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Responding to Crisis***

Book of Abstracts

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PLENARY 1

The impact of COVID-19 visitor restrictions on family of people living in Long Term Residential Care Facilities (LTRCFs) during wave 1 of the pandemic.

Nicola Cornally, Caroline Kilty, Catherine Buckley, Rónán O’Caoimh, Mark R. O’Donovan, Margaret P. Monahan, Caroline Dalton O’Connor, Serena Fitzgerald, Irene Hartigan

Background

Public health actions in response to COVID-19 in LTRCFs have resulted in restricting family engagement in caregiving and visitation. This has led to the near exclusion of family involvement in their relatives’ care, potentially impacting on quality of care and the psychosocial and emotional well-being of family caregivers who are now ‘visitors’ with limited access to their relative.

Aim

To explore family members’ experiences of visitor restrictions to LTRCFs.

Methods

A cross-sectional web-based survey was conducted nationally. Within the survey, respondents were invited to provide personal reflections on visitor restrictions. 120 families shared accounts or commented on their experience during Ireland’s first lockdown. Data were analysed based on Braun and Clarke’s (2006) method of thematic analysis.

Results

Four themes were identified: Altered Communication and Connection; Emotional and Psychological Impact; Protecting and Caring Role of Staff; Family Role. Throughout the narrative accounts it is evident that the visitor restrictions had an emotional, behavioural, and psychological impact on families. Some respondents expressed the view that restrictions were necessary but were frustrated that they could not assist staff in essential care provision, leading to lack of meaning and purpose in their own lives.

Conclusion

Since the COVID-19 outbreak a blanket approach to visitor restrictions has been taken and little distinction made between those who provide essential personal care to residents and those who visit for social reasons. A partnership approach to care provision is important and should encompass strategies to maintain the psychosocial and emotional well-being of families.

Revised Prevention and Control of Healthcare Associated Infections (PCHCAI) training for undergraduate nursing and midwifery students in response to the Sars-Cov-2 pandemic

Clare Crowley

Background

Sars-cov-2 virus can have a detrimental effect on healthcare providers safety 1. The appropriate use of Personal Protective Equipment (PPE) including adherence to recommended donning and doffing procedures is essential to minimise risk 2. In accordance with a Health Service Executive directive, all undergraduate nursing & midwifery students were required to receive evidenced based PCHCAI training and be assessed in the performance of hand hygiene prior to attending clinical placements in acute and community settings.

Aims

The aim was to update undergraduate students on PCHCAI procedures and provide experiential learning opportunities in the Clinical Skills Simulation Resource Centre (CSSRC) under observation and in accordance with evidenced based guidelines.

Method

A programme was developed in consultation with an Infection Control Nurse Specialist. A blended learning approach involving readings, online learning using HSEland and CSSRC face to face sessions was adopted. All students submitted completed HSEland certificates prior to CSSRC attendance. Practical sessions (1 hour 45 minutes) included; discussion around recent changes to PPE application and implications for practice, video demonstration of PPE procedures and full PPE donning and doffing practice using the recommended buddy system with feedback provided.

Conclusion

From September-November 2020, over eight hundred students completed this programme facilitated in accordance with Covid-19 policy and safety procedures. We believe that the opportunity to update and practice these important skills is critical to ensure the health and safety of students, their patients, and the teams they work with. Our plan is to provide an update on an annual basis.

Evaluation of tele-rehabilitation for stroke patients participating on the Early Supported Discharge rehabilitation program during the COVID-19 pandemic: a mixed method study

Miriam Goulding

Background

The COVID-19 pandemic has revolutionised health care service delivery. Telerehabilitation is one of a number of virtual services developed for patients in recent months. The HSE digital roadmap sets out a plan for transforming the online user experience for health in conjunction with the national health service strategy.

Objective

To evaluate user experience of tele-rehabilitation during the COVID 19.

Methods

A descriptive mixed method study was conducted to explore stroke survivors and their carer experience of tele-rehabilitation between March and July 2020. Patients completed an electronic 25 item survey and those who expressed interest in discussing their experience further completed an expression of interest form and were invited to participate in an online interview.

Results

Patients (n=27/34) completed the online survey giving a response rate of 79%, furthermore patients and carers (n=11) participated in online interview. Overall, telerehabilitation usability was high and the majority of participants were satisfied with the usefulness and reported that this method of delivering therapy was effective especially from the perspective of being conducted in the persons own environment. Patients were motivated by the daily telerehabilitation routine and easily adjusted to the 'hands off' technological therapy led training.

