



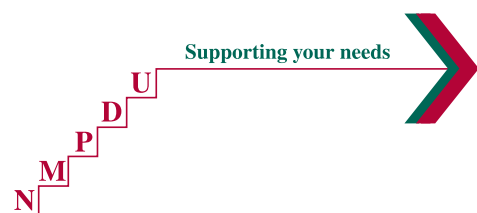
# Celebrating Nursing & Midwifery Contributions to Healthcare through Research





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~ A Supplement to the National Institute of Health Sciences  
Research Bulletin, Volume 4, Issue 2, December 2007





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## Preface

**Welcome to the Nursing & Midwifery Supplement of the NIHS Research Bulletin which is a celebration of the participation of Nurses and Midwives in Evidence Based Practice (EBP).**

EBP plays a central role in providing high quality safe care to all patients /clients. It requires clinical decision making based on valid and reliable evidence. The generation of high quality research adds to the knowledge pool from which the evidence is derived.

The Nursing & Midwifery Supplement of the NIHS Research Bulletin brings you a flavour of research carried out by nurses and midwives in the Mid-West. It highlights the commitment and contribution of nursing and midwifery to clinical practice, education and management. This Supplement will serve to share and disseminate new knowledge generated from research activities. The abstracts cover a wide variety of practice areas including clinical challenges, patient preferences, health promotion and contemporary nursing issues.

The inclusion of poster and abstract submissions from the NMPDU Conference earlier this year provides many examples of how clinical expertise, research evidence and patient preferences are combined to deliver Evidence Based Care.

The News and Events Section contains information on the supports available to nurses and midwives engaging in research activities. These include funding opportunities, ethical considerations and education.

I would like to acknowledge and thank all the contributors and the NIHS who assisted in making this supplement a reality.

Mar fhocal scoir ba mhaith linn aitheantas a thabhairt do gach duine a chabhraigh linn an forlónadh seo a chur le chéile.

**Mairéad Cowan**

*Research Officer*

**Nora Irwin**

*Director NMPDU*





## Foreword

Nursing and midwifery practice is subject to challenges from the dynamic health care environments in which nurses and midwives work today. The staff at University of Limerick's Department of Nursing and Midwifery are determined to remain at the forefront of these changes, thus meeting the needs of the professions and of the services locally, national and internationally.

The Department of Nursing and Midwifery enacts the principles of partnership and participation. These principles are embodied in the Department Strategy in the generation of research which aims to improve health outcomes. Research is an integral part of academic activity within the University of Limerick and a major goal of the Department of Nursing and Midwifery is to strengthen research productivity.

Our research vision encourages support for emerging areas of research interests and strengths. It aims to develop a knowledge and evidence base to guide policy, service development and models of care. Our aim is that the research activity of the Department will inform and influence practice, policy and education in nursing, midwifery and allied areas. The Department is also currently in the process of recruiting a Professor of Nursing and Midwifery. The appointed Professor will lead a culture of research excellence to develop research in Nursing and Midwifery in collaboration with the Health Service Providers, universities and other key stakeholders.

The Department of Nursing and Midwifery in its present configuration was established at UL in 2003 and forms part of the School of Health Sciences within the College of Science. In recognising the interdisciplinary nature of holistic health care, the Department actively fosters a culture of collaboration with other

professions such as education, occupational therapy, physiotherapy, medicine and sociology.

A plan for a new academic configuration based on four Faculties instead of six is currently in place. Nursing and Midwifery together with our colleagues from the Departments of Education & Professional Studies, Medicine, Occupational Therapy, Physical Education & Sports Science, Physiotherapy, Psychology, and Speech and Language Therapy will form the Faculty of Education & Health Sciences. This will afford greater opportunities for nurses and midwives to engage in research that will be further integrated into college wide and interdisciplinary research priorities at local, national and international levels.

I welcome the opportunity to contribute to this supplement. I hope that it will be a mechanism that will improve information sharing with staff and a forum to celebrate the work and many accomplishments of our nurses and midwives.



**Bernie Quillinan**

*Senior Lecturer/Head of Nursing & Midwifery Department*



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<b>Title:</b>	<b>Perioperative Nurses' Experiences of Cadaveric Organ Donation: A Phenomenological Study</b>
<b>Authors:</b>	Tierney, C., <sup>1</sup> Mc Donnell, O., <sup>2</sup> Shields, L. <sup>3</sup> Department of Nursing and Midwifery, University of Limerick <sup>1</sup> Department of Sociology, University of Limerick <sup>2</sup> Faculty of Health & Social Care, University of Hull, UK <sup>3</sup>

## Introduction

This study explores perioperative nurses' lived experiences of cadaveric organ donation. Cadaveric organ procurement procedures occur frequently in many operating theatre departments. This surgery differs greatly from other types of surgical procedures in that the patient is pronounced dead prior to arriving in the operating theatre. The literature highlights the fundamental role that perioperative nurses play in cadaveric organ procurement procedures, but indicates that this role can be stressful for many of the nurses involved. The experiences of perioperative nurses involved in such procedures, from an Irish perspective, have not been researched to date. It is as a result of this gap in the literature that this study was undertaken.

## Objective

The aim of this study was firstly, to gain insight and an in-depth understanding of the perioperative nurses' lived experiences of cadaveric organ donation. Secondly, to identify factors that impact on perioperative nurses' experiences of cadaveric organ donation. In addition, to identify recommendations that may be implemented

in nursing practice and make recommendations for further research on this topic. Finally, to establish if the findings from this research study are comparable with current international research on this topic.

## Methodology

Using a phenomenological qualitative approach, this research study focused on the lived experiences of 12 perioperative nurses from a large teaching hospital in the Republic of Ireland. All nurses interviewed had direct experiences of participating in cadaveric organ procurement procedures. Semi-structured interviews were used, audio-taped and transcribed into text. The data obtained was analysed using Colaizzi's data analysis method and underpinned by the philosophical grounding of Heideggerian phenomenology.

## Results

The findings of this study emphasise the essential role that perioperative nurses play in relation to cadaveric organ procurement procedures and the meanings that





they attribute to this role. Many contradictions and tensions in relation to the role were identified and discussed. Overall, the perioperative nurses indicate a lack of recognition for their role in these procedures, which is described as being both physically and emotionally challenging.

## Conclusion

In conclusion, four key recommendations emerged from this study, which may be implemented in nursing practice to assist perioperative nurses in their role during cadaveric organ procurement procedures. These recommendations are based on expanding the perioperative nurses' role, professional development, provision of support mechanisms and recommendations for further research in relation to cadaveric organ donation.

## Presented

At the European Operating Room Nurses Association 4th Congress, Royal Dublin Society, Dublin on May 26<sup>th</sup> 2006, by Ms. Katie Tierney.

At the Beaumont Hospital National Symposium on "Organ Donation & Transplantation" in the Tullamore Court Hotel, Co. Offaly in November 2006 by Ms. Katie Tierney.

At the INO Operating Department Nurses Section Annual Conference, in the Kilkenny Ormonde Hotel, Kilkenny on April 21<sup>st</sup>, 2007 by Ms. Katie Tierney.

## Award

European Winner of the Third Klinidrape/European Operating Room Nurses Association Perioperative Nursing Foundation Research Award 2006.

**Title:**

**Nurses' Experiences of Delivering Spiritual Care to Patients in an Irish Hospice Palliative Care Unit**

**Authors:**

Bailey, M.<sup>1</sup>, Moran, S.,<sup>1</sup> Graham, M.<sup>2</sup>  
 Milford Care Centre, Castletroy, Limerick<sup>1</sup>  
 Department of Nursing and Midwifery, University of Limerick<sup>2</sup>

## Introduction

The World Health Organisation (WHO)<sup>1</sup> identified that palliative care services should be available to all patients experiencing a life limiting illness according to their level and regardless of diagnosis. This development has emerged in tandem with major advances in treating cancer and other non-malignant diseases such as cardiovascular and neurological conditions. Such progress whilst welcome also contributes to a society where people are living longer and this phenomenon has inherent implications for health care providers. Besides the challenges associated with an ageing population,<sup>2</sup> Ireland must also confront the need to adjust and manage a multicultural society for the first time and nurses working within palliative care will need to broaden not only their focus, but also their role in order to incorporate holistic approaches to healthcare management that maximize the individual's independence, and offer emotional and spiritual support.<sup>3</sup>

Within current nursing literature relating to spirituality, there persists significant questions most notably in the areas of assessment, meeting spiritual needs and the nurse's role in spiritual care. Various frameworks have been developed to assist with spiritual assessment.<sup>4</sup> However, limitations of such frameworks have also

been highlighted<sup>5</sup> particularly in relation to the individuality of both the person and concept.

