

Health for All

Nurses and Midwives meeting the challenge –
showing the way

27 and 28 September 2024, Malta

Abstracts



6th Commonwealth Nurses and Midwives Conference
in partnership with the Malta Union of Midwives and Nurses



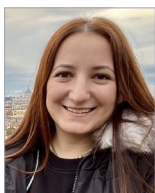
Health for All

Nurses and Midwives meeting the challenge
– showing the way

27–28 September 2024

InterContinental Hotel
St Julian's, Malta

Abstracts



1. Ms Elaine FORMOSA ATTARD

Senior Staff Nurse, Public Health Department, Sir Anthony Mamo Oncology Centre, Malta
elaine.c.formosa@gov.mt

Enhancing family-centred care through digital health innovations in paediatric oncology

Background: The integration of technology in healthcare, especially in paediatric oncology, is not just an advancement—it's a necessity for fostering family-centred care. Nurses, being at the intersection of patient care and technological application, play a pivotal role in this integration. Nurses can lead the adoption of digital health technologies to enhance family-centred care, highlighting the significance of these tools in improving the care experience for both children and their families.

Method: Research focusing on the use of digital health technologies, such as telehealth services, and mobile applications, in paediatric oncology settings from the perspective of nursing, was assessed. The impact that technology has on patient and family engagement and care-coordination, with emphasis on educational and training initiatives led by nurses was considered.

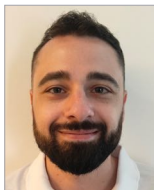
Results: The results identified that digital health technology significantly contribute to more informed, engaged, and empowered families, facilitating better communication with healthcare teams, easier access to medical information, and enhanced support for managing their child's health. Nurses are instrumental in guiding families through the technological landscape, ensuring that the use of digital tools aligns with the principles of family-centred care. This not only benefits the parents in terms of peace of mind and feeling more in control but also positively impacts the children, who benefit from a more cohesive and responsive care environment.

Conclusion: Embracing technology in paediatric oncology, with nurses leading this charge, is critical for advancing family-centred care practices. By empowering parents and enhancing care coordination, digital health technologies offer a pathway to a more personalised, effective, and compassionate care for cancer patients. The importance of training and supporting nurses in technological integration cannot be overstated, as their role is central to maximising the benefits of digital health for families navigating the complexities of paediatric oncology.

Health for All

Nurses and Midwives meeting the challenge – showing the way

27–28 September 2024
InterContinental Hotel
St Julian's, Malta



2. Mr Jeremy SAMMUT

Practice Nurse, Ministry for Health and Active Ageing Malta
sammutjeremy93@gmail.com

Co-Author: Mr Yaser Teebi, Clinical Psychologist and Gerontologist, Ministry for Health and Active Ageing, Malta

The phenomenon of burnout amongst nurses from a hospital in Malta and possible coping strategies

Objectives: Burnout is a prevalent issue amongst nurses in a hospital setting. The phenomenon of burnout amongst nurses and the operations of the hospital was explored. In addition, the actual root cause of burnout was investigated according to the 5 Whys framework, whilst recommendations for the improvement of the service were outlined.

Methods: Data was collected through the use of semi-structured interviews with six different nursing professionals through the various nursing hierarchy. The 5 Whys framework was incorporated into the interview schedule and data was analysed using thematic analysis.

Results: The results generated four main themes which were 'Consequences of Burnout', 'Less Staff, More Issues!', 'Coping with Burnout!', and 'Many Things Need to Change'. These themes explored the effects and consequences of burnout amongst the nurses. This, together with the consequences of shortage of staff had detrimental effects on nursing staff. The way forward for the nursing profession was presented.

Conclusions: The importance of tackling burnout amongst nursing staff was highlighted since this brought various consequences to the nurse, their relatives, patients and organisation. Various coping strategies and recommendations are also given.



3. Mr Oduor Kevin OTIENO

Chief Program Officer, Stowelink Inc, Kenya
oduorkevin@stowelink.com

Miss Rose NABWIRE

Communications and Digital Advocacy Officer, International Institute for Legislative Affairs
rosenabwiree@gmail.com

Harnessing social media for tackling trans-fats: advocacy efforts and implications for cardiovascular health

Background: Cardiovascular diseases (CVDs) are a leading cause of mortality in Kenya, with statistics showing a rising trend. The World Health Organization (WHO) Report, from 2018 estimates, show that 25% of hospital admissions and 13% of deaths in Kenya are due to CVDs. Industrially produced Trans Fatty Acids (iTfAs), commonly referred to as trans-fats, significantly contribute to this rise, necessitating urgent awareness and regulation. Social media platforms like X, LinkedIn, Instagram, Facebook, and WhatsApp among others, present an ideal vehicle due to their extensive reach and influence. Utilizing these platforms, we engaged in advocacy efforts to raise awareness and advocate for the regulation of iTfAs in East Africa, with the overarching goal of improving cardiovascular health outcomes.

Methodology: Leveraging social media, the International Institute for Legislative Affairs, ILLA in collaboration with Stowelink Foundation, initiated interactive conversations using #tags (#TransFatFreeKE and #TransFatFreeEAC) every Tuesday from October 2022 to September 2023. We worked with four Digital Advocates, each working with four Digital MicroInfluencers skilled at driving online health discussions. We focused on highlighting the adverse effects of iTfAs, especially partially hydrogenated oils (PHOs). We also petitioned policy makers to enact trans-fat policies to limit their use.

Results: Our efforts yielded 8,469 posts and engaged 326 users who retweeted, commented, liked, and reposted our content. We reached a cumulative audience of 1,775,191 individuals: with 17,286 engagements and 46,771,793 impressions (Across X, LinkedIn, Facebook, and Instagram). WhatsApp cumulative reach during the period (collation of WhatsApp status views and group shares) stood at 164,320 individuals. Our policy advocacy efforts resulted in a trans-fat Bill being drafted by Kenya's parliament in November 2023.

Conclusion: Social media emerged as a powerful tool for raising awareness about iTfAs and improving cardiovascular health outcomes.





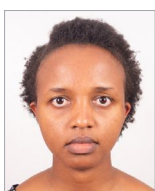
4. Mr Stephen Odhiambo OGWENO
Chief Executive Officer, Stowelink Inc, Kenya
stowelink@gmail.com

Enhancing health literacy across borders using cross-country m-health interventions in Sub-Saharan Africa

Introduction: In response to the rising prevalence of non-communicable diseases (NCDs) and the need for innovative approaches to health promotion, this study examined the viability of cross-country mHealth interventions in Sub-Saharan Africa. With a focus on leveraging digital platforms for health communication, the research aimed to assess the feasibility and effectiveness of cross-country m-health interventions focused on disseminating health promotion materials in Sub-Saharan Africa across different platforms.

Methodology: The study adopted a multi-stage sampling technique, encompassing purposive selection of five countries (Cameroon, Kenya, Nigeria, Uganda, Zimbabwe) with active local partner organizations implementing the NCDs 365 health education project by the Stowelink Foundation. This was followed by convenience sampling of NCD365 project participants engaged in health promotion activities. Data was collected using questionnaires then analysed utilizing both descriptive techniques and comparative tests such as ANOVA and the Kruskal-Wallis test.

Results: The findings underscored the potential of mHealth interventions to bridge health literacy gaps and foster positive health behaviours across Sub-Saharan Africa. Analysis of online communication platform usage revealed WhatsApp as the most commonly utilized platform (58.6%), followed by Twitter (20.8%) and Facebook (6.8%). The study also highlighted consistent trends in platform preference across the five countries. Moreover, gender-specific analysis revealed comparable literacy levels, with males slightly edging out females. The Kruskal-Wallis test indicated no significant difference in the efficacy of various online communication channels for health promotion, reaffirming the feasibility of cross-country mHealth interventions. **Conclusions:** This research showcases the substantial promise of cross-country mHealth interventions for health promotion in Sub-Saharan Africa. The insights derived from this investigation offer valuable guidance to policymakers aiming to optimize platform-specific strategies and foster cross-country collaborations in health promotion. Ultimately, these findings advance the discourse on health literacy promotion and lay a solid groundwork for evidence-based recommendations that can drive impactful regional initiatives.



5. Miss Joyce NTINYARIMBA
Student BSc. Midwifery and Reproductive Health, Amref International University and Volunteer Stowelink Inc Nairobi, Kenya
ntinyarimbabu@gmail.com

Leveraging social media to bridge the information gap on NCDs

Background: Digital public health has emerged as an important field, highlighting the role of social media in healthcare service delivery. It is against this background that the NCDs365 project was developed by Stowelink Inc in collaboration with Amref International University (AMIU) and many other organizations. As a student at AMIU, I had the opportunity to participate in the designing of the project. The project started in 2020, with daily messages covering the major NCDs shared across all the social media platform of Stowelink Inc and partner organizations. In 2021/2022, which marked the second phase, the project focused on producing animated videos on NCDs which were posted weekly on YouTube and other social media platforms.

Methodology: Both the predeveloped messages and the animated videos were posted on Stowelink Inc's social media platforms i.e. Twitter, Facebook, Instagram, LinkedIn, YouTube and Website. The content was also shared on WhatsApp groups and broadcasts to reach more people. In order to track the reach, the social media analytics were collated every month across Facebook, Instagram, and Twitter. The stats informed on the projects impact in improving awareness and enabling people to influence their health outcomes.

Results: The project attracted global partnership with 48 organizations from across Africa, bringing the online and offline reach to over 4.1 million people by the end of 2022.

Conclusion: Due to the high social media penetration in Kenya and globally, there is enormous opportunity for health care providers to leverage the social media to deliver health care services. The social media platforms provide the opportunity to create awareness on NCDs and sensitize people on prevention and control mechanism, thereby reducing the burden.

Health for All

Nurses and Midwives meeting the challenge – showing the way

27–28 September 2024
InterContinental Hotel
St Julian's, Malta



6. Mrs Alexandra Abela FIORENTINO

Practice Nurse, Cancer Care Pathways, Ministry for Health and Active Ageing, Malta
alexandra.abela-fiorentino@gov.mt

Mrs Sylvana MIFSUD

Practice Nurse, Cancer Care Pathways, Ministry for Health and Active Ageing, Malta
sylvana.mifsud@gov.mt

Supporting the patient and family throughout the cancer journey

The trajectory of cancer diagnosis and treatment is complex, occurring in the environment of a fragmented healthcare system in which multiple practitioners in various healthcare settings play a role. Maintaining a focus on a patient's personal needs and values while providing attention to timeliness and quality of care is challenging. A response to this has been the development of navigation programmes. These programmes began locally in 2017 with the aim of addressing barriers to care. Oncology navigation affects the diagnostic, treatment and survivorship trajectory. At their most basic level navigators work to eliminate barriers to care and access to resources. The case study will present a 34 year old, previously healthy female who has been diagnosed with a colorectal cancer, after giving birth to her daughter: her experience, medical decisions, treatment and our role as nurse navigators throughout the cancer trajectory, from diagnosis towards living with cancer and beyond. Recommendations from the case study will be provided.



10. Dr Paul CALLEJA

Head Clinical Services, Dar L-Annunzjata Eldelry Home, Tarxien Malta
paulcalleja79@gmail.com

Amplifying the voices of informal carers: insights from admission to hospitalization

Aim: This study aimed to develop a substantive theory elucidating the experiences of informal caregivers during the admission and hospitalization of patients with chronic heart failure (CHF).

Design: Employing a constructivist grounded theory approach, this research sought to uncover the nuanced dynamics of informal caregiving within the context of CHF patient care during admission and hospitalisation.

Methods: A substantive theory was iteratively developed through qualitative, semi-structured, face-to-face interviews with 21 participants, comprising 13 informal caregivers and 8 CHF patients. Data collection and analysis were conducted concurrently, utilizing constant comparison methods and grounded theory coding. Sampling commenced with a purposive selection of informal caregivers in Malta and progressed to theoretical sampling, concluding upon achieving theoretical sufficiency.

Results: The findings illuminate the profound commitment of informal caregivers to safeguarding their relatives during the vulnerable phases of admission and hospitalization. A core category emerged, titled "Hospital High Vigilance," encapsulating the symbiotic relationship between informal caregivers and patients. This theory elucidates the social process of informal caregiving during the CHF patient's journey within the Maltese healthcare system.

Conclusion: The Hospital High Vigilance theory unveils a novel perspective on how informal caregivers navigate and cope with the stressors inherent in the admission and hospitalization of their loved ones. It underscores the inherent vulnerability and uncertainty experienced by informal caregivers during these critical junctures.

Impact: The Hospital High Vigilance theory holds significant implications for healthcare professionals, offering insights into effective strategies for interaction, collaboration, and engagement with informal caregivers in the care continuum of CHF patients. By recognizing and leveraging the insights provided by this theory, healthcare professionals can enhance the support and involvement of informal caregivers, ultimately optimizing patient outcomes and care delivery practices.

Health for All

Nurses and Midwives meeting the challenge – showing the way

27–28 September 2024
InterContinental Hotel
St Julian's, Malta



12. Dr Deva-Marie BECK

International Co-Director, Nightingale Initiative for Global Health, Canada
devamarie@earthlink.net

Nurses' Voices: Grassroots to Global

Nurses and midwives are deeply burned-out from the strains of frontline service to the COVID pandemic — while already enduring perpetual challenges from overwhelmed health care systems. But — even as nurses and midwives are appreciated and widely trusted for this service — our public voices are still rarely heard. While COVID has increased widespread health professional burnout, recent research also indicates that 'resilience' reduces burnout and the effects of burnout. One major way to build resilience is to share our voices — thoughts and ideas — and be listened to with deep respect and appreciation. This presentation shares the innovative multi-media outreach of the Nightingale Initiative for Global Health (NIGH) and NIGH's worldwide eight-session 'Nurses' Voices Speaker Series' (NVSS) featuring nurse and student nurse leaders as thought-leaders across the global public space. Co-sponsored by the United Nations Institute for Training and Research and featuring leading representatives from the Commonwealth Nurses and Midwives Federation, the NVSS has highlighted more than forty speakers from all six WHO Regions. As an estimated 28 million nurses and midwives — plus students and retirees — we are a potentially significant force for taking our trusted caring and compassion into public advocacy for the healthy world we envision. Despite our turbulent times, the 21st century may well become our century — when the problems that keep people suffering are addressed by nurses and midwives who use their voices as change agents to call for solutions — for what everyone needs — to have health and well-being. Embedded in nursing and midwifery's culture are attributes significant to humanity's struggles. Based on our caring attributes — and on the world's confidence in us — we can become trusted grassroots-to-global thought-influencers and public advocates — in our networks, communities, and nations — for a more humane, just, and healthier world. We stand at the vanguard of what humanity can yet become.



13. Mr Geoffrey AXIAK

Clinical Nutrition Practice Nurse, St. Vincent de Paul Long Term Care Facility, Malta
geoffrey.axiak@gov.mt; axiakg@yahoo.com

Nutrition at the end of life

End of life decisions are crucial issues when geriatric care is involved and in Malta end of life care and advance directives are still not commonly discussed. Food also has a social and entertainment aspect that many people take for granted, but in the life of older persons this aspect of life takes a more prominent role. However, when problems arise and feeding becomes more complicated, and artificial clinical nutrition is considered, other issues come into play. Ethical issues, family preferences, medical professionals' opinions, religious beliefs, cultural influences and even national guidelines and norms influence the decision-making process and hence the outcome and subsequent quality of life of the elderly person. These factors are often overlooked until the actual need to discuss them arises and many times this occurs when the elderly person is not in a state to decide for themselves. Here problems, arguments and disagreements crop up. In this poster, the author addresses the meaning of food to persons plus the factors that influence food choices and habits. It outlines the principles related to nutrition at the end of life and hints to important arguments that deal with it. The poster pinpoints the burdens caused by artificial nutrition and the benefits it provides to persons of an old age. It discusses religion, and how religion influences decisions related to feeding. This deals explicitly with the Roman Catholic religion which is the prominent religion in Malta. The poster concludes with a proposed guidelines in relation to nutrition at the end of life that may be used to guide the decision of what, how and when to feed an elderly person at the end of their life.

Health for All

Nurses and Midwives meeting the challenge – showing the way

27–28 September 2024
InterContinental Hotel
St Julian's, Malta



14. Mr Geoffrey AXIAK

Clinical Nutrition Practice Nurse, St. Vincent de Paul Long Term Care Facility
geoffrey.axiak@gov.mt; axiakg@yahoo.com

Co-authors: Prof Julian Mamo, Associate Professor, Public Health, Faculty of Medicine and Surgery, University of Malta; and Dr Corinne Scicluna, Lecturer, University of Malta

Developing a specialised set of tools to assess nursing competence in Malta

Aim: To monitor and improve nursing standards of care in diverse state care facilities in Malta by creating a set of tools to assess nursing competence within these areas.

Objectives:

1. To create a set of tools to assess nursing competency and standards of care in four areas of nursing – geriatrics, medical, surgical and primary health.
2. To validate the new set of tools for use within the Maltese healthcare system.
3. To make the set of tools such that they can easily be used to create other similar tools in different areas of nursing.
4. To identify areas where nursing care is lacking adequate standards of care.
5. To recommend ways of using the created tools to monitor nursing standards on a regular basis.
6. To create a system of nursing assessment that can be applied to Malta and Gozo to assess, monitor, improve and maintain nursing standards of care, using the created set of tools.

Methodology: This will be carried out in two phases, the Tool Development Phase (Phase 1) and the Tool Testing and Validation Phase (Phase 2).

Phase 1 will include a small sample of nurses from each area – medical, surgical, geriatric and primary health – who would be asked, by a set of intermediaries, to fill in a questionnaire in which they will be asked to identify the most important issues related to nursing competence within their areas of nursing. A pilot study will be carried out beforehand to test the tool.

In Phase 2 the tool will be tested for validity and reliability in the four areas. The new tools will consist of self-assessment tools that will be filled in by the participants themselves. These will be based on competencies identified from literature and from local nurses of different grades. The use of intermediaries throughout the study will ensure that anonymity and confidentiality will be maintained throughout the study.

