University, UK

Abstract

This paper aims to outline the principles of collaboration resulting in a sustainable, successful and impactful scheme.

Sustainability is based on a strong collaboration between education and health care providers based on shared interests and goals. As a collaborative, we recognize the importance of working with research and policy leads from across our eligible health professional groups in key HEI and NHS organisations in Wales to determine how best to build research capacity in their professions.

Ensuring employer support is mandatory for our scheme yet the reality of combining research and clinical practice can impact on the progress of our fellows. As a collaboration a key mechanism has been to cultivate a genuine shared commitment to research which has resulted in excellent relationships, buy in and support.

To enhance our core funding stream RCBC also works with other funders to match-fund fellowships to boost the number of potential fellowships. Additional funding has been secured from health boards, the third sector and industry to support fellowships in dedicated research areas, e.g., cancer care. These externally funded Fellows join the Community of Scholars and have the same experience as RCBC funded fellows.

Alumni are also integral to development of capacity building schemes not only to gauge longer term impact on the Fellow, clinical practice and their professional group but also to input and network with existing cohorts. The ongoing commitment of our former fellows demonstrates the importance and value of longer-term engagement.

The considerable and ongoing impact of the programme is demonstrated with nearly 1500 outputs including publications and conference papers, media and subsequent research funding grants. Impact on participating institutions includes enhanced research engagement across the eligible professions with opportunities to share expertise, resources, mentorship, learning and intellect that bridges the practice – academic boundary.

Symposium 6

Abstract no: 0223

Exploring decision making regarding future care planning with older people living with frailty

Lead: Professor Caroline Nicholson
Symposium Statement
Exploring decision making regarding future care planning with older people living with frailty
People are now living longer, but many are frail. This symposium will bring together three projects exploring decision-making for future care for older people living with frailty:

1. Prospective Planning for Escalation of Care and Treatment (ProsPECT)

People living with frailty are at higher risk of being admitted to hospital or intensive care, but their prior wishes are rarely discussed resulting in decisions to escalate care falling to families and clinicians. **ProsPECT** is exploring stakeholder's experiences and perceptions of frailty, escalation of treatment decisions and planning for future care. We aim to co-design interventions to support prospective planning for people living with frailty.

2. Conversations on Living and Dying: Facilitating advance care planning with older people living with frailty (CLaD)

Advance care planning can help people think about their future care preferences and focus on what matters to them now. It is particularly relevant for people living with advancing frailty, but conversations are uncommon. **CLaD** worked with people with advancing frailty, family members, and multidisciplinary professionals to develop a behavioural change intervention to increase advance care planning engagement.

3. Cascade

People living with advancing frailty are five times more likely to die than older people who are not frail. Yet their complex care needs at end of life are often not met in part because the progression towards dying is often unpredictable and unrecognised. **Cascade** worked within the hospice and across community-care settings to up-skill the MDT on core capabilities to support decision-making and best practice.

The papers illustrate the experiences of frail older people, their families, carers and professionals in decision-making about future care. The symposium provides an opportunity to discuss the challenges and complexities for this area of practice, and consider solutions for all stakeholders

Paper 1: Prospective Planning for Escalation of Care and Treatment (ProsPECT)

Authors and affiliation

Mr Adam Lound[1], Mrs Jane Bruton[1], Dr Kathryn Jones[1], Prof Stephen Brett[1, 2], Dr Jamie Gross[1, 3], Mr Barry Williams[1], Ms Nira Shah[1], Prof Helen Ward[1]

[1]Imperial College, UK [2]Imperial College Healthcare NHS Trust, UK [3]London North West University Healthcare NHS Trust, UK

Abstract

Background

A concerning feature of our ageing population is the rising prevalence of frailty[1]. People living with frailty are at higher risk of being admitted to hospital or intensive care, but treatments are burdensome and the benefits unclear. Patients' wishes are rarely discussed before an acute event often resulting in decisions to escalate falling to families and clinicians potentially causing stress and conflict[2,3].

Aims

Phase One of the ProsPECT study aims to explore stakeholder's experiences and perceptions of frailty, escalation of treatment (ET) decisions during an acute crisis and of planning for future care. Phase Two aims to co-design an intervention to support prospective planning for people living with frailty. We will report on Phase One.

Methods

We conducted 30 semi-structured interviews: nine patients, eleven informal carers and ten clinicians between April 2021 and March 2022. Interviews were conducted online, audio-recorded and transcribed. Data was managed using NVivo and analysed using framework analysis. Patient representatives informed the topic guide and validated study findings.

Results

Initial themes: **The challenge of recognising frailty** was evident across all stakeholders. **Planning for an uncertain future** with frailty is challenging, often avoided or resisted. **Focus on survival in an acute crisis, low health literacy and competing priorities**

are barriers to shared decision-making around ET. **Timing, trust and shared understanding** helped facilitated discussion about ET.

Discussion

ET decisions are fraught with complexity and potential for conflict. We identified a lack of shared understanding of frailty, treatment options and possible outcomes. Our findings revealed opportunities to better align goals of care between stakeholders and improve future planning discussions.

Conclusion

This contributes to a greater understanding of the challenges in managing frailty and will aid the co-design of interventions to support prospective planning.

References

References: 1. Clegg, A., Young, J., Iliffe, S., Rikkert, M.O. & Rockwood, K. (2013) Frailty in elderly people. Lancet (London, England). 381 (9868), 752–762. doi:10.1016/S0140-6736(12)62167-9. 2. Gross, J., Williams, B., Fade, P. & Brett, S.J. (2018) Intensive care: balancing risk and benefit to facilitate informed decisions. BMJ. k4135. doi:10.1136/bmj.k4135. 3. Hopkins, S.A., Bentley, A., Phillips, V. & Barclay, S. (2020) Advance care plans and hospitalized frail older adults: a systematic review. BMJ Supportive & Palliative Care. 10 (2), 164–174. doi:10.1136/bmjspcare-2019-002093.

Paper 2: Conversations on Living and Dying: Facilitating advance care planning with older people living with frailty (CLaD)

Authors and affiliation

Dr Sarah Combes[1, 2], Dr Karen Gillett[3], Prof Christine Norton[3], Prof Caroline Nicholson[1, 2]

[1]University of Surrey, UK [2]St Christopher's Hospice, UK [3]Kings College London, UK

Abstract

Background

Advance care planning (ACP) supports people to articulate their values and preferences as they approach the end of life. This supports person-centred care. Older people living with frailty are vulnerable to sudden deterioration making ACP particularly relevant; however, ACP is uncommon. The CLaD study worked with older people with frailty, family members and multidisciplinary professionals to develop a behavioural change intervention to increase professionals' engagement of older people with frailty with ACP.

Methods

Intervention development was guided by the Medical Research Council framework for complex interventions and the Behaviour Change Wheel. Barriers and enablers to ACP were established through a systematic integrative review (papers n=42), e-Delphi survey (professionals n=73), and semi-structured interviews (older people with frailty n=10, family members n=8). A conceptual model was developed and underpinned data collection. Data

were thematically analysed, synthesised and triangulated to identify behaviours that needed to change and intervention content. A refinement exercise was conducted. Professionals (n=26) undertook the intervention, tested it in practice, and provided feedback through pre- and post-intervention surveys and focus groups.

Results

The prototype intervention is a 3.5-hour educational skills session for multidisciplinary professionals supported by a toolkit. The intervention focuses on people with advancing frailty's experience of ACP and its relevance to them, and strategies to encourage ACP engagement. Strategies include preparing older people with frailty for ACP and engaging them with conversations early, emphasising living well now, and shared decision-making. Refinement exercise feedback suggests the intervention helped professionals think differently about ACP and increased their motivation to engage older people with frailty in ACP conversations.

Conclusions

To our knowledge this is the first behaviour change intervention to focus on supporting professionals to engage older people with frailty with ACP. While further evaluation and refinement is required, initial feedback suggests the intervention is acceptable, engaging and clinically valuable.

References

Combes S., Nicholson C.J., Gillett K. & Norton C. (2019) Implementing advance care planning with community-dwelling frail elders requires a system-wide approach: An integrative review applying a behaviour change model. Palliative Medicine 33(7), 743-756. Combes S., Forbes G., Gillett K., Norton C. & Nicholson C.J. (2021) Development of a theory-based intervention to increase cognitively able frail elders' engagement with advance care planning using the behaviour change wheel. BMC Health Services Research, 21:712, doi.org/10.1186/s12913-021-06548-4 Sudore R.L., Lum H.D., You J.J., Hanson L.C., Meier D.E., Pantilat S.Z., Matlock D.D., Rietjens J.A., Korfage I.J. & Ritchie C.S. (2017) Defining Advance Care Planning for Adults: A Consensus Definition from a Multidisciplinary Delphi Panel. Journal of Pain and Symptom Management 53(5), 821-832.

Paper 3: Supporting decision making and best practice in end-of-life care for older people living with frailty – The Cascade Project

Authors and affiliation

Ms Helen King[1], Prof Caroline Nicholson[1, 2]

[1]St Christopher's Hospice, UK [2]University of Surrey, UK

Background

Despite the predicative association of advancing frailty with mortality, the palliative care needs of older people are often not met; partly because the progression towards dying is often unpredictable and unrecognised[1]. Partnerships between palliative and community care are crucial to deliver best evidenced end-of-life care attuned to the older person[2].

Method

This two-year (June 2019 – October 2021) nurse-led participatory action research project, worked across St. Christopher's Hospice, (SCH) and community settings to develop and embed frailty core capabilities to support decision making and palliative care provision in advancing frailty. Collaborative methods were used to scope current practice, agree core capabilities related to frailty at end-of-life, develop resources, and grow a cadre of multidisciplinary (MDT) SCH Cascade Champions (N=28) to disseminate internally and externally-through collaborative working with community nursing teams, the wider MDT and patients and family.

Findings

Core capabilities -1) Frailty identification and assessment of palliative needs 2) Recognition of end of life and specific symptom management 3) Communication with the person and future care planning- underpinned Cascade activity. Processes supporting adoption included workshops and subsequent action learning sets. Outcomes included organizational integration of the Clinical Frailty Scale[3] within routine assessment and electronic records; multi-service MDT meetings with frailty focussed proformas; SCH Cascaders pre and post survey of confidence in decision making and understanding of frailty improved from 11% to 76%; increase in clinical awareness and assessment of frailty- related symptoms, e.g. Delirium; Building partnerships in care homes to build awareness and skill regarding goal-based rehabilitation.

Conclusion

Supporting older people with frailty at end-of-life requires a systematic cultural and organisational change alongside clinical level interventions to enable nurses and the wider MDT to develop confidence and leadership in the management of older people with frailty at the end of life. Cascade offers one such model.

References

1 Dixon J, King D, Matosevic T, Clark M, Knapp M. Equity in the Provision of Palliative Care in the UK: Review of Evidence. Personal Social Services Research Unit: London School of Economics. 2015. https://www.pssru.ac.uk/pub/4962.pdf. 2. Nicholson, C and Richardson, H. Age Attuned Hospice Care. St Christopher's London 2018.https://www.stchristophers.org.uk/wp-content/uploads/2018/10/Age-attuned-Hospice-care-document.pdf 3. Rockwood K, Song X, MacKnight C, et al. A global clinical measure of fitness and frailty in elderly people. Canadian Medical Association Journal. 2005;173(5):489-495.

Symposium 7

Abstract no: 0246

Planning for impact from question to dissemination: a focus on methods

Lead: Professor Ruth Northway, University of South Wales

Symposium Statement

Research is increasingly judged by the impact that is has in various arenas including policy, practice, and education. Indeed, many funders require that information regarding pathways to impact is included in applications for funding and this forms a key element of decision-making when awarding grants. Consideration of impact cannot, therefore, be left until research is completed. Instead, it needs to be a key thread that runs throughout all stages of research.

It is also important to distinguish between dissemination and impact particularly when considering research in an applied field such as nursing. To impact on, and effect changes in, practice requires that a wide range of stakeholders is actively engaged and that the relevance and usefulness to practice is made explicit.

The overall aim of this symposium is to explore the importance of considering impact throughout the research process and the implications in relation to the methods adopted. Using the example of a project focused on the development of a health communication tool to be used by people with learning disabilities, it will explore the methods employed throughout to promote impact and to support utilisation of the tool across healthcare settings.