Conclusion

Stroke survivors receiving ESD during this pandemic found tele-rehabilitation acceptable. Enabling relationships between the patient and therapist helped foster engagement. Older patients were equally satisfied suggesting that age is no barrier to tele-rehabilitation following a stroke but may require more support to improve ease-of-use.

PLENARY 2

Using Virtual Reality in Nursing Education: A Qualitative Study with Nursing Students

Mohammad Saab

Introduction

The increase in online education paved the way to novel technologies such as virtual reality (VR) which is being increasingly used in nursing education. Exploring nursing students' views regarding VR is key to potentially integrating and sustaining this technology in nursing curricula. This study explored nursing students' perspectives of incorporating VR in nursing education.

Methods

This qualitative descriptive study was conducted in a public university in Ireland. Convenience and snowball sampling strategies were used to recruit third year undergraduate nursing students. A total of 26 nursing students participated in two face-to-face semi-structured individual interviews and five focus groups on campus. Data were analysed using thematic analysis.

Results

Three overarching themes emerged: (i) captivating, innovative, and empowering nature of VR; (ii) contextual transfer; and (iii) challenges and threats to actualisation. Participants believed that VR affords a novel, fun, memorable, inclusive, and engaging means of learning. Many believed that VR complements current teaching and learning approaches, builds learners' confidence, and provides students with a safe space for trial and error. VR was recommended to practice various nursing skills and learn about human anatomy, physiology, and clinical decision-making. Participants identified financial and human resources incurred by the technology as challenges to implementing VR in nursing education and stressed the need for continuous face to face feedback.

Conclusion

Despite current challenges, study findings suggest that VR technology has the potential to facilitate learning, complement current educational approaches, and provide educators with novel and engaging means of content delivery.

An exploration of how undergraduate intellectual disability nursing students are supported to access, integrate and apply knowledge for practice in Irish higher education

Liz Hartnett

In Intellectual disability nursing education there is restricted access to theoretical and professional knowledge and to a system of meaning of intellectual disability nursing according to this study's findings. These create obstacles for nursing students access to knowledge as does the lack of clarity in relation to the attributes of the intellectual disability nurse and professional boundaries. Both of these need to be further researched and articulated. Areas of specialisation, foundational and functional features of the supportive nurse-person relationship and networking, also need further research. These organising principles underlying intellectual disability nursing education and their effects need to be made visible to educators. Implicit characteristics of intellectual disability nursing such as its attributes, system of meaning, and commonalities and differences with other divisions of nursing all need further research. The findings of this research shed further light on current difficulties for students' access to knowledge. The dissemination of these findings is vital to allow educators to see and address current barriers to improve curricula and pedagogy so that students are better enabled to access, integrate and apply the powerful knowledge (Wheehehan, 2012; Young, 2013) they need to develop as intellectual disability nurses. Better access to knowledge may also help the distinctive professional voice of intellectual disability nursing to be better articulated and heard.

BREAKOUT SESSION - NURSING

Women's Experiences of Voluntary Childlessness: A Study of Decision Making, Biography Making and Identity Management

Joan Cronin

This paper seeks to better understand the distinct pathways that lead some women to make the decision to be childless. Drawing on the accounts of a small number of intentionally childfree Irish women, between the ages of twenty and sixty, this paper presents a biographical account of the women's life histories, including past, negative events and experiences that influenced them in their childbearing decision making. What is evident from the women's reflective narratives is an element of "thinking outside the box", and disembedding from normative practices associated with religion, and traditional family life. Women can now make informed choices about how they want to live and how they want their lives to be. This is especially true in relation to family formation and women's voluntary childlessness. Consequently, a growing number of women are consciously choosing the non-maternal role. However, stereotypical assumptions about motherhood persist, and dominant pronatalist policies which traditionally characterized Irish society on matters impacting on morality, sexuality and motherhood still have a bearing on how people live their lives. Women are still keenly encouraged to procreate and mother, and those who choose the non-maternal life path are stigmatized, stereotyped and negatively labelled. This paper foregrounds the voices and experiences of those women, and affords them an opportunity to tell their stories, in their own words, as lived and experienced by them.