The presentation: The presentation will outline the process of Phase 1 of the study up to date and how the researcher plans to proceed with the process of tool development and testing to ultimately end up with a set of validated and reliable tools to assess nursing competencies in specific areas of nursing.

Health for All

Nurses and Midwives meeting the challenge – showing the way

27–28 September 2024
InterContinental Hotel
St Julian's, Malta



15. Ms Alison PERRY

Midwife and Women's Health Research Fellow (PhD), The George Institute for Global Health, Imperial College, London, UK
a.perry@imperial.ac.uk

BIA: The Blood in Action project and women's health engagement

The Blood in Action Project (Bia) is a project based at Imperial College London looking to better utilise routinely collected maternal serum samples. In North West London, every year, approximately 18,000 serum samples are collected for routine screening from women booking into maternity services. The Blood in Action project team contend that these samples could be used to better effect and inform population level health and pandemic awareness, including screening for viruses such as measles, rubella, or polio. Alongside this, the project team also regard the involvement of women in defining priorities for the project and the positioning of the project to ensure that it is informed and influenced by the priorities, views, and experiences of women is of central importance. To do this, PhD student and midwife Alison Perry is working with an established community group, called The Bridge to inform the topics of the Bia Project. Public involvement and engagement (PPIE) is the subject of her research. In parallel, the field of arts and health has grown significantly in recent years and Alison's research embraces the potential of the arts (such as storytelling) as a creative and appealing method of engagement that creates inclusion and wellbeing. Within this context, Alison employs a Realist research approach to better understand the "anatomy" of effective engagement in women's health research. Alison's presentation will address these fields of research within the context of the Bia Project and be presented as 'work in progress'. Overall, the Blood in Action Project encourages us to consider how much more we could do in maternity systems, without cost, to address population level health issues better from everyday resources such as maternal serum samples.



16. Ms Fiona FARRUGIA

Advanced Practice Nurse Mater Dei Hospital, Tal-Qroqq Msida, Malta
fiona.farrugia@gov.mt

Co-author: Dr Stephanie Mifsud, Resident Specialist in Anaesthesia and Intensive Care Medicine

Patients' perceptions on sleep quality and sleep disruptive factors in an adult ICU

Background: Critically ill patients commonly experience sleep disturbances, contributing to delirium, and increased mortality. Environmental factors such as light, noise, and patient care activities exacerbate these issues in intensive care units (ICUs).

Aim: To assess self-reported sleep quality and quantity among ICU patients, and to explore factors associated with them.

Methodology: Data collection for this observational study occurred between March to June 2022 in a twenty-bed mixed ICU in a university hospital in Malta. Inclusion criteria comprised adult patients who were self-ventilating and haemodynamically stable. Patients identified to have delirium with the 4AT score were excluded. Data was collected through a validated Maltese translation of the modified Richards-Campbell Sleep Questionnaire (RCSQ) and open-ended questions assessing patients' perceptions of sleep quality, and sleep disrupting or enhancing factors. Necessary organisational, ethical and data protection approvals were obtained.

Results: Ninety patients were included, with 35.6% (n=32) female and 64.4% (n=58) male, of whom 48.9% (n=44) were aged between 58 and 77 years. The mean RCSQ total score of 38.9 (SD 28.36, 95%CI 32.98 – 44.86) indicated poor sleep. Most patients (78.9%, n=71) reported no sleep issues before ICU admission. Content analysis identified seven themes of factors disrupting sleep: clinical environment; environmental factors; patient physical factors; patient psychological factors; in-room clinical care activities; nursing care activities; and healthcare personnel behaviour. Interventions facilitating sleep quality included updates on patients' condition, adequate analgesia, and minimally disruptive care delivery. Implications for Practice: This study identifies areas for improvement, leading to the establishment of a working group and guideline development to improve sleep quality for critically ill patients. Strategies involve optimising the clinical environment by managing noise and light exposure and implementing non-pharmacological and pharmacological interventions.

Health for All

Nurses and Midwives meeting the challenge – showing the way

27–28 September 2024
InterContinental Hotel
St Julian's, Malta



17. Dr Oboshie ANIM-BOAMAH

Senior Lecturer, University of Ghana
oanim-boamah@ug.edu.gh

Co-authors: Dr Luke Laari, Senior Lecturer, University of Ghana; Dr Mary Ani-Amponsah, Senior Lecturer, University of Ghana; and Professor Lydia Aziato, Senior Lecturer, University of Health and Allied Sciences, Ghana

Pharmacological management of invasive procedural pain in children: facilitators and barriers

Background: Paediatric patients undergo various painful, invasive procedures in paediatric settings, which are not managed effectively. Pharmacological management of painful, invasive procedures is rarely managed in Ghanaian hospitals. The factors for this issue may be multi-faceted. This study explored nurses' account of factors that enhance or mitigates pharmacological management of invasive procedural pain for paediatric patients.

Methods: A qualitative exploratory, descriptive design was used in the study. Nurses were recruited from the paediatric units at the Regional Hospital, Koforidua in Ghana and a semi-structured interview guide were used for the data collection. Saturation was achieved at the 16th participant. Data were analysed using conventional content analysis.

Results: Two themes and nine sub-themes emerged from the data. Perceived facilitators included nurses' initiative; advocacy by nurses; desire to use pain medication and expectations from team members; while perceived barriers identified were lack of knowledge; shortage of staff and time constraints; doctor's prescription pattern; lack of policies and facilities; and cost implications of medications.

Conclusion: Incorporation of pharmacological management of invasive procedural pain management of children will improve the care of children. However, there is the need for collaboration of health managers and staff to make pain management during painful procedures in children a priority.



18. Dr Neville SCHEMBRI

Senior Lecturer, Malta College of Arts, Science and Technology
Neville.Schembri@mcast.edu.mt

Development of a model for personal, social and professional acculturation of Indian nurses in Malta

Background: The Maltese population is living longer and aging rapidly bringing about a need for more health services and nursing personnel. Hiring of migrant overseas nurses is a practical solution to tackle existent shortages; however, retention is challenging and crucial to the sustainability of healthcare provision. As nurses migrate to a new country, they often come across personal and professional challenges. Key literature identifies regulatory barriers, communication problems, racism, discrimination, differences in scope of practice, and skill underutilization as the most cited challenges encountered. These elements often lead to physical and psychological stress, and the adaptation period may interfere with the acculturation process with possible negative effects on patient outcomes.

Methods: Study participants consisted of 25 nurses from Kerala (India) working in Malta through a purposive sample. Data was collected through semi structured individual interviews, and all interviews transcribed verbatim and analysed using Gioia Methodology (an inductive logic approach to interpretive grounded theory).

Results: Findings revealed that migrant nurses in Malta undergo a complex process of adaptation and acculturation, influenced by multiple interconnected factors. While generally content with their experience in Malta, they face significant challenges that hinder individual adaptation and settlement. Through their narratives, a six-dimensional theoretical model is developed, capturing personal, social, and professional experiences across different phases of their journey.

Conclusion: The journey of Indian migrant nurses in Malta involves a rigorous process to work and register as nurses. Their pursuit of personal and professional fulfilment is shaped by various challenges, including settlement, workplace dynamics, and acculturation obstacles. Over time, many contemplate whether to remain or seek opportunities abroad with potentially better financial incentives and working conditions, albeit at the expense of lifestyle quality. Addressing these challenges requires a concerted effort from stakeholders involved in the migration process to enhance the transition experience and enhance retention.

Health for All

Nurses and Midwives meeting the challenge
– showing the way

27–28 September 2024

InterContinental Hotel
St Julian's, Malta



19. Mrs Claudine BALZAN

Senior Staff Nurse, Department of Health, Malta
claudine.balzan@gmail.com

Nurses' behaviours towards the implementation of Information Technology systems

Advancements in Information Technology Systems (ITS) influence our daily lives and the healthcare systems. This rapid digital change brings about new challenges which impact the nursing profession. ITS concede data to be more effective and efficient when shared amongst healthcare professionals, as it helps optimise patient care. Nevertheless, this brings about significant change in healthcare, as nurses need to be competent in using such data, which entails the development of IT skills, which might result in moving out of their comfort zone. Moreover, other barriers might hinder nurses' ability to use such systems. In addition, nurse informatics needs to evolve as it integrates nursing science with technology, thus, aiding in enhancing nurses' computer skills, which can minimise reluctance to adopt and implement new ITS in nursing practice. Also, nurses should have direct input in designing and developing IT systems. Empirical research based on an inductive quantitative approach was conducted among nurses at the Maltese National Blood Transfusion Service (NBTS). This study aimed to try and capture barriers that hinder nurses from using ITS at NBTS, which leads to resisting the implementation and adaptation of new ITS/applications. An anonymous questionnaire was distributed and filled out by all NBTS nurses. The survey identified barriers that hinder participants from adopting and implementing ITS. Results highlighted the importance of time allowance for training and practicing new IT skills. Research outcomes indicated workload; system overload; having to learn more than one system; lack of skills; and time to learn; hinder NBTS nurses from adopting new ITS. Having a clear strategic view, delivering proper training and having nurse informatics can help nurses adapt to these rapid technological changes.



20. Professor Marion ECKERT

Director, Rosemary Bryant AO Research Centre; Professor of Health Innovation and Enterprise and Professor of Cancer Nursing, University of South Australia
marion.eckert@unisa.edu.au

Mr Greg SHARPLIN

Research and Strategy Manager and Senior Research Fellow, Rosemary Bryant AO Research Centre, University of South Australia
greg.sharplin@unisa.edu.au



Co-authors: Dr Jennifer Barrowclough, Senior Lecturer Midwifery, Auckland University of Technology, New Zealand; Professor Sandy Middleton, NHMRC Investigator Leadership Fellow, Director, Nursing Research Institute, Australian Catholic University; Associate Professor Zoe Bradfield, Senior Midwifery Research Fellow, Joint appointment Curtin University and King Edward Memorial Hospital, Western Australia; Professor Lisa Whitehead, Associate Dean – Research, Edith Cowan University, Western Australia; Professor Jeroen Hendriks, The Leo J Mahar Cardiovascular Nursing Chair, College of Nursing and Health Sciences, Flinders University, South Australia; Professor Richard Gray, Deputy Vice-Chancellor, Research and Industry Engagement, La Trobe University, Victoria Australia; Associate Professor Deborah Rowe, Head of School – Nursing, Manukau Institute of Technology, New Zealand; Professor Samantha Keogh, Professor of Nursing, School of Nursing, Centre for Healthcare Transformation, Queensland University of Technology, Australia; Professor Roianne West Kalkadunga Dj Kunde, Professor of Nursing, Sydney Nursing School and First Nations Nursing and Midwifery Consulting, The University of Sydney Australia; Professor Philippa Seaton, Director, Centre for Postgraduate Nursing Studies, University of Otago, New Zealand; Professor Claire Rickard, Professor of Infection Prevention and Vascular Access, School of Nursing, Midwifery and Social Work, University of Queensland Australia; and Professor Kathleen Baird, Professor of Midwifery, Head of School Nursing and Midwifery, Faculty of Health, University of Technology Sydney Australia

20. Professor Marion ECKERT and Mr Greg SHARPLIN (continued)

Beyond today: building the Australasian Nursing and Midwifery Clinical Trials Network (ANMCTN)

Background: Nurses and midwives have a history of delivering high-quality clinical research, leading to enhanced care and outcomes. Given their significant contributions, there is a need for increased representation in the leadership of large-scale clinical trials and more government funding for research across Australia and New Zealand. Currently nursing and midwifery research is underfunded and underrepresented.

Rationale: The Australasian Nursing and Midwifery Clinical Trials Network (ANMCTN) aims to bring together academic institutions, industry and member organisations to strengthen the investment in nursing and midwifery led clinical research and build capacity and sustainability of the workforce.

Implementation: In collaboration with partners and assistance from the Australian Clinical Trials Alliance guidelines, implementation consists of four phases over a three-year period: set up; development and implementation; stakeholder engagement and building research capacity and capability; and finally, research demonstration projects and progress towards network maturity.

Conclusion: Progress includes the establishment of governance committees, recruitment of an executive officer, and the development of a communication strategy. Current activities include the promotion of the network, establishment of a membership strategy, protocol review system, website development, educational resources, a summit with industry and academic leaders, and an advocacy campaign to source financial support. Anticipated outcomes of the established ANMCTN include: an increased number of high impact trials led by nurses and midwives, enhancing translation of research into evidence-based practice. Implications: Nurses and midwives are well-positioned to take advantage of leading research initiatives within their local setting. The ANMCTN provides the necessary infrastructure to support the involvement in conducting high-quality, high-impact clinical research to advance clinical care and improve patient outcomes.



21. Dr Terry ROLLE

Midwife, Bahamas High Commission, The Bahamas
terryrolle24@gmail.com

Examining the challenges and issues for LGBTQ students enrolled in a tertiary education institution in The Bahamas

This research study examined the challenges and issues faced by LGBTQ students attending a tertiary education institution in The Bahamas. Utilizing a phenomenological analytical process, seven individuals gave information regarding their lived experiences in a tertiary institution in The Bahamas. Data for this research study was collected through two 60-minute in depth interview sessions. This qualitative study was guided by the theoretical frameworks of the planned approach to change and the theory of resilience, both of which were used to inform the elements of the research. Many research studies have been conducted in regard to the experiences faced by LGBTQ students while in an academic setting, and the findings of this research were consistent with the literature. The students faced abuse and discrimination in a very consistent manner, and this has led to physical and mental health challenges. This qualitative study used three research questions to procure the answers related to the LGBTQ participants' lived experiences at a tertiary institution in The Bahamas. To date, there have never been any research studies such as this conducted at the institution. After transcribing the data, the researcher was able to isolate five themes: (a) LGBTQ student awareness and visibility; (b) need for more supportive faculty and staff; (c) improving the campus climate and safety; (d) LGBTQ student resources and support; and (e) learning to cope with the challenges. The results of this research study can be useful to bring about academic community awareness that will expose the difficulties for the LGBTQ students while they are enrolled in academic settings in The Bahamas. Moreover, it can be used to help tertiary education institutions create policies and laws that will respect and honour the rights of LGBTQ students while they are in the academic setting.

Health for All

Nurses and Midwives meeting the challenge – showing the way

27–28 September 2024
InterContinental Hotel
St Julian's, Malta



22. Ms Lori-Anne SHARP

Federal Assistant Secretary, Australian Nursing and Midwifery Federation, Australia
lsharp@anmf.org.au

Co-author: Ms Heather Pickard, Chief Executive Officer, Nurse Midwife Health Program Australia

The role unions can play in advocating for peer led services to meet psychosocial needs of nurses and midwives

The COVID-19 pandemic amplified and revealed longstanding stressors on the nursing and midwifery workforce. Pre-existing, adverse employment and workplace conditions, increasingly complex and acute patient presentations, and persistent staff shortages suddenly reached crisis point with immediate and ongoing implications for both workforce sustainability and effectiveness as well as the psychosocial and physical safety, health, and wellbeing of staff. In Australia, global and local efforts to quantify and describe the impact of the pandemic and ingrained workforce burdens were foundational to establishing a coordinated national platform for providing a government funded, evidence-based, union-led nursing and midwifery health service. This presentation will provide participants with a summary of how the Australian Nursing and Midwifery Federation (ANMF), Australia's largest union and professional organisation, established the need, and advocated for, the establishment of a government funded, national scale service to address and support the psychosocial health and wellbeing of nurses, midwives and students of nursing and midwifery. Influencing national political agendas and action requires a multipronged and often creative approach that draws upon research evidence, building relationships, advocacy, industrial action, and considered negotiation. This presentation will describe how evidence synthesis and policy research was used working with partner organisations, ANMF members, experts, and government to develop and deliver on a proposal to better support the health and wellbeing of the Australian nursing and midwifery workforce. With the understanding that many jurisdictions may face pressures and priorities that are dissimilar to those in Australia, this presentation aims to provide helpful examples for nurse and midwives and their unions and professional bodies to both advocate for improved support for their members and workforce and to establish evidence-based services to provide that support using best practice models of nurse and midwifery-led care delivery. This presentation also offers insights regarding how similar approaches could be adopted in other settings to influence and guide jurisdictional and global policy and action to enhance workforce health and wellbeing.



23. Mr Duncan BRIFFA

Resuscitation Practice Nurse, Department of Health Malta
duncan.briffa@gov.mt

Mr Clifford XUEREB

Cardiology Practice Nurse, Department of Health Malta
clifford.xuereb@gov.mt

Updating an Early Warning System in an acute hospital: lessons learned

Early warning system (EWS) scores are tools used by hospital care teams to recognize the early signs of clinical deterioration in order to initiate early intervention and management, such as increasing nursing attention, informing the provider, or activating a rapid response or medical emergency team. These tools involve assigning a numeric value to several physiologic parameters (for example: systolic blood pressure, heart rate, oxygen saturation, respiratory rate, level of consciousness) to derive a score that is used to identify a patient at risk of deterioration. Most are based on an aggregate weighted system in which the elements are assigned different points for the degree of physiological abnormality. Delays in treatment or inadequate care of patients on general hospital wards may result in increased admissions to the intensive care unit (ICU), increased length of hospital stay, cardiac arrest, or death. The purpose of the EWS scores is to ensure timely and appropriate management of deteriorating patients on general hospital wards. Early warning tools are based on scientific evidence and need to be updated to recent evidence-based practices. The aim of this presentation is to provide an overview of the lessons learnt over the past two years updating the EWS currently in use in Mater Dei Hospital, Malta.