The researchers' interest in this study developed from observational and anecdotal evidence in local practice. Palliative care nurses in the research site appeared to be delivering spiritual support however little evidence of such support could be derived from a baseline review of nursing documentation conducted by the researchers. The authors of this study suggest that if the nursing profession is to develop the knowledge and practice pertaining to spirituality/spiritual care then research aiming to gain insight into how palliative care nurses perceive spirituality/spiritual care is required. This study in part attempts to address a deficit in Irish nursing literature in the context of the spiritual care and the role of the nurse. Research evidence describing nurses' levels of engagement with spirituality and spiritual care may support the development of future educational programmes and professional development practices, such as reflective practice and clinical supervision. This knowledge may provide opportunities to develop clinical nursing practice and serve as a platform for further research and development of the concept within the multidisciplinary team.



## Methodology

Utilising a descriptive qualitative approach, a group of 22 nurses were purposefully sampled and consented into the study. Data was collected using semi-structured interviews. Data analysis was facilitated by Burnard's<sup>6</sup> Framework for Data Analysis.

## Results

Themes to emerge from data were; understanding spirituality; creating a spiritual picture; dimensions of time; education and the challenge of spiritual caring.

The concept of spirituality as it was perceived by respondents was described and related to the care provided. Responses indicate that the concept appears to be at the very essence of nursing in palliative care and is rated as a very significant component of holistic nursing. Challenges of note in spiritual caring were described as the complexity of the concept often resulting in undocumented assessments, conflict between religion and spirituality and the concept of time, timing of interventions and time management within finite resources.

## Conclusion

The findings of this study indicate that while nurses rate their role in spiritual care highly, this aspect of their work was poorly recorded in nursing documentation and may therefore be undervalued by others. A need for further research in identifying a method of documenting spiritual care without reducing its essence to a 'tick box' is required.

## References

Available on request.

## Presented

At the 'Retaining Nádúr/Creating Meitheal' International Palliative Care Conference in the Castletroy Park Hotel on April 19<sup>th</sup> and 20<sup>th</sup>, 2007 at the Castletroy Park Hotel Limerick.

## Funding

This research received funding from the Irish Hospice Foundation.



**Title:** An Exploratory Descriptive Study of Registered Nurses' Experiences of Delivering Oncology Shared Care in a Paediatric Unit in the Republic of Ireland

**Authors:** Hurley, F.  
Centre for Nurse Education, Mid-Western Regional Hospital, Limerick

## Introduction

Shared care has been defined as care which applies when the responsibility for the healthcare of the patient is shared between individuals or teams who are part of separate organizations or where substantial organizational boundaries exist.<sup>1</sup> Shared care in paediatric oncology was initiated originally in the 1980s for children who were at a palliative care stage in their treatment to reduce the number of visits children and families had to make to the specialist centres. Over the years the service has dramatically expanded and children are regularly admitted to paediatric units in General Hospitals throughout the country. Although shared care was initiated originally for children receiving palliative care, it has now extended to children receiving treatment in the acute phase of their illness. Shared care is currently carried out in 16 paediatric units in the Republic of Ireland.

## Objectives

The purpose of this descriptive qualitative research is to explore Registered Nurses' experiences of delivering oncology shared care in a paediatric unit in the Republic of Ireland.

## Methodology

The need for this study was identified following a comprehensive review of related literature. This review identified that the phenomenon under investigation has not been examined extensively and a lack of information exists within the Irish context in particular.

The literature search for this study involved a manual search of several journals as well as an electronic search. Databases searched included CINAHL, Pubmed, Medline, Nurse 2 Nurse, the Internet and the National Institute of Health Sciences E-Library. Descriptors used included the terms (but were not limited to) *shared care*, *oncology services*, *paediatrics*, *paediatric nursing*, *combined care* and *outreach services*. The literature review encompassed Irish, English, Scottish, American and Australian literature.

This study was conducted in one of the 16 paediatric units which delivers oncology shared care in the Republic of Ireland. A qualitative research methodology with purposive sampling and voluntary participation was used. A sample size of 8 was chosen to provide a good representation of the unit under investigation. This



number was regarded as pertinent to achieve the research objective of exploring nurses' experiences of delivering oncology shared care in a paediatric unit. Fossey et al<sup>2</sup> state that no fixed minimum number of participants is necessary in qualitative studies; however, sufficient depth of information needs to be gathered to fully describe the phenomena being investigated. Polit and Beck<sup>3</sup> suggest that a guiding principle in sampling is data saturation (i.e. sampling to the point at which no new information is obtained and redundancy is achieved). Although the researcher does not claim that data saturation was achieved the phenomena under investigation was explored in depth. The data was collected by means of 8 individual semi-structured interviews, which were conducted by the researcher. Data was analyzed using procedures adapted from Colaizzi's<sup>4</sup> method of data analysis. Thematic analysis was then used.

## Results

The themes and concepts highlighted in the findings are reflective of published research. The themes that emerged from the data are as follows:

- Nurses' desire for additional education in the shared care centres. The necessity of education has been frequently highlighted in the literature. Tomlinson<sup>5</sup> identified that continuing professional education is necessary to assist nurses to continue to meet new challenges and be able to provide evidence-based care.
- The nurses in the paediatric unit are unfamiliar with treatments carried out in the specialist centres. In a study undertaken in the United Kingdom the nurses interviewed outlined that they were not familiar with how children were managed at the specialist centre.<sup>6</sup>
- The need for support when caring for very ill children especially children receiving palliative care. In a large exploratory study undertaken by Contro et al<sup>7</sup> staff members stated their need for time to debrief after a patient's death and a desire for ongoing support services.
- More effective communication is needed between the shared care and specialist centre. Hooker and Williams<sup>8</sup> state that the large number of people involved in shared care can make communication difficult.
- The lack of information about individual children and their course of treatment. The haematology/oncology unit at Great Ormond Street undertakes shared care with over 45 district paediatric departments. Professionals working in these paediatric departments reported difficulties in obtaining accurate, relevant and up-to-date information regarding individual children.<sup>9</sup>
- The level of responsibility had greatly increased as a result of the change in structure in shared care. Although this has not received attention in the literature various authors have described how the role of the nurse caring for children has dramatically changed as a result of advances in cancer treatment.





## Conclusion

This study unique within the Irish context has provided insights into the current delivery of shared care practices in paediatric units in the Republic of Ireland. The experiences of the nurses interviewed in this study provide useful insights for nurses in practice, education and administration.

## Presented

1. A poster of this piece of research was awarded First Prize on Day 1 of the 8<sup>th</sup> Annual Interdisciplinary Research Conference entitled "Transforming Healthcare Through Research Education, and Technology" in Trinity College Dublin on November 7<sup>th</sup>, 2007.
2. At the 6<sup>th</sup> Annual Conference of the National Council for the Professional Development of Nursing & Midwifery which took place in Croke Park Stadium, Dublin on November 15<sup>th</sup>, 2007.

## References

Available on request.

*This research was undertaken in partial fulfilment of the Masters in Science in Nursing in Trinity College Dublin.*

**Title:**

**A Study of the Prevalence of Obesity Levels of 3.5 Year-Old Children in HSE West (Clare, Limerick and North Tipperary)**

**Authors:**

Ryan, G.  
HSE West, Shannon Health Centre, Shannon, Co. Clare

## Introduction

Obesity is a major public health problem for both Ireland and our European neighbours. In 1998 the WHO declared childhood obesity a “global epidemic”. The International Obesity Task Force (IOTF) (2005) regarded childhood obesity as the most prevalent childhood disease in Europe.

This study set out to evaluate the prevalence of obesity among children who attended the Public Health Nurse (PHN) for their 3.5 year development check in Clare, Limerick and North Tipperary. Data was extrapolated from the Personal Health Record (PHR) I.T. System.

## Methodology

This study was a quantitative retrospective study. All children born between 19/05/01 and 23/01/02 who attended the PHN for 3.5 year development check and who had their weight and height recorded were included (n=1,081).

## Results

Using the cut off points recommended by the IOTF based on a BMI of 25-30kgm<sup>2</sup> for overweight and > 30kgm<sup>2</sup> for obesity.

### Gender:

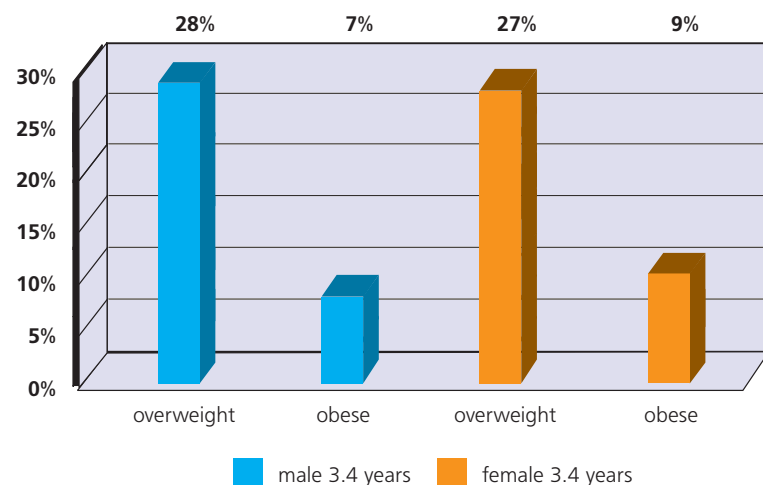
- Five hundred and thirty eight (538) boys who attended for 3.5 year check had weight and height recorded = 49.7%
- Five hundred and forty three (543) girls who attended for 3.5 year check had weight and height recorded = 50.3%

Boys: 150 were overweight = 28%      38 were obese = 7%

Girls: 147 were overweight = 27%      49 were obese = 9%



**Figure 1** - Obesity Levels among Pre-School Children in HSE West (Clare, Limerick and North Tipperary)



The data was collected from the 3-3.5 year development check carried out by the PHNs in HSE West (Mid-West). 63 children were seen before their third birthday and 1 child was seen at four. The mean age of children in the study was 3.4 years. The total number of children who attended for 3-3.5 year check was 1,170 children. As height and weight measurement at the 3-3.5 year check is not mandatory some children did not have any recordings for their weight and height. 96 children did

not have length recorded and 84 did not have height recorded. These children were excluded from the study. The total number of children included in the study was 1,081.