Public health nurses experiences with prevention of burns in small children

Lise-Marie Bergvoll

Introduction

Burn injuries in children are a global health issue. Children under the age of four are particularly at risk. Public health nurses (PHN`s) have a unique role in child burn prevention. Burn injury prevention programs can be effective and have earlier been documented to decrease the incidence of severe childhood burns. Therefore, the aim of this study was to explore and describe PHNs' experiences of burn prevention.

Methods

The study had an explorative, qualitative design with an inductive approach. Eleven PHN`s from a child health care center located in a municipality approved as "Safe Community" participated in the study. Two focus group discussions and one individual interview were conducted. Qualitative content analysis was used to analyze data.

Results

Three categories emerged from the data; "to meet parents with individual adjustments", "empowering parenthood" and "belonging to a community with shared visions and goals for burn prevention in small children", reflected in a common main theme: "Prevention of burns experienced as a moral responsibility".

Conclusion

"To meet parents with individual adjustments and empowering parenthood" implies a need for a good, trusting relationship between parents and PHNs. Our findings indicated that burn prevention should increasingly be tailored to each child and family. By using individual based information with an empowering approach, families can be supported in their need for improved safety. Moreover, a systematic approach in combination with an experience of moral responsibility seems important for an effective child burn prevention program.

Optimizing school health services to promote mental health and well-being for siblings in families who have children with complex care needs

Hilde Laholt

Introduction

Project period: 2021-2024

Background

Having a sibling with complex care needs and receiving care at home affects the daily lives of healthy siblings. Siblings are vulnerable and their needs are often not acknowledged or met (Hill & Brenner, 2019). Parents bear the brunt of the care burden and this can affect siblings needs (Nygård & Clancy, 2018). Public health nurses provide universal services for children and their families and are important coordinators in providing integrated services for all families.

Aims

The aim is to promote the mental health and well-being of siblings by improving school health services.

Design

This is an international action research project related to siblings of children with complex care needs. The idea of action research is to pursue action and research at the same time by developing new ideas and implementing knowledge into a practice. We will develop, implement and evaluate a course for public health nurses on siblings needs and on using a low threshold tool for use in health dialogues with siblings. Carrying out the research in Norway and in Ireland will provide data from different contexts and cultures.

Discussion

This project will provide valuable data on siblings needs and will improve PHNs preparedness to meet their needs. A low threshold conversational tool for engaging in dialogues with siblings and parents will be tested.

Conclusion

The research will contribute to awareness of siblings needs and improve the quality of health dialogues with siblings.

Break out Session Midwifery

Factors influencing women's perceptions of choice and control during pregnancy and birth: A cross-sectional study

Roisin Bradley

Women across the world value choice and control throughout their maternity care. In response to this health policy and frameworks are adapting and developing. The concepts of choice and control are extrinsically complex and open to interpretation by healthcare professionals and service users. Depending on a number of factors, women's experiences of choice and control within the same maternity care system may be very different. This study aimed to investigate the factors influencing women's perceptions of choice and control during pregnancy and birth in Ireland.

Methods

We conducted a cross-sectional study using an adapted version of the questionnaire from the UK national maternity experience. During 2017, a sample of 1,277 women were recruited from three maternity units and a tertiary maternity hospital. Poisson regression was used to assess the association between twelve factors and a series of measures.

Results

Most women reported not having choice in the model or location of their maternity care. Women who availed of private maternity care reported higher levels of choice and control than those who availed of public maternity care. This factor was the most influential factor on almost all measures.

Conclusion

Most women experiencing maternity care in Ireland report not having choice in the model and location of care. These are core elements of the Irish maternity strategy and significant investment will be required if improved choice is to be provided. Availing of private care has the strongest influence but many women cannot afford this type of care.

Breastfeeding in Covid times

Qualitative descriptive exploration of women's experiences of breastfeeding during COVID-19 pandemic

Margaret Murphy

Introduction

Despite overwhelming health, economic, and sociological evidence of benefit, breastfeeding rates in Ireland remain consistently lowest among comparable high-income countries. Lack of support for breastfeeding and the introduction of early supplementation has been shown to be associated with early cessation or failure to establish effective breastfeeding. During the COVID-19 pandemic, there has been restriction and exclusion of partners from postnatal wards in the nation's maternity hospitals. There have also been restrictions on postnatal women accessing face to face support from healthcare staff such as Public Health Nurses or General Practitioners in community settings. Peer to peer support organisations have seen an increased demand from women requesting breastfeeding support.

