



# RESEARCH EXPO

## 2018 Proceedings

School of Nursing &  
Human Sciences

**Expo Organisers: Dr. Mary Rose Sweeney and Prof. Teresa Burke**

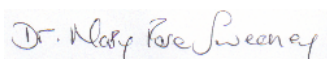
**Welcome:**

It gives us great pleasure to welcome you to the School of Nursing and Human Sciences Research Expo 2018.

This year, we have over 60 research papers (orals and poster presentations) submitted from our academic and research staff, graduate students and summer interns, showcasing a wide variety of research areas, research themes and methodological approaches.

The Expo is a wonderful opportunity to share our research with colleagues and students in DCU, as well as with our Clinical Partners and those outside DCU.

We would also like to extend our thanks to Ms. Siobhan Doherty and all the members of the School Research Committee for their support in making this Research Expo possible.



Dr. Mary Rose Sweeney  
Research Convenor,  
Research Expo Co-Organiser



Prof. Teresa Burke  
Research Expo Co-Organiser

## Programme Overview

School of Nursing and Human Sciences Research Expo

Wednesday 5<sup>th</sup> December 2018 Room HG10

<b>Opening Comments - Dr. Liam MacGabhann Head of School</b>	<b>10.00 – 10.05</b>
<b>Open Expo – Prof. Christine Loscher, Associate Dean for Research, FSH</b>	<b>10.05 – 10.10</b>

### Session 1: Oral Presentations: Chair: Dr. Mary Rose Sweeney

O-01: Prof. Anne Matthews	<i>Connecting Practice, Education and Research</i>	10.10 - 10.20
O-02: Prof. Teresa Burke	<i>New Directions in Memory Assessment</i>	10.20 -10.30
O-03: Prof. Anthony Staines	<i>Data and Health</i>	10.30 -10.40
O-04: Prof. Pamela Gallagher	<i>Living Well With Illness, Disability and Technology?</i>	10.40 - 10.50
O-05: Dr. Liam Mac Gabhann	<i>Transforming Dialogues in Mental Health Communities</i>	10.50 - 11.00
	<i>Questions to Panel</i>	11.00 – 11.15

<b>Coffee break</b>	<b>11.15 – 11.30</b>
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### Session 2: Oral Presentations: Chair Prof. Teresa Burke

O-06: Dr. Veronica Lambert/ Dr Lucy Whiston	<i>Public and Patient Involvement (PPI) in Health &amp; Social Care Research: DCU's PPI Ignite Project</i>	11.30 – 11.40
O-07: Dr. Gerry Moore	<i>Come out from behind the couch</i>	11.40 – 11.50
O-08: Dr. Mary Rose Sweeney	<i>A Taste of Health Systems/Public Health Research</i>	11.50 – 12.00
O-09: Dr. Donal O'Mathuna	<i>Conducting health research in disaster and conflict settings: The ethical issues.</i>	12.00 – 12.10
	<i>Questions to Panel</i>	12.10 – 12.25

<b>Lunch &amp; Session 3 - Poster viewings – and judging of best poster</b>	<b>12.25 -13.30</b>
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**Session 4: Oral Presentations**

**Chair: Dr. Lucy Whiston**

O-10: Aisling McMahon, Shannon Gray & Rachael McDonnell Murray	<i>What happens in post-qualification supervisory practice? A longitudinal observational study of supervisory dyads</i>	13.30 - 13.40
O-11: Deirdre Corby and Carmel Andersen	<i>DCU Ability.</i>	13.40 - 13.50
O-12: Emma O'Shea et al.	<i>'Respite' in dementia: An evolutionary concept analysis</i>	13.50 - 14.00
O-13: Andrew Boilson et al.	<i>Evaluation of a European Data Analytic Platform to Provide Enhanced Big Data Utilization in Healthcare.</i>	14.00 – 14.10
O-14: Clare Bohan et al.	<i>The Caught Being Good Game; An investigation into a positive behaviour game in an at-risk second-level population</i>	14.10 - 14.20
O-15: Joanne Carroll & Louise Hopper	<i>CAPTAIN: Coach Assistant via Projected and Tangible Interface – An Overview</i>	14.20 - 14.30
O-16: Josephine Gillmartin et al.	<i>An exploration of the levels of sexual desire and the factors affecting it in young heterosexual couples in Ireland.</i>	14.30 - 14.40
O-17: Daniel Butler & Mary farrelly	Literature review on the effects of participation in Hearing Voices groups.	14.40 - 14.50
O-18: Ms. Kelly Hayes et al.	<i>Oral Probiotics in Pregnancy to Reduce Group B Streptococcus Colonization (the OPSiP study)</i>	14.50 – 15.00
<i>Questions to Panel</i>		15.00 – 15.10

**Coffee break (judging panels deliberation)**

**15.10 – 15.30**

**Session 5: Presentation of Awards Presented by: Dr. Mary Rose Sweeney**

15.30 – 15.35

Session 3 - Poster Presentations and Session 4 - Oral Communications

**Closing Comments - Dr. Liam MacGabhann**

15.35 – 15.40

**Professor Kate Irving's Inaugural Lecture**

**16.00 - 18.00**

*"Care in the age of metrics"*

## ***Inaugural Lecture & Reception – HG20 - 4-6pm***



### **Professor Kate Irving**

Professor of Clinical Nursing

Kate Irving is a Professor of Clinical Nursing in Dublin City University and Community Health Organisation 9. Kate has a role in relation to developing the research capacity of Nurses in CHO 9 and works in close contact with the Nursing and Midwifery Planning and Development Unit in Dublin North. As such, she has a unique reach into nursing and practice development issues. She coordinated the FP7 funded In-MINDD study on dementia deterrence and lead a National Dementia Education Programme 'The Dementia Skills Elevator'. She joined DCU in 2007 and holds a PhD from Curtin University of Technology Western Australia entitled Case studies in the use of physical and chemical restraints: A Foucauldian discourse analysis.