The first paper will focus on the methods used to identify a clinically based problem, to identify key stakeholders, and to frame the research in a manner that would support impact on policy and practice. The second paper will explore the importance of engaging key stakeholders, how different stakeholders required the use of differing approaches to data collection and how consensus was achieved despite the use of differing methods. The final paper will explore the range of methods that have been used to disseminate the communication tool and support its use in practice.

Paper 1: Framing a research question for impact

Authors and affiliation

Prof Ruth Northway, University of South Wales, UK

Abstract

People with learning disabilities face many barriers to accessing health care including communication barriers. Health staff may not adapt their communication and/ or people with a learning disability may have difficulties with communicating their health needs. To address barriers to acute health care a ‘care bundle’ was introduced in Wales (Improving Lives, 2014): use of a hospital passport (communication tool) was a key intervention within this.

People with learning disabilities and their families/ carers, however, reported the hospital passport was often not used in practice or misplaced. Questions regarding why this occurs emerged, and an analysis of existing health passports and literature was undertaken (Northway et al, 2017). This review of 60 existing tools revealed wide variation in terms of length, content, and format. Also, the views of staff working in acute health care settings (the key practitioners at whom these tools are targeted) did not appear to have been sought regarding content or format.

Key conclusions were that variation in such documents could lead to key information being missed and confusion amongst practitioners who might not recognise a hospital passport and its relevance to their practice. This represents a patient safety issue since it may impede the delivery of safe, timely and effective care. It was recommended that the clinical issue should be framed as a patient safety issue, that a single universal document be developed, and that health care professionals' views should be sought in developing such a tool (alongside those of people with learning disabilities and their families/ carers).

In 2019 Improvement Cymru issued a tender for the development of an All Wales Health Communication Tool which the Unit for Development in Intellectual and Developmental Disabilities (UDIDD) secured based on the above framing of the issue.

References

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Northway, R., Rees, S., Davies, M., Williams, S. (2017) Hospital passports, patient safety and person-centred care: A review of documents currently used for people with intellectual disabilities in the UK, Journal of Clinical Nursing, 26, 5160 - 5168

Paper 2: Promoting impact through engaging diverse stakeholders in data collection: a reflection on methods

Authors and affiliation

Dr Edward Oloidi, University of South Wales, UK

Abstract

It has been suggested that researchers often focus on research processes and neglect the content and impact on the lives of the people, with whom it is concerned (Walmsley et al., 2017). Giving priority to wider insights has therefore been described as necessary to develop inclusive research that makes an impact on people's lives (Nind & Vinha, 2014).

To address the identified patient safety concerns, in a way that would promote impact, it was essential to engage with a range of stakeholders (people with learning disabilities, family, support staff, healthcare professionals including nurses) who would be using the proposed tool but who would have diverse needs. However, it was recognised that one method of data collection would not be suitable for use with all groups and therefore a multiple-methods design (survey and focus groups discussion) was used to seek their views regarding the content, length and format of the proposed tool.

This presentation will focus on the methods used to engage diverse stakeholders. We used an online survey which enabled us to reach families, social care staff and health professionals from diverse professions, work settings (including both learning disability specialists and others). However, an online survey was not appropriate to seek the views of people with learning disabilities and hence a series of focus groups were run. To

facilitate their inclusion, whilst addressing the same questions as in the survey, required a creative approach and this will be explored.

Though different methods to data collection were used the findings revealed common areas considered a priority for inclusion in the communication tool and consensus regarding the length of the tool amongst the different stakeholder groups. A prototype tool was therefore developed, reviewed by stakeholders, and slight adjustments made in response to feedback. The Once for Wales Health Profile was created.

References

Nind, M., & Vinha, H. (2014). Doing research inclusively: Bridges to multiple possibilities in inclusive research. British Journal of Learning Disabilities,4 2(2), 102–109. Walmsley, J., Strnadová, I., Johnson, K. (2017). The added value of inclusive research. Journal of Apply Research in Intellectual Disabilities. 2018 (31)751–759

Paper 3: Using multiple methods to promote impact on practice

Authors and affiliation

Dr Stacey Rees, University of South Wales, UK

Abstract

Wider literature (Heifetz and Lunsky, 2018) suggests that careful attention needs to be paid to the implementation of health communication tools and this was certainly a key message during the data collection phase of this project. The importance of a coordinated approach to implementation had therefore been included in our original tender for the work even though the requirement had been to simply produce a prototype tool.

It was essential to consider the use of multiple methods targeted at the range of stakeholders if the Health Profile was to impact on practice, enhance patient safety and make a positive difference to the health experience of people with learning disabilities. This presentation will focus on the various methods used to achieve this through working in partnership with Improvement Cymru who commissioned the project. Implementation presented particular challenges since it began mid-2020 and hence in the context of the COVID 19 pandemic.

As a first step guidelines for completing and using the Health Profile were produced for people with learning disabilities, families/ carers, and health professionals. Along with the Health Profile itself these were made freely available via the Improvement Cymru website. A virtual launch event was also held at which the then CNO introduced and endorsed use of the document.

Other approaches have included the development of an animation that was distributed via social media to increase awareness, an advocacy group providing peer education, and embedding its use within the undergraduate nursing programme. Work to further increase use in practice and impact is on-going and consideration is being given to its use with other client groups.

References

Heifetz, M., Lunsky, Y. (2018). Implementation and evaluation of health passport tools in emergency departments. Research in Developmental Disorders, 72, 23-32.

Posters: Monday 5 September 2022

Poster tour A led by Frederika Canzan

Theme: Acute and Critical Care

Poster no: 2 Abstract no: 0305

Research Topic: Acute and critical care

Methodology: Other collection or analysis method

Research Approach: Systematic Review and other Secondary Research

The utility and impact of Advanced Nurse Practitioners in surgical specialities: a scoping review

Presenter: Anna Riley, RN, BNurs, PGCert, MSc, The University of Sheffield, UK

Co-author(s): Steven Robertson, UK; Angela Tod, UK; Co-author(s): Rachel King, UK

Abstract

Background

The evolution of advanced nursing (ANP) roles within surgery has tended towards peri-operative roles such as anaesthesia or scrub, with few clinical roles involving the assessment of acute patients or inpatient care. The Royal College of Surgeons of England have recently recognised, by professional membership, the roles of non-medical members of the surgical team, such as ANPs, Surgical Care Practitioners and Physician Associates. This acknowledgement by a Royal College is a first step in furthering the establishment of such roles within traditionally medically trained teams and further highlights the need for research into the impact such roles can have on patient outcome.

Aims

This scoping review aimed to explore the extent and quality of the available evidence surrounding the impact of ANPs on clinical, patient-focused outcomes within adult unplanned secondary care settings.

Methods

The five stages of Arksey and O'Malley's (2005) framework for scoping reviews formed the basis of this review. Key electronic databases were systematically searched using terms such as "advanced nurse practitioner", "surgical assessment unit" and "patient outcome".

Results

Following screening, 21 papers were included. Thematic analysis identified the impact of ANPs on the process of care (such as assessment and treatment waiting times, patient satisfaction) and outcomes of care (readmission rates, length of stay and cost-effectiveness). ANPs have a positive impact upon patient care processes and outcome.

Discussion

Existing research has been limited by small sample sizes, single site studies and the wide range of definitions used to describe the ANP role.

Conclusion

Research into the impact of ANPs has largely focused on objective outcome measures and within non-surgical specialties. Whilst this review demonstrates the positive aspects of ANP care on emergency care, we identify a paucity of evidence on patient-focused outcomes and the impact of ANPs on the patient journey within emergency surgical assessment.

Biography

Anna Riley is the Lead and practising Advanced Nurse Practitioner for Emergency and General Surgery at Manchester Royal Infirmary, with an additional role as Training Programme Director for Surgery and Critical Care for the North West Faculty of Advancing Practice within Health Education England. She is also a part time PhD student, studying via the University of Sheffield Health Sciences School, about to embark on a piece of multiple case-study research focusing on how advanced nursing roles are utilised and understood within emergency surgical assessment areas. Steve worked in the UK National Health Service for over twenty years before commencing a career in research in 1999. His main research interests relate to men, gender and health and more recently to research on nursing education and the nursing workforce. He has over 100 peer reviewed publications and has worked with fellow academics, policy makers and practitioners from Australia, the United States, Canada and Europe. He has acted as a consultant on gender and men's health to the UK Department of Health and to WHO (Europe). He is Editor-in-Chief of the International Journal of Men's Social and Community Health.

Poster no: 3 Abstract no: 0314

Research Topic: Acute and critical care

Methodology: Other collection or analysis method

Research Approach: Systematic Review and other Secondary Research

Memory-making in critical care: a qualitative thematic synthesis

Presenter: Doreen MacEachen, MRes (awaiting), NHS Greater Glasgow and Clyde, UK

Co-author(s): Bridget Johnston, UK; Margaret McGuire, UK

Abstract

Background

Caring for bereaved families is an important aspect of the nursing role in critical care. Memory-making practices are one way in which dying, death and bereavement can be acknowledged and supported within critical care. Memory-making was introduced in the

care of stillborn babies and neonatal deaths to improve parents' experiences of bereavement and has since become common practice in adult critical care.

Aims

The aim of this qualitative thematic synthesis (Thomas and Harden, 2008) was to explore families' experiences of memory-making in critical care, with a view to gaining greater understanding of the ways in which memory-making impacts bereaved families.

Methods

A systematic search strategy was developed, and five databases were searched (Medline, CINAHL, PsychINFO, Embase and ASSIA. Seven qualitative studies were included: four adult and three paediatric critical care settings in which memory-making was initiated between 2014-2020. Memory-making practices included, patient diaries, general keepsakes, word clouds and photography.

Results

The thematic synthesis generated four main themes to describe families' experience of memory-making in critical care: 'connection', 'compassion', 'engagement and creation' and 'continuation'.

Discussion

Connection was made through the shared experience of humanity and emotion, and helped to develop trusting relationships between family and nurses. Compassionate care supported and guided families during the end of a loved one's life. Family engagement and creation of memories and/or keepsakes was a therapeutic experience, which supported the transition of saying goodbye.

Conclusions

Memory-making is a meaningful activity for families whose loved one died in critical care, it brought focus and meaning during a devastating process in a highly technical environment. Families relied heavily on nursing staff for support and guidance. The creation of memories and/or keepsakes can have a positive impact on the bereavement experience and facilitate a continuing bond with their loved one.

Biography

My nursing career began at the Freeman Hospital, Newcastle, in 2001. I currently work as a Charge Nurse in Critical Care at the Queen Elizabeth University Hospital, Glasgow. I have an interest in end-of-life care and bereavement care; and I helped develop and run the Bereavement Support Service for Critical Care. For the past two years I have been working towards my Masters by Research qualification, exploring memory-making for bereaved families in critical care, at the University of Glasgow.

Poster no: 4 Abstract no: 0198

Research Topic: Acute and critical care, Cardiovascular Disease and Stroke, Rehabilitation

Methodology: Statistical Analysis (descriptive and correlational)

Research Approach: Quantitative (not included in another category)

People with tracheostomy after stroke. A secondary analysis of demographic and outcome data from within the UK.

Presenter: Sally Galt, RN, MSc, PgCert Research Methods, Robert Gordon University, UK

Co-author(s): Helen Galley, UK; Catriona Kennedy, UK; Flora Douglas, UK; Brendan McGrath, UK

Abstract

Background

Tracheostomy after severe stroke is well documented in high income countries (Bösel, 2014) but little is known about UK practice.

Aims

This secondary data analysis project aimed to explore the demographics and outcomes after tracheostomy for stroke from 20 UK hospitals.

Methods

This was a secondary analysis of Improving Tracheostomy Care Project UK data (McGrath et al., 2020) with a subset of 211 patients suffering severe stroke exploring demographics and outcomes. Group comparisons between hospital length of stay (LoS), tracheostomy removal and discharge location were made using the Kruskal Wallace test.

Results

The group were 60% male 39% female, aged 19-86 years; 75% had additional co morbidities beyond stroke, 23% experienced tracheostomy related adverse events and 90% experienced a critical care admission.

Of those who survived the index admission (86%), median LoS was 56 days compared with 50 days in the larger ITC project group (McGrath et al.,2020).

Hospital discharge data was analysed (n=202): 11% went home, 40% to rehabilitation, 8% to supported care and 22% to another hospital, 31% of survivors were discharged with their tracheostomy. All patients discharged home were decannulated. There was no significant difference in LoS when comparing those with tracheostomy decannulation (p=0.13). Those discharged to supported care had a longer LoS (p=0.0001).