### Conclusions

This study looked at obesity levels of 3.5 year-old children in Clare, Limerick and North Tipperary. This large study shows that 28% of boys were overweight and 7% obese, and 27% of girls were overweight and 9% obese. The findings suggest problems of excess weight and obesity among pre-school children in the Mid-West. The findings are in line with international research, however, most studies tend to look at 4-15 year-old children. The author suggests that caregivers for babies and children should be educated on healthy eating, physical activity and energy balance from birth onwards in an effort to prevent the rising obesity levels among children in Ireland.

**Title:**

**Effects of Cardiac Rehabilitation on Risk Factor Profiles of Patients Post Percutaneous Coronary Angioplasty**

**Authors:**

Ahern, C.  
Department of Cardiology, Mid-Western Regional Hospital Dooradoyle, Limerick

## Introduction

Progression of coronary artery disease remains a significant problem after Post Percutaneous Transluminal Coronary Angiogram (PTCA), requiring patients to make ongoing modifications in their coronary risk factors and lifestyle.

## Objective

The primary aim of this research based thesis is to compare the effects of Cardiac Rehabilitation on risk factor outcomes looking at smoking, cholesterol, blood pressure and exercise post PTCA between patients who have participated in Phase I and II only of the cardiac rehabilitation programme and patients who completed all 3 phases of the programme.

## Methodology

This was a prospective non-randomised study, which compared the effects of cardiac rehabilitation on patient compliance with risk factor modification strategies post PTCA. This study involved two groups of patients who had a PTCA carried out at the Mid-Western Regional Hospital, Limerick and who were invited to attend the

cardiac rehabilitation programme in the hospital. Group A, 40 patients completed a full cardiac rehabilitation programme (education and exercise), Group B, 40 patients completed a partial cardiac rehabilitation programme (education only). The risk factors compared were smoking status, serum cholesterol levels, blood pressure and exercise.

Patients were assessed on their smoking status at time of recruitment, at six weeks and six months. Current smokers had their smoking status measured objectively by means of a carbon monoxide monitor at recruitment, six weeks and six months. Carbon monoxide levels were benchmarked against expected levels of 1.6% or less in non-smokers.

A fasting lipid profile was recorded for each patient prior to PTCA and repeated in both groups of patients at six weeks and six months (Normal levels were taken as total cholesterol less than 5.0mmols/litre, LDL less than 3mmols/litre, HDL greater than 1mmol/litre and triglycerides less than 2 mmols/litre).

Blood pressure was recorded in both groups of patients using an automated sphygmomanometer at the time of recruitment, at six weeks and at six months. Normal



blood pressure was taken at less 130/80mmhg for diabetic patients and less than 140/90mmhg for all other patients.

Patients' exercise levels were recorded prior to PTCA using self-reporting methods; exercise was assessed in both groups of patients at six weeks and six months using an exercise stress test (EST). An exercise stress test is a pre-requisite to commencement of an exercise programme in order to screen for suitability and prescribe exercise that is safe and effective for each patient. The EST used for this study was the full Bruce Protocol, and exercise was recorded in Metabolic Equivalent Task (MET). One Met equals oxygen consumption at rest, which is approximately 3.5 millilitres of oxygen per kilogram of body weight per minute (3.5ml/kg/min). Results were analysed using a statistical package.

## Results

The findings of this study suggest that patients post PTCA who complete the full cardiac rehabilitation programme experienced greater improvements in cardiovascular disease risk factors than patients who completed a partial cardiac rehabilitation programme.

11 patients in Group A were smoking at time of recruitment into study, at six weeks 6 smoked and at six months 5 patients continued to smoke. 16 patients identified themselves as smokers in Group B, 11 smoked at six weeks and 10 continued to smoke at six months. Overall a greater number of Group A participants quit smoking compared to group B.

There was no real difference in total cholesterol levels between both groups at time of recruitment into the study. At six weeks follow up 77% of Group A and 95% of Group B had total cholesterol less than 5mmols/litre. However at six months follow up 88% of Group A and 68% of Group B had total cholesterol levels less than 5mmols/litre. Only 40% of Group A had an LDL level less than 3mmols/litre at time of recruitment into study, and this was increased to 83% at six weeks and 90% at six months. 50% of participants in Group B had an LDL less than 3mmols/litre at time of recruitment into study and this was increased to 83% at six weeks and reduced to 75% at six months. There was a greater reduction in overall total cholesterol levels and LDL levels in Group A compared to Group B at six months follow up. The mean total cholesterol levels, LDL, HDL and triglycerides are within normal recommended levels, however looking at each group individually Group A did better overall.

Examining the overall blood pressure at time of recruitment into study, over 80% of participants in Group A and 87% of Group B had a systolic blood pressure less than 140/90mmhg. Over 92% of Group A and 72% of Group B had a systolic blood pressure less than 140mmhg at six months follow up. Over 21% of Group A had a systolic blood pressure greater than 140mmhg at recruitment and 14% of Group B had a systolic blood pressure greater than 140mmhg. However at six months follow up this was reduced in Group A to 8% and 38% of Group B continued to have a systolic blood pressure greater than 140mmhg. Participants in Group A had a greater overall reduction in systolic blood pressure than Group B. There was no difference in diastolic blood pressure between both groups at recruitment,





six weeks and six months. All patients had a diastolic blood pressure less than 90mmhg at six months follow up.

There was no real difference in exercise between Group A and Group B at time of recruitment. However, at six weeks and six months follow-up an EST was carried out and exercise was measured in METS. The mean level of METS in Group B remained the same. There was no real improvement in levels in participants who completed Phase I and II of the Cardiac Rehabilitation programme only. Overall, participants in Group A had improved levels of METS compared to Group B at six months follow-up.

## Conclusion

The results of this study provide insight into the effect of a Cardiac Rehabilitation programme on risk factor profiles of the relatively understudied PTCA population. Patients who completed the full Cardiac Rehabilitation programme had greater improvements in blood pressure, cholesterol, a greater number of patients quit smoking and they had increased exercise levels at six months follow up. Healthcare professionals are in a unique position to guide and support patients and families post PTCA to make lifestyle modifications and prevent progression of coronary artery disease.



<b>Title:</b>	<b>Womens' Knowledge of the Risk Factors for Developing Osteoporosis</b>
<b>Authors:</b>	Moloney, J. Fracture Clinics, Mid-Western Regional Hospital, Limerick

## Introduction

The escalating number of fractures each year due to osteoporosis gives cause for concern.<sup>1</sup> Time and effort needs to be channelled into the prevention of fractures and the prevention of osteoporosis. To achieve this, groups at high risk of developing osteoporosis must be identified and targeted in the areas of prevention, treatment and intervention.

## Objectives

To elicit the level of womens' knowledge regarding osteoporosis, risk factors and prevention. To discuss the link between the body mass index, perceived risk of developing osteoporosis, the womens' level of education and their final osteoporosis knowledge score among a group of post-menopausal women at high risk of developing osteoporosis.

## Methodology

A total of 44 post-menopausal women, with a history of a low-impact fracture, were targeted at the orthopaedic out-patients fracture clinic in a large Band 1 hospital in Southern Ireland. The women completed the Facts on Osteoporosis Quiz. This instrument elicited the womens' knowledge regarding osteoporosis. This questionnaire has been used previously and is recognised as a valid and reliable tool. The questionnaire had a Cronbach's Alpha of 0.74 when used in this study. A demographic questionnaire was also devised which elicited facts regarding the womens' age, education, height and weight (which served to measure body mass index), perceived risk of developing osteoporosis, whether or not the women had information on osteoporosis supplied to them, from whom and how long ago.

## Results

Total osteoporosis knowledge score was found to be low. A high percentage of women were unaware of the direct relationship between menopause and the development of osteoporosis and that very thin women are at higher risk of developing osteoporosis. With regard to alcohol consumption nearly 59.1% (n



= 26] of the women did not know that excess alcohol may lower bone mineral density. A high percentage of the women in this study were aware of the necessity of high calcium and vitamin D intake and a decrease in caffeine intake. Women who had attended college or had other professional qualifications had a higher total osteoporosis knowledge score.