### **Inaugural Lecture: Care in the time of metrics**

The Inaugural Lecture is entitled 'Care in the time of metrics'. Kate will use the opportunity to lay out her plans to develop research among nurses in CHO9 and her underlying principles for this development. Her talk will problematise the place of care in the current system and address some counterbalance to the contemporary challenges of the implementation of Sláinte care.

**Session 3 - Poster Schedule (see Abstracts pages 17 to 39)**

**P-01** Robert Egan, Dr. Mark Philbin

School of Nursing and Human Sciences, DCU.

*Precarious Entitlement & Utility Cycling in Dublin: A Grounded Theory Study*

**P-02** Manuela Ascari, Dr Mary Farrelly and Dr Liam Mac Gabhann

School of Nursing and Human Sciences, DCU.

*An exploration of the utilisation of online mental health self-help programmes and associated technology by people with mental health problems in their everyday lives: A mixed-methods study.*

**P-03** Debbie O'Reilly<sup>1,2</sup>, Patricia Johnson<sup>1</sup>, Tim Downing<sup>3</sup>, Paul Buchanan<sup>1,2</sup>

<sup>1</sup>School of Nursing and Human Sciences, <sup>2</sup>National Institute of Cellular Biotechnology <sup>3</sup>School of Biotechnology, Dublin City University, Glasnevin, Ireland

*The Upregulation of CaV1.3 in Castrate Resistant Prostate Cancer (CRPC) Drives Hypoxic Signalling & Stem Cell Characteristics*

**P-04** Slattery, B.<sup>1,2</sup>, O'Connor, L.<sup>2</sup>, Haugh, S.<sup>2</sup>, McGuire, B.<sup>2</sup>.

<sup>1</sup>Dublin City University, <sup>2</sup>National University of Ireland Galway

*The ACTION randomised-control-trial: An online Acceptance-and-Commitment Therapy intervention for people with chronic pain and multimorbidity.*

**P-05** Paula Maguire<sup>1</sup>, Sinead Loughran<sup>2</sup>, Ruth Harvey<sup>3</sup>, Patricia Johnson<sup>1</sup>

<sup>1</sup>Viral Immunology Laboratory, School of Nursing and Human Sciences, Dublin City University, Dublin, Ireland. <sup>2</sup>Department of Applied Science, Dundalk Institute of Technology, Co. Louth, Ireland. <sup>3</sup>National Institute for Biological Standards and Controls, Potters Bar, Herts, EN6 3QG, UK.

*Influenza and Secondary Bacterial Infections: How to Tackle Antimicrobial Resistance?*

**P-06** Karen Ward, Dr Liam MacGabhann and Dr Ger Moane

<sup>1</sup>School of Nursing and Human Sciences, DCU, Dublin <sup>2</sup>School of psychology, UCD.

*investigating how the meanings of spirituality develop among accredited counsellors when practicing a new shamanic energy therapy technique.*

- P-07** Sara McQuinn<sup>1</sup>, Dr. Sarahjane Belton<sup>2</sup>, Prof. Anthony Staines<sup>1</sup> and Dr. Mary Rose Sweeney<sup>1</sup>  
<sup>1</sup>School of Nursing and Human Sciences, Dublin City University; <sup>2</sup>School of Health and Human Performance, Dublin City University  
*The Girls Active Project (GAP): Research Proposal*
- P-08** Dr. Carol Barron, Ms Lauren McCauley and Ms Sarah O' Neill  
School of Nursing and Human Sciences. Dublin City University  
*A National Review of Public Play and Recreational Resources in Ireland*
- P-09** Dunne S<sup>1</sup>, Coffey L<sup>2</sup>, Sharp L<sup>3</sup>, Desmond D<sup>2</sup>, Gooberman-Hill R<sup>4</sup>, O'Sullivan E<sup>5</sup>, Timmons A<sup>6</sup>, Keogh I<sup>7</sup>, Timon C<sup>8</sup>, Gallagher P<sup>1</sup>.  
<sup>1</sup>School of Nursing and Human Sciences, Dublin City University, Ireland; <sup>2</sup>Department of Psychology, National University of Ireland Maynooth, Co. Kildare, Ireland, <sup>3</sup>Newcastle University, England; <sup>4</sup>University of Bristol, Bristol, United Kingdom; <sup>5</sup>Cork Dental School and Hospital, Ireland; <sup>6</sup>National Cancer Registry Ireland, Cork, Ireland; <sup>7</sup>University Hospital Galway, Ireland; <sup>8</sup>St. James's Hospital, Dublin, Ireland  
*Making sense of existential concerns arising from head and neck cancer: a qualitative study*
- P-10** Dunne S<sup>1</sup>, MacGabhann L<sup>1</sup>, McGowan P<sup>2</sup>, Amering M<sup>3</sup>.  
<sup>1</sup>School of Nursing and Human Sciences, Dublin City University, Ireland; <sup>2</sup>Expert by Experience, Mental Health Consultant, Ireland, <sup>3</sup> Department of Psychiatry and Psychotherapy, Medical University of Vienna, Vienna, Austria.  
*"Making people aware and taking the stigma way": Alleviating stigma and discrimination through Trialogue*
- P-11** Siobhán Woods, Dr. Simon Dunne, Dr. Siobhain McArdle & Prof. Pamela Gallagher  
DCU School of Nursing and Human Sciences  
*Committed to Burnout: An investigation into the relationship between sport commitment and athlete burnout in men and women playing Gaelic games*
- P-12** Evelyn Gordon & Rosaleen McElvaney  
DCU School of Nursing and Human Sciences  
*Understanding and Supporting Women Bereaved by the Suicide of a Male Relative*

**P-13** Mr Joseph Bonham<sup>1</sup> (Registered Advanced Nurse Practitioner), Dr Therese Leufer<sup>2</sup> (Assistant Professor of Nursing), Mr Patrick Doyle<sup>3</sup> (Senior Technical Officer).

<sup>1</sup>Emergency Department, Beaumont Hospital, Dublin 9; <sup>2&3</sup>School of Nursing & Human Sciences, Dublin City University Dublin 9.