Discussion

This study highlights prolonged hospital LoS and uncertainty around decannulation, a significant burden for healthcare systems, patients, and their families. Little remains known of patient experiences and ongoing quality of life (Wahlster et al., 2020).

Conclusion

Survivors of severe stroke requiring tracheostomy are a particularly complex and vulnerable group with considerable morbidity. This secondary analysis highlights knowledge gaps for further exploration to understand more about UK experiences and perceptions of people with tracheostomy (PwT) after stroke.

Biography

Sally is a PhD student in the School of Nursing Midwifery and Paramedic Practice, Robert Gordon University Aberdeen, and a Registered Nurse. Since first qualifying in adult nursing in 1997, Sally has been an employee of NHS Grampian, working across acute nursing specialities. She joined the Aberdeen Critical Care team in 1999 where she gained experience in critical care nursing, research and audit nursing and critical care follow up. Following completion of her MSc in 2015 she led a team within the critical care unit supporting patients and their families during and after critical illness. A large amount of this work involved supporting those who required a tracheostomy. This led her to want to pursue research into patient experience of tracheostomy, focusing on survivors of long-term critical illness. Sally successfully secured a funded PhD opportunity through Robert Gordon University to pursue her research aim.

Poster no: 5 Abstract no: 0234

Research Topic: Children and Young People, Acute and critical care

Methodology: Observation

Research Approach: Systematic Review and other Secondary Research

CVAD dressing security for promoting CVAD safety in paediatrics

Presenter: Bethan Stone, MSc, BSc (Hons), RCN, Bristol Royal Hospital for Children, UK

Co-author(s): Sarah Redsell, UK; Stephanie Manning, UK

Abstract

Background

Central venous access devices (CVADs) are vital equipment to help treat children in Paediatric Intensive Care (PICU). Children in PICU may experience both motor and emotional distress, making the CVAD more vulnerable to infection, mechanical and thrombotic issues. It is vital that CVAD are secured to prevent these events, however consistency in securement practice is poor (Appendix I).

Aim

This review examined the effectiveness of using a clear, polyethylene dressing and sutures vs. any other method of securement, to prevent failed CVAD securement device associated safety issues.

Method

A modified systematic review was conducted using a PRISMA-P study structure. The primary outcome was failed CVAD securement. Secondary outcomes were skin irritation, CVAD associated infection, catheter ballooning or fracture, mortality, cost of intervention and patient capacity. Critical Appraisal Skills Programme (CASP) tools were used to critically appraise methodological quality. Data analysis was completed using narrative analysis.

Results

Six studies suitable for inclusion were found. These were three randomised control trials (RCT) and three cohort studies.

The results showed some potential improvement in the securement of tunnelled CVADs using a subcutaneous anchor device, however there were methodological weaknesses in the studies identified limiting the generalisability of any of the findings.

Two of the studies described their research as observational studies to avoid hurdles for primary research study design such as ethics and consent. One study had outcomes that were so selectively reported, it could be argued that the study was no longer reliable. Another study's population was so changed because of poor skin integrity during the data collection period that it is impossible to reproduce.

Conclusion

This review did not establish a preference for CVAD securement devices for children. There are a limited number of high-quality primary research studies conducted in this area and further research is needed.

Biography

After qualifying as a children's nurse from the University of Nottingham in 2016, I have worked as a staff nurse in children's bone marrow transplant, paediatric high dependency and paediatric intensive care. I completed a masters' degree in Advanced Nursing in 2022 through the University of Nottingham.

Poster Tour B Led by Michelle Mosely

Theme: Children and Young People

Poster no: 6 Abstract no: 0261

Research Topic: Children and Young People, Patient Experience

Methodology: Other collection or analysis method

Research Approach: Systematic Review and other Secondary Research

Exploring the experiences of children and young people taking part in eye and vision research.

Presenter: Jacqueline Miller, RN(Child) MHSc BN(Hons), City, University of London, UK

Co-author(s): Katherine Curtis-Tyler, UK; Michelle Maden, UK; Annegret Dahlmann-Noor, UK; Jane Chudleigh, UK

Abstract

Background
Patient 'experiences' reflect the quality of healthcare. Participant 'experiences' are the research equivalent; the National Institute for Health Research (NIHR) have developed a 'Participant in Research Experience Survey' (PRES) measure. As part of a bigger project focusing on the eye and vision research experiences of children and young people (CYP), a systematic literature review was conducted (Miller *et al.*, 2022).

Aims
To locate, appraise and synthesise the evidence on paediatric ophthalmic research experiences; firstly, on what supports or hinders positive experiences, and secondly, on any perceived impact of experiences and whether interventions to improve experiences have previously been developed or used.

Methods
MEDLINE, Embase, CINAHL, Web of Science, NICE evidence and The Cochrane Library (CDSR and CENTRAL), key journals (by hand), grey literature databases and Google Scholar were searched (from inception to Nov 2018, updated July 2020). Two reviewers independently extracted and quality assessed the evidence. The same two reviewers independently conducted a 'best fit' synthesis (Carroll *et al.,* 2013), using previous NIHR PRES analysis (NIHR, 2019) as an 'a priori' framework.

Results
Two studies were included, from 13,020 identified. Experiences were evaluated from the perspectives of parents and staff. Synthesis concurred with PRES findings (NIHR, 2019), that 'staff characteristics', 'information provision', 'trial organisation' and 'participation motivations' shape experiences; the extent to which these are accommodated was found to either positively or negatively influence experiences. Additional dimensions to

‘participation motivations’ and the emotional and physical costs of ‘study organisation’ were identified. No data addressed the secondary objectives.

Discussion

The perspectives of CYP themselves were omitted. Little detail was given to how experience measures were designed or validated. Variations in the reporting of experience measures and experience terminology were limiting.

Conclusion

Qualitative research methods, to collect multiple perspectives, including CYP, were recommended to better understand paediatric ophthalmic research experiences.

Biography

Dedicated to a career in research, Jacqueline has been a Children’s Research Nurse for 10 years. The past 7 years of which have been spent working in the NIHR Moorfields Clinical Research Facility and Richard Desmond Children’s Eye Centre, at Moorfields Eye Hospital NHS Foundation Trust. She works part time at Moorfields Eye Hospital, and is a part time PhD student at City, University of London. Her PhD project, called Ci2i, will use Experience-based Co-design methods, to co-design interventions to improve the experiences of children and young people taking part in eye and vision research. Her PhD studies are funded by the NIHR Moorfields BRC. Jacqueline is also co-founder and co-facilitator of Moorfields Young Persons’ Advisory Group for Research (eyeYPAG). She is passionate about co-production and championing the voices of children and young people in research.

Poster no: 7 Abstract no: 0081

Research Topic: Children and Young People, Patient Experience, Research Process Issues

Methodology: Statistical Analysis (descriptive and correlational)

Research Approach: Quantitative (not included in another category)

Caring for paediatric research participants when clinical trials prematurely terminate: A protocol review.

Presenter: Helen Pluess-Hall, MSc, BN(Child), University of Bath, UK

Co-author(s): Julie Menzies, UK; Paula Smith, UK

Abstract

Background

Clinical trials offer the opportunity to identify new treatments to improve patient’s outcomes. However, a proportion of trials discontinue prematurely due to identification of ineffective or unsafe interventions (Williams et al., 2015). In this eventuality clinicians are reliant on the study protocol for guidance on the subsequent care and management of patients.

Aims

To quantify the number of trial protocols that identified the potential for premature trial termination and subsequent guidance for trial participant management.

Method

The publicly accessible ClinicalTrials.gov database was searched (10 January 2022) by a single reviewer for UK interventional drug trials including children with an available study protocol. Protocol contents were searched for a. identification of the risk of premature trial termination and b. details of care of trial participants. Results were reported using descriptive statistics. Ethical approval was not required.

Results

260 paediatric trials were identified; 245 were included within this audit. The possibility of premature discontinuation was identified in 96%(n=235) of protocols, most commonly the right to terminate the trial (83%,n=115) and the reasons for stopping a trial (66%, n=91). Only 42%(n=98) provided guidance for participant care, with significant variation in the quantity and quality of the guidance and 17 protocols providing conflicting information.

Discussion and conclusion

This audit of UK clinical trial protocols has identified that detail surrounding participant care at premature trial termination is often overlooked. Whilst acknowledging the right and conditions for premature termination satisfies regulatory requirements, it fails to consider the challenge for clinicians in managing on-going care and the duty of care owed to participants. Healthcare professionals engaging with clinical research need to be aware of this potential. Further research is required to understand how this situation is experienced by patients, families and healthcare professionals and potential measures that can address this.

Biography

Helen Pluess-Hall is a Paediatric Research Sister at Bristol Royal Hospital for Children. She received her Master of Science degree in Paediatrics and Child Health from Cardiff University and is currently undertaking a Professional Doctorate in Health at the University of Bath. Her area of interest is the patient or participant's research experience, and her doctoral work is focusing on this in the context of clinical trials prematurely terminating.

Poster no: 8 Abstract no: 0351

Research Topic: Children and Young People

Methodology: Other collection or analysis method

Research Approach: Systematic Review and other Secondary Research

A systematic, integrative review exploring specialist paediatric professionals' experiences of emerging safeguarding concerns in practice.

Presenter: Diana Yardley, RN(Dip) Adult, RN (Child), BSc (Ord), MSc, Oxford Brookes University, UK

Abstract

Background

A systematic, integrative, literature review to understand the experiences of professionals with emerging safeguarding concerns whilst in paediatric practice.

Aims

Collate evidence of health care professional experiences in the development of emerging safeguarding or child protection concerns whilst working with children and young people to answer the research question: ‘what impacts development of safeguarding concerns for health care professionals”

Method

Literature was systematically identified, screened, critically appraised and subsequently reviewed. 13 studies (12 qualitative and 1 mixed methods) encompassing experiences of staff from across the UK and Europe, Australasia, America and the Middle east were thematically coded before grouping codes together to create 6 themes.

Findings

Studies described the experiences of a variety of clinicians; child health care nurses and physicians, pathologists, neonatal nurses, school nurses, health visitors, community nurses and home visitors in addition to allied health professionals and teachers caring for children ranging across the age span of childhood. Themes identified included the difficulty of defining and recognising abuse, knowing and knowledge within professionals, the impact of culture, values and beliefs, recognising those at the heart of child maltreatment, relationships between professionals and families and the impact of child maltreatment on professionals. Each of these themes is discussed before identifying areas for further investigation; including the experiences of staff where there are concerns surrounding medical neglect and where the child has a long-term condition.

Conclusions

Professionals use multiple means of developing child protection knowledge but express a large gap in role specific training. Where there are gaps in knowledge professionals utilise, expert skills guided by experiential knowledge i.e., intuition. Neglect is difficult to define, medical neglect is rarely discussed. Little literature exists considering the development of child maltreatment concerns, particularly in the experiences of specialist healthcare professionals and long-term conditions highlighting areas for further investigation.

Biography

Diana has dual qualifications in nursing (Children and Adult) and over a decade of diabetes experience, across a variety of settings both in the UK and Europe. Diana is an Advanced Nurse Practitioner, working with the Oxfordshire children’s diabetes team for 7 years. Diana’s successful application to attend the International Society of Paediatric and Adolescent Diabetes (ISAPD) healthcare professional science school in 2018, as one of only 2 British participants, set the foundation for her PhD. Research Diana has spent the majority of her career working with children and families. Following multiple experiences of safeguarding and children protection relating to diabetes care, including attending family court, Diana is interested in the impact of non-medical factors affecting family's management of diabetes in children. Diana is particularly interested in exploring health care professionals' experiences of working with children and families with diabetes in relation to safeguarding or child protection.

Poster no: 9 Abstract no: 0364

Research Topic: End of Life Care, Children and Young People

Methodology: Other collection or analysis method

Research Approach: Systematic Review and other Secondary Research

The experience of parents whose baby is diagnosed antenatally with a life limiting or life-threatening condition: a meta-ethnography

Presenter: Michael Tatterton, PhD, MSc, RNC, RHV, The University of Bradford, UK

Co-presenters(s): Megan Fisher, UK

Abstract

Background

The anticipation of welcoming a new baby is usually a happy time for parents and families. On average, in the UK alone, there are 2,109 neonatal deaths each year from causes likely to require palliative care. Parents who decide to continue with their pregnancy face an unknown journey with uncertain ends. Considerations include the remainder of the pregnancy, delivery of the baby, and decisions around the care of the newborn. Circumstances of individual families must be considered when planning care throughout pregnancy, and during and following birth.