Health for All

Nurses and Midwives meeting the challenge – showing the way

27–28 September 2024
InterContinental Hotel
St Julian's, Malta

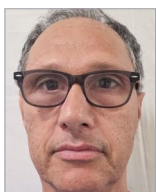


24. Dr Kithsiri EDIRISINGHE

Co-Founder, CEO and Director Academics, Strategy and International Affairs, International Institute of Health Sciences, Sri Lanka
drkithsiri@iihsciences.edu.lk

Pioneering nursing education: innovative strategies at the Institution of Health Sciences, Sri Lanka

The Institution of Health Sciences (IHS) in Sri Lanka has implemented ground-breaking strategies in nursing education to address the evolving demands of the healthcare sector and equip nurses with advanced skills and knowledge. This case study outlines the key initiatives that enhance nursing education and promote excellence in practice. The IHS has overhauled its nursing curriculum, incorporating modules on advanced clinical skills, evidence-based practice, leadership development, and interprofessional collaboration. The curriculum emphasizes practical training, simulation-based learning, virtual reality (VR) learning, and experiential learning opportunities, effectively bridging the gap between theory and practice. A central focus is the integration of technology into nursing education. Virtual learning platforms, e-learning modules, and simulation labs improve students' digital literacy, clinical decision-making skills, and telehealth competencies. XR (Extended Reality) hubs offer immersive learning experiences, further refining practical skills. The institution has forged strong partnerships with healthcare facilities and clinical settings, providing students with hands-on clinical experience, mentorship opportunities, reflective practices, and exposure to diverse patient populations. These partnerships facilitate real-world learning, skill development, and professional networking for nursing students. The Bio-Inquirer platform fosters a culture of research and innovation in the institution. It offers research forums, workshops, technical conferences, community projects, and student exchange programs. Additionally, research methodology modules, fellowships, and mentorship programs nurture a culture of inquiry and evidence-based practice among nursing faculty and students. This emphasis on research equips nurses to contribute to healthcare advancements through evidence-based interventions and practices. Recognizing the importance of lifelong learning, the institution also offers continuing professional development (CPD) programs. Community engagement and service learning are integral, with students participating in health projects, outreach programs, and health promotion campaigns, fostering social responsibility and cultural competence. Addressing the frugality of nursing in Sri Lanka, the institution trains more nurses faster, at lower cost, and delivers high-quality care despite limited resources. This case study demonstrates the institution's commitment to innovation, excellence, and continuous improvement in nursing education, through technology integration, research, community engagement, and lifelong learning.



25. Mr Reuben CASSAR

Charge Nurse, Department of Health, Malta
reubencassar5@gmail.com

Dementia and the environment: why it is important to study the link

Given that air pollution is already accepted as undesirable for its negative impact on health, and responsible for deaths from respiratory and cardiovascular, why is it important to study the link to dementia? Dementia is a general term for loss of memory, language, problem-solving and other thinking abilities that are severe enough to interfere with daily life. Dementia is increasing exponentially globally. It is estimated by WHO that currently there are more than 55 million people living with dementia. Although no cure is yet available the focus is to modify the risk factors of dementia. One of the risks factors for dementia is exposure to air pollutants. Current literature is addressing the link between exposure to air pollutants and cognitive impairment especially dementia. The presentation aims to give a brief walk through into the literature highlighting the unpleasant effects the environment has on dementia with its possible mechanisms which are pointing toward toxins that damage the cells of the blood-brain barrier, neuroinflammatory processes and oxidative stress triggered by iron induced free radicals. Air pollution could be capable of worsening the build-up of amyloid in the brains of people living with Alzheimer's. Smoking is also considered as a risk factor for dementia. Possible explanations could be the vascular risk with an increase in plasma homocysteine caused by smoking; atherosclerotic changes; oxidative stress due to smoking; and the increase the risk for carriers of Apolipoprotein E (APOE) ɳ4 allele. Cycling whilst breathing filtered air; and increasing green spaces may reduce the cognitive decline and decrease the disease burden.

Health for All

Nurses and Midwives meeting the challenge – showing the way

27–28 September 2024
InterContinental Hotel
St Julian's, Malta

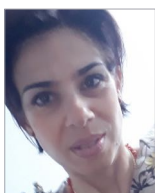


26. Mr Bruno DANIEL

Inclusion Program Lead, Royal College of Nursing, UK
bruno.daniel@rcn.org.uk

RCN Cultural Ambassadors Programme: addressing the negative disproportionate impact of systems and processes on minority nursing staff.

The evidence of the detrimental impact employment relations (ER) processes can have on nursing staff from Black and Minority Ethnic (BME) backgrounds is overwhelming. In 2015, the Royal College of Nursing, (RCN) developed the Cultural Ambassadors programme (CA), an intervention that places a member of a BME background directly into the ER process. Having completed a fully supported training programme, they become a full member of the investigating team or disciplinary panel as a neutral observer who can develop dialogue where there is potential for bias or discrimination. The first pilot saw a reduction of 91% in investigations of BME nursing staff with an annual cost saving of £1.7m. Since then, the CA programme has expanded from a single NHS Trust in 2015 to over 40 today, with over 500 CAs based in those organisations. The RCN provides flexible, fully supported, tailored implementation through action learning and individual coaching for CAs or local leads. Introducing a CA as part of the ER process: (a) reduces the number of BME nursing staff entering the ER or disciplinary process; (b) improves the experience of staff who enter the ER process; (c) reduces the severity of sanctions being imposed on BME nursing staff; and (d) and supports the professional development of CAs who participate in the programme. There is a global shortage of nursing staff, who continue to face discrimination and unintended bias wherever they are a minority or minoritised. At a time when nursing staff are in high demand, the CA programme is an effective instrument to value, retain and apply fair processes to manage sensitive and traumatic issues. We consider that this principle of the CA programme can be applied to any health care service or system across the world, where there is a willingness to create an inclusive workforce and deliver safe and effective care.



27. Ms Sarah CILIA VINCENTI

Senior Staff Nurse, Office of the Commissioner for Mental Health, Malta; PhD Candidate, Department of Mental Health, Faculty of Health Sciences, University of Malta
sarah.cilia-vincenti.99@um.edu.mt

Co-authors: Professor Michael Galea, Associate Professor, Department of Mental Health, Faculty of Health Sciences, University of Malta; and Professor Vince Briffa, Department of Digital Arts, Faculty of Media and Knowledge Sciences, University of Malta

Addressing public health inequities through research collaborations between campuses and communities

Construction of diagnostic criteria for Attention Deficit Hyperactivity Disorder (ADHD) was largely informed by research undertaken on young white males. For many years, age, gender and ethnicity stunted ADHD acknowledgement in research and clinical settings. Unmanaged ADHD is empirically associated with negative physical and mental health outcomes. A photovoice study was conceived to empower Maltese adult women with ADHD to speak back to society through photographs capturing their experiences. The study is being conducted under the auspices of the University of Malta. The innovative method, belonging to the participatory action research tradition, is increasingly being lauded as an effective public health intervention. Core principles of this research orientation do not always align with established norms within academia. Moreover, participatory fieldwork is unpredictable as community-specific issues and contextual socio-political climates defy reliance on prototypical procedures. This presentation discusses methodological and ethical challenges worked through in the planning stages of the project. An overview of the iterative consultations with photovoice scholarship, the local community to be empowered and the Research Ethics Committee is provided. These negotiations culminated in approval of a study protocol which upholds the project's philosophical and theoretical roots, community needs and aspirations, and requirements imposed by academic structures of authority. Collaboration among entities with seemingly incongruent ideologies is indeed possible, when planned conscientiously. The presentation aims to engender among nurses and midwives an appreciation of new research directions which challenge prevailing paradigms. The profit of researching and writing with, rather than about, disadvantaged communities will be debated. In the spirit of the disability movement maxim 'nothing about us, without us', this type of research actively seeks to flatten power imbalances between researchers and research participants. Nurses and midwives cultivating a passion for grassroots approaches, which improve public health outcomes and universalize health care accessibility, will find this presentation inspiring.

Health for All

Nurses and Midwives meeting the challenge – showing the way

27–28 September 2024
InterContinental Hotel
St Julian's, Malta



28. Mrs Yuko LEONG

Retired Public Health Nurse, Japan/USA
yuko.m.leong@gmail.com

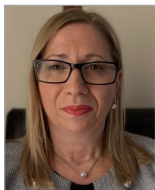
Keeping the line open: mending adverse childhood experiences (ACEs)

“Keeping the Line Open” is a phrase nurses and midwives often use while caring for their patients to communicate with other team members about what needs to be done, such as setting up an intravenous line (IV) for their patients. For nineteen years (1998 to 2017), I worked as a public health nurse (PHN) case manager for the city of Berkeley in California, USA, a college town with its own public health service division. During my tenure, I worked with people from prenatal to seniors to access and receive health care. This work included work in communicable diseases, including long-term case management with daily visits for people with tuberculosis (TB). For example: Setting up IV treatment at a patient’s home, required navigating through many challenges. While enjoying the practice of prevention, and teaching self-care for this case, I felt inadequate and left alone, without clear expectations, guidance, or a supportive team. The IV pole was left behind by the medical supply company who refused to retrieve it without offering any explanation—perhaps out of fear of contracting a communicable disease. After the IV pole sat in my office as a coat hanger for a long time, I took it with me when I retired. This presentation is based on my personal journey as a retired public health nurse through the Covid-19 pandemic from March 2020 to present, applying the framework of Adverse Childhood Experiences (ACEs) and includes video clips with short expressions of words (haiku), visual art works with recycled materials, including the IV pole.

Health for All

Nurses and Midwives meeting the challenge – showing the way

27–28 September 2024
InterContinental Hotel
St Julian's, Malta



29. Professor Meropi MPOUZIKA

Assistant Professor, Department of Nursing, Cyprus University of Technology
meropi.mpouzika@cut.ac.cy

Professor Maria KARANIKOLA

Associate Professor, Department of Nursing, Cyprus University of Technology
maria.karanikola@cut.ac.cy



Co-authors: Ms Sylvia Pitsillidou, Nursing officer, Resuscitation Services Ministry of Health, Cyprus; Mr Georgios Papageorgiou, Nursing Officer, Emergency Department General Hospital Nicosia, Cyprus; Mr Christos Rossis, Nursing Officer, Emergency Department General Hospital Nicosia, Cyprus; Mr Georgios Athinis, Nursing Officer, Emergency Department General Hospital Nicosia, Cyprus; and Ms Evangelia Giannelou, Research Nurse, University of Cambridge, UK

The effect of CPR education on final-year Cypriot nursing students' skill retention (Poster)

Introduction: High-quality cardiopulmonary resuscitation (CPR) impacts outcomes in cardiac arrests. Despite training, final-year nursing students often show declining proficiency, highlighting a need for ongoing skill maintenance.

Aim: To evaluate 56 final-year nursing students' CPR skills at Cyprus University of Technology using Quality Cardiopulmonary Resuscitation (Q CPR) manikins before, immediately after, and two months post-CPR theoretical and practical education.

Method: In February 2022, an observational cross-sectional study was conducted with students who received basic CPR training in their first year. They initially performed 2-minute CPR sessions independently. This was followed by structured theoretical enhancement using PowerPoint and a 120-minute practical session led by instructors. Afterward, students demonstrated CPR skills independently in a 2-minute performance test. The process repeated in April 2022. CPR quality was evaluated based on seven parameters (compression rate, compression depth, full chest recoil, correct compression point, duration of pauses between chest compressions, ventilation rate and ventilation volume using the self-expanding bag), with high-quality CPR defined as a score exceeding 75%.

Results: CPR scores improved significantly post-education, rising from 67.3% pre-training to 78.5% immediately after and maintained at 78.5% after two months ($p < 0.001$). Compression rate and depth improved post-training and remained better at two months ($p = 0.004$ and $p = 0.016$, respectively). Full chest recoil increased post-training ($p = 0.031$) and sustained at two months ($p = 0.008$). The correct compression point trended towards improvement without significance. Significant decrease was noted in pauses between compressions ($p = 0.001$). Ventilation parameters improved post-intervention from 0% pre-training ($p < 0.001$).

Conclusion: Final-year nursing students achieved high-quality CPR proficiency post-education, sustained at two months.

Recommendation: a later reassessment and integrating CPR training annually for skill retention, particularly emphasizing ventilation technique with self-expanding bags.

Health for All

Nurses and Midwives meeting the challenge – showing the way

27–28 September 2024
InterContinental Hotel
St Julian's, Malta



31. Dr Maria Theresa (Tess) PANIZALES

Member, Board of Directors, Nightingale Initiative for Global Health USA
tesspanizales@icloud.com

Ms Margaret RUDDY

Lecturer, Nursing and Allied Health, Faculty of Health Sciences and Sport, University of Stirling, UK
margaret.ruddy@stir.ac.uk



Co-authors: Dr Deva-Marie Beck, International Co-Director, Nightingale Initiative for Global Health (NIGH); and Dr Barbara Dossey, International Co-Director, Nightingale Initiative for Global Health (NIGH)

Empowering student nurse advocacy for Sustainable Development Goals

With the global health challenges we face as a humanity — including the severe and growing worldwide nursing shortage — the Nightingale Initiative for Global Health (NIGH) has been created to empower nurses and midwives, including students and retirees, with advocacy skills and opportunities to share their knowledge, experience, and perspectives across the global public arena. Building on two decades of development — and to contribute the voices of nurses and midwives to the global public discussion through NIGH's 'Special Consultative Status' with the United Nations Economic and Social Council (UN ECOSOC) — NIGH has focused on four mandates: Encourage Self-Care; Celebrate Diversity and Common Ground; Engage Nurses' Voices; and Promote Global Health and Well-Being. All these approaches incorporate and integrate Florence Nightingale's keen relevance to today. Now, NIGH is co-developing — with the United Nations Institute for Training and Research (UNITAR) and our worldwide network of university schools of nursing — a substantive training and presentation project to prepare and feature student nurses and midwives as they strengthen their awareness of, and advocacy for, achieving the United Nations Sustainable Development Goals. This project also incorporates the Dossey 'Theory of Integral Nursing' and the World Health Organization 'Strategic Directions for Nursing and Midwifery 2021-2025.' Following on NIGH's and UNITAR's successful 'Nurses' Voices Speaker Series,' this project is building a co-operative local-to-global multi-media opportunity to inform, inspire, and involve student nurses and midwives by strengthening and sharing their emerging social media, multi-media and advocacy skills — as grassroots storytellers who increase global public awareness by sharing their voices toward achieving a healthy world.

Health for All

Nurses and Midwives meeting the challenge – showing the way

27–28 September 2024
InterContinental Hotel
St Julian's, Malta



32. Dr Elena PANAYIOTOU

Special Teaching Staff, Cyprus University of Technology
elena.panayiotou@cut.ac.cy

Co-authors: Dr Theologia Tsitsi, Special Teaching Staff, Cyprus University of Technology; and Dr Maria Dimitriadou, Lecturer, Cyprus University of Technology

Ethical dilemmas: nursing students' reflections on clinical practice

Background: In nursing practice, ethical and moral complexities are characteristic of healthcare environments. Nurses face ethical dilemmas daily, which require practical answers, as patients' lives often depend on their decisions. Bioethics courses are crucial for nursing students to understand the fundamental conceptual principles of bioethics and to develop the ability to think critically about ethical dilemmas they may encounter during their clinical duties. Clinical experience has always been an integral part of nursing education preparing student nurses to apply clinical principles in practice. This study aimed to explore ethical problems, dilemmas, and concerns encountered by student nurses during their 4-year clinical practice. Specifically, it sought to provide answers to the ethical issues observed during their clinical placements.

Methods: This study used a qualitative research design and performed thematic analysis by Braun and Clarke. Data were collected as part of the Nursing Ethics course at Cyprus University of Technology during the academic year 2021-22.

Results: Three themes emerged from the thematic analysis. The themes were: (1) violation of the protection of patients' rights and the patient's presence in the hospital. (2) moral distress among nurses; and (3) violation of professional liability and nursing codes of ethics.

Conclusions: The study results indicated that nursing students need a thorough understanding of bioethical principles and nursing ethics codes for their clinical placements. Factors such as diverse religious backgrounds and the arrival of migrants in Cyprus underscore the necessity of providing health professionals with information about equality and acceptance.



33. Mrs Emmanouela MANOLI

Special Teaching Staff – Midwifery, Cyprus University of Technology
emmanouela.manoli@cut.ac.cy; manoliemmanouela@gmail.com

Co-authors: Dr Christiana Kouta, Assistant Professor, Department of Nursing, Cyprus University of Technology, Cyprus; Dr Maria Karanikola, Assistant Professor, Department of Nursing, Cyprus University of Technology, Cyprus; Dr Nicos Middleton, Associate Professor, Department of Nursing, Cyprus University of Technology, Cyprus; and Dr Eleni Hadjigeorgiou, Assistant Professor, Department of Nursing, Cyprus University of Technology

Evaluating the impact of an online educational program – STOPIPV for Cypriot midwives in intimate partner violence in pregnancy: a pre – post stud

Background: Intimate partner violence (IPV) is a major public health issue affecting women. The period of pregnancy does not appear to be a protective factor. Exposure to intimate partner violence is associated with negative outcomes for maternal and infant health. Consequently, midwives face challenges in the assessment, detection, and referral of incidents of intimate violence in pregnancy.

Aim: To evaluate the impact of an online educational program, "STOP IPV" on the knowledge, attitudes, and preparedness of Cypriot midwives to conduct routine inquiries about IPV; and to assess the impact of the workplace on conducting routine inquiries about IPV with women during pregnancy.

Method: A total of 171 out of the 348 registered midwives in Cyprus participated in the online educational program. Out of these 103 completed in full the pre-post questionnaire which measured the knowledge, preparedness, and perceptions of workplace organizational barriers to routine enquiry, as well as the anticipated impact of training on their practice. Data were then analysed using SPSS software version 25 using descriptive and inferential statistics.

Result: The majority of participants, 33.9%, reported not having received any previous training on IPV during pregnancy. Regarding obstacles to conducting IPV, midwives reported that the presence of the partner during visits greatly affected them, with 60.2% (n=62) expressing this sentiment. Language barriers posed similar challenges, with the same percentage indicating difficulty. Additionally, they stated that there was no suitable private space in the health facilities where they worked to inquire about IPV with women, 47.6% (n=49). There was a significant increase in the mean score of preparedness to undertake routine IPV enquiry after intervention (M=9.4, SD=0.79) compared with before the intervention (M=3.33, SD=1.02); $t(102)=7.19$, $p<.001$.