*Supporting healthcare practitioners for advanced practice in minor surgical skills – a pilot initiative.*

**P-14** Sabina Stan<sup>1</sup> and Roland Erne<sup>2</sup>

<sup>1</sup>School of Nursing and Human Sciences, DCU <sup>2</sup>UCD

*East European migrants' access to health services in the uneven European healthcare space*

**P-15** Grove, H<sup>1</sup>, Rigby J<sup>1</sup>, Murphy C<sup>2</sup>

<sup>1</sup>Department of Geography, Maynooth University; <sup>2</sup>School of Nursing and Human Sciences, Dublin City University.

*Exploring the supportiveness of older adults' local environments in Greater Dublin*

**P-16** Ella Tuohy<sup>1</sup>, Pamela Gallagher<sup>1</sup>, Caroline Rawdon<sup>1</sup>, Nuala Murphy<sup>2,3</sup>, Michele Glacken<sup>4</sup>, Veronica Swallow<sup>5</sup> & Veronica Lambert<sup>1</sup>

<sup>1</sup>School of Nursing and Human Sciences, Dublin City University, Dublin, Ireland; <sup>2</sup>Temple Street Children's University Hospital, Dublin, Ireland; <sup>3</sup>Mater Misericordiae University Hospital, Dublin, Ireland; <sup>4</sup>St Angela's College, Sligo, Ireland; <sup>5</sup>University of Leeds, UK

*Adolescent Perspectives on Talking to Parents about Type 1 Diabetes Self-Management*

**P-17** Caroline Rawdon<sup>1</sup>, Pamela Gallagher<sup>1</sup>, Michele Glacken<sup>2</sup>, Nuala Murphy<sup>3,4</sup>, Veronica Swallow<sup>5</sup>, Veronica Lambert<sup>1</sup>

<sup>1</sup>School of Nursing and Human Sciences, Dublin City University, Ireland <sup>2</sup> St Angela's College, Sligo, Ireland <sup>3</sup> Temple Street Children's University Hospital, Dublin, Ireland <sup>4</sup>Mater Misericordiae University Hospital, Dublin, Ireland <sup>5</sup>University of Leeds, Leeds, United Kingdom

*The Impact of Adolescents' Type 1 Diabetes Self-management on Parent Well-being*

**P-18** Aoife McNicholl<sup>a</sup>, Hannah Casey<sup>b</sup>, Pamela Gallagher<sup>a</sup>, Deirdre Desmond<sup>b</sup>

<sup>a</sup>School of Nursing and Human Sciences, Dublin City University; <sup>b</sup>Department of Psychology and Assisting Living and Learning Institute, Maynooth University

*The impact of assistive technology use for students with disabilities in higher education: a systematic review*

**P-19** Dr Denise Proudfoot



School of Nursing and Human Sciences, DCU.

*Narratives of Irish based, Black African mothers living with HIV.*

**P-20** Hussey P on behalf of the CeIC team

DCU School of Nursing and Human Sciences

*Centre for eIntegrated Care*

**P-21** David P. McGovern<sup>1</sup>, Aoife Hayes<sup>2</sup>, Simon P. Kelly<sup>2</sup> & Redmond G. O'Connell<sup>2</sup>

<sup>1</sup> School of Nursing and Human Science, Dublin City University; <sup>2</sup>Trinity College Institute of Neuroscience and School of Psychology, Trinity College Dublin; <sup>3</sup>School of Electrical and Electronic Engineering, University College Dublin

*The impact of natural aging on behavioural and electrophysiological indices of decision making*

**P-22** Orla Mooney, Aoife McNicholl, Veronica Lambert, Pamela Gallagher

School of Nursing and Human Science, Dublin City University

*Self-management experiences, attitudes and perspectives of CYP living with epilepsy.*

**P-23** Rachel Eustace<sup>1</sup>, Dr Mary Rose Sweeney<sup>2</sup>

<sup>1</sup>HSE Dublin North; <sup>2</sup>School of Nursing and Human Sciences, DCU

*Development of a programme to support student nurses to maintain a healthy weight*

**P-24** Martha Griffin, Liam Mac Gabhann, Siobhan Russell

School of Nursing & Human Sciences, DCU.

*The COMMUNE Project (Coproduced Mental Health Nursing)*

**P-25** Therese Leufer and Catriona Murphy

School of Nursing and Human Sciences, Dublin City University.

*Application of an Implementation Science Framework to support evidence based practice*

- P-26** Joana Augusto<sup>1,4</sup>; Carina Fernandes<sup>1,2</sup>; Richard AP Roche<sup>3</sup>; Fernando Barbosa<sup>2</sup>; Styliani Vlachou<sup>4</sup>; José Paulo Marques dos Santos<sup>1,5</sup>
- <sup>1</sup>Experimental Biology Unit, Faculty of Medicine, University of Porto, Portugal; <sup>2</sup>Laboratory of Neuropsychophysiology, Faculty of Psychology and Education Sciences, University of Porto, Portugal; <sup>3</sup>Department of Psychology, Maynooth University, Maynooth, Co Kildare, Ireland; <sup>4</sup>Behavioural Neuroscience Laboratory, School of Nursing and Human Sciences, Faculty of Science and Health, Dublin City University, Dublin, Ireland; <sup>5</sup>Department of Business Sciences, University Institute of Maia, Portugal
- Cultural-related differences in the neural correlates of feedback processing during a luck-based game*
- 
- P-27** Conor Mahon, Gemma Kiernan and Pamela Gallagher
- School of Nursing and Human Sciences, DCU
- Sexual orientation, gender identity and social anxiety levels*
- 
- P-28** Eoghan Scott, Anne Matthews, Simon Dunne, Malcolm Brady
- School of Nursing and Human Sciences, DCU, Dublin
- Evaluating a Community Alcohol Treatment Program*
- 
- P-29** Cassidy, Tanya, Mahon, Bernard, Dykes, Fiona.
- School of Nursing and Human Sciences, DCU, Dublin; Maynooth University; University of Central Lancashire.
- Banking on Milk: Trust, translation, technology and transition.*
- 
- P-30** Louise Hopper
- School of Nursing and Human Sciences, Dublin City University
- Developing a model for a national dementia registry in Ireland*
- 
- P-31** Sophia Kilcullen, Kate Irving and Teresa Burke
- School of Nursing and Human Sciences, Dublin City University.
- An Investigation of Relationships between Self-reported Prospective and Retrospective Memory Failures and Performance on Objective Cognitive Tests in an Irish Primary Care Context.*