Aim

To increase understanding of how parents experience the diagnosis of a life-limiting or life-threatening condition, during pregnancy and following the birth of their baby, answering the question: 'what is known about the perinatal experiences of parents of infants with a life limiting or life-threatening diagnosis?'

Method

A meta-ethnographic approach was used, in accordance with the eMERGe reporting guidelines.

Results

Four superordinate themes were identified: 'validation', 'enablement', 'dignity' and 'acceptance and hope'. Relationships and connection between professionals, parents and the baby were seen as all-encompassing, which determined the perception of dignity,

acceptance and hope within the parent's perinatal palliative care journey. Parents felt empowered when they had a sense of control and 'normality'. Genuine expressions of kindness and empathy from professionals during life and following the death of a baby were important, giving parents a sense of connectedness and dignity. Having opportunities to talk about the upcoming death of their baby in a timely way offered parents space to maintain control.

Conclusions

Parents highlighted the need for control and a sense of normality relating to their parenting experience. Advance care planning can assist in this, providing professionals with opportunities to demonstrate genuine interest in parents, their baby, and their experience of parenting, using a biopsychosocial approach to care.

Biography

Michael is an associate professor in children's palliative care and the professional lead for children and young people's nursing in the School of Nursing and Healthcare Leadership at the University of Bradford. His clinical career focused on the needs of babies, children and young people with palliative care needs in the hospice, hospital and community setting. His research interests include palliative care for babies, children and young people, family centred care, family nursing and grief, loss and bereavement. Michael is an editor of the Journal of Child Health Care and he sits on the executive board of the International Children's Palliative Care Network. He was awarded The Queen Elizabeth the Queen Mother Award for Outstanding Service Award by the Queen's Nursing Institute, in recognition of his practice, leadership and research in community-based palliative care for babies, children and young people. You can follow Michael on Twitter: @MJTatterton

Poster no: 10 Abstract no: 0276

Research Topic: End of Life Care, Methodology, Service Innovation and Improvement

Methodology: Other collection or analysis method

Research Approach: Quantitative (not included in another category)

Neonatal organ donation: retrospective audit into potential donation at a UK tertiary level neonatal unit

Presenter: Faizah Ali, RN, University College London Hospital, UK

Co-author(s): Katie Gallagher, UK

Abstract

Background

Incidence of neonatal organ donation remains rare despite the existence of guidelines supporting its implementation. Many babies who die in neonatal units could have been potential donors; this is particularly significant as there are so few smaller organs being donated. (Charles, et al., 2014).

Aim

To identify the cause of death and potential eligibility for neonatal donation in a UK tertiary level neonatal unit. Documentation was also explored to determine whether conversations regarding neonatal organ donation were held with suitable families.

Methods

A retrospective audit was undertaken to explore deaths on the neonatal unit between January 2012 to December 2021, identifying infants who could have potentially met the criteria for neonatal tissue and/or organ donation. The most common causes of death were identified.

Results

There were 189 neonatal deaths between January 2012 - December 2021. Of these, 67 infants could have been potential tissue doners (35%), 68 potential organ doners (36%) and 53 potential tissue and organ doners (28%). The most common causes of death were complications arising from prematurity (70 infants, 37%), congenital malformations/abnormalities (63 infants, 33%) and perinatal asphyxia (37 infants, 20%). Only one family discussion regarding potential organ donation was documented.

Conclusion

The audit highlighted a significant missed potential for referral for neonatal organ and/or tissue donation. Further research is required to explore staff knowledge and opinions of neonatal donation to determine the potential impact of these attitudes. Establishing links between the neonatal unit and Specialist nurse for organ donation (SNOD) may help to ensure conversations regarding donation become a routine part of end-of-life care discussions with families where appropriate. This will facilitate informed parental decision-making during end-of-life care for their baby.

Biography

I am a senior neonatal nurse at University College London Hospital, currently undertaking a Chief Nurse Research Internship with my project based on neonatal organ donation.

Poster Tour C Led by Joanne Reid

Theme: Mixed Methods

Poster no: 11 Abstract no: 0326

Research Topic: Nursing, Midwifery or Support Worker Education, Chronic Illness

Methodology: Questionnaire

Research Approach: Survey

Nursing students' attitudes on caring for people living with HIV/AIDS in the UK. A cross sectional study.

Presenter: Theodora Stroumpouki, RN PhD, Kingston University, Faculty of Health, Social Care and Education, UK

Co-presenters(s): Antonio Bonacaro, UK

Co-author(s): Areti Stavropoulou, Greece; Carmela Triglia, Italy; Emanuele Vizilio, Italy; Dimitrios Papageorgiou, Greece; Ivan Rubbi, Italy

Abstract

Background

Caring for people with HIV/AIDS is a challenging issue for nursing students, involving sometimes misconceptions due to different cultural, political and religious views.

Aims

The aim of this research study was to investigate nursing students' attitudes on caring for people with HIV/AIDS.

Method

A convenient sample of undergraduate nursing students enrolled in two British Universities was recruited on a voluntary basis. Data were collected by administering the AIDS Attitude Scale (AAS) in March 2021. Statistical analysis included the ANOVA test, the t–test for independent variables, and the Kruskal-Wallis test with a confidence level P <0.05.

Results

The sample consisted of 162 nurse students, and it was predominantly represented by 1st year students. Students' attitudes toward HIV/AIDS patients were relatively positive, although 37.7% indicated fear of contracting HIV, regardless the strict adoption of precautionary measures. The majority of the participants (51,9%) demonstrated tender, concerned feelings for people with AIDS, while nursing students' positive feelings for HIV/AIDS patients were correlated with their strong willingness to care for them.

Discussion

British nurse students are in general well-disposed towards HIV/AIDS patients. The students' fear of contagion makes them perceive nursing as a high-risk occupation and may indicate a knowledge gap. Specific training may also be required in order to provide better quality of care to this specific patients' group. Nurse students demonstrated caring and attentive attitudes which seem to be aligned with the professional values of a future registered nurse.

Conclusions

The findings of the present study may be used to inform changes in the nursing curriculum and design post-graduate courses on the care of HIV/AIDS patients on a national and international level. Further qualitative research studies are recommended.

Biography

I work as a Senior Lecturer in the field of Acute Adult Nursing at Kingston University. I studied Nursing at the Technological Educational Institute of Athens, Greece, and graduated in 1991. My Ph.D. in Nursing was performed at the University of Wales, College of Medicine, in the UK, and completed in 2000. The title of my thesis was: “Recovery and Quality of life after cardiac surgery. A case study of Greece”. As a clinician, I have practiced in cardiosurgical and cardiac care settings, haematological unit and medical ward. My professional interests include nursing research, development of clinical research, and population health management. My research interests have been focused on quality of life of people who live with cardiovascular conditions as well as with HIV/AIDS. I am also a peer reviewer for professional journals and member of Faculty's Research Ethics Committee at Kingston University.

Poster no: 12 Withdrawn

Poster no: 13 Abstract no: 0214

Research Topic: Nursing, Midwifery or Support Worker Education

Methodology: Other collection or analysis method

Research Approach: Evaluation (process, impact)

Student evaluation of participation in primary research using visual representation

Presenter: Emma Johnston Smith, RN, SCPHN, MSc, PGDip, PGCertHE, Liverpool John Moores University, UK

Co-author(s): Nicola Morrell-Scott, UK; Ian Jones, UK; Debbie Roberts, UK

Abstract

Background

The SHOPS-AF study aims to investigate the effectiveness of a hand-held device in screening for AF in supermarket trolley handles (Jones et al., 2022). A vital component of this study was the recruitment of 2000 participants by healthcare students, predominantly student nurses.

Aims

To understand the student experience of participating in primary research, their perception of research and how research can be embedded in pre-registration nurse education.

Methods

40 students participated in the SHOPS-AF study and were invited to participate in the evaluation. A convenience sample of 19 students proceeded to evaluation in November 2021. Data collection was via an expressive, art-based response to the question 'tell me about your experience of the SHOPS-AF project'. Increasing evidence supports the use of visual representation as a tool for enriching narrative accounts in qualitative research (Horne, Masley and Allison-Love, 2017). The sample was divided into four groups, each provided with a large sheet of paper and drawing material. Students were asked to visually express their experience using the materials with audio-visual recording capturing their process and discussion. Students were able to interact with the facilitator to explore the meaning of their drawings and what it meant for their experience.

Results

Students overall reported positive experiences of participating in primary research, identifying changes in understanding and attitude towards research, highlighting changes in their clinical practice as a result. Students identified challenges within their experience, which they recognised as challenges of primary research but felt negatively impacted their experiences.

Discussion

The discussion considers students' experience of participation in primary research and outlines how this could be embedded into pre-registration nurse education to enhance students' knowledge and confidence when approaching research.

Conclusion

Healthcare students participating in primary research can positively influence understanding and attitudes towards research and should be embedded in nurse education.

Biography

Emma Johnston Smith is a Senior Lecturer at Liverpool John Moores University working across the BSc and MSc pre-registration nursing programmes. Emma recently project coordinated the SHOPS-AF research placement for healthcare students. Research interests include teaching and learning, curriculum design and student experience.

Poster no: 14 Abstract no: 0219

Research Topic: Primary and Community Care

Methodology: Other collection or analysis method

Research Approach: Evaluation (process, impact)

General Practice Nurses taking 'best' evidence into general practice

Presenter: Andrew Finney, RN, RNT, BSc(Hons), Med, PhD, Keele University, UK

Abstract

Background

Applying the findings of best evidence to clinical decisions is not a simple process and is often difficult to achieve. It is widely accepted that evidence-based practice (EBP) is an important pre-requisite for nurses to deliver quality patient outcomes yet there is a discrepancy between the amount of research evidence that exists and the use of this evidence within clinical settings. For this reason, the Staffordshire Training Hub, North Staffordshire and Stoke-on-Trent CCGs and Keele University, formed a partnership to change this for General Practice Nursing (GPN) by forming a regional GPN EBP group.

Aims

Identify areas of clinical uncertainty or unwarranted clinical variation in day-to-day general practice

Critically examine and appraise the evidence to support general practice decisions in these areas and make recommendations for best practice

Methods

A group of GPNs representing Staffordshire general practices are supported by nurse academics at Keele University to identify, appraise and use best available evidence to influence practice at the point of care through the exploration of critically appraised topics (CATs). CATs provide a summary of the best available evidence to answer a clinical question. A CAT is derived from a specific patient situation or problem and therefore has direct relevance to practice.

Results

The group have answered 16 CATs that are published on a dedicated website and fed back directly to general practices through regional newsletter. Local practice and policy have been changed in-line with best evidence where necessary. The group have had two publications (Finney 2016 & 2020) and have just scaled out the uptake from North Staffordshire only, to the whole of Staffordshire.

Conclusions

The Staffordshire GPN EBP group has shown to be a highly effective initiative to bring EBP to GPNs. With support, the CAT approach can be adopted by any nursing field or speciality.

Biography

Dr Andrew Finney is a Senior Lecturer of Nursing and a post-doctoral researcher at Keele University. He specialises in primary care nursing research whilst also leading Keele's Fundamentals in General Practice Nursing programme. Andrew combines these roles by also leading a regional evidence-based practice group for general practices nurses funded by local CCGs and the Staffordshire training hub. He has a broad skill set that includes experience in epidemiology, RCTs and qualitative work. Andrew has published over 30 academic papers.

Poster no: 15 Withdrawn

Poster Tour D Led by Elizabeth Lumley

Poster no: 16 Abstract no: 0329

Research Topic: Patient Experience, Methodology, Women's health

Methodology: Interviewing

Research Approach: Qualitative approaches (e.g.: discourse analysis, ethnography, critical theory, grounded theory, phenomenology)

Capturing complexity. The relational nature of the maternal experience over time, using qualitative longitudinal research

Presenter: Jane Peters, PhD, RN, SCPHN, University of Plymouth, UK

Co-author(s): Jill Shawe, UK; Julia Morgan, UK; Maria Clark, UK; Susie Pearce, UK

Abstract

Background to the method
The birth of a child represents a period of change in family life, incorporating the formation of relationships, identities, and a shift in roles. Previous research on infant emotional and social development has simplified the role of the mother as a research subject (Peters et al., 2019). Qualitative Longitudinal Research (QLR) permits the researcher to 'walk alongside' participants as they experience transitional moments in their lives (McLeod and Thomson, 2009, p.61).