Conclusion: An online educational program "STOP IPV" for Cypriot midwives has improved knowledge, attitudes, and preparedness to conduct routine inquiries. There is a recognised need in Cyprus to develop clinical guidelines for the management of such incidents in Cyprus, as well as to continue and develop the specific educational program.

Health for All

Nurses and Midwives meeting the challenge – showing the way

27–28 September 2024
InterContinental Hotel
St Julian's, Malta



34. Mr Kevin GAFA'

Psychiatric Nurse/Practice Nurse, Mental Health Services, Malta
kevingafa@gmail.com

Mr Mario GALEA

Psychiatric Nurse/Practice Nurse, Mental Health Services, Malta
mario.galea@parlament.mt



The setting of the Recovery and Wellbeing Academy in Malta – our journey so far

The Recovery and Wellbeing Academy is a transformative educational initiative supporting individuals with mental health challenges. Combining professional expertise with insights from those who have overcome similar struggles, participants gain practical skills, knowledge, and peer support, fostering empowerment and personal growth in a nurturing, recovery-oriented environment. This initiative exemplifies the power of collaboration and resilience, demonstrating that recovery is a vibrant and attainable reality for all. The Maltese Mental Health Services (MHS) system is undergoing significant reforms, including relocating acute in-patient care to general hospitals, decentralizing services, and investing more into community services. Malta's involvement in the Belgian 'Joint Action ImpleMENTAL' best practice implementation initiative which aims to improve the quality of care and quality of life of patients, has introduced various stakeholders to best practices in mental health. This led to the establishment of the Recovery and Wellbeing Academy in 2023, driven by a core management team comprising a psychiatrist, two occupational therapists, a psychiatric nurse, and an academic with lived experience. In September 2023, the Academy launched its inaugural program, the "5 Ways to Wellbeing" course, a five-session, face-to-face course emphasizing connectedness, giving, taking notice, learning, and being active. The course attracted 24 participants through social media outreach, with 14 completing the program, the majority of whom were active service users of MHS Malta. Following this, the core management team expanded to include two additional individuals with lived experience, leading to the co-production of the "CHIME to Recovery" course in February 2024. This six-session, face-to-face course was completed by 18 students. Participant feedback and pre- and post-course questionnaire about the Process of Recovery (QPR) scores indicated a positive impact on recovery. MHS Malta collaborated with North Ayrshire Wellbeing and Recovery College (Scotland) to train Maltese Peer Specialists. These specialists are expected to lead the first Peer 2 Peer course at the Recovery and Wellbeing Academy, promoting inclusive recovery practices. The Maltese mental health landscape is transforming, with recovery practices transitioning from an isolated pathway to a mainstream approach. Our ongoing efforts are dedicated to making recovery a prominent and accessible route for all.

Health for All

Nurses and Midwives meeting the challenge – showing the way

27–28 September 2024
InterContinental Hotel
St Julian's, Malta



35. Dr Odette GRISCTI

Professor, School of Nursing, Cape Breton University, Sydney, Nova Scotia, Canada
odette_griscti@cbu.ca

Co-authors: Dr Clayton Micallef, Dr Clayton Micallef, Mindfulness Instructor, Counselling services, University of Malta; Dr Roberta Sammut, Associate Professor, Faculty of Health Science, University of Malta; and Professor Liberato Camilleri, Professor, Statistics and Operations Research, Faculty of Science, University of Malta

Mindful based training and its impact on existential crisis : a preliminary study

The unpredictable and uncertain outcomes of the COVID pandemic created a sense of existential anxiety, a state when people started to question the meaning of life and the purpose of their existence and when individuals became continuously preoccupied with thoughts about life and death. Nurses, as frontline workers during the COVID pandemic were likely to encounter various individuals who were experiencing existential issues, and they may have experienced such issues themselves as nurses. One of the processes that have been suggested to cope with existential issues is the practice of mindfulness. The purpose of this pilot study was to explore the effectiveness of a training course on finding meaning in life. The study took place during the COVID-19 pandemic between September 2022 and December 2022. A convenient sample of six faculty members from a university in Canada (4 from the school of nursing and 2 from the psychology department) participated in the study. Participants were asked to fill in an electronic survey before and after taking an eight-week course on mindfulness. The mindfulness course was facilitated by an instructor who was certified and experienced in mindfulness. It was delivered online. Findings from this pilot study revealed that whilst the anxieties about the COVID pandemic had subsided at the time of the study, the pandemic did cause participants to ask questions about the meaning of life. Participants found the training course on mindfulness beneficial to resolve mental health issues and anxieties. It helped them develop a sense of meta-awareness, and an opportunity to refocus on what is important in life. The findings of this study are limited to a pilot study and a larger scale study is needed to find out if mindfulness-based techniques have an impact on the resolution of existential issues. Further, it is recommended that future studies focus specifically on nurses and/or nursing students to find out the extent to which mindfulness training can be applied to nursing education and practice.



36. Dr Emma HODGES

Healthcare Service Redesign Consultant, CommonAge, UK
emma@hodgesandassociates.co.uk

Supporting practice across the Commonwealth to improve healthcare for people with dementia

The World Health Organization (WHO) Global Plan urges countries to have a National Dementia Plan by 2025, however this deadline will be missed due to competing priorities facing countries. It is essential that both challenges and solutions at a practice level are shared with health care practitioners and leaders to support improvements in care and outcomes. The CommonAge 'Dementia in the Commonwealth' Project focuses on collating best practice examples from across the Commonwealth in relation to care for people with dementia and a thematic analysis of these against the seven cross cutting themes highlighted by WHO. The project aims to support countries, policy makers, nursing and care professionals, healthcare institutions and community groups to consider what they might be able to do to improve health outcomes and lives for people with dementia and their families. The methodology for the project has been: (a) a collation of a wide range of articles regarding dementia in practice with internationally leading authors and local projects, including lived experience of people with dementia and their informal carers; (b) a thematic analysis against the seven cross cutting themes from the global action plan. The foreword and introduction will highlight that there is of course so much more to do to reduce some of the barriers to progress that are being faced. However, the thematic analysis demonstrates the wide range of practical ways that people, including nurses, are involved in improving health outcomes for people with dementia. The aim of disseminating this project and associated report is to provide ideas and examples that can be taken forward as appropriate within a local context to reduce inequities in dementia care. The project demonstrates a continued need to highlight dementia as a public health priority.

Health for All

Nurses and Midwives meeting the challenge
– showing the way

27–28 September 2024

InterContinental Hotel
St Julian's, Malta



37. Dr Daren CHIRCOP

Lecturer, University of Malta
dchir02@um.edu.mt

Co-author: Professor Maria Cassar, Associate Professor, University of Malta

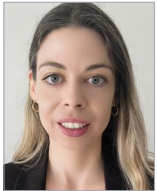
Born Green Generation Project: delivering toxic free healthcare

Born Green Generation project: Enabling the reduction of healthcare's use of plastics and toxic chemicals by implementing circular strategies across the workforce (supported by The Flotilla Foundation). The first 1,000 days from conception are crucial for a child's future health. The Born Green Generation project is led by Health Care Without Harm (HCWH) Europe and runs from 2024-2026. The project draws on the belief that babies should be born and cared for in environments free from unnecessary and harmful substances to ensure healthy development. This project is based on three fundamental pillars of action required to implement the necessary measures at different levels. The three pillars are Shifting Culture, Innovating Practice, and Transforming Policy. Over a period of three years, the project partners collaboratively conduct market research and develop online learning initiatives which seek to equip future health professionals with knowledge and skills in circular healthcare practices, driving significant impacts on environmental health, sustainability, and climate change. The four health care providers are modelling and testing the world's safest maternity and paediatric wards as a pilot for toxic and plastic-free healthcare. These partners are the Great Ormond Street Hospital in London UK; the Newcastle Upon Tyne Hospitals UK; Centre Hospitalier Angouleme; and Region Midtjylland. Bern University of Applied Sciences and the University of Malta lead the development and pilot testing of educational initiatives, working closely with HCWH Europe to ensure the project's success. This paper provides an overview of the project and showcases how it contributes to the SDGs listed below in view of enabling further similar initiatives and to foster collaboration across similar initiatives around the world. The SDGs which are being addressed include: SDG 3: Good health and well-being; SDG 4: Quality education; SDG 11: Sustainable cities and communities; SDG 12: Responsible consumption and production; SDG 13: Climate action.

Health for All

Nurses and Midwives meeting the challenge – showing the way

27–28 September 2024
InterContinental Hotel
St Julian's, Malta



39. Dr Joanna MENIKOU

Laboratory Supervisor and Clinical Trainer European University Cyprus
ik.menikou@edu.cut.ac.cy

Dr Evridiki PAPANASTAVROU

Associate Professor Cyprus University of Technology
e.papastavrou@cut.ac.cy



Co-authors: Dr Areti Efthymiou, Psychologist, Chair of the Hellenic Scientific Society for Health Literacy; Ms Barbara Kondili, Assistant Professor/Adjunct Faculty, Hellenic American University, Athens Campus; Dr Venetia-Sofia Velonaki, Associate Professor, Department of Nursing, University of Athens; and Dr Charalampos Magoulas, Adjunct Faculty, University of Nicosia

The Development of the Hellenic Scientific Society for Health Literacy

Background: Health literacy (HL) entails people's knowledge, motivation, and competences to access, understand, appraise, and apply health information to make judgements and take decisions concerning healthcare, disease prevention, and health promotion to maintain or improve quality of life during the life course.

Aim: Hellenic Scientific Society for Health Literacy (HSSHL) aims to promote health literacy (HL) through research, exchange of information and research practices, awareness and education, and to strengthen the cooperation with various bodies in the area of health.

Methods: Greece participated in a large epidemiological study, conducted in eight EU countries, showing that a significant percentage of Greek participants had inadequate or problematic HL. After that, other studies have been conducted in both Greece and Cyprus supporting this result. In 2017, a consensus meeting with the collaboration of Greece and Cyprus has been conducted to agree on a common Greek terminology for 'health literacy'. A number of research projects, collaborations and presentations followed, including Greece participation in the development of the Organizational Health Literacy (MPOHL), the International Health Literacy Association (IHLA), and the International Handbook of Health Literacy.

Results: In 2019, the HSSHL has been developed by 20 founding members from Greece and Cyprus, with a board of five elective members. The scientific committee consists of eight elective members, and their responsibilities are divided in five working groups, including social media and dissemination, registration of new members, training activities, development of policies, and research projects.

Conclusion: High HL benefits society; is a lifelong process; and involves the person, the environment, and the professionals. Thus, the development of the HSSHL is significant in the context of conducting research, developing targeted policies, and implementing HL friendly practices.

Health for All

Nurses and Midwives meeting the challenge – showing the way

27–28 September 2024
InterContinental Hotel
St Julian's, Malta

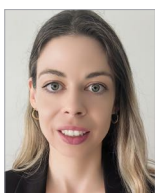


40. Dr Evridiki PAPAStAVROU

Associate Professor Cyprus University of Technology
e.papastavrou@cut.ac.cy

Dr Joanna MENIKOU

Laboratory Supervisor and Clinical Trainer European University Cyprus
i.menoikou@euc.ac.cy



PROMoting a MORally Competent Nurse (PROMOCON) – on behalf of the PROMOCON consortium

Background: Although ethics is included as a compulsory subject in EU directives, no clear guidelines about the knowledge required to develop morally competent nurses have been established to date.

Aim: The main aim of the project is to increase moral competences and to develop a deeper understanding of the importance of moral values and critical thinking in the delivery of nursing care by designing, developing, implementing, and evaluating an educational project, called PROMOCON.

Methods: The project has been sponsored by ERASMUS+, with the collaboration of five EU countries (Cyprus, Finland, Greece, Italy, and Ireland). It includes five work packages: (1) project management, regarding issues of timeline and cost management; (2) the training methodology, which includes the development of the curriculum and contents, which was based on three literature reviews, focus group discussions with nurses and patients' representatives, and includes, among other issues, the recognition and development of the profile of a moral competent nurse; (3) the MOOC e-learning course (Massive Open Online Courses) which is an online platform including educational material on moral competence; (4) implementation and evaluation of the MOOC, including piloting and translating the material in five languages; and (5) the Good Practices Guide (GPG), focused on the ethical challenges faced by nurses in their everyday practice, and the provision of practical guidance to assist moral competent nurses in decision-making.

Conclusion: The content of the curriculum for the development of morally competent nurses was based on scientifically based methodology and the MOOC on innovative pedagogical approaches. GPG has been prepared for nurses, nursing students and educators, including practical information on ethical care and moral competence issues, and can be used by higher educational institutions, health care settings, and professional organizations. Developing an evidence-based GPG is important in gaining moral competences in nurses and in developing targeted interventions.

Health for All

Nurses and Midwives meeting the challenge – showing the way

27–28 September 2024
InterContinental Hotel
St Julian's, Malta



41. Ms Ofrah MUFLAHI

Professional Lead, Royal College of Nursing UK; BANMA Founder
Ofrah.Muflahi@rcn.org.uk

Dr Theresa PORRETT

Strategic Project Lead, Coloplast UK; Vice Chair of Council Royal College of Nursing UK
theresa.porrett@rcn.org.uk



Gaza – through the humanitarian lens of health care workers and nurses

This presentation will explore the importance of global networking and the role that nursing plays in humanitarian efforts through the lens of the UK experience since October 2023. The definition of humanitarianism in nursing will be critically analysed using established grounded theory work and this underpins the learning from our experience. We will share how the UK British Arab Nursing and Midwifery Association (BANMA) Network has supported nursing humanitarian efforts and family support. This collaborative working has created a psychologically safe space for nurses within the UK and in Gaza, both of whom have been impacted by the war in Gaza. Contacts and key multi-disciplinary team (MDT) networks have been forged and this networking has not only provided support and listening for nurses working in Gaza but has also directly supported clinical care challenges by sourcing humanitarian efforts directly to injured patients. Nursing support from the UK has at times been conflated with religious or political alignment and will be a key theme, applicable to nurses worldwide, as we explore and articulate the humanitarian lens through which nurses work. Our reflection and learning will also explore how the RCN humanitarian policy is evolving to support work such as this. We will be reflecting on our experiences working with nursing teams in Gaza prior to the war, alongside the outcomes of the networking, global collaborations and clinical support during the current conflict in Gaza, we will also explore what future long term humanitarian support might look like.



42. Mrs Maria PANAGIOTOU

Nursing and Midwifery Officer, Limassol General Hospital, Cyprus
maria34@cytanet.com.cy

Co-authors: Dr Stavros Vrionidis, Head Nursing Officer of Primary Health Care Centres Limassol-Paphos; Dr Eleni Hadzigeorgiou, Cyprus University of Technology; Assistant Professor Anastasios Merkouris, Cyprus University of Technology; Assistant Professor Maria Karanikola, Cyprus University of Technology; and Assistant Professor Nicos Middleton, Cyprus University of Technology

Midwifery's Intangible Heritage (MIH) and sense of common professional identity: Cypriot midwives' perceptions

Background: Midwifery's Intangible Heritage (MIH) is protected worldwide by UNESCO, since the 6th of December 2023. Thus, and without questioning the scientific nature of the profession, it is considered that parts of midwifery practice and knowledge as they have been shaped during the last two centuries, constitute an intangible cultural heritage.

Objective: This study explored the perceptions of midwives and student midwives in Cyprus about the intangible heritage of the profession, the sense of a common professional identity that connects generations of midwives and the possible links.

Methods: A total of 15 midwives and 7 midwifery students participated in three focus groups discussions, based on a semi-structured interview guide. The data were analysed using a thematic analysis approach.

Findings: Four themes were emerged based on the data: (1) The elements that constitute MIH and their transfer through generations; (2) The sense of common professional; (3) Perceived risks that the midwifery profession is facing; (4) Midwives' expectations and suggestions about strengthening, protection, development and improvement of Midwifery profession.

Conclusions: The above findings are possibly related to the historical background of midwifery, the contemporary practice of midwifery in the country, against the dominance of the medical model of practice in our hospitals, and the general population perceptions regarding midwifery in the specific socio-cultural setting of Cyprus. Actions are needed at political and managerial level in order to empower midwives to practice the midwifery profession and to empower the women to seek care from a midwife. These actions could assist in the protection, the growth and the development of the midwifery profession for all the years to come and to the transfer of MIH in the next generations.

Health for All

Nurses and Midwives meeting the challenge – showing the way

27–28 September 2024
InterContinental Hotel
St Julian's, Malta



43. Ms Rebecca JOHNSON

Senior Nursing Officer Paediatrics, The Bahamas Public Hospitals Authority
rjohnson@pmh.phabahamas.org

Determining effects of the LFC program, on leadership development of Bahamian nurses

Background: The International Council of Nurses' (ICN) Leadership for Change (LFC) Programme is a program which focuses on strengthening the leadership skills of nurses, enabling them to impact organizational change, enhance nursing practice, and achieve optimal health outcomes. This program has been conducted in countries around the globe, as National Nurses Associations seek to provide nurses with opportunities for excellent leadership development and training.

Problem statement: While anecdotal notes and observations herald the positive impact of the Leadership for Change Programme, no research studies related to this issue had been conducted in The Bahamas. More empirical evidence was needed to identify and articulate the benefits, and impact of this valuable program to the advancement of nursing and healthcare.

Purpose: The purpose of this research study was to investigate the effectiveness of the Leadership for Change Programme in the development of nurse leaders in The Bahamas.

Method: A descriptive research design was used to obtain the data for this research study. The study participants consisted of a purposeful sample of 22 recent graduates of Leadership for Change Programme in The Bahamas.

Findings: The results of the study indicated leadership growth in each of the 10 areas among the nurses who completed the LFC Programme. The ten leadership attributes assessed were Adaptable to change, Confidence and Trust, Decisiveness, External awareness, Influence, Team building and Motivation, Oral communication, Problem solving, Service oriented, Vision and Strategic thinking. **Conclusion:** National Nurses Associations can utilise the Leadership for Change Programme to assist in empowering nurses, strengthening their leadership skills, enhancing nursing practice and shaping healthcare services in their respective countries.