## Conclusions

A majority of the women had received no information on osteoporosis from a health professional despite the fact that they had sustained a fracture. Nurses are ideally placed to educate patients on health needs, however the reality of busy out-patient clinics mitigates against this. Primary and secondary care of patients at risk and diagnosed with osteoporosis must be prioritised at all levels, in the acute and community care sectors.

## Implications/recommendations for future research

Provision of information on osteoporosis and education on the causes, prevention and treatment of osteoporosis for this at risk group of women is a priority and women should be referred and treated for osteoporosis as appropriate. This study needs to be repeated with a larger, more representative sample, using concurrent DEXA scan measurements of participants. The study could be repeated and involve men and women using a large sample size. Also a study should be done to target pre-menopausal women with a view to early diagnosis and prevention due to the high number of women in this study who had never received information from a healthcare professional.

*This research was undertaken in part fulfilment of a Masters Degree in University College Cork.*

**Title:**

**Understanding Patient Delay in Seeking Treatment for Symptoms of a Myocardial Infarction**

**Authors:**

Fallon, B.  
Nursing and Midwifery Planning and Development Unit, HSE West, Limerick

## Introduction

Coronary artery disease (CAD) is one of the leading causes of mortality and morbidity in Ireland.<sup>1</sup> A myocardial infarction (MI) is the most serious form of CAD. Early reperfusion of the myocardial muscle will result in reduced mortality and morbidity rates.<sup>2</sup> In Ireland patient delay time from symptom onset of an MI to reperfusion therapy is twice as long as what is recommended.<sup>3</sup> Previous literature suggests that the problem lies with the patient not seeking help for their symptoms.<sup>4</sup> Health care professionals and in particular nurses have an important role in health promotion strategies, which include educating and empowering patients to seek help for symptoms of an MI. However in order to do this effectively an understanding of the influential factors of patient delay time to treatment is required. The primary purpose of this study was to explore the influential factors associated with patient delay to treatment for an MI. It was hoped as a result of this study that health care professionals would be effective in informing and assisting individuals in recognising an MI and therefore encourage them to seek medical help sooner.

## Methodology

An interpretative descriptive qualitative study was undertaken. The data was collected using semi-structured interviews of a purposive sample of 8 patients. Data saturation was reached in the study. The data was analysed using the thematic analysis Colaizzi's framework<sup>5</sup>. Two major themes were identified and a number of sub-themes are presented under each of the main themes.

## Results

6 of the 8 participants were thrombolysed. Delay times to thrombolysis ranged from 4 to 60 hours. Any one of the participants did not achieve the maximum benefit of thrombolysis.

The themes identified were mismatching of symptoms and undervaluing health.

### Mismatching of symptoms:

The sub-themes that emerged from this theme were that symptoms were not serious enough and self diagnosis. Participants' reported that when their symptoms developed, they did not associate them with a cardiac cause due to the



diverse symptomatology. Participants related their symptoms to other causes and as a result self treated which further prolonged delay times to treatment.

#### **Undervaluing Health:**

Participant's' reported lack of concern for personal health and prioritising other issues in their lives. Participants also reported that burdening others was an influential factor in not seeking help sooner. Fear and denial were associated with symptom onset.

#### **Conclusion**

Healthcare professionals and the Department of Health and Children need to take a leading role in reducing patient delay times to treatment. Individuals need to be educated about the diverse symptom presentation of an MI. Healthcare professionals need to empower and enable the public to recognise symptoms and take positive action to seek treatment. Individuals need to be encouraged to place higher values on their health and as a result to seek help sooner in order to improve their overall outcome.

#### **References**

Available on request.

#### **Presented**

At the Resus 2005 Resuscitation Conference and Skills Showcase in Ennis, Co. Clare in October 2005 by Mrs Breda Fallon.





**Title:** Orthognathic Surgery: Patient Motivational Factors

**Authors:** Murphy, M., Kearns, G.  
Department of Oral and Maxillofacial Surgery, Mid-Western Regional Hospital, Limerick

## Introduction

Orthognathic Surgery is a treatment designed to alter the morphology of the facial skeleton to improve masticatory function and facial aesthetics. Surgery is indicated in patients whose dentofacial deformity is not treatable by orthodontic treatment alone. The aim of the study is to evaluate the factors which motivate patients to proceed with Orthognathic Surgical Procedures (OSP). The motivations for patients seeking surgery are varied, but a desire to improve facial and dental aesthetics and alleviation of functional occlusal problems have been reported as the two most important reasons.

## Methodology

This is a pilot study of patients who underwent various OSP from the West, Midlands and Mid-West regions of Ireland during the period 1999-2007. 32 patients were randomly selected for the study population. The purpose of the study was to establish, by means of a questionnaire and telephone interview, if the motivational factors in patients proceeding with OSP were physical, psychological or functional.

## Results

32 subjects (17 female, 15 male) were included. The average age was 24.6 (18-39) years. The average length of pre-surgical orthodontic treatment was 8.7 years. Major motivations for treatment were to “prevent future dental problems (93.8%)” and “to have straight teeth (87.5%).” A significant amount of participants indicated that they requested treatment to improve their self confidence, looks and smile (81.3%), (71.9%) and (84.4%) respectively. One third (33%) of males studied identified contact with the opposite sex to be a problem as a result of their bite disorder. Almost one quarter (25%) of females studied identified it as a problem. A significant number of participants in this sample, particularly females had been teased at some time about their appearance prior to treatment (41.2%). Studies have shown that these feelings can persist into adulthood and so orthognathic surgery may provide a real benefit to a patient’s psychosocial well-being. The only significant difference between males and females was that males considered improvement of social life a reason for seeking treatment ( $p < .011$ ).

## Conclusion

In conclusion facial appearance and preventing future dental problems are major motivators for patients to undergo orthognathic surgical treatment.

**Title:****An Exploratory Study into the Level of Job Satisfaction of Nurses and Midwives****Authors:**

Conway, G.  
Nursing and Midwifery Planning and Development Unit, HSE West, Limerick

**Introduction**

The Health Care System in Ireland is currently undergoing a period of great change stimulated by both internal and external forces. The health care service reforms outlined in the Brennan, Prospectus and Hanley Reports, and recently the introduction of the Transformation Programme, are adding to the uncertainty and turbulence currently being experienced by health care employees. The “Action Plan for People Management” recognises the need for committed and skilled staff to deliver health care.<sup>1</sup> Research suggests that undervalued and disempowered nurses may be only too ready to leave the profession, thus increasing turnover.<sup>2</sup> This is an important factor as the nursing profession is already faced with a serious nursing shortage.

Creating conditions for work effectiveness through the establishment of empowering work conditions is a strategy for increasing retention, reducing turnover and increasing job satisfaction.<sup>3,4,5</sup> Providing the best nursing and midwifery care is fundamental in terms of ensuring value for money in the health service by improving the patients’ journey through the service.

The retention of nursing and midwifery employees requires immediate strategic human resource management. Without accurate, reliable data indicating the reasons why nursing and midwifery employees are leaving, retention initiatives are based on anecdotal hearsay and assumptions. The constant change to the nursing and midwifery workforce also attracts additional management costs that are associated with introduction, induction and supervision programmes.<sup>6</sup>

**Objective**

The purpose of this research is to explore and reveal the level of job satisfaction of nurses and midwives within the Health Service Executive (HSE) West (Mid-West) area in order to develop initiatives to promote staff retention and increase job satisfaction. This research also investigates if there is a relationship between job satisfaction and employee retention.



## Methodology

Job satisfaction is an attitudinal variable according to Spector.<sup>7</sup> It is the feeling employees have about their job in general. Constructs encompassing specific facets of job satisfaction relate to pay, work, supervision, professional opportunities, benefits, organisational practices and relationships with co-workers. To reveal the level of job satisfaction of nurses and midwives, a quantitative survey was found to be the most suitable method of collecting information from employees in large organisations.<sup>8, 9, 10</sup>

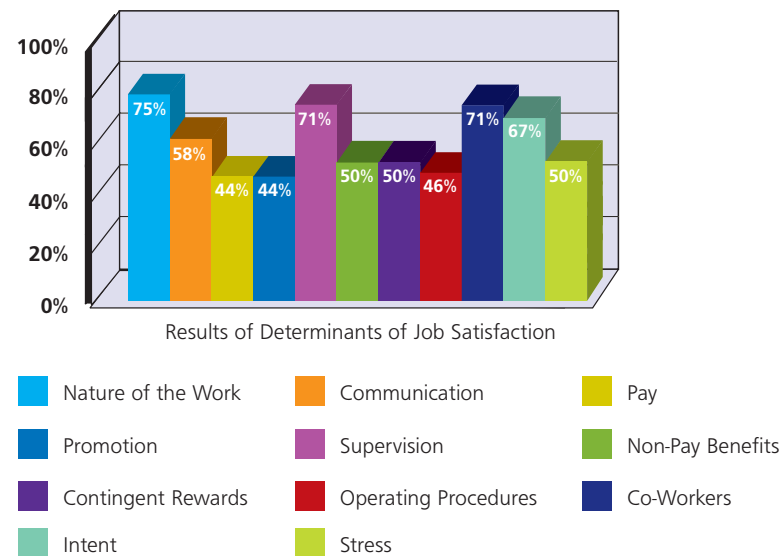
Within the HSE West (Mid-West) there are currently 2,886 nurses and midwives employed in public hospitals and community practice. The gender, age, experience and grade vary across each site therefore, the most appropriate and representative sampling method is cluster sampling. A Job Satisfaction Survey was sent with a cover letter and a return stamped addressed envelope to each nurse or midwife, following ethical approval. The response rate was 41% (n = 1,185).