Aim

To explore women's breastfeeding experiences during the COVID-19 pandemic.

Methods

Qualitative descriptive methods were employed and following full ethical approval, access to participants was sought via peer to peer organisations who provide support to breastfeeding women. 41 women agreed to be interviewed by telephone or online via MS Teams and digitally recorded with consent. No identifying data were collected. Data were analysed using Burnard's 14 step process.

Findings

Interviews were conducted during June 2020. Of the 41 women, 23 gave birth between March to June during the first COVID restrictions of 2020. The women who gave birth during lockdown phase of the COVID 19 pandemic spoke of the challenges they faced related to maternity services including cancellation of antenatal preparation for parenthood and breastfeeding courses, the uncertainty facing labour without their chosen birth partners, lack of postnatal support within maternity services, and lack of community postnatal support following discharge.

Discussion

Women persevered with breastfeeding despite facing enormous challenges. Breastfeeding services were often curtailed during this phase of the COVID lockdown. Although remote, online and telephone services may have been available to women, many of these were provided by voluntary groups and women wished for in-person assistance particularly when experiencing breastfeeding difficulties.

The co-existence of paternal stress, anxiety, and depression symptoms during the early postnatal period

Lloyd Philpott

Introduction

For most fathers, the postnatal period is a time of great joy and happiness, however, some fathers experience difficulties in repositioning themselves in relation to their partner, child, and work, which can lead to increased stress, anxiety and depression. The aim of this study was to investigate the co-existence of paternal stress, anxiety, and depression symptoms during the early postnatal period. A quantitative, descriptive correlational design was used. Data was collected using a self-administered questionnaire comprising of the Perceived Stress Scale, the State-Trait Anxiety Inventory, and the Edinburgh Postnatal Depression Scale. A total of 340 fathers were included in the study. Forty -six fathers (13.5%) met the criteria for the co-existence of stress, anxiety, and depression symptoms as they exceeded the cut-off score on all three measurement tools. One hundred and sixty-four (48.2%) fathers exceeded the cut-off score on at least one measurement tool and for those fathers, stress symptoms were the most common (n=46; 13.5%). A self-reported history of stress, anxiety, and depression, a negative experience of labour and birth, being a younger father and being single/not co-habiting were significantly associated with the co-existence of stress, anxiety, and depression symptoms. The co-existence of two or more symptoms of either stress, anxiety or depression was almost twice as common as having one symptom only, which highlights the need to move away from a depression centred focus which currently exists among researchers, clinicians, and policy makers.

Plenary 3 - Rapid fire Student Session

Exploring the stigmatising effect of 'labelling' on mental health service users attending non-mental health services

Margaret Monahan

Background

Mental health clients are frequent users of general healthcare services due to higher rates of poor physical health and chronic illness. However, service users report high levels of stigma when attending non-mental health services. The purpose of this review is to exploring the stigmatising effect of 'labelling' on mental health service users attending non-mental health services.

Methods

A search was conducted in four databases: APA PsycINFO, CINAHL plus with full text, MEDLINE and Academic Search Compete. After application limits, and inclusion and exclusion criteria twelve articles were reviewed.

Results

Three themes emerged from the data. The first theme analysed the stigmatizing effect of the label on the attitudes of staff towards service users. The second theme examined the stigmatizing effect of the label on the quality of care provided to the service user. The final theme explored the stigmatizing effect of the label on communication between service users and non-mental health professionals.

Conclusion

This review found that service users felt to blame for their poor health, and experience unfair treatment. Service users' accessibility to services, assessments, referrals and management of care within non-mental health services were compromised because of the stigma attached to their diagnostic label. Service users were declined information regarding their care due to professionals' tendency to avoid communication with them. However, in some cases service users' preferred to attend non-mental health settings as a result of the stigma by association they felt attending the mental health services.