- P-32** John Kelly, Martha Griffin, Liam MacGabhann & Mary Farrelly  
School of Nursing and Human Sciences, Dublin City University.  
*The Dublin, North, North East Recovery College, two years on: Reflecting on our alternative community based approaches to providing emancipatory mental health recovery education.*
- P-33** Dr Gerard Moore, Dr Rita Glover, Dr Catherine McGonagle, Clodagh O Sullivan & Daniel Phelan  
School of Nursing and Human Sciences, DCU.  
*Key factors in forming Social Bonds in a Community Addiction Service*
- P-34** Laura McGrady<sup>1</sup>, Lorraine Boran<sup>1</sup> and Richard Roche<sup>2</sup>  
<sup>1</sup>School of Nursing and Human Sciences, DCU; <sup>2</sup>Department of Psychology, Maynooth University.  
*An investigation into the cognitive correlates of concealed information.*
- P-35** Jennifer Okeke, Mel Duffy and Rosaleen McElvaney  
School of Nursing and Human Sciences, Dublin City University.  
*Experiences of Sex Trafficking among Migrant Women in Ireland*
- P-36** Dr Maria Pierce (Faculty of Science & Health), Sophia Kilcullen and Dr Mel Duffy  
School of Nursing and Human Sciences, Dublin City University.  
*The Placement of Younger People with Disabilities in Nursing Homes: An Analysis of Assessment Forms Accompanying NHSS Applications*
- P-37** Mary Rose Sweeney<sup>1</sup>, Teresa Burke<sup>1</sup>, Katie Quinn<sup>2</sup>, Adam Harris<sup>2</sup>.  
School of Nursing and Human Sciences<sup>1</sup>, Dublin City University, AslAm<sup>2</sup>.  
*Developing an Autism Friendly University at Dublin City University.*
- P-38** Orflaith O Reilly  
School of Nursing and Human Sciences<sup>1</sup>, Dublin City University  
*Assessing matters within undergraduate nursing education; a phenomenographic informed study*

- P-39** Dr Evelyn Gordon, Dr Briega Casey  
School of Nursing and Human Sciences, Dublin City University  
*Suicide in the Workplace: Impact, Experiences and Responses of Colleagues*
- P-40** Dr. Briega Casey, Dr Mary Farrelly & Dr Denise Proudfoot  
School of Nursing and Human Sciences, DCU.  
*Supporting health promotion practice among homeless sector workers in Ireland.*
- P-41:** Dr Briega Casey  
School of Nursing and Human Sciences, DCU.  
*"I've spent my time well today:" Effects of community choir participation among people with dementia and carers – a mixed methods study*
- P-42** Elizabeth Egan and Mary Rose Sweeney  
School of Nursing and Human Sciences, DCU.  
*Voluntary folic acid levels in food staples in Ireland continue to decline: further implications for passive folic acid intakes?*
- P-43** Erica Fagan, Andrew Boilson, Mary Rose Sweeney, Anthony Staines  
School of Nursing and Human Sciences<sup>1</sup>, Dublin City University, Glasnevin, D9  
*Peri-conceptual folic acid supplementation and the Social and Communication Questionnaire (SCQ) score in primary school children – a cross-sectional study.*
- P-44** Liz Mc Loughlin<sup>1</sup> & Yvonne Mc Loughlin<sup>2</sup>  
<sup>1</sup>School of Nursing and Human Sciences Dublin City University; <sup>2</sup>DCU Career Services  
*PG Tips: Preparing Psychology Undergraduate Students For Working in Psychology*
- P-45:** Patrick Boylan and Grainne H. Kirwan  
<sup>1</sup>School of Nursing and Human Sciences, Dublin City University, Ireland; <sup>2</sup>Department of Technology and Psychology, Institute of Art, Design and Technology.  
*Can the use of Active Distraction reduce the experience of the experimentally induced physical discomfort within a healthy adult population.*

**P-46:** Dr. Daniela Lehwaldt<sup>1</sup>, Ms Susan Hourican<sup>1</sup>, Ms. Bridget Lyons<sup>2</sup>, Prof. Anne Scott<sup>3</sup>, Ms. Eimear Burke<sup>3</sup>, Ms. Linda Ní Chianáin<sup>3</sup>, Dr. Pauline Meskell<sup>4</sup>, Mr. Brendan Noonan<sup>5</sup> and Prof. Helena Leino-Kilpi<sup>6</sup>.

<sup>1</sup>Dublin City University, <sup>2</sup>Beaumont Hospital, <sup>3</sup>NUI Galway, <sup>4</sup>University of Limerick, <sup>5</sup>University College Cork, <sup>6</sup>University of Turku.

*Professional Competence in Nursing (PROCOMP Nurse)*

**P47:** Daniela Lehwaldt<sup>1</sup>, Susan Hourican<sup>1</sup>, Mary Kelly<sup>1</sup>, Mark Glynn<sup>2</sup>, Patrick Doyle<sup>1</sup>.

<sup>1</sup>School of Nursing and Human Sciences, DCU; <sup>2</sup>Teaching Enhancement Unit, DCU.

*eCoNNECT: 'enhanced Communication iN Nursing through Exchange of Clinical Teaching experiences'*

**Session 1 & Session 2: Abstracts Oral Presentations**

**O-01: *Connecting Practice, Education and Research***

Anne Matthews

School of Nursing and Human Sciences, Dublin City University.