Aim of this paper
To illustrate how QLR captured the relational nature of maternal experience, in terms of past, present, and future relationships as they cared for their infant during the first year.

Methodological discussion
Narrative interviews and researcher field notes were undertaken with seven participants over 15-18 months. The methodological themes of which will be presented here. The narrative interview, a co-construction between the participant and the interviewer, capturing the influence of intergenerational relationships, the joining of the past with the present, and hopes for the future in shaping the care of their child, their experiences over time of mothering, resulting in a continued renegotiation of their identity. Researcher field notes provided a reflexive, account, capturing how the researcher's experiences shaped the study, with observations of the developing relationship between mother and infant over time. A psycho-social approach alongside QLR, acknowledged the temporal in relational and cultural influences in the unconscious and conscious self for both participant and researcher.

Conclusion
QLR enabled the developing relationship between mother and infant to be studied over time, providing an opportunity to revisit the participant and consider how narratives might change or endure over time in response to their recent lived experience (Pearce et al.,

2020). This approach enabled the researcher to capture the complexity and multi-layered nature of the factors that influence the developing maternal-infant relationship.

Biography

I am a lecturer in public health nursing at the University of Plymouth, joining the university in 2005. I am mainly a qualitative researcher with a particular interest in how health care services are experienced. I completed my RGN in 1991 and went to work at the Bristol Royal Hospital for Sick Children in the Oncology and Bone Marrow Transplant Units. I went on to qualify as a Midwife in 1994, during which time I practiced in both hospital and community settings, and as a Specialist Practitioner in Public Health Nursing in 2002. I worked as a specialist midwife for a Sure Start organisation, which sparked my interest in how women experienced the health care services available to themselves and their families. This interest drove my MSc, and later my PhD which focused on the developing maternal-infant relationship using qualitative longitudinal research.

Poster no: 17 Abstract no: 0165

Research Topic: Public and Patient Involvement, Primary and Community Care, Patient Experience

Methodology: Mixed

Research Approach: Systematic Review and other Secondary Research

Understanding the experiences and wellbeing needs of people who access integrated health and social care in the community: an integrative review.

Presenter: Louise Henderson, PhD, MNursing NLP, PGCert LTA, BSc CH, Dip.HE Ad; FHEA, SPDN, RNA., Robert Gordon University, UK

Co-author(s): Heather Bain, UK; Elaine Allan, UK; Catriona Kennedy, UK

Abstract

Background

Global Integrated Health and Social Care (IHSC) guidance sets a precedence of person-centred sustainable services that meet the diverse health and wellbeing needs of Service Users and their families through improved experiences (World Health Organization, 2016). However, current research in the field focuses on service models and evaluation.

Aim

This review synthesises empirical evidence about the experiences of IHSC in the community, to better understand the health and wellbeing needs of people who access it.

Methods

An integrative review framework was employed to search six databases (CINAHL; MEDLINE; AMED; TRIP; Web of Science and Science Direct; 2007-2018) (March-April 2018) (Whittemore and Knafl, 2005). Papers were quality appraised and graded using evaluation

tools appropriate to their chosen methodology. Data were extracted to a thematic matrix and themes were developed using mixed-method descriptive analysis (Braun and Clarke, 2013).

Findings

Twenty studies met inclusion criteria. Three themes were identified, including: relationships, promoting health and wellbeing and difficulty understanding systems. Findings of this review indicate that relationships hold significance in IHSC. People who accessed IHSC were not always involved in planning their care and a lack of clarity in navigating integrated systems negatively affected their experiences.

Discussion

Service User and Informal Carer voices appear to be underrepresented in current literature and studies that included their views were found to be of low quality. Findings from this review outline that the potential impact of relationships between professionals and Service Users must not be underestimated; these grow stronger when providers approach care planning with involvement and collaboration.

Conclusions

Difficulties in navigating IHSC can be reduced by ensuring clarity of structures and connecting with people in IHSC can help individuals to feel involved in their care. More evidence is needed on the impact of HSC as an intervention, and on the experiences of those who receive it.

Biography

Louise is passionate about involving people and communities in co-produced Health and Social Care (HSC) and research. Her areas of interest include HSC education, community and voluntary sector wellbeing support, and project management. Louise completed her PhD study in December 2021, which explored the experiences and perceptions of people who accessed and provided Health and Social Care in the community, within a regional area of Scotland. She is an experienced Lecturer in the School of Nursing, Midwifery & Paramedic Practice at Robert Gordon University, teaching on pre and post-registration academic programmes. Louise is an experienced District Nurse with a background in acute medicine; stroke; geriatrics; rehabilitation; Parkinson’s Disease Specialist Nursing; research and auditing and clinical leadership.

Poster no: 18 Abstract no: 0350

Research Topic: Public and Patient Involvement

Methodology: Other collection or analysis method

Research Approach: Action Research / Participatory Inquiry / Practice Development

The patient at the heart of educational research - establishing a patient research group in higher education

Presenter: Lesley Scott, EdD, PGCE, CiPD, BA Hons, University of Sunderland, UK

Co-presenters(s): Susan McMahon, UK

Co-author(s): Terri White, UK; Tracey Aytoun, UK

Abstract

The faculty has a working model of partnership, with patients and carers being embedded in all levels of the students' educational journey, from the development of new programmes, through selection, induction, modules, assessment and graduation. The ethos of the patient engagement in programmes is underpinned by Tew's Ladder of involvement (Tew et al, 2004) and the co-production ladder. There is clear alignment between these two ladders and ensuring a culture of "Doing with", partnership working in all areas and supporting development.

Breaking down barriers and making research accessible is key to patient/carer involvement in research and fits culturally with the ethos in the faculty. It is vital that patients/carers are involved at the start of the research journey, this is not something that should be added at a later date to comply with funding requirements. The faculty has in the last year established a patient, carer research group; the purpose of the group is "to promote, facilitate and carry out relevant research across the Faculty and to contribute to the evidence base." This group has two aims, one of which is to ensure that patients/carers are co-researchers with academic colleagues, working in co-production from the conceptual start of the research journey. The second aim of the group is to help to break down barriers and facilitate changes in understanding, allowing patients and carers to become enabled, upskilling and building confidence to develop as researchers, knowing how to ask questions and undertake data analysis, thus ultimately improving the teaching experience. This group allows true partnership between patients/carers and academics to co-design, produce and deliver research projects and educational evaluation.

Biography

I have worked in the education of students on health-related educational programmes since 2005 (working at both local and national level) focusing on patient and carer involvement and interprofessional learning. I currently work as the academic lead for patient, carer and public involvement in the Faculty of Health Sciences and Wellbeing. Working to embed patient, carer and public involvement in all health-related courses. Identifying opportunities for PCPI involvement in curricula across a wide number of academic programmes working in partnership with patients and carers to improve student learning. Selected educational interventions also focus on the multidisciplinary team and the development of inter-professional education interventions. I work with over 200 Patient, Carer and Public Involvement participants across full-time, apprenticeship and CPD programmes, focusing on the development of patient-based resources, initiatives and identification of novel opportunities for PCPI involvement across a range of academic programmes to enhance student learning to support the development of patient-focused healthcare professionals.

Poster no: 19 Abstract no: 0182

Research Topic: Mental health

Methodology: Mixed

Research Approach: Qualitative approaches (e.g.: discourse analysis, ethnography, critical theory, grounded theory, phenomenology)

Service user involvement in recovery-oriented care planning: A Realist Synthesis

Presenter: Thomas John, PhD student, University of Kent, UK

Co-presenters(s): Jenny Billings, UK; Patricia Wilson, UK

Abstract

Aims

Service user involvement (SUI) in recovery-oriented care planning (ROCP) warrants more sophisticated theorisation and explanation to support practice improvement. This study investigated which changes to practice work best, in what circumstances, and to what extent, to embed an active SUI in ROCP during the acute inpatient mental health care pathway.

Method

A realist synthesis, combined with qualitative methods, was conducted to theoretically explore the causal mechanisms that underlie SUI in ROCP and how contextual factors influence the link between these causal mechanisms and outcomes.

Results

Five programme theories relating to the acute mental health care pathway were identified following the realist synthesis: 1) ‘Provider-controlled care transition’ referring to limitations to SUI during admission. The focus of care and access to acute inpatients units should be needs-led, rather than resource-led; 2) ‘Care plan as a recovery tool?’ – addressing infrastructural and organisational limitations to active SUI in care-plan formulation; 3) ‘Ward rounds as a non-inclusive arena for shared decision-making’, highlighting their unfulfilled potential for shared decision-making about treatment. Professionals should focus on preparing service users for the ward-round process.; 4) ‘Peer support worker intervention as a key factor in service users’ recovery’, concerning their positive impact. Their presence in ward rounds and care-planning meetings might create a more user-friendly atmosphere for service users; and 5) ‘Provider-controlled care transition’ (discharge practice) increasing focus on preparing service users for transition into the community, and constraints on resources should not dictate or anticipate decisions on discharging service users.

Conclusions

The study identified practices required to embed an active role for service users to be involved in ROCP, namely multi-contextual interventions at various levels (macro, meso

and micro) of the mental health system. The study uncovered barriers that restrain SUI in ROCP, impacting desirable outcomes.

Biography

Tom John is a registered adult and mental health nurse with 22 years of experience. Currently working as the interim Head of Nursing for Acute Care Group at Kent and Medway NHS and Social care Partnership Trust.

Posters: Tuesday 6 September

Poster Tour E Led by Lucy Tomlins

Theme: Cancer

Poster no: 20 Abstract no: 0303

Research Topic: Patient Experience, Chronic Illness, Cancer

Methodology: Other collection or analysis method

Research Approach: Systematic Review and other Secondary Research

Patients' experiences of cancer immunotherapy with immune checkpoint inhibitors: a systematic review and qualitative evidence synthesis

Presenter: Tessa Watts, Cardiff University School of Healthcare Sciences, UK

Co-author(s): Judit Csontos, UK; Dominic Roche, UK; Stephen Jennings, UK

Abstract

Background
Immune checkpoint inhibitors (ICIs) constitute one of the most successful developments in treatments for certain cancer types in recent years, transforming survival outcomes for many with advanced disease. However, the potentially prolonged nature of treatment coupled with the possibility of unique immune-related adverse events means there is potential for a substantial burden of treatment impacting on individual's lives. Understanding patients' experiences of ICIs is crucial to identify their support needs and provide person-centred care.

Aim
To explore patients' experiences of cancer ICIs through a qualitative evidence synthesis (PROSPERO registered: CRD42021261634).

Method
Five electronic databases were searched (MEDLINE, CINAHL, PsycINFO, Embase, Web of Science) from 2010 until January 2022 using MeSH and text-word terms for cancer, immunotherapy, ICIs and qualitative research filters. Retrieved records were screened by two reviewers independently, with conflicts resolved by a third person. Relevant data were extracted from full-text papers and the quality of included papers was assessed with Critical Appraisal Skills Programme Checklist (CASP). Thematic synthesis methods were used to combine primary study findings.

Results
The searches identified 1318 records and following duplicate removal, 1022 unique entries were screened resulting in 34 full-text papers being further examined. Included research methodologies were qualitative and mixed methods studies, with data mainly collected

via in-depth interviews or focus groups. Common themes were: hope for ICI as a medical innovation; side effects' impact on quality of life; uncertainty; and the psychological impact of cancer diagnosis and treatments, information and supportive care needs.

Discussion and Conclusion

While ICIs were often perceived positively by patients, providing hope and potential for prolonged survival, there were numerous unmet needs identified particularly regarding information, psychological, and practical support. Healthcare professionals need to make sure that information about side effects and cancer prognosis is clearly communicated and support is available for patients with unmet needs.

Biography

Tessa is a Reader in Nursing at the School of Health care Sciences at Cardiff University. Tessa is a qualitative researcher with an academic grounding in the social sciences and nursing. She is particularly interested in people's experiences of health care delivery and support in the fields of cancer, palliative and end of life care and co-producing education interventions to support healthcare professionals in their practice and patients. Tessa is Deputy Research theme lead for the School's research theme, Optimising wellbeing and the management of long-term conditions and an honorary Professor at Swansea University.

Poster no: 21 Abstract no: 0204

Research Topic: Patient Experience, Service Innovation and Improvement, Cancer

Methodology: Interviewing

Research Approach: Case Study

The role of nurses in supporting the psychosocial support needs of women with breast cancer in Saudi Arabia: a case study.