Communication Partners Experiences of Communicating with adults with a severe/profound intellectual disability through Augmentative and Alternative Communication, A mixed methods systematic review

Edina Hanley

Background

This review aimed to explore communication partners experiences of communicating with adults with a severe/profound intellectual disability through Augmentative and Alternative Communication (AAC). In accordance with the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) statement, eight databases were systematically searched, and eight studies were reviewed using thematic synthesis. All studies, regardless of the results of their methodological quality underwent data extraction and thematic synthesis. Data on communication partners experiences were categorized into four themes (i) Knowledge of AAC (ii) Attitudes towards AAC and the impact of personal characteristics on its use (iii) The shared commitment to communication partnership (iv) Suitability of AAC. Results contribute to insights into the needs of communication partners of adults with a severe/profound intellectual disability from different perspectives. There are two key findings of this review. Firstly, there is a need for training communication partners in using methods of AAC suitable to the complex communication needs of adults with a severe/profound intellectual disability. Secondly, the shared commitment to communication partnership is fundamental for the effective and efficient use of AAC. Uncertain ownership of AAC responsibility and the inclusion of communication partners in intervention planning and use can enhance or hinder this commitment. The uncertain ownership of AAC responsibility held by communication partners can lead to limited use of AAC with people with severe/profound intellectual disabilities. The views of other professionals and family views and wishes were not mentioned as rationale for certain AAC methods used by speech and language therapists. This finding may help to increase professional's awareness of the importance of including family members and other professionals when choosing an AAC technique, which may further increase their understanding of their responsibilities. Therefore, leading to an increase in their ownership of such responsibilities. The results of this study may help identify the needs of communication partners when using AAC with this population, to improve future interventions for persons with severe/profound intellectual disabilities and their communication partners. This review prompts further research to explore communication partners perceptions of their roles and responsibilities in the use of AAC with people with severe/profound intellectual disabilities.

Nurses' Knowledge of and Attitude towards Pressure Injury Prevention: A Cross-Sectional study

Katie O'Connell

Background

Pressure injuries are considered an adverse outcome of care, have a detrimental effect on patients' quality of life, mortality, morbidity, and generate a major economic cost for healthcare providers. Nurses have a crucial role in Pressure injury prevention.

Objective

The purpose of this study is to investigate nurse's knowledge of and attitudes towards pressure injury prevention.

Method

A quantitative, cross-sectional design was used. The study was undertaken in one acute hospital, and the target population were registered nurses. A questionnaire incorporating the Pressure Ulcer Knowledge Assessment Instrument and Attitude Toward Pressure Ulcer Prevention Instrument was used to collect data.

Results

A total of 130 surveys were distributed and 90 were returned yielding a response rate of 69.2%. Overall, the participants showed a positive attitude (84.4%) towards pressure injury prevention, however, nurses' knowledge on pressure injury prevention was inadequate at 54.4%. No correlation was found between nurses' knowledge score, attitude score and demographic variables.

Conclusion

This study highlights the need to develop a comprehensive approach to increasing nurse's knowledge in relation to pressure injury prevention.

Keywords: Pressure injury, Prevention, Knowledge, Attitudes, Nurses.

POSTERS

Safe Staffing and Missed Care in Irish Emergency Departments

Gearoid Kelly, Gearóid Kelly, Croía Loughnane (presenter), Noeleen M. Brady, Ashling Murphy, Vera McCarthy, Peter Griffiths, John Browne, Aileen Murphy, Anne Scott, Christine Duffield, & Jonathan Drennan

Description

This study is part of a wider project examining the effects on both staff and patient outcomes of using the Nursing Hours per Patient Presentation (NHpPP) model to determine an appropriate nursing staffing level within three emergency departments and one local injury unit in Ireland.

Objective

Examine the incidence of missed care in the emergency departments prior to and following staffing adjustments based on the NHpPP model.

Design

Cross-sectional multi-site study.

Setting

Emergency departments of three acute hospitals in Ireland.

Methods

Registered nurses in the emergency departments were surveyed at two time points (baseline and following the staffing adjustments). Staff were asked to self-report which necessary care activities were left undone due to insufficient time on their most recent shift. 16 activities related to missed care in the emergency department, e.g. adequate patient surveillance, vital sign observations, pain management, were measured at both time points. Two descriptive measures of 'missed care' were derived: reported prevalence of any care being left undone and volume of care left undone.

Results

The overall proportion of shifts with at least one missed care activity fell from 78.8% (N=93) at Time 1 to 69.8% (N=88) at Time 2. The mean number of necessary care activities missed per shift across the three emergency departments fell from 3.32 (SD=3.05) at Time 1 to 2.63 (SD=2.86) at Time 2.

Conclusion

The descriptive data offer support that when an emergency department is appropriately staffed based on the NHpPP model, incidence of missed necessary care activities decreases.