In order to illustrate the roots of my current research and research supervision, I make connections between the practice, education and research experiences of my career so far. My current health and social research, which I will describe, brings together and builds on my diverse practice, education and research experiences in Ireland, England and Malawi. My practice was in nursing, midwifery and working with people in crisis related to drug use. My social, nursing, midwifery and health research was in Ireland and Malawi. My academic study was of Social Policy to postgraduate level. Continuing to connect with people and places and making sense of my own diverse background has shaped my current research, teaching and engagement.

**O-02: *New Directions in Memory Assessment***

Teresa Burke

School of Nursing and Human Sciences, Dublin City University.

For the purpose of this presentation, I will focus on that aspect of my research programme that seeks to develop new neuropsychological instruments for the reliable and valid assessment of memory impairment in different contexts. To this end, I will detail some of my and my research team's recent work in the area of developing test instruments for the evaluation of prospective memory and visuo-spatial memory in particular. In addition, I will detail the theoretical underpinnings of the methodological approaches we have adopted – and I will argue for the adoption to a process-based rather than simply a score-based approach to assessment.

**O-03: *Data and Health***

Anthony Staines

School of Nursing and Human Sciences, Dublin City University.

The media, and the marketeers, have spoken. We live in a world of big data. Data is the new oil, and the AI's are coming, and will do everything better than we can, and certainly better than the horde of superannuated nurses and doctors still cluttering up the health services. Privacy is gone, get over it. All will be changed, perhaps even changed utterly. What's true about this, and what's false? There is a lot of hype, much devoted, as ever, to selling stuff. If you wish, and possibly even if you don't, parts of your life are being recorded, and can be made visible, in ways beyond the wildest dreams of Orwell. These data might seem valuable, but so far, the dominant use has been to link you to ads across electronic platforms, and to implement toxic social controls in places like China and Iran. In healthcare, large amounts of data are generated, but these lie in data silos, in incompatible formats, with limited and constrained access. Perhaps as a result, ICT has had very little effect on productivity in health care. This may be about to change. The increasing use of open systems, open standards, and open API's, promises a new era of data for health care, and whole new series of challenges. The benefits are probably real, reduced error rates, less repetition of test, and better data sharing to support self-care and integrated care. The risks remain. Up to now, the main data monetised has been basic demographics, email content, and browsing patterns. It's disturbingly easy to gather intimate data from all of these, but it seems to be tolerated, at least so far. It's much less clear that the public will tolerate similar laxity about health data. There is a real risk that the benefits of more open health data will not be realised because of justified privacy concerns. Facing this challenge is one to future health care data use.

**O-04: *Living Well With Illness, Disability and Technology?***

Pamela Gallagher

School of Nursing and Human Sciences, Dublin City University.

With public health, medical and technological advances, there are increasing numbers of people surviving illnesses and injuries, and often living with long-term consequences and challenges. This talk will discuss findings from a research programme that applies a psychological framework to enable individuals living with illness or disability to achieve optimal physical, psychological and social well-being and to live personally meaningful lives. Drawing on exemplars from cancer survivorship studies, this talk will examine the psychosocial factors involved in 'living well' with and beyond these conditions and their consequences and role of intervention design in achieving these outcomes.

**O-05: *Transforming Dialogues in Mental Health Communities***

Liam Mac Gabhann

School of Nursing and Human Sciences, Dublin City University.

This programme of research uses predominantly participatory methodologies to understand, explore and transform discourses in mental health. The presentation will offer an overview of the philosophical and methodological approaches taken by research projects inquiring into people, communities, services and society as they relate to mental health and mental health difficulties. Particular active areas presently include: Trialogue; Online Mental Health Help; Service User & Family Engagement; Recovery Colleges; Spirituality; Dual Diagnosis; Extraordinary Experiences; and Spirituality. Because several methodologies are responsible for creating and transforming communities of practice, a brief overview of one approach will profile the role of this programme in mental health.

**O-06: *Public and Patient Involvement (PPI) in Health & Social Care Research: DCU's PPI Ignite Project***

Veronica Lambert

School of Nursing and Human Sciences, Dublin City University.

Patient and public involvement (PPI) means carrying out research with or by members of the public rather than to, about or for them. The DCU PPI Ignite project aims to support and promote capacity building for high quality public and patient involvement in health and social care research. DCU's PPI Ignite project involves five cycles of activity: establishing current PPI practices and tracking changes over time; developing a plan and tools to help patients, the public, their representatives and researchers to work together; designing and delivering a training programme with patients, the public, their representatives and health and social care researchers; carrying out some real-life case examples of PPI; and assessing how well the DCU Ignite project activities helped to improve PPI. In this presentation some baseline findings from surveys and interviews conducted with DCU staff and associated partner organisations will be presented. Results revealed that PPI is more likely to take place in the earlier stages of the research process. A total of 74.1% of researchers reported experience of PPI in the last five years. Identified barriers were time and implementation. Necessary actions to improve PPI in DCU include practical help for researchers, awareness about what PPI offers and training. This baseline data on PPI practices and perceptions will enable evaluation of change in impact of PPI in health and social care research over the lifetime of the funded project and beyond.

**O-07: *Come out from behind the couch***

Gerry Moore

School of Nursing and Human Sciences, Dublin City University.

In August 2018 the Department of Health instructed CORU to form a board of the regulation of Counsellors and Psychotherapists in Ireland. This should make us think about the future of psychotherapy in 21<sup>st</sup> century Ireland. Should psychotherapy continue to evidence itself via research based on university discourses of what constitutes good science or should it look towards other discourses about what works for whom? Is there a requirement for psychotherapy to continue to mould itself so that it meets the needs of consumerism and globalisation or should psychotherapists revolt against the dominant discourse? Can the educators of our future counsellors and psychotherapists, particularly those of us based in DCU influence the direction of practice and if so what should our focus be on radically reviewing how we deliver education and conduct research.

**O-08: *A taste of Health Systems/Public Health Research at DCU***

Mary Rose Sweeney

School of Nursing and Human Sciences, Dublin City University.