44. Dr Corinne SCICLUNA WARD

Lecturer, University of Malta
corinne.scicluna@um.edu.mt

Charting the Course: advancements and obstacles in Maltese nursing

In an environment with increasing demands on the health service, it is imperative to challenge existing attitudes and systems to deliver quality care for the Maltese population. Nurses, positioned close to patients and their families, are uniquely placed and educated to identify the need for innovations and to drive change. Empowering nurses to improve services is crucial, but this responsibility cannot fall solely on nurses. A collaborative approach is needed, involving nurses, doctors, surgeons, managers, policymakers, politicians, clients and other stakeholders. This presentation will explore some of the broader factors influencing the development of nursing practice in Malta such as the hierarchical and bureaucratic system that excludes specialist and general nurses from organisational and professional decision-making processes. Furthermore, the concepts of power, empowerment, and power distance will be discussed in the context of nurses working in Malta. Additionally, other related issues will be addressed that could impact progress including the dominant patriarchal ideology, rooted in the Roman Catholic identity and the societal position of women in Malta. Nursing in Malta has made significant strides over the past three decades, yet there is much more to be done to attract and retain nurses, ensuring they can work to their full potential in a sustainable manner. Further research is required to understand the role of nurses from multiple perspectives and to hear from those involved in service delivery and quality assurance. Addressing some of the issues raised could help us continue to create a more inclusive and effective healthcare system that benefits all Maltese citizens.

Health for All

Nurses and Midwives meeting the challenge – showing the way

27–28 September 2024
InterContinental Hotel
St Julian's, Malta



45. Dr Corinne SCICLUNA WARD

Lecturer, University of Malta
corinne.scicluna@um.edu.mt

Nurses' knowledge on pressure injury prevention in an acute hospital in Malta

Background: Pressure injury (PI) prevention is a rising concern among hospitals around the world. Nurses who have a low level of knowledge can cause further harm to the patient and longer hospital stays and readmissions, therefore increasing costs. Published local research on the topic in an acute setting is scarce and further studies are desirable.

Objectives: (a) To investigate whether nurses working in an acute hospital in Malta are knowledgeable enough on PI prevention. (b) To assess the barriers perceived by nurses that hinder them from applying the proper PI prevention methods. (c) To find out whether socio-demographic characteristics influence the nurses' knowledge.

Designs and Methods: A comparative, cross-sectional study was completed using a paper-based questionnaire to collect data. Copies were distributed among 626 nurses and obtained a response rate of 38.7% (n=242). A Pressure Ulcer Knowledge Test and a List of Perceived Barriers to the Application of Pressure Injury Prevention were the data collection tools used as part of the questionnaire.

Population: All the departments of an acute hospital in Malta were taken into consideration, excluding nurses working in paediatrics, outpatients, and emergency departments.

Results: A low level of knowledge (44.6%) regarding PI prevention was found. The number of perceived barriers hindering nurses from performing proper PI prevention methods was also high (56.6%). Nurses with more clinical experience and who read articles had a higher level of knowledge than other participants. Nurses with a degree perceived a larger number of barriers than nurses with a diploma, and statistical differences were found between the number of perceived barriers and clinical experience. Participants who read articles or attended training perceived fewer barriers hindering them from applying proper PI prevention methods. A weak negative correlation was identified between nurses' level of knowledge and the number of perceived barriers encountered by participants.



46. Dr Corinne SCICLUNA WARD

Lecturer, University of Malta
corinne.scicluna@um.edu.mt

A European direction for specialist nurses in wound care

Aim: The aim of this presentation is to discuss the evolution of specialist nursing practice, and to highlight the paucity of information and evaluation of the nurses' role in Malta. It will also highlight areas that need to be taken into consideration if specialist nurses are to continue to develop in Europe.

Method: Three focus groups with Specialist (Practice) nurses that included tissue viability nurses were carried out in February 2023.

Results and Discussion: The results revealed similar themes to a previous study carried out in 2013 that included: concepts of advanced nursing practice, role boundaries, preparation, regulation, and autonomy to practice. The research element of the role was once again noted to be limited and the confusion and lack of understanding from management was still an important element that was perceived as hindering the growth of specialist nursing.

Conclusion: The challenges and successes will be charted and the development of specialist nurses' roles not only in Malta but in Europe will be outlined. Finally, the presentation will look at practical issues to consider when developing specialist nurses' positions such as; the needs of the population and hospital, the resources needed, and a legal framework to regulate the advancement of the roles for specialist nurses to practice safely and autonomously.



47. Mrs Christianah MORAKINYO

Nurse Lecturer, University College Birmingham
toluwa2013@gmail.com

A systematic review of racism against overseas-trained nurses in the UK

Background: In recent years, many nurses have migrated to other countries in pursuit of better and safer lives for themselves and their families. Migration to the UK has been driven by the UK's significant nursing shortage, and has led a high number of overseas-trained nurses to relocate to the UK. However, systemic racism toward these nurses within the UK's National Health Service (NHS) continues to be a serious issue. It hampers their professional integration, job satisfaction, and career progression, which in turn affects their mental health and the standard of patient care they provide thereby presenting substantial challenges to the objective of achieving "Health for All".

Methods: A comprehensive search of databases, including PubMed, CINAHL, and Google Scholar, was conducted to identify relevant studies from 2000 to 2023. The review focused on workplace discrimination, career barriers, and the mental health impacts on overseas-trained nurses in the NHS.

Results: The findings reveal pervasive systemic racism leading to unequal job opportunities, biased evaluations, and limited career advancement for overseas-trained nurses. They report experiencing high levels of workplace bullying, exclusion from professional development opportunities, and psychological distress. These factors contribute to elevated turnover rates and job dissatisfaction, ultimately undermining patient care and institutional effectiveness.

Conclusion: Effectively addressing systemic racism is crucial for empowering overseas-trained nurses to navigate healthcare challenges adeptly. Policy reforms, comprehensive cultural competence training, and robust reporting mechanisms are imperative for fostering an inclusive work environment aligned with the goal of achieving "Health for All". This systematic literature review not only provides insights into the nature and impacts of racism within the NHS but also serves as a foundation for future research, policy development, and advocacy efforts aimed at fostering equity and inclusivity in healthcare.

Health for All

Nurses and Midwives meeting the challenge – showing the way

27–28 September 2024
InterContinental Hotel
St Julian's, Malta



48. Professor Maria CASSAR

Associate Professor, University of Malta
maria.cassar@um.edu.mt

Co-author: Professor Allison Squires, Director, Global Consortium of Nursing and Midwifery Studies, Rory Meyers College of Nursing, New York University

The pandemic's impact on nursing and midwifery workforces globally: an international comparative study

The Global Consortium of Nursing and Midwifery Studies is currently conducting an international comparative study of the pandemic's ongoing effects on the nursing and midwifery workforces globally. To-date respondents have been recruited from more than 80 countries. The Institutional Review Board (IRB) of New York University has approved this study. The research study is led by the Rory Meyers College of Nursing in the USA, and it seeks to explore nurses' and midwives' stories about working conditions, self-care practices, patient care management, and labour economics in relation to the COVID-19 pandemic. To-date, 11,212 acceptable respondents are being analysed. Specifically, the purpose of this study is to gather and report the experiences of nurses and midwives working the frontlines of the COVID-19 pandemic around the world, during both the intra- and post-pandemic phases. Tens of countries are engaged in collecting data from the respective nursing and midwifery population of the country using a survey instrument which is available in many languages. Data privacy standards are set to meet European Union protocols and international requirements. The instrument is used to collect free-text responses, demographic data (including economic and migration intent), and standardized assessments of mental health, burnout, labour markets, and occupational risks. The evidence which will arise from the analysis of the collected data will inform (1) future pandemic response planning and implementation, and (2) policy and workforce developments which may sustain and help nurses and midwives to recover in future pandemic or similar crisis. All teams from each participating country receive copies of the data pertaining to the respective country. In this paper the data pertaining to the specific context of Malta which has been received to-date, is presented against the backdrop of and a critical discussion arising around the interpretation of the data collected from all the participating countries around the globe. There is no funding towards the country-specific conduct of the research and its dissemination.



50. Ms Marisa GALEA VELLA

Senior Lecturer, Malta College of Arts, Science and Technology
marisalvella@gmail.com

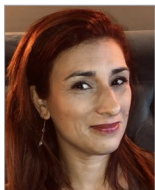
Embracing the role of genomics in nursing: recommendations for local practice

More than a decade ago, the World Health Organization (WHO) acknowledged the potential of genomic science, particularly in relation to achieving good public health outcomes. The human genome is a complete set of human genetic information, where human genomics is increasingly having a significant impact on the ability of health providers to determine individual health risks. These health risks may be inherited, or result from cultural, psychosocial or environmental factors. Nurses have a central role in providing care to individuals across the lifespan across the various settings in health and social care. It is therefore important that such integral members of the health care team have the required competencies to be able to apply genomics to their practice. This scoping review aims to explore the current literature on nurses' competencies and education in relation to their nursing practice. The scoping review followed the methodology of Arksey and O'Malley. Literature searches were conducted in May 2024 in the Elsevier Science Direct, Cinahl Ultimate, Scopus and Health Research Premium Collection (Proquest) databases. Original research including review articles were considered. Inclusive criteria included: publications in the English language only; a focus on the competencies and education of nurses in genomics or genetics demonstrated in clinical practice; and published in academic journals. Speciality areas in nursing or articles that were condition specific were not included. The literature retrieval was inclusive of material published in the last ten years. The selected articles that were included in the scoping review were data charted and analysed using a qualitative thematic approach. The presentation will focus on the emerging themes and put forward recommendations for the local setting, cognisant of the advances and inclusion of genomics in nursing practice within the global nursing community.

Health for All

Nurses and Midwives meeting the challenge – showing the way

27–28 September 2024
InterContinental Hotel
St Julian's, Malta



51. Dr Marcia GAFA'

Senior Lecturer, Malta College of Arts, Science and Technology
marcia.gafa@gmail.com

A community of disconnected practice

Learning is an active process, continuously developing throughout one's lifetime. Social media platforms offer a unique opportunity for learning to occur, bringing forth independent and collective learning opportunities for individuals of all ages. Using a constructivist grounded theory design amongst a group of psychiatric mental health nurses, this study employed an online social media platform to harness informal learning and cultivate a community of practice within a group of psychiatric mental health nurses. The aims were twofold. It was envisioned that by using a social media platform, the participants could access informal learning opportunities. The second aim anticipated that a community of practice could be cultivated as the social media platform would offer a medium for support. Most participants had a positive experience when adopting a Facebook page for informal learning. Despite the positive experience expressed by participants, informal learning was still affected as the community of practice could not be cultivated, therefore failed to form. Being that collaboration is key in psychiatric mental health nursing, the aim of this session is to offer the audience an opportunity to ponder aspects which were found to have contributed to hindering a community of practice amongst psychiatric mental health nurses who had participated in this study. The discussion aims to present several recommendations for organisational entities, whilst focusing on collaboration amongst psychiatric mental health nurses to empower them further within the local context of Malta.



52. Ms Francesca MICALLEF

Senior Lecturer, Malta College of Arts, Science and Technology
francesca.f.micallef@mcast.edu.mt

Ms Marisa GALEA VELLA

Senior Lecturer, Malta College of Arts, Science and Technology
marisalvella@gmail.com

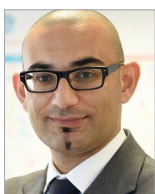
Mr Noel BORG

Chief Operating Officer, Care Malta
noel.borg@caremalta.com



Implementing a hydration promotion strategy in Maltese Care Homes

Poor hydration practices are a prevalent occurrence among older adults. The evidence suggests that older adults residing in residential care home settings have challenges and needs that need to be addressed so that optimal hydration levels can be achieved and maintained. Dehydration is serious adverse event for older adults and is linked to increased morbidity, mortality and overall decline in wellbeing. Dehydration is particularly the result of poor fluid intake, which is both preventable and reversible. Older adults are more susceptible to becoming dehydrated due to various factors, including physiological changes, onset of disease, mental and physical frailty. This presentation will provide an overview of the evidence-based literature on the topic as well as the research initiatives completed and in progress by the researchers, with a particular emphasis on the importance of implementing the appropriate multi-component strategies to provide good hydration practices. These practices include prompts, social interaction and supportive environments. The second part of the presentation will focus on the collaboration and experience between the researchers and CareMalta, where new strategies have been introduced to ensure that older adults residing in CareMalta facilities are well supported to maintain optimal hydration status.



Health for All

Nurses and Midwives meeting the challenge – showing the way

27–28 September 2024
InterContinental Hotel
St Julian's, Malta



53. Mr Christos VRAKAS

Midwife/Nursing Officer, State Health Services Organisation, Cyprus; Midwifery Educator, European University Cyprus
c.vrakas@external.euc.ac.cy

Exploration of perinatal traumatic experiences on maternity care providers: preliminary results

Health professionals who provide perinatal care can be particularly vulnerable due to their work in an environment that focuses on new life and hope rather than illness, recovery or death. Therefore, when an outcome is adverse to the newborn or the mother it can be abrupt or even unexpected and cause complex and distressing feelings. Midwives and obstetricians with the medicalisation of childbirth, face the challenges of increasing caesarean section rates that create new risk assessments, new rules about patient autonomy, and threats of litigation. Research has described how medical fear can reduce maternity care providers level of empathy. In particular, experiencing severe events such as stillbirths may make them consider leaving their jobs. Post-traumatic stress disorder associated with perinatal care, affects maternity care providers and it has been suggested that obstetricians and gynaecologists may be at higher risk. Providing midwifery care is seen as a work of joy and happiness, which makes it difficult for midwives to express the negative aspects of their work and how they are affected. Previous research in this area shows that midwives are at a higher risk of suffering from work-related stress, related to birth seizures or trauma compared to other care professions because of the close relationship that develops between the midwife and the woman. PTSD has a profound, negative impact on the personal well-being of health professionals and it is useful to explore health professional's experiences of perinatal traumatic events and how this affects the care provided.



54. Dr Adrienne GRECH

Lecturer, University of Malta
adrienne.grech@um.edu.mt

Professor Maria CASSAR

Associate Professor, University of Malta
maria.cassar@um.edu.mt

Co-author: Ms Gabriella Muscat



Interprofessional ethical simulations in healthcare

The use of simulation as a pedagogical approach in the education of health care professionals continues to gain momentum in most educational settings across the globe. However, the learning acquired through the use of simulation is, to-date, largely profession-specific. Ethical issues in health care practice do not occur solely within the vacuum of a single profession, but are most often interprofessional with the involvement of multiple stakeholders such as patients, relatives, and multiple professionals within health care settings. This paper seeks to present the authors' experience of designing and delivering educational simulations across learner-groups who comprised more than one health care profession. The focus of the simulation learning was health care ethics, with considerations to the individual perspectives of diverse professions. Health care ethics transcends professional borders and reaches all the professionals who are applied to health care delivery in any health care system. This multidimensional nature of health care ethics lent itself well to addressing interprofessional targeted learner-groups. A SWOT analysis regarding this teaching and learning approach in health care ethics education is collaboratively presented, drawing up a spectrum of expertise in ethics in health care, education and clinical practice. The strengths and weaknesses which were observed in this novel educational initiative are discussed in view of sharing insight with interested audiences and informing similar initiatives. A reflective analysis of the opportunities and threats experienced along the process of designing, delivering and evaluating the interprofessional ethical simulations in health care is provided. The discussion regarding their relevance to other and different contexts lends itself well to the critical development of similar initiatives across the globe.

Health for All

Nurses and Midwives meeting the challenge – showing the way

27–28 September 2024
InterContinental Hotel
St Julian's, Malta



56. Mr Greg SHARPLIN

Research and Strategy Manager and Senior Research Fellow, Rosemary Bryant AO Research Centre, University of South Australia
greg.sharplin@unisa.edu.au

Co-authors: Professor Marion Eckert, Director, Rosemary Bryant AO Research Centre, University of South Australia; Mr Lachlan Darch, Research assistant, Rosemary Bryant AO Research Centre, University of South Australia; Dr Malcolm Brinn, Research fellow, Rosemary Bryant AO Research Centre, University of South Australia; Dr Doris Grinspun, Chief Executive Officer, Registered Nurses' Association of Ontario; Dr Barbara Stilwell, Independent consultant, Former Executive Director, Nursing Now Global Campaign; Dr Maria Teresa Moreno-Casbas, Director, Investén-isciii, Instituto de Salud Carlos III; and Mr Rob Bonner, Director of Operations and Strategy, Australian Nursing and Midwifery Federation (SA Branch)

Developing a global dashboard prototype for monitoring occupational health and wellbeing risk

Background: International policy (for example: ILO C155 -1981 and ILO C190 -2021) are requiring countries to ensure national legislation and policy protect the rights of workers from physical and psychological harm at work, as far as is practicable. However, both research and popular media has consistently pointed to increasingly challenging conditions that nurses are exposed to. These conditions place nurses at increased risk of health, safety and psychological harm. Monitoring and reporting conditions, risk and harm is an important mechanism for organisational and policy change.

Method: To develop an online dashboard prototype that allows for the monitoring of indices of nurses' perceptions of occupational health and safety risk in their place of work; and measures of health, psychosocial wellbeing, performance and turnover across multiple healthcare systems globally. Measures include perceptions of staffing levels, skill mix, access to protective equipment, job demand, job resources, depression, anxiety, stress, work engagement, general health, burnout and intentions to leave. Data were collected from 2020 – 2022 in Australia, Canada and in partnership with Nursing Now

Results: A dashboard was developed in Power BI products to demonstrate the ease with which these results can be monitored and tracked within countries. The research identifies similarities as well as where variations occur among nurses' wellbeing internationally and organisational factors to target for interventions to reduce risk and improve safety practices and psychological wellbeing. Burnout rates were very high (50-70%) among all regions of the world.

Conclusion: Interactive, up-to-data dashboard data provides decision-makers and workforce representatives with the data to monitor change over time and make informed decisions regarding changes to policy. The long-term plan is to work with countries and international nursing organisations to build long-term monitoring of exposure to occupational health and safety and psychosocial safety risk and impact on nurses.