Presenter: Manal Slagour, RN, Onco Dip, MSN, The university of Manchester, UK

Co-author(s): Steven Pryjmachuk, UK; Hilary Mairs, UK

Abstract

Background

Psychosocial support (PSS) is important in breast cancer care. In many countries, PSS is provided by specialist breast cancer nurses. In Saudi Arabia, however, specialist breast cancer nursing is underdeveloped and variable. The specialist role is generally unrecognised, with PSS being offered by social workers, physicians and sometimes 'primary' nurses (i.e., non-specialist RNs). Hospitals with specialist cancer units are more progressive with some starting to embrace the concept of specialist nursing. However, these hospitals vary in how they conceptualise specialist nursing in terms of job expectations, the qualifications, education and training required, and job title.

Aim

To explore the role of nurses in supporting the psychosocial support needs of women with breast cancer in Saudi Arabia.

Method

Design was a single embedded case study. Data were collected from one tertiary hospital in Saudi Arabia during June 2021 to August 2021 using semi-structured interviews and non-participant observations. Relevant documents were also a data source. Purposive non-probability sampling was used to interview 31 key stakeholders, including 12 women with breast cancer, 11 primary nurses, 2 nurse coordinators/specialists, and 6 physicians. Data was analysed using Framework analysis (Richie et al., 2014).

Findings

In analysing and synthesising the data sources, several broad themes emerged including: the psychosocial needs of women with breast cancer, professionals' views on how these needs should be met, the barriers to/facilitators of psychosocial assessment and management, and professional and patient views on the specialist nurse role in meeting PSS needs.

Conclusion

This study suggests that understanding PSS in breast cancer services, particularly nurses' contributions to this support, may influence the development of a structured specialist nurse role in those services in Saudi Arabia, and thus develop better services for women with breast cancer.

Biography

Manal Slagour, BSN (Hons), RN, Onco. Dip, MSN, is currently a PhD student at the University of Manchester. Manal has 18 years of experience in Oncology Nursing. She has held several positions in oncology; staff nurse, charge nurse, nurse clinician, and most recently clinical nurse coordinator for breast cancer patients at King Faisal Specialist Hospital & Research Centre - Jeddah (KFSH&RC-J), a Magnet recognised hospital. She received the stars of excellence award for best Clinical Nurse Coordinator at KFSH&RC-Jeddah in 2015. She has given numerous presentations on oncology nursing topics within the KFSH&RC-J and at various conferences. She has strong connections with a number of Saudi breast cancer associations such as, Zahra Breast Cancer Association and many more. Her PhD research is looking into the role of nurses in meeting the psychosocial needs of women with breast cancer and investigating the capacity and capability of a specialist nurse role in meeting those needs in Saudi Arabia.

Poster no: 23 Abstract no: 0332

Research Topic: Cancer

Methodology: Documentary Research

Research Approach: Systematic Review and other Secondary Research

The nature, scope and use of web-based interventions for patients with head and neck cancer: A scoping review

Presenter: Rosemary Kelly, PhD, MSc, RSCN, Ulster University, UK

Co-author(s): Peter Gordon, UK; Cherith Semple, UK; Ruth Thompson, UK

Abstract

Background

Incidence of head and neck cancer is rising in the UK. Treatment modalities with curative intent are: surgery; radiotherapy; combination therapy. Accurate and representative information can promote shared decision-making and preparedness for treatment.

Aims

Two research questions were developed:

1. What web-based interventions are available for patients with head and neck cancer to aid decision-making and preparedness for treatment?

2. From empirical studies, identify and review how head and neck cancer patients use web-based interventions across the treatment trajectory.

Methods

Criteria: For empirical studies: patients over 18 years; primary research studies; web-based interventions including specific head and neck cancer content. For web sites: first 100 unique sites accessible through Google.

Searches: For empirical studies: January 2010-December 2020. Medline Ovid; Scopus; Pubmed; Embase; Cochrane; PsychInfo; Web of Science. Websites: 3rd February 2021.

Analysis: For empirical studies: Data extraction included author; year of publication; journal; database; search terms; design; outcomes; final inclusion. Thematic analysis using Thomas and Hayden's 3-step framework of coding, descriptive and analytical themes. Websites: Health on the Net certified. QUEST appraisal tool.

Results

Themes from empirical papers:

Providing information about head and neck cancer and related treatments; Ongoing advice and support during treatment; Management strategies promoting adjustments to life with and beyond cancer; Optimisation and quality of web-based interventions for head and neck cancer patients

Themes from websites:

Patient stories; Information on the management of head and neck cancer; Information about the healthcare professionals/head and neck cancer team.

Conclusions

No evidence of other scoping reviews melding research papers and websites to understand availability of resources for head and neck cancer patients. Lack of interventions including patient narratives to aid decision-making and preparedness for treatment. Given the paucity of theory-based, co-design web-based interventions, there is a need for further work.

Biography

Dr Rosie Kelly is a registered Sick Children's Nurse who retired from clinical practice in 2016. She was awarded a PhD at Ulster University in 2020 and is currently working as a research assistant with the university. Her current projects include developing an online resource for head and neck cancer patients and analysing data from an Interreg Diabetes study on unscheduled care for diabetes patients across the UK and Ireland.

Poster no 24: Withdrawn

Poster Tour F Led by Maureen Smojkis

Theme: Workforce, Employment and Technology

Poster no: 25 Abstract no: 0207

Research Topic: Workforce and Employment (including health and wellbeing roles, research careers)

Methodology: Mixed

Research Approach: Evaluation (process, impact)

Careers advice for aspiring clinical academic nurse and midwife leaders: development and evaluation of a clinical academic careers advisory service

Presenter: Alison Richardson, PhD, MSc, BN, RN, University of Southampton, UK

Co-presenters(s): Caroline Nicholson, UK

Abstract

Background
Nursing and midwifery applicants research training awards have a statistically lower success rate compared to other professional groups, and number of applications received from nurses and midwives is not as high as could be [1] . The NIHR Nursing and Midwifery Incubator was established to accelerate capacity building. Mechanisms to support research career development varies widely across England. A bespoke advice and information service was developed and tested. The service consisted of a virtual network of nine advisors operating through three regional hubs (North West, East Midlands and South East). A pilot during 2020/2021 examined operational processes and ascertain demand, acceptability and outcomes.

Method
A post appointment questionnaire gathered feedback from those accessing the service and advisors about their experiences of, and satisfaction with, the service. Advisor focus groups (N=3) augmented survey data.

Findings
84 enquiries, 72 appointments offered and 62 completed: 46 nurses and 16 midwives. Service was rated “very accessible” (score 4.6/5) and time available to discuss queries “about right” (score 4.78/5). Majority accessing the service were early in a research career. Advisors felt well equipped and appointments had gone well. Individuals described outcome of appointment as: improved knowledge of who and how to access support; range of funding opportunities; elements involved in developing a strong fellowship application; and taking next steps to develop a clinical academic career.

Conclusion
Service model could address geographical and organisational inequalities offering advice about clinical academic careers and associated training fellowships. Establishing regional

spokes, linked to a national coordinating hub, whereupon advisors work in concert to build nursing and midwifery-related research capacity and capability, merits serious consideration.

Biography

Alison has held the position of clinical professor of cancer nursing and end of life care, a joint post between University of Southampton and University hospital Southampton, since 2009. As Director of the Southampton Academy of Research she leads a team devoted to enabling career development of health professionals interested in, and committed to, a research-related career. She is Director of the NIHR Applied Research Collaboration Wessex. She has a part-time secondment with NHS England and NHS Improvement as Head of Nursing Research (Academic leadership and Strategy) and together with Prof Joanne Cooper leading the implementation of CNO's strategic plan for research.

Session no: 26 Abstract no: 0157

Research Topic: Respiratory, Methodology, Service Innovation and Improvement

Methodology: Other collection or analysis method

Research Approach: Other approaches

Embedding Research in Care (ERIC) units: increasing research engagement amongst clinical staff

Presenter: Maggie Shepherd, BSc (Hons), RN, PhD, Royal Devon and Exeter NHS Foundation Trust, UK

Co-author(s): Nicki Pamphilon, UK; Bridie Kent, UK; Helen Quinn, UK

Abstract

Background

Research active hospitals have better patient outcomes but barriers to research include inadequate knowledge/training and perceptions of research as a specialist activity. The NIHR70@70 programme provided protected time to enable an Embedding Research In Care (ERIC) unit to be established within one South West Trust to foster a positive research culture and increase clinical staff engagement in research.

Aims

To increase research awareness, confidence, and activity amongst nurses and AHPs within the ERIC unit.

Methods

The ERIC unit (launched April 2021) was supported by a dedicated research facilitator (NP), senior researchers (MS/BK), and R&D director (HQ). Evaluation was integral, with a staff research self-assessment tool administered at baseline. The research facilitator engaged with clinical staff (specialist nurses/ward staff/physiologists/physiotherapists/medics).

Monthly core and quarterly steering group meetings, including patient representatives, were established to discuss progress and provide oversight.

Findings/Results

Five individuals within the ERIC have gained funding to 'buy-out' time for research activities: Two Research Associates (specialist nurse/sleep physiologist), one Intern (specialist nurse), two Chief Nurse Research Fellows (CNRFs) (staff nurses). One CNRF was further supported 1 day/pw on a trial providing an opportunity for a joint clinical/research role.

Staff across the unit identified 14 clinical problems with support from NP, these were triaged into service evaluation, audit or research projects and are being progressed.

Additional strategies for increasing research awareness included: inclusion of research within team meetings/morning briefings, restarting whole team respiratory research meetings, distribution of research leaflets by early support discharge and ILD teams, NP working on site with the teams to increase engagement. Future plans include development of 'research link roles' within the ERIC.

Conclusion

The establishment of an ERIC unit within respiratory has raised awareness of research opportunities, provided engagement with research for clinically based staff nurses and AHPs to begin to bridge the gap between clinical care and research (Shepherd 2022).

Biography

Maggie trained as a RGN at King's College Hospital and worked as Diabetes Specialist Nurse in Greenwich before joining the monogenic diabetes team in Exeter in 1995. She has a PhD in Medical Science and qualifications in Specialist Nursing (diabetes), Medical Education, Genetic Counselling and Genomic Medicine. She is an NIHR70@70 Senior Nurse Research Leader, lead nurse for Research at the RDE and consultant lead for the national monogenic diabetes project with NHSE/GMSA. She has >145 publications (40+ first author) and was the first nurse awarded the Arnold Bloom award lecture at Diabetes UK 2019 in recognition of her work in improving lives of people with monogenic diabetes. She was one of just four UK nurses and midwives to be included among the Women in Global Health's 100+ Outstanding Women Nurses and Midwives 2020 for her work and has been awarded a prestigious Florence Nightingale Foundation Leaderships scholarship 2022.

Poster no: 27 Abstract no: 0227

Research Topic: Workforce and Employment (including health and wellbeing roles, research careers)

Methodology: Other collection or analysis method

Research Approach: Other approaches

Effective Data Capture as an Enabler in Research Capacity Building activities: Developing and implementing The Newcastle upon Tyne Hospitals Nursing, Midwifery and Allied Health Professionals (NMAHP) Research Dashboard

Presenter: Linda Tinkler, RN, MclinRes (Leadership), BSc (Hons), The Newcastle upon Tyne Hospitals NHS Foundation Trust, UK

Co-author(s): Ian Joy, UK

Abstract

Background

The accurate and timely capture of data to illustrate support for, progress towards and outputs from research capacity building endeavours, is fundamental to progressing the clinical academic agenda for the benefit of patients, Nurses, Midwives and AHPs (NMAHPs) in the NHS. Longitudinal data collection has the potential to facilitate a range of planning possibilities from an individual, organisational, and national perspective. The ability to proactively identify areas of strength and address unmet need would serve as a powerful tool in advancing this agenda. Data stratified by profession, role, clinical area, research focus, submission to and outcomes of competitive programmes, and the accurate tracking of support, mentorship, and internal funding or time dedicated to this end, enables a measure of the true and often tacit time and resources required to achieve success. Currently, contributions to national annual progress data, is of limited accuracy due to a reliance on self-reporting and organisational soft intelligence. This in turn, risks the accuracy and representativeness of national data contributing to national strategies. The aim of this project was to develop a dashboard with the functionality to significantly reduce the work associated with a manual system, enabling a focus on proactivity and strategic planning based on routinely collected, accurate data.