## Results

The analysis of the determinants of job satisfaction provided by the nursing and midwifery employees indicate that 75% of the respondents are satisfied with the nature of the work they undertake, 58% state that they are satisfied with the communication they are party to in the course of their work. 44% of respondents declared satisfaction with the pay they receive and the promotional opportunities afforded to them. 71% acknowledged that they are satisfied with the supervision they receive at work. 50% accepted that the non-pay benefits and contingent

rewards were satisfactory. 46% affirm satisfaction with work related operating procedures, whilst 71% are satisfied with co-worker relationships. 67% of the nursing and midwifery respondents declared their intention to remain in their current employment. 50% of nurses and midwives find that they can be stressed at work. The level of job satisfaction of nurses and midwives in the public health service HSE West (Mid-West) as a percentage of their overall job satisfaction is found to be 48% (Figure 1).

Figure 1 - Job Satisfaction Results





## Conclusion

The literature suggests that organisations which address the staffing problems of this millennium with far sighted retention processes are sure to gain competitive advantage in the years ahead. There is a requirement to measure unit specific turnover (ward/department) to assist unit managers to develop and implement local initiatives to proactively manage individual nurse/midwife retention. Understanding job satisfaction is the key to devising an effective retention process.

The need to build relationships between nursing and midwifery staff and management regarding the data collected and to develop systems to measure and monitor issues relating to staff mobility is crucial to monitoring staff retention.

## References

Available on request.



**Title:** Educational Needs of Nurses when Nursing People of a Different Culture in Ireland

**Authors:** Tuohy, D., McCarthy, J., Cassidy, I., Graham, M.M.  
Department of Nursing and Midwifery, University of Limerick

## Introduction

Over the last 10-15 years there has been a dramatic change in the population of the Republic of Ireland (ROI). Because of strong economic growth, a buoyant economy and universal population migration, the ROI has moved from a mono to a multicultural society over a relatively short period of time. Therefore nurses in this state have limited experience of caring for people of a different culture.

## Objective

To discuss registered nurses' experiences in the ROI of nursing people from a different culture.

## Methodology

The study design was qualitative and participants were purposively sampled ( $n=7$ ). Data was collected through semi-structured interviews and thematically analysed.

## Results

The main themes to emerge from the interviews were: dealing with cultural issues in practice; accessing and using the interpreter service; planning and taking action to improve nursing care for patients from a different culture.

## Conclusion

Support and education is needed by nurses to improve nursing care of people from a different culture.

### Recommendations for practice are to:

- Develop transcultural nursing education
- Promote an ethos of providing culturally competent and culturally safe nursing to people of another culture
- Improve resources available to nurses
- Provide easier access to formal interpreter services with continuity of interpreters for patients
- Conduct further research into aspects of healthcare in multicultural Ireland

*To be published in The International Nursing Review Journal in 2008.*



**Title:**

**Perceptions of Role Expansion among Nurses in an Acute Hospital Setting in Ireland – A Mixed Methods Study**

**Authors:**

Fahy, A., Ryan, D.  
Nursing and Midwifery Department, University of Limerick

## Introduction

General nursing has experienced tremendous change and development within the acute healthcare sector over the last decade in response to changes in health policy, demographics, technology, society and the need to contain healthcare costs. Irish healthcare reform and the implementation of the European Working Time Directive (EWTD) with the formation of the HSE have all impacted on nursing compelling this transition<sup>1</sup>. Nurses' roles are developing and expanding with the intention to enhance patient care, promote job satisfaction and achieve cost effectiveness within the healthcare services.<sup>2</sup> Within that context the issue of role expansion for nurses becomes a natural focus of attention.

The study explored nurses' perceptions of role expansion in the acute hospital setting in Ireland in order to gain a deeper understanding of how nurses perceived both the concept and application of expanded roles in their area of practice.

## Methodology

A multi-method approach utilising a combination of both qualitative and quantitative data collection and analysis methods was used in order to widen the scope of the research approach, as well as to add breadth and depth to the study. The study incorporated a specifically developed survey questionnaire administered to a random sample of nurses in two Acute Hospitals in the West of Ireland (n=500) followed by three focus group interviews (n=17) undertaken with a purposeful sample of nurses.

The statistical package (SPSS™ Version 13) was used to analyse the quantitative data. The qualitative data was analysed using a thematic analysis approach (Braun and Clarke, 2006).<sup>3</sup>

## Results

The triangulated approach allowed for the integration of findings from both the questionnaire and focus groups at the discussion stage with the aim being that the focus group findings supported and added depth to the questionnaire findings.



The focus groups were able to elicit the group's perceptions of the terminology on role expansion, value and impact of role expansion, expanded roles undertaken and the impact on nursing practice and patient care.

A core value of nursing relates to the closeness of the relationship between the nurse and the patient. In that regard 'Back to the bedside' as was a common thread woven throughout the transcripts. Nurses continuously expressed their commitment to the provision of holistic care to patients and nursing practice.

Findings from Phase I of the study demonstrated that nurses' expanded roles promoted a holistic safe approach to patient care, and patients' benefited when nurses undertook expanded roles as part of their role and responsibility. There was a high level of agreement with the belief that expanded nursing roles increase professionalism in nursing and increase job satisfaction for nurses. There were concerns expressed relating to accountability and litigation with much confusion and ambiguity surrounding the definition of expanded roles and the level of preparation for the positions, consistent with previous findings by Furlong and Smith (2005),<sup>4</sup> with many assuming that new clinical roles, such as Clinical Nurse Specialist and Advanced Practitioner roles were synonymous with expanded practice. Furthermore there was a strong commitment from nurses to continually develop and add to their knowledge base, demonstrating the benefits of nursing while encompassing role expansion.

In Phase II of the study three key themes with a number of sub-themes emerged following analysis of the focus group data as set out in Table 1.

**Table 1** - Themes and Sub-themes

Theme	Sub-theme
<b>Value</b>	<ul style="list-style-type: none"> <li>Professional value</li> <li>Patient care value</li> <li>Organizational value</li> </ul>
<b>Role Understanding</b>	<ul style="list-style-type: none"> <li>Role ambiguity</li> <li>Role clarity</li> <li>Fear</li> </ul>
<b>Change Implication</b>	<ul style="list-style-type: none"> <li>Upskilling</li> <li>Deskilling</li> <li>Accountability</li> <li>Balance</li> </ul>

Findings indicate a conditional willingness to engage in changed roles for nurses. The conditions relate to the issue of objective value. Participants expressed willingness to accept new roles where they could see added value to the patient experience, to the organisation and to the profession. However confusion emerged in relation to conceptual distinctions relating to extended and expanded roles as well as specific grade functions in nursing.



## Conclusion

Nurses are committed to the provision of holistic care to patients and nursing practice. It may be concluded that concepts such as expanded role, extended role, clinical specialism and advanced nursing practice are used interchangeably and the conceptual differences are not clearly differentiated. However nurses are willing to engage in higher order practice where they see that such practices add value to the patient experience, to the organisation and to the profession itself.

## References

References are available on request.