Health for All

Nurses and Midwives meeting the challenge – showing the way

27–28 September 2024
InterContinental Hotel
St Julian's, Malta



57. Professor Marion ECKERT

Director, Rosemary Bryant AO Research Centre; Professor of Health Innovation and Enterprise and Professor of Cancer Nursing, University of South Australia
marion.eckert@unisa.edu.au

Co-authors: Mr Greg Sharplin, Research and Strategy Manager and Senior Research Fellow, Rosemary Bryant AO Research Centre, University of South Australia; Ms Pam Adelson, Research Fellow, Rosemary Bryant AO Research Centre, University of South Australia; Ms Jane Homberger, Chief Executive Officer, Skin Smart Australia; and Mr Lachlan Darch, Research assistant, Rosemary Bryant AO Research Centre, University of South Australia

Project Check Mate: nurses and mobile AI technology to improve skin cancer detection in regional South Australia

Background: Australia grapples with the world's second-highest skin cancer rates, imposing a significant burden on the health system. An urgent need for innovative approaches is required. Leveraging technology and healthcare workforce, particularly nurses, offers a promising avenue for early detection and prevention:

Methods: A pragmatic research design was adopted whereby experienced nurse dermoscopists trained regional primary care nurses across South Australia to perform skin checks. Regional nurses received a theoretical training followed by practical experience at a skin check pop-up clinic located at a regional community event. Experienced nurse dermoscopists led the pop-up clinic, supported by the local nurses as part of their practical. Clients skin history was captured using the QMIR skin cancer risk tools allowing for understanding of melanoma and non-melanoma risk. Where suspicious lesions were detected, they were imaged and recorded using a digital platform. Clients received education and clinical advice regarding follow-up clinical care with their GP or dermatologist. Cutting-edge artificial intelligence (AI) technology was also tested in the field in this context for the first time to understand how it would support the education.

Results: Thirteen nurses were trained in three regional areas of SA in 2023. Four pop-up events drew significant attention; 583 individuals underwent full body skin checks and 964 suspicious lesions were detected. Most were residents of the region (46%); 53% hadn't been screened in the past three years; a high proportion were aged 50 and above (74%); and were males (52%). Applying the validated risk factor scales, 20% were above average risk of melanoma and 24% of keratinocyte cancer risk. Qualitative feedback from the nurses indicated that the AI tool was informative to support education.

Conclusion: Local nurses demonstrated enthusiasm, finding the experience professionally rewarding. While GPs supported their integration, challenges remain, including the absence of Medicare Benefits Schedule (MBS) items for skin checks which would allow for this interdisciplinary model to be supported.

Health for All

Nurses and Midwives meeting the challenge – showing the way

27–28 September 2024
InterContinental Hotel
St Julian's, Malta



58. Mr Abdrafu Alani ADENIJI

Consultant, Specialist Nurse Administrator, Nigeria
abdrafiuadeniji@yahoo.com

Health insurance scheme and universal healthcare delivery in Ogun state Nigeria: an evaluation

Background: The United Nations and the World Health Organization affirmed that governments have an obligation to provide qualitative, affordable, accessible health care services to their citizens. Healthy citizenry is synonymous with a wealthy nation. Adequate funding of universal health care is essential to accomplish the Sustainable Development Goals. Nigeria health care funding is inadequate causing inefficiency, low productivity, and a lack of job satisfaction among health care professionals. Health care budgetary allocation at 4.5% is well below the African benchmark of 15%. This study was conducted within May and November 2022 to evaluate the effectiveness of the Community Health Insurance Scheme as an additional source of health care funding in Ogun State, Nigeria.

Methodology: A mixed method cross-sectional design was used generating quantitative and qualitative data. Data were collected using questionnaire, key informant interviews, and secondary sources from literature, circulars, national and state laws. Data were collated and analysed. Descriptive data were presented in tables, bar and pie charts.

Results: Health care funding is inadequate and adversely affecting the performance of health care professionals. Consumers expressed dissatisfaction about health care services and the health care system. The impact of professional association advocacy facilitates enabling law for a health insurance scheme. Those that are enrolees of the Community health Insurance Scheme have access to quality health care while out of pocket expenses were as high as 70% for non-enrolees.

Conclusion: The government budgetary allocation of only 4% instead of the 15% recommended as an African benchmark is inadequate. A community health insurance scheme stands out as an alternative source of health care funding. Ogun State operates a health insurance scheme which has been vigorously pursued to ensure effective delivery of universal health care delivery. The funding will promote retention of recruited professionals and improve service delivery and patient satisfaction.

Health for All

Nurses and Midwives meeting the challenge – showing the way

27–28 September 2024
InterContinental Hotel
St Julian's, Malta



59. Mrs Ioanna ELLINA

Special Teaching Staff, Cyprus University of Technology
ioanna.ellina@cut.ac.cy

Co-authors: Professor Ekaterini Lambrinou; and Dr Panagiota Miltiadous; Assistant Professor Nicos Middleton

Nursing students' perceptions of their clinical environment as measured with the CLEI tool (Poster)

Introduction: The training of undergraduate nursing students in the clinical learning environment is particularly demanding, as students are expected to gain the necessary knowledge and experiences to help them in their professional careers. The support and guidance of students in clinical education through supervision is essential. The role of the Mentor model and the institution of the Clinical Coordinator is important and interrelated.

Aim: To compare the attitudes and perceptions of undergraduate nursing students at universities in Cyprus and Greece regarding learning in the clinical environment and clinical supervision in the context of their clinical practice.

Methodology: The research is quantitative and descriptive of comparison and correlation and has been conducted at the Cyprus University of Technology (213 students) and the Hellenic Mediterranean University of Crete (135 students). The population under study consists of students in all four years of undergraduate education. The data were collected using the Clinical Learning Environment Inventory (CLEI) questionnaire. The tool has been translated into Greek and weighted. Its scales are: "individualization", "involvement", "satisfaction", "task orientation", "innovation", "personalization".

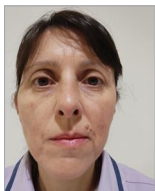
Results: The average scores on the scales for the current clinical learning environment ranged from 19.5 to 26.5 in Cyprus and from 18.3 to 23.1 in Greece, indicating a moderate level in both countries. However, for the preferred clinical learning environment, the average scores ranged from 22.6 to 28.4 in Cyprus and from 21 to 25.2 in Greece, indicating a moderate to high level in both countries. Notably, the mean value for the preferred clinical learning environment was consistently higher than the mean value for the current clinical learning environment in both countries.

Conclusions: On the scales of "individualization," "involvement," "task orientation," and "innovation," the average score was higher in Cyprus than in Greece, indicating a better current clinical learning environment. Cyprus's preferred clinical learning environment was better on all scales, and the average score was higher than in Greece.

Health for All

Nurses and Midwives meeting the challenge – showing the way

27–28 September 2024
InterContinental Hotel
St Julian's, Malta



60. Ms Claire CARUANA

Practice Nurse Haematology, University of Malta
claire.caruana.96@um.edu.mt

Co-authors: Professor Roberta Sammut, Senior Lecturer (Nursing), Faculty of Health Sciences, University of Malta; and Professor Alexander Gatt, Head of Pathology, Faculty of Medicine and Surgery, University of Malta

Supportive care needs of persons diagnosed with haematological malignancies: a scoping review

Nursing a person diagnosed with haematological malignancies requires a multitude of skills. Besides, addressing the clinical requirements, which encompass high morbidity and mortality risks, nurses face other challenging tasks. During the treatment trajectory, persons with a haematological malignancy experience other difficulties, such as: isolation, and prolonged periods of hospitalisation due to immunosuppression, therefore highlighting the need for supportive care. Supportive care addresses the physical, emotional, psychological, informational, spiritual, and practical needs that may be required by persons diagnosed with haematological malignancies. The identification of their supportive care needs lays the foundations for the provision of targeted services to address those specific needs. A scoping review was carried out with this aim. Databases, search engines, grey literature and websites were searched for information. Only seven papers were retrieved: one systematic review, three qualitative studies, and three quantitative studies. The results of these studies highlight that persons diagnosed with haematological malignancies have needs in all supportive care domains. Amongst others, these include physical needs in coping with treatment side effects; information needs in understanding the complexities of the diagnosis and self-care; emotional and psychological needs in dealing with a life-threatening disease and loss of health; practical needs such as childminding whilst in hospital; as well as, social needs due to isolation. Identifying the supportive care needs of persons diagnosed with haematological malignancies, puts nurses at an advantageous, valuable and prized position in providing supportive care, thereby, decreasing their suffering and improving health outcomes. Building on from this scoping review, further research is recommended to ensure that the actual supportive care needs of this patient population are congruent with the literature retrieved, with the aim of developing supportive care pathways to address these needs.

Health for All

Nurses and Midwives meeting the challenge – showing the way

27–28 September 2024
InterContinental Hotel
St Julian's, Malta



61. Dr Maria DIMITRIADOU

Associate Professor, Cyprus University of Technology
maria.dimitriadou@cut.ac.cy

Co-authors: Dr Laura Panagi, Post Doctoral Research Associate, Cyprus University of Technology; Dr Christianna Nicolau, Assistant Professor, Cyprus University of Technology; Dr Elena Rousou, Special Educational Staff, Cyprus University of Technology; Dr Koralia Michail, Special Educational Staff, Cyprus University of Technology; Dr Maria Kyprianidou, Project Manager co OPERATOR, Cyprus University of Technology; Dr Nicos Middleton, Associate Professor, Cyprus University of Technology; Dr Ourania Kolokotroni, Assistant Professor, Cyprus University of Technology; and Dr Angelos Kassianos, Lecturer, Cyprus University of Technology

Co-OPERATOR project: building an innovative observatory for sharing best practices for vaccination promotion among European countries

Introduction: Vaccine hesitancy is one of the top 10 threats to global health posing obstacles to achieving optimal vaccine uptake. Healthcare professionals play a key role in their patients' decision to get vaccinated. The determinants of vaccine hesitancy in the population and healthcare professionals' efficiency to promote vaccination are key dimensions common to the whole European Economic Area. At the same time, substantial differences in the rates of vaccination are identified between countries in terms of promoting vaccinations for infectious diseases such as COVID-19 and influenza.

Aim and objectives: The co-OPERATOR, an EU4Health project, aims to support decision-makers, experts, and European citizens to understand the determinants of vaccine hesitancy and healthcare professionals' barriers and facilitators of promoting vaccination and, in turn, to increase vaccine uptake. The objectives of the project are to collect, collate, and share knowledge, best practices, and evidence-based recommendations through an innovative and citizen-centered country-observatory.

Methods: The general adult population and primary healthcare professionals, nurses, and pharmacists in Cyprus, Greece, Italy, and Portugal will participate in the project. Multiple methodologies will be applied including scoping reviews on existing knowledge, focus groups with stakeholders on best practices, and cross-sectional surveys on the determinants of population hesitancy based on the 7C framework and of healthcare professionals' abilities to promote vaccination based on the COM-B behaviour change model. An online training platform and a virtual observatory will be developed to provide learning opportunities and to support continuous data collection and the application of forward-looking technologies like Artificial Intelligence.

Implications for Practice: The results from the co-OPERATOR project are expected to advance communication and knowledge skills among the general public as well as to support policy makers to design successful interventions to address systemic barriers and, in turn, to achieve optimal vaccine uptake.

Health for All

Nurses and Midwives meeting the challenge – showing the way

27–28 September 2024
InterContinental Hotel
St Julian's, Malta



62. Dr Maria DIMITRIADOU

Associate Professor, Cyprus University of Technology
maria.dimitriadou@cut.ac.cy

Co-authors: Dr Evridiki Papastavrou, Associate Professor, Cyprus University of Technology; Dr Andreas Charalambous, Associate Professor, Cyprus University of Technology; Dr Elena Panayiotou, Special Educational Staff, Cyprus University of Technology; and Dr Anastasios Merkouris, Associate Professor, Cyprus University of Technology

Undergraduate nursing students' perspective on patient safety and missed care

Background: There is evidence that patient safety in nursing curriculums is not well incorporated. This does not allow students to develop strong competences to support patient safety throughout their professional life.

Aim: To explore the perspectives of undergraduate nursing students, regarding their knowledge and attitudes on patient safety-related issues and missed care.

Methods: A mixed method methodology was used. The sample consisted of all undergraduate nursing students in their third and fourth year from 4 universities (public and private) in Cyprus (n=229) and one public university in Greece (n=381) with a RR=79.5%. All students were surveyed using: (a) 34-item Health Professional Education Patient Safety Survey (H-PEPSS) to describe students' knowledge in the classroom and clinical setting; (b) the 23-items Health Care Professionals Patient safety Assessment Curriculum survey (HPPSACS), which evaluates attitudes; and (c) an open ended questionnaire examined students' perception about the type of care missed by nurses, the reasons and the outcomes of missed care. Qualitative data were analyzed using a content analysis approach.

Results: Students' knowledge about patient safety was expressed significantly higher ($p < 0.001$) in classroom (mean=4.0), compared with the clinical setting (3.7) (1-5 scale). The knowledge in the dimension "clinical aspects" was valued the highest and the dimension "Working in teams" was valued the lowest. Regarding attitudes, the lower was reported in the topic "denial" (mean 2.1) (1-5 scale). One third of all the students reported body hygiene as missed care incident.

Conclusion: The findings indicated the gap between theory and practice and the need for collaboration across the two settings of theory and practice. The highest score in "Clinical aspects" (in both settings) reflect the fact the nursing education tends to focus on technical issues, rather than the more sociocultural aspects of patient safety.

Health for All

Nurses and Midwives meeting the challenge – showing the way

27–28 September 2024
InterContinental Hotel
St Julian's, Malta



64. Dr Augustine NDAIMANI

Associate Professor, Centre for Nursing and Midwifery, University of Global Health Equity, Rwanda
andaimani@ughe.org

Ms Phillisters ARIKO WANYAMA

Lecturer, Centre for Nursing and Midwifery, University of Global Health Equity, Rwanda
pariko@ughe.org

Ms Catherine UWIMANA

Lecturer, Centre for Nursing and Midwifery, University of Global Health Equity, Rwanda
cauwimana@ughe.org

Co-author: Mrs Judy Ngele Khanyola, Chair, Center for Nursing and Midwifery, The University of Global Health Equity

Strengthening critical care health service delivery in a rural hospital in Rwanda

Background: The burden of critical illness in Rwanda, like most African countries, is very high although the country has little capacity for critical care. For instance, there are 16 critical care nurses against a national target of 336 critical care nurses, 3 emergency care physicians against a target of 74. Butaro Level 2 teaching hospital wanted to open an ICU but had only one critical care nurse. Interprofessional education (IPE) has been shown to improve knowledge among learners. We wanted to know the attitudes of learners in IPE as these have an impact in prolonged interprofessional collaboration

Methodology: The adult critical care training was conducted over five months in a partnership involving the University of Global Health Equity (UGHE) Center for Nursing and Midwifery, Global Perm, Partners in Health, Inshuti Mu Buzima, and Butaro Level 2 Teaching Hospital. Trainees included 16 nurses, 2 General Practitioners and 2 Non-Physician Anaesthetists. The participants went through two weeks of didactic teaching in February, followed by four weeks attachment in critical care units at the three biggest ICUs in Rwanda. This was followed by another two weeks of didactic teaching and learning. At the end of the adult critical care training, the RIPLS23 questionnaire was administered to the 20 learners. The Cronbach's alpha for teamwork and collaboration was 0.86, 0.82 for professional identity and 0.75 for patient-centeredness.

Results: there were 20 participants with a median age of 30.5 years (IQR = 27.5; 40) and a mean experience of 6.62 years (SD=5.06). The mean score for teamwork and collaboration was 4.74 (SD=0.27), while the mean for professional identity was 2.66 (SD=1.04) and the mean score for patient-centeredness was 4.57 (SD=0.47).

Conclusion: Interprofessional learners have positive perceptions on teamwork and patient centredness, with negative perceptions of professional identity. There is need to ensure distinct roles in interprofessional education.



Health for All

Nurses and Midwives meeting the challenge – showing the way

27–28 September 2024
InterContinental Hotel
St Julian's, Malta



65. Dr Sharon MARTINELLI

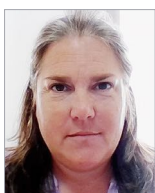
Lecturer, University of Malta
sharon.martinelli@um.edu.mt

Dr Michelle CAMILLERI

Senior Lecturer, University of Malta
michelle.camilleri@um.edu.mt

Writing as inquiry: an impactful technique for professional development of nursing students

Writing in all its forms is a way of knowing, a method of inquiry, and a process. Writing can be presented in various ways and formats including first person narratives thus espousing a vulnerable self. Conscious of the changes we are seeing in our Maltese nursing cohorts in this post-covid period, we intentionally including writing as inquiry in our teaching and learning on a professional development study unit. This paper presents the results of our study where we explored the impact of writing on students' personal and professional development. At the start of each lecture, students spent 6 minutes writing, supported by a simple prompt or question. At the end of the study unit, the assessment was a piece of reflective writing on the topic of vulnerability. The students were invited to complete a web-based anonymous questionnaire. Eighty-eight students completed the questionnaire at the start of the study unit, whilst 54 students completed it at the end. Data was analysed using descriptive and correlational statistics for the quantitative data, whilst thematic analysis was used for the qualitative data generated. Our findings show that some students embraced writing as inquiry in their everyday lives as well as using writing for wellbeing. Living in a technological and diverse world, where information and knowledge is there at the click of a button, nurse educators need to develop strategies such as writing for inquiry, which allow students the space and creativity to tell their own stories and enhance self-discovery, which in turn will aid growth and development. Integrating writing as inquiry into nursing education, can create a more engaging and effective learning experience. Writing the Self on the page, holds the power to transformative learning.