Methods

At Newcastle upon Tyne Hospitals NHS Foundation Trust, consultation and development with our IT software development and business information teams, led to the build and launch of a bespoke, centrally held, digital NMAHP research activity dashboard.

Results

Following a 30-month timeline of iterative development and testing, the dashboard now provides high value, accurate and visible data, through greater functionality and analysis abilities.

Conclusion

The introduction of the NMAHP Research dashboard has improved our strategic planning abilities, reduced avoidable risk, and increased the visibility of our NMAHP Research community, inspiring others and identifying needs proactively.

Biography

Linda is the Trust Lead for NMAHP Research at Newcastle upon Tyne Hospitals. Her role involves leading the NMAHP Research agenda on behalf of the Chief Nurse team, facilitating policy and strategy enablers to benefit the development of NMAHP clinical academic careers across the trust. Linda has worked in the NHS for over 20 years. Her research roles have included working as a Clinical Research Nurse and an Academic Research Nurse. Linda's own research is exploring behaviours at the interface between clinical research delivery and clinical practice. This work is currently ongoing through a PhD funded by the RCN Strategic Research Alliance at the University of Sheffield School of Nursing & Midwifery. Linda is a qualified and active coach with an interest in Leadership in the NHS, which weaves through her own research. Linda is also a Florence Nightingale Scholar and is one of the NIHR 70@70 Senior Nurse Leaders.

Poster no: 28   Abstract no: 0312

Research Topic: Workforce and Employment (including health and wellbeing roles, research careers)

Methodology: Other collection or analysis method

Research Approach: Action Research / Participatory Inquiry / Practice Development

Development of a new research competency framework for clinical research nurses and midwives

Presenter: Clair Harris, RGN BSc MSc, Guy's and St Thomas NHS Foundation Trust, UK

Co-presenters(s): Naomi Hare, UK

Co-author(s): Laura McCabe, UK; Hemawtee Sreeneebus, UK; Teresa Crowley, UK

Abstract

Background

The role of the clinical research nurse and midwife (CRNM) is relatively new, with a diverse scope of practice across different clinical and healthcare settings (Jones, 2017). There is a lack of a contemporary competency framework relevant to research practice and skills for registered nurses or midwifes new to a research role.

Aims

This paper aims to share the development and application of a new competency framework within one acute NHS London trust.

Methodology

The aim of the project was defined by research delivery team leaders, and the framework was created through a systematic and inclusive process:

A literature review characterised the CRNM role, and a holistic concept of professional competency (Fukada, 2018) was adopted.

Thirty-seven elements of the CRNM role were identified through brainstorm technique with an expert panel. Elements were reduced down through cyclical round table discussion with expert representation from diverse specialist areas.

The draft framework comprising 15 competency statements and associated knowledge, skills and behaviours was subjected to copy-write review to ensure consistency and readability.

A diverse service-user panel were engaged to comment and further develop the framework, and an internal panel of equality, diversity and inclusion agents contributed to ensure inclusivity and accessibility.

Final review by research delivery leaders for completeness and accuracy completed the framework for roll-out and review across a large NHS Trust

Discussion

The holistic framework aims to drive best practice and enables CRNM's to establish a clear development plan for their first 6-12months.

Other frameworks didn't meet the specific need of a minimum standard for research skills. There was a paucity of literature characterising the specific role of the research midwife.

Conclusion

It is recommended that the framework is adopted as part of a bundle of career development provision. It may be applicable for other Trusts.

Biography

Clair is the Head of research delivery workforce at Guy's and St Thomas' NHS Foundation Trust in South London. She has background as a Critical Care Nurse and previously led an Anaesthetic Critical Care ED and Trauma Research team at King's College Hospital and has a particular interest in Critical Care Research. She has an MSc in Professional Leadership in Healthcare and is a strong advocate for the vital role of Research Nurses in patient-centred clinical research delivery. Areas of interest are workforce development, development of the Clinical Research Practitioner role and capacity building for NMAHP research.

Poster no: 29 Abstract Number 0255

Research Topic: Public Health (including health promotion), Patient Safety (including human factors, infection prevention and control etc), Leadership and Management

Methodology: Focus groups

Research Approach: Action Research / Participatory Inquiry / Practice Development

Evaluation of a Practice Development Unit (PDU) in a Malawian Hospital

Presenter: Judith Carrier, Senior Fellow HEA, Co-Deputy Director, Wales Centre for Evidence Based Care, School of Healthcare Sciences, Cardiff University

Co-author(s): Beverley Johnson, UK; Belinda Gombachika, UK; Dianne Watkins, UK

Abstract

Background

Erasmus funding was obtained to establish a PDU on a medical ward in a Malawian hospital. Evaluation was funded via Global Challenge Research Funding 2020 – 2021.

PDU practice is a facilitated process to develop person-centred, evidence-based healthcare using an emancipatory change approach. It assists with enhancing quality and safety of clinical services, multi-disciplinary team communication, and development of shared values and priorities (Bradd et al 2017). Needs analysis undertaken with ward staff prioritised three key areas for improvement: ward cleanliness, admission/ discharge of patients with diabetes and ward rounds. Planning and implementation utilised quality improvement methodology and staff were trained in this method.

Research Aim

To evaluate the impact of the PDU.

Methods

The Medical Research Council Framework for process evaluation was chosen to evaluate the barriers/facilitators to implementation and identify effective measures utilised to improve care. This is appropriate for evaluating and reporting complex interventions, defined as those that consist of multiple interacting components (Moore, et al 2015).

Rapid reviews underpinned development of evidence-based protocols. Data collection included baseline and follow up audits, observation of practice, online interviews with clinical and academic staff, and focus groups with ward staff. Data were transcribed and analysed using NVivo.

Results

Ward cleanliness – patient guardians are involved in supporting ward cleanliness, the cleaning protocol is followed by cleaners, reinforced by nurses.

Nurses are following the evidence-based protocol for the admission and discharge of patients with diabetes.

Some success was achieved with improvement in nurse attendance at ward rounds and use of SBAR to aid communication.

Conclusion

A PDU established in a developing country can be successful, despite adverse environmental conditions and lack of resources, providing cultural issues are addressed and staff are involved in the assessment of need, prioritisation and supported with implementation.

Biography

Judith Carrier is a Professor in Primary Care/Public Health Nursing and co Deputy Director of the Wales Centre for Evidence Based Care-a JBI Centre of Excellence, at Cardiff University School of Healthcare Sciences. Her research and teaching interests include evidence synthesis and utilisation, and long-term condition management, specifically diabetes she has published numerous systematic reviews and research papers, in addition to a textbook on the management of long-term conditions in primary care. Her PhD focused on the social organisation of practice nurses' use of knowledge. Her clinical background was in general practice nursing where she specialised in the care of people with diabetes. Judith has presented at national and international conferences on systematic review methods and long-term conditions. She is a member of the JBI qualitative and mixed methods groups and is a senior associate editor for JBI Evidence Synthesis. She has a keen interest in global health and has led and collaborated on projects in Malawi, Zambia and Europe focusing on evidence implementation.

Poster no: 30 Abstract no: 0229

Research Topic: Mental health

Methodology: Mixed

Research Approach: Evaluation (process, impact)

Evaluation of the impact of the use of a caseload management tool (MaST) in Mersey Care NHS Foundation Trust

Presenter: Caroline Gadd, DipHE Paediatric Nursing, Holmusk, 415 Linen Hall, 162-168 Regent Street, UK

Co-presenters(s): Zo Payne, UK

Co-author(s): Martin Morse, UK; Lisa Cummins, UK; Wayne Smith, UK; Emily Palmer, UK; Co-author(s): Rashmi Patel, UK

Abstract

Background

The rising demand for NHS community mental health services means that effective caseload management is essential to ensuring safe and timely access to care. The Management and Supervision Tool (MaST) is a decision support tool to enable Community Mental Health Teams (CMHTs) to identify people most at risk of using mental health crisis services.

Aims

Evaluate MaST’s implementation as part of the wider community mental health transformation programme at Mersey Care NHS Foundation Trust.

Method

Using the logic model, pathway analysis, and stakeholder engagement, we analysed the impact of MaST 6 months before and after implementation, comparing community with inpatient admissions. The study period was July 2018 to March 2020. Mental health crisis was defined as an open episode to a psychiatric inpatient ward or a Crisis Resolution Home

Treatment Team (CRHT) or multiple contacts with community crisis services within a week. Estimations of care costs based on Information on Patient Level Information and Costing System (1). This analysis was conducted by the Midlands and Lancashire CSU Health Economics Unit.

Results

The duration of mental health crises and length of stay in an inpatient setting following a mental health crisis was reduced. The share of median days in hospital versus in the community reversed, with seven days in ten being managed in the community (compared with three before MaST).

The shift from inpatient to community is estimated to have saved £1.7 million in the six-month period after MaST was introduced.

Discussion

MaST's implementation was associated with a shift in crisis care from an inpatient setting to a community crisis service. A limitation was the difficulty distinguishing MaST's impact from the pandemic and Trust led improvements. Prospective studies will enable a better understanding of the potential for clinical data visualisation tools to reduce rates of adverse outcomes and care costs.

Biography

Caroline is the Managing Director of Holmusk in the UK and the founder of MaST, a predictive analytics and caseload management solution which enables Mental Health Services to transform care. Caroline has been awarded the NHS Innovation Accelerator Fellowship from 2020-2023. Caroline is a nurse by profession and has spent her career so far working in healthcare in a variety of NHS, social care and healthcare industry roles. She is an active member of the Positive Practice in Mental Health Collaborative and is passionate about innovating to benefit patients and NHS workers

Poster Tour G Led by Louise Henderson

Theme: Systematic Review

Poster no: 31 - Withdrawn

Poster no: 32 Abstract no: 0258

Research Topic: Mental health, Patient Experience

Methodology: Documentary Research

Research Approach: Systematic Review and other Secondary Research

Urban impact on the development, perpetuation, and mitigation of psychosis: A scoping review of the participatory evidence

Presenter: Mark Batterham, PGCert Mental Health; MA Housing Policy; MSc Urban Planning, Avon and Wiltshire Mental Health Partnership NHS Trust, UK

Co-author(s): Kris Deering, UK

Abstract

Background

Complex variation exists within the well-established association between urban living and risk of psychosis (Fett *et al.*, 2019). Many studies investigating the ‘urbanicity effect’ tend to employ epidemiological methods, while service user perspectives are less explored (Abrahamyan Empson *et al.*, 2020), and the spatial dimension of their recovery is largely neglected (Baumann *et al.*, 2022).

Aim

To generate a scoping review from participatory studies to explore urban influences on the development, perpetuation and mitigation of psychosis.

Methods

Database and manual searches were performed to identify primary studies using participatory research approaches to ensure a degree of service user voice. For rigour, PRISMA guidelines for scoping reviews were followed.

Results

12 studies met the review criteria. A variety of methodologies was used across a range of urban settings. Neighbourhood instability and disorder appeared to shorten age of illness onset and delay treatment uptake respectively. Urban upbringing was associated with a blunted affective response to stress. As symptoms emerged, sensory overload and perceived interpersonal difficulties stimulated avoidant behaviours. However, open, green and everyday spaces such as cafes and shops provided opportunities for relief, routine and (re)connection with others.

Discussion

The findings indicate a need for individuals recovering from psychosis to be supported to identify and engage with places that promote healing. Such interventions should be personalised and integrated with existing treatments. Geographical concepts and methods can help to assess and enhance a sense of place based on meaningfulness and attachment.

Conclusion

Psychosis appears to be impacted by urban life in ways dependent on individual needs and contextual factors. Perceived agency is key in the utilisation of urban places and spaces. Participatory research points the way towards spatial interventions for individuals recovering from psychosis.

Biography

Mark works as a community nurse in a specialist psychosis treatment service in the West of England. He has worked with marginalised young people for many years. Mark has also studied housing policy and urban planning. He is currently supported through NHS Research Capability Funding to investigate urban influences on the development, perpetuation and mitigation of psychosis. He has been working with service users and carers to prepare an application for NIHR funding to continue this work. Mark is also leading a service evaluation of walking approaches to support early psychosis recovery. Author only.