## NMPDU Conference Poster and Abstract Presentations

### 1: Mental Health and Older People - Developing a Person-Centred Care Approach

Marissa Butler McCarthy, Clare Mental Health Services. [marissa.butler@hse.ie](mailto:marissa.butler@hse.ie)  
*co-author: Michele Hardiman.*

### 2: Changing Practice from a Single Case Analysis: Evidence-Based Practice or Just Common Sense?

Michele Hardiman, Clare Mental Health Services. [micheleb.hardiman@hse.ie](mailto:micheleb.hardiman@hse.ie)

### 3: Practice Development: 3 Journeys towards Person-Centred Care

Lorna Peelo Kilroe, Nursing & Midwifery Planning & Development Unit.  
[lorna.peelo@hse.ie](mailto:lorna.peelo@hse.ie)

### 4: Hickman Catheter Patient Self Care Initiative

Francis White, Mid-Western Regional Hospital. *co-author: Mairéad Cowan,*  
*Nursing & Midwifery Planning & Development Unit.*

### 5: Staff Nurses Experiences of Providing Palliative Care for Older Patients in Hospital

Breda Trimble, Milford Care Centre. [b.trimble@milfordcarecentre.ie](mailto:b.trimble@milfordcarecentre.ie)

### 6: Holistic Wound Assessment Tool for Use by Community Nurses

Mary Shanahan, Assistant Director of PHN, Limerick. [mary.shanahan@hse.ie](mailto:mary.shanahan@hse.ie)  
*co-authors: Brenda Mellet, Angela Neenan, Michelle Kelly and Agnes O'Connell.*

### 7: Infection Control in Community Care

Mairead Duggan, Sixmilebridge Health Centre. [mduggan@hse.ie](mailto:mduggan@hse.ie)  
*co-authors: Patricia McDonnell, Margaret Hackett, Marion Sheehy and Anna O'Farrell.*

### 8: Weaning Your Baby onto Solids – Information Clinics Facilitated by Public Health Nurses

Brenda Mellet, Public Health Nurse. [brenda.mellet@hse.ie](mailto:brenda.mellet@hse.ie)  
*co-authors: Noreen Kelly, Eileen Nolan and Joan O'Connor.*

### 9: Survey of Adult Postoperative Pain Scores

Alison Burgess, Mid-Western Regional Hospital. [alison.burgess@hse.ie](mailto:alison.burgess@hse.ie)  
*co-authors: Dr. Dominic Harmon, Louise Reid, Gerardine Kennedy & Acute Pain Committee.*

### 10: Professional Attitudes to Acute Pain Control

Alison Burgess, Mid-Western Regional Hospital. [alison.burgess@hse.ie](mailto:alison.burgess@hse.ie)  
*co-authors: Dr. Wahid Altaf, Dr. Dominic Harmon, Louise Reid, Gerardine Kennedy & Acute Pain Committee.*

### 11: The Development of a Forensic Mental Health Nursing Assessment for Prison Liaison Services

Marie Collins, St. Anne's Day Ward. [maria.collins@hse.ie](mailto:maria.collins@hse.ie)  
*co-authors: Mary Begley, Niamh Geoghegan and Ita Moriarty.*



#### **12: “Person-Centred Care Project.”**

Mairéad Greene, Hospital of the Assumption. [mairead.greene@hse.ie](mailto:mairead.greene@hse.ie)

*co-author: Mary Butler.*

#### **13: “Continance Care Standard”**

Geraldine Russell, Hospital of the Assumption. [geraldine.russell@hse.ie](mailto:geraldine.russell@hse.ie)

*co-authors: Ann Delahunty, Marian Keeley, Ann O’ Farrell and Mavis Long.*

#### **14: “Enabling Communication for Older People with Dementia”**

Mary Shortt, Hospital of the Assumption.

*co-authors: Ursula Paine and Áine Donnelly.*

#### **15: Improving Interpretation in Clinical Communication**

Maria Gibbons, Mid-Western Regional Maternity Hospital.

#### **16: Evaluation of Breastfeeding Skills Workshop**

Margaret Hynes, Mid-Western Regional Maternity Hospital.

*co-author: Margaret O’ Leary.*

#### **17: Evidence-Based Practice Initiative**

Mary McNamara, Centre for Nurse Education. [maryca.mcnamara@hse.ie](mailto:maryca.mcnamara@hse.ie)

*Co-authors: Cora Lunn, Rita Hinchion, Nuala Flannery and Mairéad Cowan.*

#### **18: Positive Ageing: A Photographic View**

Janet Hanley, Milford Care Centre. [j.hanley@milfordcarecentre.ie](mailto:j.hanley@milfordcarecentre.ie)

*co-authors: Kate Donlon, Michelle Fahey, Mary Gannon, Marie Gavin, Josephine Godfrey, Geraldine McDonagh, Ciara Mulvey, Madeline Tobin.*

#### **19: From Transactional to Transformational: An Analysis of Leadership Styles among Clinical Midwife Managers**

Liz Roche, Nursing & Midwifery Planning & Development Unit, Stewarts Hospital. [Liz.Roche@hse.ie](mailto:Liz.Roche@hse.ie)

*co-author: Nicola Clarke.*

#### **20: Busy Bodies - A Health Promotion/Education Programme for Primary School Children**

Gráinne Ryan, Shannon Health Centre. [grainnea.ryan@hse.ie](mailto:grainnea.ryan@hse.ie)

*co-author: Sophie O’Dea.*

#### **21: Non-Violent Crisis Intervention**

Geraldine Mc Hugh, County Clinic, Ennis. [grainnea.ryan@hse.ie](mailto:grainnea.ryan@hse.ie)

*co-authors: Pauline Maher and Gráinne Ryan.*

#### **22: Obesity Levels of 3.5 Year-Old Children in HSE West (Limerick, Clare and North Tipperary)**

Gráinne Ryan, Shannon Health Centre. [grainnea.ryan@hse.ie](mailto:grainnea.ryan@hse.ie)





### **23: Leadership Development for the HSE**

Rose Doyle, Performance and Development Manager. [rosem.doyle@hse.ie](mailto:rosem.doyle@hse.ie)

### **24: Simple Clinical Score - An Assessment Tool to Improve the Quality of Acute Care for Patients**

Colette Cowan, Mid-Western Regional Hospital, Nenagh.

*co-author: Margaret Gleeson.*

### **25: Empowering Nurses Using Evidence-Based Wound Management.**

Helen Meagher, School of Nursing, Mid-Western Regional Hospital.

[helen.meagher@hse.ie](mailto:helen.meagher@hse.ie)

*co-authors: Wound Management Committee.*

### **26: Intercultural Workplace in Nursing**

Julia Wade, Nursing Practice Development Unit. [julia.wade@hse.ie](mailto:julia.wade@hse.ie)

*co-author: Arnold FD Arcaina.*

### **27: Care Planning Project**

Siobhan McDonnell, Nursing Practice Development Unit.

*co-author: Anne Reidy.*

### **28: The Person with Dementia is a Unique Individual on a Difficult Journey and Needs Your Help to Signpost the Way**

Mary McCarthy, St. Ita's Hospital, Newcastlewest.

*co-authors: Bernie Torpey and Mary Gormally.*

### **29: Practice Nurses Making a Difference**

Eileen Brennan, Practice Nurse, Thurles, Co. Tipperary.

*co-authors: Anne Akamnonu, Mary Kelly, Áine O'Grady.*

### **30: Evaluation of Clare Health Promotions' Community Smoking Cessation Service**

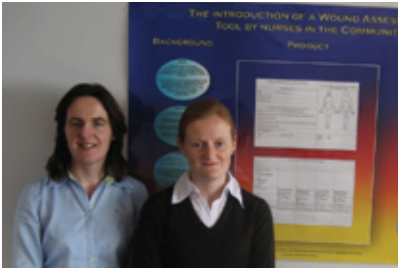
Mary MacMahon, Public Health Nurse, Ennis. [marybmcmahon@hse.ie](mailto:marybmcmahon@hse.ie)

## Prize-Winning Posters/Awards

### 1<sup>st</sup> Prize

#### Holistic Wound Assessment Tool for Use by Community Nurses

Shanahan, M., Mellett, B., Neenan, A., Kelly, M. & O'Connell, A.  
mary.shanahan@hse.ie



L to R Mary Shanahan & Michelle Kelly, not present B. Mellett, A. Neenan, A. O'Connell.

### 2<sup>nd</sup> Prize

#### Positive Ageing: A Photographic View

Hanley, J., McDonnell, P., Hackett, M., Sheehy, M. & O'Farrell, A.  
j.hanley@milfordcarecentre.ie

### 3<sup>rd</sup> Prize

#### Mental Health and Older People

##### - Developing a Person-Centred Care Approach

Butler McCarthy, M., Hardiman, M.  
marissa.butler@hse.ie

For further information on any of the projects listed please contact:

Mairéad Cowan, Research Officer,  
Nursing & Midwifery Planning & Development Unit, HSE West (Limerick, Clare & North Tipperary), 31/33 Catherine Street, Limerick.  
T: 061 483239 E: mairéad.cowan@hse.ie

### Awards

Congratulations to Katie Tierney who was European Winner of the Third Klinidrape/European Operating Room Nurses Association Peroperative Nursing Foundation Research Award 2006.

See abstract on pages 4 & 5 of this Supplement.

Congratulations also to Fiona Hurley who was awarded First Prize in the Poster Section on Day 1 of the 8<sup>th</sup> Annual Interdisciplinary Research Conference entitled "Transforming Healthcare Through Research Education, and Technology" in Trinity College Dublin on November 7<sup>th</sup>, 2007.

See Abstract on pages 8, 9 & 10 of this Supplement.



## Nursing & Midwifery Research Funding Opportunities

### 1. Martha McMenamin Memorial Scholarship Award 2008

This scholarship is open to members of the Nursing & Midwifery profession working in Ireland to undertake a study in the field of nursing or midwifery.