66. Mrs Tracey COLLINS

Head of International Nursing and Midwifery Workforce, NHS Devon UK
tcollins@nhs.net

Co-author: Mrs Emily Winslow, International Recruitment Team Leader, Devon Alliance for International Recruitment, UK

Establishing a multi-organisational values-based International Recruitment Model

The Devon Alliance for International Recruitment are a not-for-profit team working collaboratively across the UK Health and Social Care sector to ethically recruit high quality nurses, allied health professionals, care workers, bio-medical scientists and doctors from other countries. Our integrated approach means that we recruit for both private and public sector healthcare organisations, managing the entire process for our clients. Our team consists of health professionals and recruitment and marketing specialists, who are experienced in recruiting internationally, understand local markets and immigration processes. We pride ourselves on our ethical approach, adhering to the Code of Practice for International Recruitment, meaning we only recruit from Green List Countries and ensure no recruitment costs are passed to applicants. We aim in this presentation to demonstrate the processes used since inception in 2021, in the establishment of a Multi-Organisational International Recruitment Model, and the results and financial benefits we have realised for our stakeholders alongside building and establishing educational partnerships to support universal health coverage. A collaborative bid was awarded to develop a central international recruitment resource within Devon in the Southwest of the UK, which was not only cost-effective but ensured best practice efficiencies across the engaged NHS Trusts. Our centre of excellence status was fast developed, gaining interest for replication in areas outside the region. Our recruitment practices went beyond those offered by traditional agencies with our raison d'être, our pastoral care, being the reason for a 99% retention rate of the 1500 healthcare professionals we have recruited over the last two years. Looking at the bottom line, a saving to the NHS of £190 million over a two year period, when comparing international recruitment solutions to agency staff usage, highlights more than anything else, the success of such a model.

Health for All

Nurses and Midwives meeting the challenge – showing the way

27–28 September 2024
InterContinental Hotel
St Julian's, Malta



67. Dr Ermira Tartari BONNICI

Lecturer, University of Malta
ermira-tartari.bonnici@um.edu.mt

Co-authors: Professor Rosario Caruso, Professor of Nursing Science, Department of Biomedical Sciences for Health, University of Milan, Italy; Head of Health Professions Research and Development Unit; Director, Clinical Research Service, Milan, Italy; Dr Maria Cassar, Professor, Department of Nursing, Faculty of Health Sciences, University of Malta, Malta; Ms Anna Kaisa Partanen, Senior Lecturer, Department of Health Care, Acute Care Team, Metropolia University of Applied Sciences, Helsinki, Finland; Ms Tiina Varamäki, Senior Lecturer, Department of Health Care, Acute Care Team, Metropolia University of Applied Sciences, Helsinki, Finland; Professor Daris Maganja, Professor, Faculty of Health Sciences, University of Primorska, Izola, Slovenia; Professor Helena Skoci, Professor, Faculty of Health Sciences, University of Primorska, Izola, Slovenia; and Dr Enrique Castro-Sanchez, Senior Lecturer in Global Challenges (Planetary Health), Brunel University London, UK

Learn Global, Act Global: AMR education for health professionals

Antimicrobial resistance (AMR) presents a global concern that demands urgent and coordinated action. Acknowledging the impact of global initiatives on local AMR strategies, a transnational European Union (EU)-funded Blended Intensive Programme (BIP) was created and implemented to improve the knowledge of healthcare professionals in AMR and antimicrobial stewardship (AMS). This paper provides a SWOT analysis of the programme and seeks to share this innovative learning experience and guide similar transnational educational initiatives. The programme, involved Higher Education Institutions from the UK, Malta, Italy, Finland, Belgium, and Slovenia. The intended learning outcomes included understanding microorganism transmission, infection prevention and management with multidrug-resistant organisms, and evaluating national AMR action plans. The programme emphasized understanding cultural and behavioural determinants in infection prevention and control (IPC) and AMS, stakeholder communication, and person-centred care to empower patient decision-making and health literacy skills to engage civil society in AMR awareness and advocacy. It explored the intersection of climate change and AMR and assessed policy, leadership and governance in AMS and organizational structures within health systems. Blended intensive education programmes combine synchronous and asynchronous learning, providing accessibility and flexibility, and promoting a more active and engaging learning experience. The strengths identified include the interdisciplinary nature of the healthcare professionals involved, a comprehensive curriculum, effective online and in-person integration, and strong transnational collaboration. Challenges included the dissonance between curricula regulations across countries, synchronizing schedules across different time zones and varying levels of technological access and proficiency. The BIP provided an opportunity to build researcher and faculty capacity through exchange and sharing of expertise. Threats associated with the evolving nature of AMR were also highlighted, alongside funding constraints. The BIP can offer a transnational and versatile approach to addressing AMR. The insights gained from this programme can inform future educational initiatives, cascading to local and national implementation to combat AMR globally.

Health for All

Nurses and Midwives meeting the challenge – showing the way

27–28 September 2024
InterContinental Hotel
St Julian's, Malta



69. Dr Gwendolyn Patience MENSAH

Senior Lecturer, University of Ghana
gpmensah@ug.edu.gh

Co-authors: Professor Dalena van Rooyen: Deputy Dean, Faculty of Health Sciences, Ocean Science Campus, Nelson Mandela University, South Africa; and Dr Wilma ten Ham-Baloyi: Lecturer and Researcher, Department of Nursing Science, Nelson Mandela University, South Africa

Perspectives of midwives and women in the nursing management of gestational diabetes

Background: Pregnancy is not a disease but a normal physiological process for majority of women. However, some pregnant women develop Gestational Diabetes Mellitus (GDM). GDM is defined as any degree of glucose intolerance that is observed in the beginning of, or first recognised during pregnancy. This qualitative study from Ghana explored and described the experiences of women regarding the nursing management they received after being diagnosed with GDM, as well as the perceptions of midwives on their nursing management of GDM.

Methods: A qualitative approach and an exploratory descriptive design were employed in this study. The study was conducted in Military Health Institutions in Ghana which includes: (1) main hospital and nine (9) satellite clinics known as Medical Reception Stations. Fifteen (15) participants made up of seven (7) women diagnosed with GDM and eight (8) midwives were recruited and face-to-face semi-structured interviews were conducted. The audio recorded data were transcribed, coded and analysed using Tesch's approach to data analysis. Data was collected over a period of six (6) months.

Findings: The majority of participants indicated the need for education on GDM, which both women and nurse- midwives acknowledged was hugely lacking. The participants had a general feeling that the emotional support for women is critical in the nursing management of GDM. Both groups of participants acknowledged the importance of involving women and their significant others in the nursing management of Gestational Diabetes Mellitus. Cultural and socio-economic issues, lack of financial and social grants and limited midwives were identified to affect the nursing management of GDM.

Conclusion: Despite the reported challenges experienced by midwives and women, the midwives aimed to manage GDM as optimally as possible. The challenges identified need to be addressed in order to optimize care in Ghana.



70. Mr Abdrafu Alani ADENIJI

Nigeria
abdrafiuadeniji@yahoo.com

Leadership styles and job satisfaction assessment among nurses in Ogun state Nigeria

Background: The level of job satisfaction among nurse managers is linked with good conditions of service that leads to fulfilment of the organizational goals. Lack of job satisfaction could impact negatively upon leadership features of the nurse managers. This study assessed the leadership styles and job satisfaction among the nurses in Ogun State, Nigeria within January, and August 2021

Methodology: This was a descriptive cross-sectional study that used a multistage sampling technique: 343 respondents were used for the study. Data were collected using self-administered questionnaire and analysed using Statistical Package for Social Sciences version 25. Descriptive data were presented in tables, mean, standard deviation and charts. Inferential data were tested with chi square at a significance level of $P \leq 0.05$.

Result: The findings revealed that 207 (60.3%) respondents were between 41-50 years; 214 (62.4%) respondents were satisfied with their leadership styles as nurse managers with transactional and autocratic leadership styles having (3.00 ± 2.91) and (2.54 ± 0.66) highest and least scores respectively. The educational level showed a significant association with overall job satisfaction with leadership style of the respondents at $(X^2=23.602, P=0.000)$ as $P \leq 0.05$ while age, gender, cadre, years of experience and institution of the respondents showed a non-statistically significant association. The respondent's leadership styles satisfaction stood at $p \geq 0.05$.

Conclusion: Patient's satisfaction is influenced by the quality of care provided by nurses. The nursing managers provide quality care when they are satisfied with their conditions at work including the styles of leadership adopted in their jobs. High job satisfaction leads to low burnout levels among the nurse-managers. The degree of job satisfaction also accounted for higher retention rate among nurses.

Health for All

Nurses and Midwives meeting the challenge – showing the way

27–28 September 2024
InterContinental Hotel
St Julian's, Malta



71. Mrs Josephina ABABIO

Chairperson, Ghana Nurses Association, UK
josephine@trinityhealthcareplus.com

Mrs Ivy JEHU-APPIAH

Education Lead, Ghana Nurses Association, UK
ljehu-appiah@gna-uk.net



Ghana Nurses Association UK: bridging borders, building a healthier future

Purpose/Objective: The Ghana Nurses Association UK (GNA UK) is a charitable organization supporting Ghanaian nurses, midwives, and health visitors in the UK. We strive to enhance professional development, advocate for health equity, and contribute to global health improvements. This presentation showcases GNA UK's initiatives addressing challenges in healthcare access, professional development, and health equity in Ghana.

Methods/Activities/Projects: (a) Continuous Education: Webinars, and workshops bridging the knowledge gap and improving patient care practices; (b) Public Health Awareness: Campaigns raising awareness about chronic diseases like Diabetes in Ghana and the UK; (c) Diaspora Mentorship: Pairing experienced UK-based nurses with Ghanaian colleagues for skills transfer; (d) Scholarship Program: Providing scholarships for the disadvantaged adult aiming to become a nursing or midwifery students in Ghana; and (e) Emergency Response and Support: Mobilizing members to distribute PPE and provide hands-on support during crises like the pandemic and floods.

Outcomes: Hundreds of nurses benefitted from training, enhancing career progression and healthcare delivery; Public health campaigns empowered communities with preventive healthcare knowledge; The scholarship program supports future nurses and midwives in Ghana; and Emergency response efforts provided crucial support during the pandemic and floods.

Conclusions: GNA UK's initiatives contribute to achieving SDG 3 (Good Health and Well-being) and SDG 10 (Reduced Inequalities). Collaborations with Ghanaian and UK nursing associations foster knowledge exchange and culturally competent care. GNA UK strengthens healthcare systems, promotes healthier communities, and empowers nurses to be leaders in their field.

Health for All

Nurses and Midwives meeting the challenge – showing the way

27–28 September 2024
InterContinental Hotel
St Julian's, Malta



72. Mr Rohit SAGOO

Founder, British Sikh Nurses and PhD Researcher University of Bedfordshire
rohitsagoo@gmail.com

Recognising faith-based nursing: bridging the healthcare gaps in communities

Faith-based nursing, established in the United States of America, needs recognition in the UK and Europe. Historically, nursing practice has been intertwined with culturally diverse faiths and values, with Florence Nightingale epitomising this connection through her Christian faith. She regarded nursing as a divine calling, emphasising compassion and service. Faith-based nursing integrates holistic care and addressing patients' spiritual needs. Extending this approach into community nursing enables faith-based institutions to contribute significantly to healthcare. Understanding cultural and spiritual beliefs is crucial for delivering appropriate care, as these beliefs impact various life aspects, including health and illness. Faith-based nursing fosters meaningful relationships between healthcare providers and communities, rooted in faith traditions. It involves interventions at religious institutions, promoting health through social interaction and education. For instance, British Sikh Nurses (BSN) collaborate with the Resuscitation Council UK to provide life support training to Sikh congregations, building trust and disseminating accurate health information. Such initiatives educate communities on medical care and encourage participation in health discussions, integrating spiritual and holistic health into nursing practice. Faith-based nursing extends to health education and screenings at faith institutions and supporting families outside traditional healthcare settings. It helps alleviate family anxiety during stressful situations as nurses build alliances with congregation members. By placing health promotion activities in places of worship, faith-based nurses effectively advocates for routine healthcare initiatives, promoting early detection and prevention. This approach ensures healthcare services within faith communities are accessible, respectful, and sensitive to diverse needs, addressing healthcare disparities and fostering an inclusive, patient-centred care model. BSN exemplifies grassroots innovative nursing by addressing specific community needs, especially within the South Asian community. It involves proactive practice innovation and collaboration with community organisations to influence positive health behaviours. Social media engagement and direct community interaction are vital for overcoming cultural and language barriers, promoting health awareness, and addressing health inequalities. BSN's efforts, such as organ donation discussions, demonstrate the importance of culturally sensitive approaches in healthcare. In conclusion, BSN's grassroots initiatives significantly reduce health disparities and promote community involvement in health decisions.

Health for All

Nurses and Midwives meeting the challenge – showing the way

27–28 September 2024
InterContinental Hotel
St Julian's, Malta



73. Miss Dionne HENRY

Registered Nurse, North Middlesex University Hospital UK
dionnehenry02@gmail.com

Co-author: Dr Judith Lieber, Research Fellow and Research Supervisor

Self-management education in women with GDM: scoping review of the global literature

Background: Self-management education is crucial for the management of diseases and conditions. This approach is no different when it comes to managing gestational diabetes mellitus. There is no recent synthesis of the evidence of self-management education and support for women with Gestational Diabetes Mellitus. Therefore, this synthesis looked at the evidence of self-management education and support being brought to women with GDM globally.

Aim and design: This scoping review aimed to synthesize the literature on self-management education interventions aimed at supporting women with GDM on a global scale.

Data sources and Methods: This scoping review included a comprehensive search of electronic databases such as PubMed, Embase, and CINAHL, Global Health. The search engine Google searched for relevant grey literature. The reference list of relevant studies was also scanned. The data spanned from inception to May 2024.

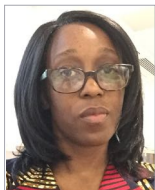
Results: 373 citations were found with 10 studies included in the final paper. The self-management education concentrated on meeting particular targets such as appropriate blood glucose levels, changing an unhealthy diet to a healthier one, exercising and monitoring blood glucose levels, and taking diabetic medications as prescribed. These in return increase better maternal and infant outcomes. This SME included traditional one-on-one counselling with a health care professional, group sessions, educational packages, or through Short Messaging Service/ Phone Applications. Most educational interventions were done in outpatient clinics, required attendance ranging from one attendance to four sessions per month (once every week) and were carried out with a multidisciplinary approach (RN, doctors and nutritionists).

Conclusions: Self-management education is effective in empowering women with GDM to make appropriate modifications to their lifestyle and so improves maternal and infant outcomes. There was a lack of studies/ representation in particular regions such as the Caribbean, South America, and Africa. As there is noticeably an increase in GDM in women in low and middle-income countries, an increase in research in these areas should be encouraged so that appropriate management can begin to reduce adverse outcomes for the mother and child.

Health for All

Nurses and Midwives meeting the challenge
– showing the way

27–28 September 2024
InterContinental Hotel
St Julian's, Malta



74. Ms Thobekile (Kelly) NCUBE

Senior Lecturer, University of East London
k.ncube@uel.ac.uk

Associate Professor Georgina COX

Associate Professor, University of East London
G.Cox3@uel.ac.uk



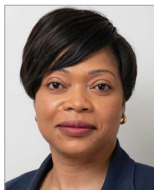
The intricacies and complexities of global volunteering and global civic engagement

Nursing and medical global volunteer work, in any part of the world, can offer humanitarian experiences that can leave a significant impact for communities, the individuals, organisations and governments in any part of the world. However, intricacies and complexities of this civic engagement and civic disobedience need to be discussed for future references for global volunteering, requirements and preparations in any country. As academics we have reflected on our past and present experiences reviewing global volunteering objectives, experiences, and challenges versus the powerful after-effects created. In the current global village, which we inhabit, we must address the intricacies and complexities of global volunteer work with a different lens from our own diasporic heritage. Though global volunteering begins with the greatest of intentions of sharing knowledge and exchanging skills we must address what are the long-term effects both positive and negative. Do volunteers understand the importance of global initiatives in addressing healthcare disparities? Are they cognisant of the required partnerships, networks, government collaborations and that of other local stakeholders in order to facilitate the health and wellbeing of poorer communities. There is a definite requirement for adhering to their guidelines, policies in serving the interest of local people. The need for government checks that are stringent in detailing equipment being used is fit for purpose, that qualifications are verified, and licenses to practice obtained, are imperative. This paper seeks to address the issues in light of past "just helping saviour complexes" going into communities.

Health for All

Nurses and Midwives meeting the challenge – showing the way

27–28 September 2024
InterContinental Hotel
St Julian's, Malta



75. Ms Marsha JONES

Chair, Society of African and Caribbean Midwives; Deputy Chief Nurse, Milton Keynes University Hospital Foundation Trust, UK
marsha.jones@nhs.net; SoACmidwivesUK1@gmail.com

Co-Author: Ms Tanwa Ogbara, Secretary, Society of African and Caribbean Midwives

Migration Matters: getting it right for internationally educated midwives in England

Background: The Nurse Migration Report (2023) highlighted the movement of nurses and other health professionals. This is also of relevance to the England. Moreso noting embarking on the new territory of recruiting International Educated Midwives (IEM's). The quota was to recruit 500 midwives. The Society of African and Caribbean Midwives (SoAC) is a profession specific diaspora organisation that supports, develops and empowers midwives that self-identify as Black. In addition to this, SoAC also works collaboratively in addressing the health inequalities especially the poor outcomes and experiences for Black Mothers and babies in England. This Organisation also focuses on supporting IEM's focusing on their professional transition and cultural adaption through peer support, cultural and professional events to support the offer and lack of support from their employers.

Aim: SoAC aim is support all IEM's with a focus on their professional transition and cultural adaption. In addition to this, enable peer support as well as advocacy. SoAC uses different approaches to identify IEM's to join the dedicated IEM forum.

Methods: A survey was developed and tested prior to wider roll out in response to IEM's highlighting some of the challenges they have been experiencing through safe space sessions that were held. SoAC dedicated IEM forum has just over 50% (251) of the 500 IEM's in England. Ongoing engagement has enabled SoAC to fully understand the diverse needs of the IEM's to enable early escalation to NHS England as well as bespoke support and events to meet their diverse needs. IEMs were asked to share what immediate support they need as well as specific learning needs. The survey remains open for further engagement.