Umbrella Review: Effectiveness of nurse led clinics internationally on patient outcomes, satisfaction and access to services across community and tertiary outpatient setting

Carmel Connolly

Background

Covid 19 has significantly added to the demands on healthcare globally. Expanding nurse-led models of care & maximising nurses' full scope of practice, has been suggested as one solution to address the challenges in health care.

Objectives

Synthesise the evidence on the effectiveness of nurse led clinics to inform the development of nurse led services.

Design

Umbrella review of systematic reviews was conducted using PRISMA guidance, comparing outcomes for NLC with usual care. Narrative analysis was reported.

Data Sources: CINAHL EBSCO, Medline, EMBASE, Scopus & Cochrane Library were search from Jan 2015- Jan 2020.

Results

9 systematic reviews were included, involving 131 primary studies & 208,409 participants globally. Only one study rated as moderate quality rating with remaining studies rating as poor using the AMSTAR 2 tool. Clinical outcomes were equal or better than usual care across all studies. There was evidence of high levels of patient satisfaction. Access to healthcare was the least reported variable, with access reported as being increased or patient reliance on other providers reduced.

Conclusions

Despite the heterogenous nature of the SRs, along with some quality issues in reporting, there was evidence that NLCs provided comparable or superior care to usual care in the SRs reviewed with high levels of satisfaction. There was a lack of comparable reporting on how NLCs impact on patient access to services to draw conclusions. Further research evaluating the impact NLCs have on patients accessing services is warranted. Health service managers should consider NLCs an effective innovation in health service provision.

Improving the management of patients with chest pain in the Medical Assessment Unit

Carol Walsh

Background: With 108,227 people in Irish hospitals spending a night on a trolley awaiting an inpatient bed in 2018, there is a recognised need to improve ambulatory care services. Among health conditions identified by the National Acute Medicine Program suitable for an ambulatory care approach is non-specific chest pain.

Local problem: Patients admitted with nonspecific chest pain accounted for 8% of all admissions to the hospital in 2018, contributing to overcrowding.

Aim

To improve the management of patients with non-specific chest pain using an accelerated diagnostic pathway (ADP).

Methods

The quality improvement project (QIP) took place in the Medical Assessment Unit (MAU) of a model 2 hospital during the COVID-19 pandemic using the Model for Improvement and Plan-Do-Study-Act (PDSA) cycles.

Intervention

The HEART ADP was introduced to the MAU. It consists of a risk stratification tool determined by the History of the complaint, an ECG, the Age of the patient, their cardiac Risk factors and the Troponin results, and proposed actions determined by the score.

Results

Admission rates of patients with low risk chest pain reduced from 23.8% to 2.7%. Patient experience times (PET) decreased from 5 hours 42 minutes to 3 hours 16 minutes with no increase in 7-day returns. There was no reduction in patient satisfaction.

Conclusion

The use of the ADP fulfilled the aim of this project to improve the management of patients with non-specific chest pain. A number of issues addressed through using the QIP approach ensured success of the project and informed the sustainability plan.

Conducting clinical research in a pandemic: Implementing the Frailty Care Bundle during the COVID-19 pandemic

Helen Cummins, Corina Naughton

Hospital associated decline (HAD) is defined as a new functional or cognitive deficit that develops during hospitalisation and impacts 40% of hospitalised older adults. The main causes of HAD are sedentary behaviour and under-nutrition.

The Frailty Care Bundle(FCB) aims to increase patient food intake and walking during hospitalisation.

Setting

Two Orthopaedic rehabilitation wards

Intervention

Multicomponent intervention using clinical facilitation model. Main changes: a) patient mobility goal, record patient mobilisation: b) promote assisted mealtimes, increase protein snacks. Introduce nurse-led 'patient safety huddle' to include nutrition and mobilization.

Evaluation

Observation audits of a) patient nutrition: outcome= % food intake at each meal and % delayed assistance; b) mobilization: mean % proportion of time walking.

Results

The majority of patients were greater than 80 years and were mild to moderately frail at baseline. On both wards there was a decrease in low nutrition intake (<50%) post intervention (T1 low intake =45%-65%; T2 29-%32%); the majority of patients received timely support (post intervention two patients waited>10 minutes for feeding assistant). In terms of mobility, there was an increase in the proportion of patients walking at least once (Ward 1=+10%, Ward 2=+29%) , but the median % of times walked remained low (<10 %).