Health Systems Research is a multi-disciplinary scientific field that examines how social factors, health policy, financing systems, organizational structures and processes, medical technology, and personal behaviors affect access to health care, the quality and cost of health care, and quantity and quality of life. Its research domains are individuals, families, organizations, institutions, communities, and populations. In this presentation a sample of some of our projects in health systems/public health research conducted over the past few years will be presented.

**O-09: *Conducting health research in disaster and conflict settings: The ethical issues.***

Donal O'Mathuna

School of Nursing and Human Sciences, Dublin City University.

Dónal O'Mathúna will present the background to and preliminary findings from a research project to examine ethical issues in disasters and conflict. The project is entitled "Post-research ethics analysis (PREA): A tool for ethical reflection and sharing lessons learnt from health research in humanitarian crises" (<http://PREAportal.org>). The PREA project aims to gather evidence on actual experiences of research ethics issues by researchers, ethics committees and other stakeholders when health research is conducted in disasters, conflict settings and other humanitarian crises. The research team is developing a new tool to facilitate reflection and analysis on ethical issues in this type of research, what will be called the PREA Tool. PREA is funded by the UK's Research for Health in Humanitarian Crises (R2HC). The presentation will also discuss a new EU Horizon 2020 project which will promote ethics and integrity in non-medical research. Dónal is leading a work package on research ethics in disasters and conflict settings (<http://www.prores-project.eu/>). He will present the aims of this project and its definition of ethics and integrity in research.



## Session 4: Abstracts Oral Presentations – Staff and Graduate Students

**O-10: What happens in post-qualification supervisory practice? A longitudinal observational study of supervisory dyads**

Aisling McMahon<sup>1</sup>, Shannon Gray<sup>2</sup> & Rachael McDonnell Murray<sup>2</sup>

<sup>1</sup>Assistant Professor in Psychotherapy, School of Nursing and Human Sciences, Dublin City University;  
<sup>2</sup>BSc Psychology student, School of Nursing and Human Sciences, Dublin City University

**Background and Objectives:** Traditionally it was understood that practitioner experience was sufficient to be an effective supervisor, but supervisory work is now appreciated as a distinct professional competency, requiring specific training and study. However, our understanding of the complexities of supervisory practice is at an early stage and this study responds to calls for observational, longitudinal research to develop our knowledge in this area.

**Methods:** This is a naturalistic, longitudinal, multiple case study project. Five supervisory dyads working in an Irish mental health service are audio-recording their supervision meetings over a six-month period. In addition, both supervisors and supervisees are completing journals regarding helpful and hindering experiences in their meetings. Data collection commenced in June 2018 and is ongoing. Paired observer coding of audio-recordings will be carried out in relation to supervisory interventions and supervision models, along with thematic analysis of participants' journals.

**Results:** Preliminary coding of a sample of supervision meetings in relation to the seven-eyed process model of supervision will be presented, as well as identified themes in supervisor and supervisee journals to date regarding perceived helpful and hindering aspects in supervision.

**Conclusions:** The findings offer preliminary data regarding the relevance and fit of a supervision model for live practice, and highlight perceived helpful and hindering experiences within supervision for both supervisors and supervisees. The implications of these preliminary findings will be discussed in relation to supervision practice.

**O-11: DCU Ability**

Deirdre Corby and Carmel Andersen

School of Nursing and Human Sciences, Dublin City University

**Background and Objectives:** The DCU Ability is a campus wide initiative involving the School of Nursing and Human Sciences, Office of Civic Engagement, DCU Learning and Support and the School of Inclusive & Special Education. It is co-financed by the Irish Government and the European Social Fund as part of the ESF Programme for Employability, Inclusion and Learning 2014-2020. DCU Ability will support 100 young adults with disabilities to access training, education and work experiences to support them to become more career-ready.

**Methods:** Our objective is to create meaningful and tailored pathways into education, training and employability for young people with disabilities, using a person-centred approach. A number of programmes (each 6 months in duration) will be run with circa 10-25 students in each cohort. We will examine the complexities of running a programme with candidates having varying needs. All students will be supported to avail of a meaningful work experience placement. Comparative assessments will be undertaken to measure the impact of the interventions and also to see if there are quality of life impacts of the programme.

**Results:** It is expected that each student group will vary in their composition and will therefore provide us with in-sight into the complexities of hosting training and development programmes including work placements. Of interest will be the impact of the programme for each individual and the different outcomes achieved.

**Conclusions:** The Research will review the success of the project based on project outcomes and its ability to provide a "bespoke" training and employment development programme based on each individuals assessed needs. Assessments such as QOL assessment, will also be reviewed as being fit for purpose for the whole programme or if it was necessary to adapt them for different groups.

**O-12: 'Respite' in dementia: An evolutionary concept analysis**

Emma O' Shea<sup>1</sup>, Suzanne Timmons<sup>2</sup>, Eamon O' Shea<sup>3</sup>, Siobhan Fox, Kate Irving<sup>1</sup>

<sup>1</sup>School of Nursing and Human Sciences, Dublin City University; <sup>2</sup>Centre for Gerontology & Rehabilitation, University College Cork; <sup>3</sup>Irish Centre for Social Gerontology, National University of Ireland, Galway.

**Background and Objectives:** There is a lack of conceptual clarity around 'respite' as it relates to people with dementia and their carers. This study provides clarification on the use and meaning of the term and considers the concept in relation to the dominant care paradigm in dementia, i.e. person-centred care.

**Methods:** Rodgers' (1989) evolutionary framework was employed. A systematic search and review was conducted, with fixed search terms relating to 'respite' and 'dementia'. Data were analysed thematically, through an iterative process of constant comparison.

**Results:** Respite is understood both as a service that provides a physical break for the carer and as a psychological outcome, i.e. a mental break for the carer, which can be facilitated by formal services, under certain conditions. The conceptual model outlines how client factors (dyadic relations, recognising/accepting need, carer psychosocial issues, restorative occupation, and stigma) and service factors (model/characteristics, care quality, staff expertise, meaningful occupation for people with dementia and communication and support) interact to influence a respite outcome. The key antecedent for a positive respite experience is that the carer perceives that mutual benefit is garnered from service use.