Results: Uptake of 91 respondents to the survey- highlights have been shared verbally with key stakeholders and supported panel discussions. Formal presentations are being planned to further support IEM experiences. In addition, SoAC has been able to design bespoke sessions on topics such as health and well being, finance, changing jobs, clinical skills, dedicated reconciliatory clinical supervision session, managing challenging work environments, socials amongst other events. The findings of this ongoing work highlights the impact of migrating and how IEM's are treated in their host countries and measures that can be taken to address them. There were clear areas for improvement such as 1. Clarity on expectations 2. Support for housing 3. Having a sense of belonging, ability to speak up as increased exposure to incivility in the workplace.

Conclusion: SoAC continues to provide ongoing support by signposting, provision of pastoral support as well as empowerment and advocacy in addressing workplace challenges.

Health for All

Nurses and Midwives meeting the challenge – showing the way

27–28 September 2024
InterContinental Hotel
St Julian's, Malta



76. Ms Elizabeth FORSEY

Healthcare Assistant, King's College Hospital NHS Foundation Trust
elizabeth.forsey@nhs.net

Ms Patricia ANNON

Healthcare Assistant, King's College Hospital NHS Foundation Trust
patricia.annon@nhs.net



Ms Leanne HOLLINGSWORTH

Professional & Clinical Standard Matron, King's College Hospital NHS Foundation Trust
lhollingsworth@nhs.net

Improving Healthcare Assistant new starters induction experience on Health and Ageing Unit wards

Background: An anonymous survey including HCA and Registered Nurses was carried out with a total of 32 respondents. Feedback from the survey showed that HCA's felt they were not supported prior to commencing their role. This project aims to foster a supportive, well-defined induction process to enhance the work environment and integration of a new HCA into the Healthcare system.

Aim: This project focuses on improving the induction process and overall experience for new HCAs on the HAU wards. It began with a preliminary survey assessing current induction practices and staff experiences, highlighting issues, such as, unclear roles and responsibilities, incomplete mandatory training and a lack of support from Registered Nurses (RN) and buddies involved in the induction process.

Method: The fish bone method was employed to provide a visual pathway to brainstorm, and assist to identify possible causes of the problem. The findings were there was no culture of registered nurses/HCA huddles, no focus on emotional support for new HCA, lack of clarity on the roles and responsibilities of every staff involved in supporting/inducting new starters and a lack of buddy structure.

Results: The project identifies areas for improvement, such as increasing the overall induction experience of HCA's, fostering a sense of belonging amongst HCA's and ensuring the completion of mandatory training within a specified timeframe.

Conclusion: The ward has implemented RN's and HCA's huddles, which includes staff meeting before the beginning of the shifts to discuss ways of working together on that day, providing role clarity, celebrating team values, and developing comprehensive training resources. The project's iterative PDSA (Plan-Do-Study-Act) cycles have shown positive results, with improvements in staff satisfaction and induction outcomes.

Health for All

Nurses and Midwives meeting the challenge – showing the way

27–28 September 2024
InterContinental Hotel
St Julian's, Malta



77. Mrs Kelly MITCHELL

Lead Practice Development Matron, Kings College NHS Foundation Trust
Kelly.mitchell2@nhs.net

Ms Felicia KWAKU

Associate Director of Nursing and Senior Head of Nursing for Acute Speciality Medicine, Kings College NHS Foundation Trust
Felicia.kwaku@nhs.net



Co-authors: Mrs Sharon Francis, Practice Development Nurse, Kings College NHS Foundation Trust; Mrs Sreeja Poothamkutti, Practice Development Nurse, Kings College NHS Foundation Trust; Mrs Smitha Mathai, Practice Development Nurse, Kings College NHS Foundation Trust; Mrs Yvonne Lewis, Clinical Practice Facilitator Kings College NHS Foundation Trust; Mrs Ngozi Enwere, Clinical Practice Facilitator Kings College NHS Foundation Trust; Mrs Sam Keresey, Clinical Practice Facilitator Kings College NHS Foundation Trust; Mr Mariel Bautista, Clinical Practice Facilitator Kings College NHS Foundation Trust; Miss Malu Alferez, Clinical Practice Facilitator Kings College NHS Foundation Trust; and Mr Jeremy Arbis, Lead Neurology Practice Development Matron, Kings College NHS Foundation Trust

Improving the transition of internationally educated nurses with a comprehensive adaptation programme

Background: Since June 2019, England has recruited over 62,000 Internationally educated nurses (CNO NHS England, 2024). Yet we remain challenged in recruiting and retaining our internationally educated nurses.

Aim: To provide supportive and pastoral adaptation by implementing an induction programme which aids internationally educated nurses to transition to UK practice, and new clinical environments safely from the point of the recruitment stage through to working on to the ward.

Method: Through a mixed-method participatory study, we understood the level of support our internationally educated nurses required to transition smoothly into the National Health Service (NHS). Through this feedback, we devised a robust induction adaptation programme. The study consisted of 65 internationally educated nurses across 13 departments within one acute hospital trust.

Results: The programme ran from May 2023 through to December 2023 which was well received and internationally educated nurses felt better prepared for their role. The trust adopted this program and was subsequently rolled out across the organisation of which has approximately 7000 nurses. However, further study is required relating to transition, adaptation and integration into the social and economic environments of the destination country.

Conclusion: As a result, this multifaceted approach meant that the feedback from the nurses was overall positive, allowing them to not only feel prepared for their role as a nurse within the UK, but also built relationships and trust with existing staff within the organisation to enable them to feel supported and included. This in turn supported the attrition rates within our care group and we saw a reduction in staff turnover, resulting in a below 11% turnover consistently maintained since the programme started. Resulting in Year End Vacancy Rate was 1.97%.

Health for All

Nurses and Midwives meeting the challenge – showing the way

27–28 September 2024
InterContinental Hotel
St Julian's, Malta



78. Mrs Nafiza ANWAR

Director, Association of South Asian Midwives UK
nafizaanwar09@gmail.com

Mrs Sundas KHALID

Director, Association of South Asian Midwives UK
sundas.k1@outlook.com

Mrs Benash NAZMEEN

Director, Association of South Asian Midwives UK
b.nazmeen2@bradford.ac.uk



Transforming maternity care: the role of the Association of South Asian Midwives in supporting South Asian women and midwives in the UK

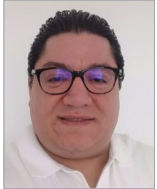
The Association of South Asian Midwives (ASAM) aims to improve maternity care for South Asian women in the UK, who often face higher maternal mortality and morbidity rates, limited culturally sensitive care, and communication barriers. ASAM addresses these disparities by promoting culturally competent care, advocating for policy changes, and supporting both midwives and the women they serve. ASAM also influences national health policies by participating in policy discussions and collaborating with health organisations to ensure the needs of South Asian women are met. Their advocacy has led them to being at the table and voicing what inclusive policies within the NHS should look like, aimed at reducing health inequalities and improving care quality for minority groups. Despite a growing South Asian population, the number of South Asian midwives remains disproportionately low due to cultural barriers, lack of awareness about the midwifery profession, and educational and professional hurdles. Increasing the number of South Asian midwives is crucial as they bring a deep understanding of cultural nuances, improving patient satisfaction and outcomes. It is important that with the limited number of South Asian midwives that we have in the workforce at present, we focus on retaining our midwives through a supportive network and career development processes which ASAM is actively doing. ASAM has opened membership to the organisations for midwives, student midwives and prospective candidates for midwifery. ASAM have one to one support sessions in place that is on offer to all midwives and student midwives. There is also provision of coaching and mentoring, well-being sessions, and leading on QI projects. Another mechanism in place is to support midwives facing difficulties in the workplace where ASAM will provide the necessary support and guidance and signposting on the issues at hand. ASAM has developed a programme for Internationally educated midwives, which considers the specific needs that they require when adjusting and transitioning to the UK and NHS. The programme provides coaching and mentorships and welcomes the newly recruited midwives into the ASAM family so that they feel welcomed and have a point of contact to engage with. In conclusion, ASAM is paving the way for a safer and more equitable world for South Asian women in the UK. By addressing maternity care inequalities through education, advocacy, and community support, ASAM enhances individual health outcomes and fosters a more inclusive healthcare system. Their holistic approach and commitment are crucial in bridging maternity care disparities and establishing a benchmark for culturally competent care across the UK.



Health for All

Nurses and Midwives meeting the challenge – showing the way

27–28 September 2024
InterContinental Hotel
St Julian's, Malta



79. Dr Khaldoun ALDIABAT

Associate Professor and Assistant Dean for Research and Scholarship, Cape Breton University School of Nursing, Canada
khaldoun_aldiabat@cbu.ca

Co-authors: Dr Mohamad Musa, Assistant Professor, Department of Social Work, Cape Breton University, Canada; Mr Steve Iduye, Assistant Professor, School of Nursing, Cape Breton University, Canada; and Dr Kimberley Lamarche, Professor and Dean, School of Nursing, Cape Breton University Canada

Minority nursing faculty members in nursing education leadership positions: insights from personal and leader's perspectives

Minority nursing faculty members are underrepresented in leadership roles within Canadian nursing education institutions. Despite being an integral part of Canadian nursing education, there is limited knowledge about their perceptions and experiences when assuming leadership positions. This oral presentation aims to discuss an autoethnography reflective experience and delve into the perspectives and experiences of two minority nursing faculty members at the School of Nursing at Cape Breton University who hold leadership positions in nursing education. Additionally, it will explore the perceptions and experiences of the School of Nursing Dean in selecting and supporting these faculty members to thrive in their leadership roles. From the viewpoints of all involved parties, this presentation will encompass the significance and opportunities associated with involving minority nursing faculty in leadership positions. It will provide indicators and actual examples of success in nursing education leadership roles, impacts of diversity in leadership positions on nursing education, research, and scholarship, shedding light on the challenges and obstacles faced by the faculty members and the Dean and their strategies for overcoming these hurdles. This presentation will discuss many applications to nursing education. For example, nursing institutions should recognize and capitalize on the diverse perspectives and experiences brought by minority faculty members in leadership positions to enrich curriculum development, research agendas, and scholarly contributions. Moreover, strategies for overcoming challenges that minority faculty members face in leadership positions can inform policies, practices, and initiatives to create an inclusive and equitable environment for leadership development in nursing institutions. The presentation will also include recommendations and a comprehensive conclusion.



80. Professor Roberta SAMMUT

Associate Professor, University of Malta
roberta.sammuto@um.edu.mt

Co-author: Mr Joseph Grech, Doctoral Student, Department of Nursing, Faculty of Health Sciences, University of Malta; and the DiasmokeFree Working Group – <https://diasmoke.coehar.org/>

Behavioural therapy for persons with diabetes who smoke: a scoping review

Background: Tobacco smoking exacerbates diabetes-related complications; its prevalence is notwithstanding substantial. Persons with diabetes face a number of barriers and challenges to quitting such as multiple lifestyle restrictions; tailored interventions are required for smoking cessation.

Objective: To identify research on behavioural interventions for smoking cessation in diabetes.

Methods: Studies had to be randomized controlled trials, quasi-experimental or systematic reviews. The behavioural interventions included were: the 5As, Cognitive-Behavioral Therapy, Motivational Interviewing, Contingency Management, Health Coaching and Counselling as compared to standard care. The outcomes were self-reported and/or biochemically verified smoking cessation. CINAHL Complete, MEDLINE Complete, the Cochrane databases of systematic reviews and randomized controlled trials, PsychInfo and PubMed Central were searched until July, 2023. Keywords used included diabetes, smoking cessation and each of the behavioural interventions included.

Results: 1615 papers were identified. Three studies on the 5As/brief advice, four on Motivational Intervention and one on counselling were retained. The results on the 5As and Motivational Interviewing were conflicting. More intensive interventions appear to be more successful in achieving smoking cessation in smokers with diabetes.

Conclusions: Future research should focus on the continued development and evaluation of structured smoking cessation interventions based on the 5As, Motivational interviewing and Cognitive Behavioural Therapy.



81. Mrs Judith Naa Klorkor ASIAMAH

Director of Nursing and Midwifery Service, University of Ghana Medical Centre
naaklorkort@yahoo.com; jasiamah@ugmc.ug.edu.gh

Mrs Yvonne AGYARE

yagyare@ugmc.ug.edu.gh

Co-author: Professor George Kyei, Director, Medical and Scientific Research Centre, University of Ghana Medical Centre

Non-adherence to the surgical safety- checklist of theatre staffs in university of Ghana medical centre

This study explored the Surgical Safety Checklist (SSC) implementation and perceptions among surgical providers at the University of Ghana Medical Centre (UGMC). Using a qualitative approach, the research assessed the level of compliance with the SSC, identified barriers and facilitators to its effective implementation, and evaluated its perceived impact on patient safety and surgical outcomes. Semi-structured interviews were conducted with 12 healthcare professionals, including surgeons, anaesthesiologists, and nurses, from UGMC's main theatre. Findings revealed generally high compliance with the SSC, though inconsistencies were noted, particularly in cases involving local anaesthesia. Key barriers to implementation included resistance from some healthcare professionals, time pressures, and resource constraints. Facilitators included cooperation among team members, comprehensive training, and the availability of the checklist. The SSC was perceived to significantly enhance patient safety by reducing errors, improving communication, and ensuring critical safety steps were followed. The study highlights the need for ongoing efforts to promote consistent use of the SSC, including comprehensive training, adequate staffing, and improved checklist accessibility. These findings can inform strategies to enhance surgical safety practices in similar healthcare settings.

Health for All

Nurses and Midwives meeting the challenge – showing the way

27–28 September 2024
InterContinental Hotel
St Julian's, Malta



82. Mrs Makhotso Merriam RALEHIKE

Lecturer, University of the Free State, South Africa
makhotsoralehike@icloud.com

Overcoming challenges: nurse practitioners in a clinic with no water access

The lack of basic water resource in healthcare facilities, especially rural clinics in South Africa, presents a moral dilemma for Nursing Practitioners when it comes to decision-making in practice. This issue is not exclusive to rural areas and the researcher felt it was important to explore the ethical dilemmas faced by nurses in providing quality care and ensuring patient safety. The absence of running water in clinical facilities undermines the dignity of nursing practitioners and hinders their ability to provide quality care. Normative research design was used to examine legal and ethical literature related to study. Highlighting the need for the South African Nursing regulatory body to update their code of ethics to address the challenges faced in rural clinics. By applying moral theories and ethical principles, the study advocates for creating a safe and healthy working environment for nurses to improve patient safety. The current guidelines, policies, and frameworks in place do not effectively address these issues, necessitating potential legal revisions for developing a new ethical and legal framework. The study recommends providing nursing practitioners with specific guidance on ethical decision-making to navigate challenging situations while upholding patient care and well-being. Implementing these recommendations will enhance clinical practice and decision-making in nursing, particularly in addressing ethical dilemmas in clinical settings.



83. Ms Dorcas GWATA

Clinical Nurse Specialist, Central North West London, NHS Trust, UK
dgwata@googlemail.com; dorcas.gwata@nhs.net

Working with young girls exposed to violence and gang culture: an innovative mental health approach

Youth violence, knife crime, gang culture and mental health is a persistent issue in the UK (UK). Young girls involved in gang life often remain invisible, overlooked, and misunderstood, yet they come into contact with health care systems often presenting with complex needs. Young girls are often coming from complex and damaged backgrounds, facing unique experiences and challenges. This presentation explores the drivers behind their exploitation and vulnerability, examining social and economic factors, family dynamics, and their search for belonging and identity. We explore this through qualitative methods, presenting case studies and sharing data from a nurse led social science based study. We explore the physical and emotional dangers associated with gang life, including exploitation, violence, and trauma and innovative methods available to nurses to use to access this complex and often excluded group of patients. We also emphasize the resilience and strength exhibited by these girls, who often show incredible adaptability, resourcefulness, and determination. We highlight innovative strategies for supporting their empowerment and exit from gang life, such as gender-sensitive programs, mentorship initiatives, and community-based services. By focusing on the voices and experiences of girls in gangs, this presentation aims to raise awareness, challenge stereotypes, and inspire action to support these young women. Objectively this presentation seek to enlighten and empower nurses and shed light group whilst advocating for safer, more equitable communities for everyone.

Health for All

Nurses and Midwives meeting the challenge – showing the way

27–28 September 2024
InterContinental Hotel
St Julian's, Malta



84. Ms Christine HANCOCK

Founder and Director, C3 Collaborating for Health

Ms Jill ILIFFE

Executive Secretary, Commonwealth Nurses and Midwives Federation
jill@commonwealthnurses.org

Mr Craig FITZPATRICK

Director, World Continuing Education Alliance



The Oral Health Project

In 2022, member states of the World Health Organisation (WHO) endorsed a vision for 'Universal Health Coverage for oral health for all individuals and communities by 2030'. The Global Oral Health Status Report, released by the WHO in 2022, demonstrated that oral diseases have remained the most dominant conditions globally since 1990, regardless of a country's income level. The WHO has established a program focusing on oral health and its strong link to other NCDs such as diabetes, heart disease, respiratory disease, cerebrovascular disease, and mental health. The WHO have recommended that countries:

- Develop a National Oral Health Action Plan and monitoring framework;
- Consider oral health alongside other NCDs,
- Include oral health in universal health coverage initiatives, and
- Include oral health in essential health care service packages.



None of these actions at a country level can be achieved without the input of nurses and midwives. Nurses and midwives are in a unique position to raise awareness about the importance of oral health, provide oral health education to individuals, families and communities, and incorporate oral health assessment into routine care. Oral diseases are largely preventable or require only simple interventions if diagnosed and addressed at early stages. Every nurse or midwife clinician has the opportunity when interacting with clients and patients to reinforce effective oral health self-care practices or support or provide appropriate oral health care. This presentation will discuss the evidence that links oral health with other NCDs and suggest practical strategies for the contribution that nurses and midwives can make to improve the oral health of children, adults, and communities.