COVID-19 reduced the intensity of the clinical facilitation implementation and reduced research staff presence during level 5 restrictions.

Conclusion

Small incremental changes impacted ward staff behaviour and can improve patient process outcomes. Despite COVID-19 challenges staff were willing to engage and took the initiative in implementing changes.

An Exploratory Study of the Support Needs of Midwives in relation to Perinatal Mental Health

Elaine Healy

Background

National health policies recommend a central role for midwives in the provision of women-centred care for those with mental health difficulties in pregnancy. Literature suggests that midwives are uncertain about how to support women who disclose a mental health issue (Higgins et al, 2018)

Aims and objectives

1. To explore midwives education and support requirements of caring for pregnant women with mental health issues.
2. The findings of this study will be used to guide the development of a training programme for midwives working in antenatal clinics.

Methods

A qualitative descriptive design was used, six midwives working in hospital and community antenatal clinics in the Republic of Ireland were interviewed. Thematic analysis was used to identify themes and subthemes.

Outcome

Midwives identified limited knowledge of mental illnesses outside of depression and anxiety. Midwifery-led care with an emphasis on continuity was identified as important in providing women-centred care to women presenting with mental health challenges in pregnancy.

Conclusion

Skills based training is needed to increase confidence and knowledge about the full spectrum of PMH disorders.

Collaboration between mental health professionals and midwives is key to improving outcomes for women. Further research is required on the impact of midwifery-led care on improving outcomes for women with mental health needs.

References

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MySupport Study: adapting a Comfort Care Booklet for the Irish nursing home context as part of staff and family caregiver educational intervention across six countries

Selena O'Connell

Background

The Family Carer Decision Support intervention has been found to reduce family caregivers' decision uncertainty with regard to care at the end of life for a person living with advanced dementia. The intervention is being adapted, implemented and evaluated across 6 countries including the Republic of Ireland. It consists of an educational booklet to inform family carers about end-of-life comfort care options.

Method

The booklet was adapted through three key stages. The first stage involved a content review and editing process by a team of multi-disciplinary health professionals (n=11) with specialist interest in dementia and advance care planning. Secondly, family carers with experience of caring for a person with advanced dementia (n=20), were engaged to adapt the design and content of the booklet. Thirdly, the content and layout of the booklet underwent a mapping exercise against the EAPC White paper 'Defining Optimal Palliative Care in Older People with Dementia' to ensure each domain was addressed as priority content.

Result

The mapping exercise across countries ensured core information was retained. However, information on care processes in the Irish healthcare context compared to partner countries was revised along with the presentation of the booklet.

Conclusion

The current version of the booklet is clinically and culturally applicable for the Irish context and will form part of the educational intervention in two nursing homes in the Republic of Ireland. The booklet will be further evaluated so that it can be upscaled to support families and care home staff in Ireland.

Peer group clinical supervision for nurses: qualitative perspectives from supervisees, line managers, and supervisors

Mohammad Saab

Introduction

Clinical supervision promotes nurses' personal and professional development through fostering a supportive relationship and working alliance. Peer group clinical supervision (PGCS) is a form of clinical supervision whereby nurses engage in a supervision or consultation process to improve their professional practice and provide quality care. This study explored the experiences of PGCS from the perspectives of nurse supervisees, their managers, and clinical supervisors.

Methods

A qualitative descriptive pragmatic design was used. Individual interviews and focus groups were conducted with 27 participants. Data were analysed using deductive content analysis.

Results

Three main categories were identified: PGCS benefits and gains; challenges to PGCS; and enhancements for future PGCS. Stress reduction, problem solving, managing change, and improved prioritisation were among the benefits gained from clinical supervision. Challenges included competing work demands, staffing issues, and the duration, location, and process of supervision. Participants recommended adding time to the allocated supervision hour, raising awareness of peer group clinical supervision in advance, and training expert supervisors.

Conclusion

In light of the COVID-19 pandemic, 2020 proved to be one of the most stressful and trying years for nurses around the world; hence the importance of initiatives like PGCS. Findings support the planning and delivery of future PGCS sessions, while addressing challenges identified by participants. The space for PGCS needs to be primed beforehand through providing and ensuring protected time, having experienced supervisors, and raising stakeholders' awareness of what supervision entails. Stress caused by competing work demands ought to be considered by services in advance.

-Ends -