It aims to provide an opportunity to improve the quality of care and make a real difference to the patient/client experience, through one of the following categories:

- Maternity Care Development Project
- Small scale research, audit project and/or reflective practice
- Undertake a research or development project, which may be part of a research degree, where no other source of financial support would be available
- Leadership Development - Personal Development or Team Development

Each scholarship has a value up to €5,000. Closing date for receipt of applications is in April 2008.

#### Proposal /Applications:

Pat Hannaway  
Management & Organisation Development Unit  
Westcare Business Services  
Gransha Park, Londonderry  
BT47 6WJ  
0044 48 71865112  
pat.hannaway@westerntrust.hscni.net

### 2. Patricia O'Connor Gorman Scholarship 2008

This scholarship is awarded to BSc Nursing graduates to undertake Nursing/ Midwifery Postgraduate studies within the department of Nursing and Midwifery in UL.

Each scholarship has a value up to €20,000.  
Further details available from [www.nm@ul.ie](http://www.nm@ul.ie)

#### Applications should be submitted to:

Bernie Quillinan  
Head of the Department of Nursing and Midwifery  
School of Health Sciences  
College of Science  
University of Limerick  
[bernie.quillinan@ul.ie](mailto:bernie.quillinan@ul.ie)



### 3. The Irish Nurses' Organisation Research Award 2008

This award offers a bursary of €700 for a research project promoting and improving quality of patient care and/or staff working conditions in an innovative way.

The closing date for receipt of application form together with an abstract of the project is Friday, April 11<sup>th</sup>, 2008.

#### **Application Forms and Guidelines are available from:**

Kathy Foy-Newman

Education and Promotions Officer

Professional Development Centre

INO, Whitworth Building

Morning Star Avenue

North Brunswick Street

Dublin 7

01 6640643

kfoynewman@ino.ie

### 4. National Funding

**National Council** ([www.ncnm.ie](http://www.ncnm.ie)) highlights funding opportunities and links to relevant national and international websites.

**Health Research Board (HRB)** – Funding Available section provides a calendar of grant schemes for 2007/2008. Visit [www.hrb.ie](http://www.hrb.ie)



## Ethical Considerations

An Bord Altranais has recently published a research guidance document, 'Guidance to Nurses and Midwives Regarding Ethical Conduct of Nursing and Midwifery Research' (2007).

The document aims to provide nurses and midwives with general guidance on ethical matters relating to research and to ensure the protection of the rights of those involved in research. A copy of this document is available electronically via [www.nursingboard.ie](http://www.nursingboard.ie) or in hard copy from An Bord Altranais Library.





## Older Persons Services National Practice Development Programme

### Background

For the past two years a team of practice development and research staff from the Midlands HSE NMPDU and the University of Ulster (under the leadership of Professor Brendan McCormack and Jan Dewing) have been collaborating on a practice development (PD) programme, funded by the National Council for Nursing & Midwifery. The project has utilised an internationally tested model of emancipatory practice development, incorporating 4th Generation Evaluation and emancipatory facilitation. The project has been in progress in two care settings, one in Mullingar and one in Birr, and the team have worked with internal facilitators to facilitate the development and evaluation processes. This work is currently being replicated in three care settings in Clare and North Tipperary over the last 18 months with a range of successes and clear evidence of an evolving cultural change.

### Programme Structures and Processes

The programme is coordinated by two programme leaders/external facilitators (Professor Brendan McCormack and Jan Dewing, University of Ulster). The programme leaders will coordinate the overall facilitation of the programme and its evaluation. Each NMPDU has identified a member of staff who acts as the lead facilitator for the participating units in their HSE Area (see contact names below) and also becomes a co-researcher with the programme leaders. Each participating

unit has identified an internal facilitator and project participants. The internal facilitator works with staff/project participants on a day-to-day basis (registered nurses and care attendants) in the participating unit in which they are employed. The lead and internal facilitators will develop a collaborative contract and action plan with the participating site Director of Nursing for supporting the programme of work in their unit. Each lead and internal facilitator work together to facilitate a wide scale and in-depth programme of work with the clinical setting that will include the systematic evaluation of practice and the identification of practice changes necessary to implement the person-centred nursing framework and further evaluation. A National Reference Group is currently being formed and will meet twice each year during the project timeframe (4 meetings in total). The reference group will be comprised of key stakeholders from healthcare or across Ireland.

### Participating Sites

In total 16 sites divided across the 4 participating HSE areas are participating in the programme. The sites range between small, medium and large units as follows:

- Birr Community Health & Nursing Unit, Birr
- Cappahard Lodge Residential Unit of Old Age Psychiatry, Ennis
- Carrigoran House Nursing Home, Newmarket-on-Fergus
- Community Hospital of the Assumption, Thurles
- Falcarragh Nursing Unit, Falcarragh



- St Brigid's Hospital, Shaen, Laois
- St. Columbanus Home, Killarney
- St. Finbarr's Hospital, Cork
- St. John's Hospital, Enniscorthy
- St. Joseph's Unit, Bantry General Hospital, Bantry
- St. Joseph's Hospital, Trim
- St. Mary's Hospital, Castleblaney
- St. Mary's Care Centre, Mullingar
- St. Patrick's Hospital, Carrick-on-Shannon
- St Vincent's Hospital, Mount Mellick
- Sacred Heart Hospital, Carlow

### The Practice Development Model

The programme is organised around a model of practice development that places emphasis on working with a shared vision which is based on collective values and beliefs. It also emphasizes the need to work systematically using action plans, developing reflection skills and developing facilitation and leadership within the workplace.

### Aim and Objectives of the Programme

The overall aim of the programme is to implement a framework of person-centred nursing for older people across multiple settings in Ireland, through a collaborative facilitation model and an evaluation of the processes and outcomes.

#### The objectives of the programme are to:

1. Coordinate a programme of work that can replicate effective Practice Development processes in care of older peoples' settings.
2. Enable participants/local facilitators and their directors and managers to recognise the attributes of person-centred cultures for older people and key practice development and management interventions needed to achieve the culture (thus embedding person-centred care within organisations).
3. Develop person-centred cultures in participating practice settings.
4. Systematically measure or evaluate outcomes on practice and for older people.
5. Further test a model of person-centred practice in long-term care/rehabilitation settings and develop it as a multiprofessional model.
6. Utilise a participant generated data-set to inform the development and outcomes of person-centred practice. (Tools which may have already been designed and tested will be used to produce data set).
7. Enable local NMPDU facilitators to work with shared principles, models, methods and processes in practice development work across older people's services.



## Programme Evaluation

The programme processes and outcomes will be evaluated within a framework of cooperative inquiry primarily drawing upon reflective dialogue data between lead facilitator, project participants and the project leaders; interview data with all participants and records of developments. In addition, a number of 'evaluative instruments' will be used as follows:

- i. *Reflective Process Accounts*: Notes of meetings, reflective group discussions, process reviews and action plans will be maintained and utilised as data to evaluate the effectiveness of the facilitation processes and programme structures.
- ii. *Context Assessment Index [CAI]* [McCormack, McCarthy et al 2006]: This 38 item questionnaire assesses the practice context and its receptivity to person-centred ways of working and the use of evidence in practice.
- iii. *Person-centred Nursing Index [PCNI]* [Slater & McCormack 2006] and an amended version for non-registered nurses, *Person-centred Caring Index [PCCI]* [Slater & McCormack, in progress]. Each questionnaire has 113 items and measures the processes and outcomes of person-centred nursing/caring from both nursing and patient perspectives.

- iv. *Cultural observation tool* [Workplace Culture Critical Analysis Tool – WCCAT] [McCormack, Henderson, Wilson & Wright, 2007]. This recently developed observation of practice tool explores the culture of a workplace at a number of levels in order to inform the degree to which changes in practice are achieving a change in culture.
- v. *Consumer Narratives*: Utilising a framework developed by Hsu and McCormack (2006) for collecting and analysing older peoples' stories about the quality of care, this data would serve to bring richness and depth to the other data sets.
- vi. *Interviews with Key Stakeholders*: Based on the methods employed in the Midlands HSE project [Dewing & McCormack 2007], telephone interviews will be conducted with key stakeholders to evaluate their overall views of the programme and its processes and outcomes.

These instruments have been developed as components of previous research and development in person-centred nursing and have established validity and reliability data. The project leaders, lead facilitators and project participants will all act as co-researchers in the collection and analysis of data. Thus the framework has the added benefit of developing evidence gathering and research skills among participants.



The NMPDU facilitators are as follows:

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<b>Seamus Mc Caul</b> Ardee	041 6853206	<a href="mailto:seamus.mccaul@hse.ie">seamus.mccaul@hse.ie</a>
<b>Lorna Peelo-Kilroe</b> Limerick	061 483248 087 6601791	<a href="mailto:lorna.peelo@hse.ie">lorna.peelo@hse.ie</a>

The Programme Leads are **Professor Brendan McCormack** [bg.mccormack@ulster.ac.uk](mailto:bg.mccormack@ulster.ac.uk) and **Jan Dewing** [jan.dewing@btinternet.com](mailto:jan.dewing@btinternet.com), University of Ulster.