Poster no: 33 Abstract no: 0205

Research Topic: Workforce and Employment (including health and wellbeing roles, research careers)

Methodology: Mixed

Research Approach: Systematic Review and other Secondary Research

Nurses' Experiences of Caring for Severely Ill Patients during Infection Outbreaks (pandemic / epidemic): A Mixed Methods Systematic Review

Presenter: Eunice Temeng, RN, MSc, PhD student, Cardiff University School of Healthcare Sciences, UK

Co-author(s): Rachael Hewitt, UK; Rachael Pattinson , UK; Anna Sydor, UK; Dean Whybrow, UK; Tessa Watts, UK; Christine Bundy, UK

Abstract

Background

Nurses play an essential role in responding to severe infection outbreaks which bring considerable challenges to their personal and professional wellbeing. This subsequently can affect the delivery of care and healthcare organisational capacity to respond.

Aims

This review synthesised the literature on nurses' experiences and coping strategies when caring for patients during outbreaks of severe viral disease.

Methods

A mixed-methods systematic review (MMSR) (Lizarondo et al., 2020) informed by the Joanna Briggs Institute (JBI) methodology. Five electronic databases Medline, CINAHL, PsychInfo, ASSIA, and Scopus were searched on 4th April 2021. 71 peer-review primary research articles describing nurses' experiences of caring for patients during SARS, MERS, Swine flu H1N1, Avian influenza, or SARS-CoV-2 / COVID-19 published in the English language from 2003 to 2021 were included.

Findings

The findings were synthesised and reported in the context of Leventhal et al.'s (1980; 1992) Self-regulatory Common-Sense Model. We found links between nurses' perception of the health threats and their emotional reactions, and coping strategies. Health threats were particularly influenced by organisational factors including frequent changes in clinical guidelines and workplace protocols, heavy workloads and working hours, staff shortage, unavailability of PPE, and lack of knowledge and training. These challenges impacted nurses' physical, psychological and social well-being. Nurses reported helpful and unhelpful coping strategies both problem-focused and emotion-focused to manage their perception of the health threats.

Conclusion

It is vital for stakeholders, policymakers, government, and healthcare institutions to recognise and monitor the wider impact on healthcare providers from health emergencies. In addition, support to develop and implement effective systems and individual mechanisms to off-set the impact pre and post pandemics / epidemics is needed. This work can inform those strategies for similar future emergencies.

Biography

Eunice is a registered nurse (Adult field) and a PhD student at Cardiff University. Eunice has extensive clinical experience. She has a particular interest in nurses wellbeing, and she is currently undertaking a PhD in this area. Tessa is a Reader in Nursing at the School of Health care Sciences at Cardiff University. Tessa is a qualitative researcher with an academic grounding in the social sciences and nursing. She is particularly interested in people's experiences of health care delivery and support in the fields of cancer, palliative and end of life care and co-producing education interventions to support healthcare professionals in their practice and patients. Tessa is Deputy Research theme lead for the School's research theme, Optimising wellbeing and the management of long-term conditions and an honorary Professor at Swansea University.

Poster no: 34 - Withdrawn

Poster Tour H Led by Maria Cable

Theme: Qualitative Approaches

Poster no: 35 Abstract no: 0281

Research Topic: End of Life Care

Methodology: Other collection or analysis method

Research Approach: Qualitative approaches (e.g.: discourse analysis, ethnography, critical theory, grounded theory, phenomenology)

Cultural Probes: A research method to facilitate palliative and end of life care research

Presenter: Louise Bolton, MSc, BSc, RN , University of Sheffield, UK

Abstract

Background

The global increase of older people approaching the end of life with chronic conditions presents a need for further palliative and end of life care research (Higginson, 2016). The need for innovative and considered research methods to explore the physical, social and spiritual life dimensions for those receiving palliative and end of life care is necessary to gain meaningful insights upon which to inform future patient care.

Aims of the paper

To present the use of the Cultural Probe research method in the context of palliative and end of life care research.

Methodological Discussion

Cultural probes facilitate individuals discovering beyond immediate situations to explore personal ‘beliefs, desires and cultural preferences’ (Burrows, Mitchell and Nicolle, 2015 p:920). This is an arguably suitable approach to utilise when wanting to explore the unconscious feelings and meanings within the lives of participants. Probe design takes much consideration, recognising that using probes is a facilitation of participants expressing perceptions as opposed to controlling responses (Burrows, Mitchell and Nicolle, 2015).

Probes are specifically designed to capture when a participant wishes to freely talk about feelings or emotions, giving opportunity for presentation of their biography upon a situation in real time (Gaver *et al.*, 2004). Visual expressions of feelings or emotions are also captured, recording constructs that may have otherwise been missed. Studies exploring personal values, needs and meanings using cultural probes have demonstrated their ability to deliver an otherwise unexplored elements of participants lives (Burrows, Mitchell and Nicolle, 2015).

Conclusion

Understanding the underpinning philosophy of cultural probes and their practical application within palliative and end of life care research may assist other researchers to gain rich and meaningful insights into the daily lives of participants. Furthermore, it may facilitate the presentation of useful and truthful participant realities within research findings.

Biography

Louise Bolton is a final year PhD researcher at the University of Sheffield, undertaking a Royal College of Nursing Strategic Research Alliance Scholarship. Her research is upon the presence and absence of meaningfulness in the daily lives of people living with palliative care needs arising from COPD. Louise has used an innovative research method, Cultural Probes, within her study. Louise is also a Lecturer in Adult Nursing at Derby University and is a registered nurse who remains working in clinical practice.

Poster no: 36 Abstract no: 0339

Research Topic: Service Innovation and Improvement

Methodology: Interviewing

Research Approach: Qualitative approaches (e.g.: discourse analysis, ethnography, critical theory, grounded theory, phenomenology)

Nurse involvement in the implementation of a quality improvement initiative

Presenter: Dominic Roche, PhD, Cardiff University School of Healthcare Sciences, UK

Abstract

Aim

This presentation explores the role of nurses in a Quality Improvement (QI) initiative – the Enhanced Recovery after Surgery (ERAS) programme – across two case studies in a hospital in Wales.

Background

Policy makers and professional regulators expect and encourage nurses to engage in QI initiatives and such initiatives are known to rely on staff engagement, teamworking and effective leadership to support their success. However, evidence suggests staff are reluctant to engage in QI as this is often viewed as additional work for relatively little benefit.

Design

The author undertook a secondary analysis of qualitative data sets of semi-structured interviews with nurses generated from data generated for his doctoral thesis (2016).

Methods

Secondary thematic analysis of the data of interviews with nurses from the original study, guided by Braun and Clarke’s (2006) six-step process.

Findings

The examination of the role of nurses in the development and implementation of an ERAS programme helped to identify the relevance of local context including ‘legitimising proposed changes’, ‘effective local leadership’ and ‘acknowledging nursing as a professional community’ and highlights the role of frontline nurses as an essential group in supporting QI innovation in complex adaptive systems.

Conclusions

Little is reported in the literature about the specific role of nurses in supporting QI initiatives and this presentation adds to the limited body of evidence to support healthcare organisations in considering the role of nurses in such initiatives and identifying the relevance of local context. The findings provide insight into the role of nurses in supporting the development and implementation of a quality improvement initiative, including encouraging and supporting nurses to take part in the development and implementation of programmes such as ERAS.

Biography

Dominic is a lecturer in adult nursing at Cardiff university with a particular interest in the role of nurses in service improvement, along with patient involvement in health and social care.

Poster no: 37 – Withdrawn

Poster no: 38 Abstract no: 0010

Research Topic: Leadership and Management

Methodology: Other collection or analysis method

Research Approach: Qualitative approaches (e.g.: discourse analysis, ethnography, critical theory, grounded theory, phenomenology)

Older Registered Nurses working in UK healthcare – where to from here?

Presenter: Susan Smith, Masters Science Advanced Clinical Practice, Anglia Ruskin University, UK

Abstract

Background
During the 2020 UK (UK) Corona Virus surge, older health professionals working in an Urgent Treatment Centre asked, ‘How will a healthcare workplace promote the physical health of older Registered Nurses (RN)?’

Aims and Objectives
This research was designed to systematically explore the current literature relevant to physical health interventions for older RNs working in UK healthcare.

Method
A database and hand search initially identified 3777 articles. Only five articles complied with the selection criteria and were finally accepted. Of the five articles, three were literature reviews and two primary research outcomes.

Strauss and Corbin’s Interpretivism Grounded Theory (IGT) approach underpinned the research method. IGT supports novel research topics, addressing issues of diversity within and between articles. Data deconstruction, reconstruction and constant comparison outcomes increased generalisability of results.

Results
Data analysis and synthesis formed a model where four main factors were identified as influencing the physical health interventions for older UK RNs. These factors included:

- Culture; the cultural perception of nursing and nurses in the UK,
- Organisation; job role and environmental demands,
- Research; the paucity and inferior quality of previous and current research about physical health interventions for older RNs,
- Interventions; the current implementation of untested and unevaluated health interventions.

Conclusions
Greater urgency is required to address the paucity of knowledge about older RNs physical health and interventions that promote health. Implementation of tested and evaluated physical health interventions are essential to maintain the health of older RNs and retain them within the current and future UK healthcare system.

Biography
Susan Smith is a Registered Nurse with experience working in both the Southern and Northern hemispheres. Sue has spent the last decade in the UK where she worked collaboratively to develop the innovative 'West Suffolk Care Home Model'. The model won the NHS East of England Leadership Award in 2015 for "Innovator of the Year' and the NHS Leadership Recognition Awards 2016 for 'Outstanding Collaboration of the Year'. When completing the MSc dissertation, Sue also developed the 'Older Nurses Physical Health Model' which is designed to direct, support and enhance research about older Registered Nurses. Sues ambition is to continue research projects in the future to add to the growing body of nursing related evidence.

Poster no: 39 Abstract no: 0235

Research Topic: Acute and critical care

Methodology: Other collection or analysis method

Research Approach: Qualitative approaches (e.g.: discourse analysis, ethnography, critical theory, grounded theory, phenomenology)

Nurses' Views on the Use of Physical Restraints in Intensive Care: A Qualitative Study

Presenter: Federica Canzan, Associate Professor, University of Verona, Italy

Abstract

Background
Despite the worldwide promotion of a "restraint-free" model of care due to the questionable ethical and legal issues and the many adverse physical and psychosocial effects of physical restraints, their use remains relatively high, especially in the intensive care setting.

Aim
The aim of the present study was to explore the experiences of nurses using physical restraints in the intensive care setting.

Method
Semi-structured interviews with 20 nurses working in intensive care units for at least three years, were conducted, recorded, and transcribed verbatim. Then, the transcripts were analyzed according to the qualitative descriptive approach by Sandelowsky and Barroso (2002).

Results
Six main themes emerged: (1) definition of restraint, (2) who decides to restrain? (3) reasons behind the restraint use, (4) physical restraint used as the last option (5) family involvement, (6) nurses' feelings about restraint.

Conclusion
Physical restraint evokes different thoughts and feelings. Nurses, which are the professionals most present at the patient's bedside, have been shown to be the main decision-makers regarding the application of physical restraints. Nurses need to balance the ethical principle of beneficence through this practice, ensuring the safety of the patient, and the principle of autonomy of the person.

Biography
Federica Canzan PhD, MS, RN. She is an Associate Professor of evidence-based nursing at the University of Verona, from 2015. Federica earned a PhD in Educational Research from the University of Verona, the Master's Program in Nursing Sciences at the University of Verona in November 2009 obtaining a full positive evaluation She worked as a

Registered Nurse from January 1999 until December 2002 in the Surgical Unit at Verona Hospital, and from December 2002 to May 2009 in the Intensive Unit of Cardiac Surgery, in the same period she collaborated with the School of Nursing for the activities of simulations concerning practical and relational skills, for the annual examinations of apprenticeship (OSCE) and as students' preceptor. She is associate editor of BMC nursing Federica's primary research interests are in nursing education; caring; learning environment, caring, and evidence-based nursing. She is focused both on qualitative and quantitative research methods. Elisa Ambrosi is Senior Assistant Professor at the Department of Diagnostics and Public Health of the University of Verona. She is qualified as an Associate Professor of Nursing. She completed a PhD in Education at the University of Verona (Italy) with a thesis on caring perceptions and behaviours amongst nursing students, as they progressed through their nurse education. As a doctoral student, she spent a quarter at University of California, Los Angeles studying Advance Qualitative Research Methodology. She lectures in Evidence Based Nursing and Qualitative Research Methodology both at undergraduate and graduate courses. She is a member of the Italian Society of Nursing Sciences and an Associate Editor of the international journal “BMC Nursing”. She has published extensively on nurse caring, nursing sensitive outcomes and workforce issues.