**Conclusions:** 'Respite', as currently understood, acknowledges the relational experience of the carer only; it is, therefore, potentially damaging to the planning and delivery of person-centred dementia care. We suggest 'restorative care' as a potential alternative nomenclature to respite care, thereby highlighting the importance of providing mutual, personalised health and social care services that serve to enhance care relationships rather than diminish them.

**O-13: Evaluation of a European Data Analytic Platform to Provide Enhanced Big Data Utilization in Healthcare.**

A., Boilson<sup>1</sup>, J. Connolly<sup>1</sup>, D. Weston<sup>3</sup>, A. Staines<sup>1</sup>, P. Davis<sup>2</sup>, R. Connolly<sup>2</sup>

<sup>1</sup> School of Nursing and Human Sciences, Dublin City University, Glasnevin, Dublin 9, Ireland; <sup>2</sup> Business School, Dublin City University, Glasnevin, Dublin 9, Ireland; <sup>3</sup>Emergency Response Department Science and Technology, Health Protection Directorate, Public Health England, Porton Down, Salisbury, SP4 0JG

**Background and Objectives:** MIDAS (Meaningful Integration of Data Analytics and Services) is a Horizon 2020 funded project, developing a big data platform to facilitate utilisation of health and social care data. The platform will enable the integration of heterogeneous data sources, privacy-preserving analytics, forecasting tools and bespoke visualisations of actionable epidemiological data.

**Methods:** An evaluation framework was designed, utilising a logic model and interviews guided by realist evaluation principals, working with end users, and software developers. The evaluation is a key component of the study, four case studies on specific topics - (diabetes, children in care, child obesity, and preventative mental health problems of young people). The objective is to ensure the platform's development is in line with user requirements. The process includes longitudinal semi-structured interviews at critical time points, user experience questionnaires and Q-methodology.

**Results:** The MIDAS platform is at a pre-implementation stage of development. Key issues at this stage include a lack of policy maker engagement in the design of the platform, data access agreements, open data processes. The gap between end user 'expectations' user 'requirements' is being addressed, as priority to evaluate the effects of decisions making at policy level. Priorities include platform's design for the dashboard front-end graphical user interface (GUIs), data analytic models and related tools to meet data mining specifications.

**Conclusions:** The mixed-methods evaluation is a key part of the process of engaging technical developers, end users and policy makers, and will facilitate better understanding of health IT use, and acceptance of data analytic platforms.

**O-14: The Caught Being Good Game; An investigation into a positive behaviour game in an at-risk second-level population**

Clare Bohan<sup>1</sup>, Dr. Sinéad Smyth<sup>1</sup>, Dr. Claire McDowell<sup>2</sup>

<sup>1</sup>School of Nursing and Human Sciences, Dublin City University, <sup>2</sup>Ulster University

**Background and Objectives:** The Caught Being Good Game (CBGG) is a gamified behavioural intervention for the classroom which has been effective in the reduction of disruptive behaviour and the increase of engaged behaviour in school populations (Wahl, Hawkins, Haydon, Marsicano, & Morrison, 2016; Wright & McCurdy, 2012). Student teams earn points for behaving appropriately during class. It has not been trialled in Irish secondary school populations previously. The objectives of the current study was to a) test the efficacy of the CBGG in an at-risk second-level population and b) compare two distinct versions of the game; a version whereby points are delivered in secret by the teacher and only made available to students at the end of class (delayed feedback), with a version whereby points are recorded in real time throughout class on the whiteboard (immediate feedback).

**Methods:** A first year Maths class and their teacher were recruited to take part in this study. The two versions of the CBGG were compared by employing a reversal/withdrawal single-case research design, with phases ABACABAC (A=Baseline/no game, B=delayed feedback, C=immediate feedback). Student disruptive and engaged behaviour was monitored in each phase.

**Results:** Both versions of the game were effective in the reduction of disruptive behaviour and increase of academically engaged behaviour in the recruited population. The students and the class teacher found the game socially acceptable for use in the classroom.

**Conclusions:** This study served as the first step in testing the CBGG in a secondary school in Ireland. It has demonstrated that the CBGG is a potentially useful gamified classroom management strategy for use in Irish secondary school classrooms.

**O-15: CAPTAIN: Coach Assistant via Projected and Tangible Interface – An Overview**

Joanne Carroll & Louise Hopper

School of Nursing and Human Sciences, Dublin City University

**Background and Objectives:** Older adults are often impacted by a loss of autonomy and independence that can arise due to cognitive impairment, neurodegenerative disorders, functionality disability, and other frailty indicators. The Coach Assistant via Projected Tangible Interface (CAPTAIN) H2020-funded project aims to develop a radically new Human Computer Interface (HCI) that uses micro-projectors and projected augmented reality to provide assistance whenever and where ever it is needed.

**Methods:** CAPTAIN will apply a user-centred design approach designing, developing and testing the technology with older adults, carers and professionals. This agile methodology is essential to the development of CAPTAIN, ensuring the individuals' needs are understood and, ensuring the technology supports those needs in an effective way. CAPTAIN technology will utilise smart home appliances, turning a room into a tangible, interactive and user-friendly interface capable of capturing relevant physiological, behavioural and user- interactions through unobtrusive means. CAPTAIN will also provide cognitive and physical training through the medium of serious games. A motivational coach will provide personalised guidance enhancing an individual's engagement in cognitive activity, social interaction and healthy nutritional and exercise habits. This technology will be designed, developed and tested in several LIs (including DCU), in long-term residential care and in the real homes of older adults including people living with cognitive impairment.

**Conclusions:** CAPTAIN will design the future home where smart assistance enhances the usefulness and effectiveness of personalised supports and enables independence and ageing in place. This will be achieved through the monitoring and coaching of an individual's physiological, emotional and, cognitive patterns.