This is an exciting initiative and one we know will have benefits to the lives of older people and the staff who work with them.



## Continuing Education

### Postgraduate Nursing Programmes available locally:

The development of eight postgraduate nursing and midwifery programmes represents a major milestone in nursing/midwifery education in this region. These are the first taught postgraduate programmes in nursing and midwifery to be available locally. The Nursing & Midwifery Planning & Development Unit (NMPDU) and the Department of Nursing & Midwifery at the University of Limerick in collaboration with HSE West (Limerick, Clare and North Tipperary) have worked together in the development of these programmes.

### AP(E)L

Cognisant of the fact that there is a large cohort of nursing/midwifery staff who are trained to certificate level and would not meet the normal university entry criteria to postgraduate programmes, the project secured an AP(E)L route for admission on to the postgraduate programmes. The Director and staff of the Centre of Nursing/Midwifery Education have developed and are delivering the following modules to support this cohort:

- Academic Writing Skills
- Portfolio Development (incorporating preparation of AP(E)L Application/Submission).

### Appointment of Professional Learning Facilitator

Following the successful development of these programmes a Professional Learning Facilitator was appointed to facilitate and support further developments within postgraduate education in the region. The Professional Learning Facilitator will mentor/support staff in applying for postgraduate education programmes particularly staff who wish to apply through the AP(E)L route.

The NMPDU would like to express their gratitude to the National Council for funding this project and acknowledge their appreciation of the Council's ongoing support for the development of nursing/midwifery clinical practice and education in this region.

For more information please contact **Fiona Hurley 061 - 482386**  
or email [fiona.hurley@hse.ie](mailto:fiona.hurley@hse.ie)

### Statistical Consulting Unit - Applied Biostatistics Consulting Centre

A Statistical Consulting Unit (SCU) has now been established at the University of Limerick for over 7 years providing a professional Statistical Consulting Service. The Unit is based within the Department of Mathematics and Statistics at the University.

A new Centre will be set up within the SCU as from January 2008. This will be called the Applied Biostatistics Consulting Centre (ABCc) and will be based structurally within the new Graduate Medical School. It will deal exclusively with clinicians,





nurses and other health personnel as well as Medical School staff and students, and the Statistical Consultancy Services given previously by the main SCU to HSE staff will now be provided by this new centre. This service is unique within Ireland.

The new centre will still be directed by Dr Jean Saunders but other (newly appointed) personnel will also be involved. Other Statisticians within the Mathematics and Statistics Dept at UL with interests in Biostatistics will also be involved as appropriate. It may also be linked with similar services at other Irish Universities in the future – in particular UCD.

These services are available (without cost) to clinicians and other personnel working for the HSE West (Mid-West) under a special arrangement set up between the SCU and the HSE. The services offered by the ABCc will include:

- a. One-to-one consultations offering statistical help and advice on research methodology e.g. advice on:
  - designing experiments and questionnaires,
  - clinical trials,
  - sampling procedures,
  - randomisation schedules,
  - data entry,
  - application and explanation of statistical methods,
  - summarisation of data and interpretation of results.
- b. Actual data analyses together with statistical reports that can be used as part of subsequent more detailed summary reports and/or journal papers.

- c. Co-authorship of Study Reports and Journal Articles concentrating on the statistical methods used and the reporting of results.
- d. The provision of short courses in research methods, statistical methodology and the use of particular statistical packages (small fee).

Appointments to meet with one of our statistical consultants can be set up at any Hospital within the Mid-West and West or other HSE premises, if preferred, as well as at UL.

Short courses can be arranged at any time during the year and are subject to a charge. Regular courses are offered in January and May/June each year for UL staff and post-graduates which can be attended by external candidates (small fee).

**For further information, please contact:**

Dr Jean Saunders

Stiúrthóir Feidhmiúcháin/Executive Director

Aonad Comhairle Staidrimh/Statistical Consulting Unit

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(website to be updated shortly)



## Driving Forward the Quality Agenda

The NMPDU covering Limerick, Clare and North Tipperary collaborates with key stakeholders to plan and develop a quality-driven nursing and midwifery service for the population of the Mid-West in line with national and corporate health strategies. Four new projects (funded by the National Council) will see the unit achieve its aims in a number of areas.

Mairéad Cowan is the Research Officer at the NMPDU and has responsibility for a project emerging from the *Research Strategy for Nursing and Midwifery in Ireland* (Department of Health and Children, 2003) and *Nursing and Midwifery Research Priorities for Ireland* (National Council, 2005). The aims of the project are to:

- Enhance and further develop the culture of research within nursing and midwifery in the region
- Facilitate the use of research findings in clinical practice, thereby contributing to excellence in the provision of nursing and midwifery care to all service users

Mairéad will also act as a resource person for those interested in undertaking research or publishing research undertaken previously.

A second project in the region concerns diabetes care in the community. Rachael Banques has been appointed as the NMPDU's Community Diabetes Care Facilitator.

Her primary objectives are to:

- Review and update the unit's Diabetes Resource Manual
- Create a diabetic register
- Initiate programmes in diabetes education for nurses
- Audit the diabetes services
- Develop a diabetes shared care programme
- Develop patient information and education

Fiona Hurley, the unit's Professional Learning Facilitator, is available to facilitate and support development within postgraduate education and professional learning in the region. She will contribute to the development of training and education within the local centre for nurse education and speak to staff who are interested in pursuing postgraduate education regarding fees, study leave entitlements, and other relevant topics.

Finally, Breda Fallon is leading the project concerning standards of care within the six acute hospitals comprising Network 7. The aims of this project are to enhance best practice in fundamental nursing and midwifery care through:

- Supporting the clinical governance agenda
- Increasing patient participation
- Developing measurable indicators of care
- Sharing and developing best practice across the six hospitals
- Linking with and building on the process of Accreditation for Acute hospitals in this region



Project officers at the Limerick NMPDU: Mairéad Cowan (Research Officer), Rachael Banques (Community Diabetes Care Facilitator), Fiona Hurley (Professional Learning Facilitator) and Breda Fallon (Project Officer – Fundamental Nursing and Midwifery Care for the Acute Hospitals)

For more information contact either the NMPDU office in Limerick or the appropriate project officer directly as follows:

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## Clinical Leadership Pilot Project

The NMPDU in partnership with Directors of Nursing and Midwifery within the region (Limerick, Clare and North Tipperary) launched a pilot project in March 2007 aimed at developing clinical leadership among nurses and midwives working in HSE services. This programme is based on the Royal College of Nursing's (RCN) Clinical Leadership Programme, which has developed from a ward nurses' leadership project to an internationally recognised, multidisciplinary clinical leadership development programme.

22 clinical leaders working in acute, primary, community and continuing care services in Limerick, Clare and North Tipperary have been recruited to undertake the programme. Over a twelve month period they will develop patient-centred leadership behaviours and will focus on:

- managing themselves
- developing and maintaining effective relationships with their team and others
- the patient and their relatives
- maximising the use of available resources through effective internal and external networking
- Developing greater political awareness



Cora Lunn (Front row, left) and Kay Chawke (Back row, left) with clinical leaders in the HSE (West) (Limerick, Clare and North Tipperary)

**The programme has been running for 6 months and the following is an example of some of the achievements to date:**

1. **88 patient stories** are nearing completion in the region capturing the patients'/ clients' experience and views of the service.
2. **66 observations of care** are being completed by participants. Observation of care is a quality improvement tool for clinical areas to evaluate the care they are delivering.





3. Specific service action plans are place for both quality improvement tools.

Key areas being actioned for improvement:

- Communication
  - Admission/Discharge procedures e.g. transfer of patients/clients to other areas
  - Infection control e.g. hand washing
  - Environment e.g. noise levels
  - Privacy and Dignity issues
4. **22 Service Improvements Projects** are been undertaken by participants, for example:
- Development of nurse cannulation in A & E
  - Development of perineal suturing by midwives
  - Development of an activation programme for older persons in residual care
  - Reviewing the effectiveness of the scheduling system for oncology day unit patients

5. **Preliminary Project Findings** [Completion date June 2008]:

- Through the programme Clinical Nurse/Midwifery Managers have an increased recognition for their clinical leadership role
- Greater clarity on how their role can impact on team and organisational development
- The need to be able to develop self to enable better patient/client care

- The majority of clinical teams in the project have no clear team objectives or performance management frameworks in place
- The experiential unit-based nature of the programme has been identified as the main contributing factor to the clinical leaders feeling enabled to be more effective in their role

The strength of the programme's achievements to date, in enabling clinical leaders to develop their leadership capabilities is underpinned by the organisational support for the programme. This has been driven by Directors of Nursing and Midwifery, general managers, mentors and patients/clients of participants. This work is focused in ensuring that the HSE's leadership, transformation and service priorities are taken forward in practice. The pilot project will be evaluated utilising a method of *realistic evaluation*, which will explore the context, process and outcomes of the interventions of the programme.

For further information on the clinical leadership project, please contact

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