**O-16: An exploration of the levels of sexual desire and the factors affecting it in young heterosexual couples in Ireland.**

Josephine Mari Ellen Gilmartin<sup>1</sup>, Miriam Barrow<sup>1</sup>, Rita Glover<sup>1</sup>, Mary Rose Sweeney<sup>1</sup>

**Background:** Low sexual desire is a significant issue for couples due to its link with sexual satisfaction and overall happiness within relationship. While previous research has focused on individuals within couples, no previous research has investigated low sexual desire from both perspectives within couple relationships.

**Aims:** The aim of this study was to investigate sexual desire and its impact on relationship satisfaction among a sample of heterosexual couples.

**Method:** Researchers administered a questionnaire exploring a range of issues related to their levels of sexual desire and relationship satisfaction to 135 Irish couples (270 individuals) who were attending a pre-marriage course at All Hallows College in Dublin, Ireland.

**Results:** We found that Irish couples had clinically significant low levels of sexual desire, participants reported that subjective factors such as love, tiredness and stress impacted on levels of sexual desire. Male and female participants held similar views about the importance of connection and responsibility for birth control but different views about permissiveness and instrumentality. A correlation between sexual satisfaction and relationship happiness was reported among the couples.

**Conclusion:** The findings add to our understanding of sexual desire among Irish couples and they have important research and clinical implications

**O-17: Literature Review on the effects of participation in Hearing Voices groups**

Daniel Butler and Mary Farrelly

School of Nursing and Human Sciences, Dublin City University

**Background:** Challenges to the psychiatric paradigm that position the experience of hearing voices as auditory hallucinations have emerged from the work of Martrus Romme and Sandra Escher and the Hearing Voices Movement (HVM). It is estimated that between five and ten cent of the general population hear voices at some stage in their life and voice hearing does not always result in a psychiatric diagnosis. Recovery for people who experience voice hearing does not necessarily mean that symptoms of voice hearing are eradicated. People who experience voice hearing can live a full and meaningful life with or without ongoing symptoms. Two major interventions advocated by the Hearing Voices Movement are Hearing Voices Groups (HVGs) and the Maastricht Interview approach.

**Aims:** There is limited amount of empirical evidence supporting the value of HVGs and no empirical research exists investigating the efficacy of the Maastricht interview approach. This literature review aims to review all available research on the effects of participation in HVGs.

**Results:** Nine articles which reported on research that investigated participation in HVGs were included in the review. Seven focused on voice hearers and two on group facilitator experiences. The findings of this review are presented under thematic areas based on the core concepts of the hearing voices approach and clinical outcomes.

**Conclusion:** All the articles in this review showed positive outcomes for attending HVGs and satisfaction with the group from attendees. The values and approach taken by HVM could help better inform clinicians and modernise out of date practices and views which exist in traditional mental health services. This literature review adds to a growing body of evidence which supports the need to promote HVGs by clinicians, legislatures and to those who experience voice hearing.

**O-18: Oral Probiotics in Pregnancy to Reduce Group B Streptococcus Colonization (the OPSiP study)**

Kelly Hayes<sup>1,2</sup>, Patricia Johnson<sup>1</sup> and Michelle Butler<sup>2</sup>

<sup>1</sup>School of Nursing and Human Sciences, Dublin City University; <sup>2</sup>Univeristy of British Columbia, Clinical Instructor; BC Women's and St. Paul's Hospitals, Registered Midwife; Dean of Faculty of Science and Health, DCU.

**Background and Objectives:** Group B streptococcus (GBS) is a gram-positive bacteria that often colonizes the gastrointestinal and genourinary tracts in humans, including up to 30% of pregnant women. Although generally benign, it can cause illness, including invasive disease. Neonates born to mother's who are colonized with GBS are at risk of infection through maternal transmission. In North America, GBS infection is a leading cause of neonatal morbidity and mortality, despite current recommendations that women who present with GBS risk factors receive *prophylactic* intravenous antibiotics during labour. Maternal antibiotic use for GBS is considerable and in itself poses the potential for both maternal and neonatal harm. Interest in finding ways to safely reduce GBS colonization is growing. Our objective is to determine if a combination of three specific probiotic species will reduce the incidence of maternal GBS colonization and hence reduce neonatal infection risk and maternal and neonatal antibiotic exposure.

**Methods:** The OPSiP study is a three year, double blind, randomized placebo-controlled trial. 450 healthy pregnant women will be enrolled. Eligible participants will be randomized to either the probiotic or placebo arm and will begin daily oral supplementaion at 25 weeks gestation and continue until delivery.

**Results:** The primary outcome will be the GBS colonization result of the (last) vaginal/rectal GBS swab obtained after 35 weeks gestation and prior to delivery. Secondary outcomes include maternal antibiotic exposure, urinary tract infections and vaginal infections.

**Conclusions:** We will disseminate our findings through inter-professional and national and international meetings and peer reviewed publications.

## ABSTRACTS - Poster Presentations

### P01: Precarious Entitlement & Utility Cycling in Dublin: A Grounded Theory Study

Robert Egan, Dr. Mark Philbin

School of Nursing and Human Sciences, Dublin City University, Ireland

**Background and Objectives:** This study began with a curiosity regarding how utility cyclists in Dublin experience and deal with matters of risk.

**Methods:** Classical grounded theory methodology was employed. This involved joint data collection and analysis. Data was primarily gathered from qualitative interviews. Data from these interviews, in which matters of risk were explored, were immediately coded and the emergent concepts resulting from data analysis guided the agenda of future interviews and future interviewees (i.e. theoretical sampling).

**Results:** Emerging from data collection and analysis, 'precarious entitlement' to space in Dublin city was identified as a main concern for utility cyclists in Dublin. Namely, cyclists experience their entitlement to shared or exclusive space in Dublin city as precarious to exercise. Exercising one's entitlement to a particular space is, therefore, perceived as risky due to insecure design or condition, disregard by others, and a lack of protection from law enforcement. One way a cyclist responds to these conditions is by taking personal responsibility for the vulnerability created by precarious entitlement (i.e. by 'privatising vulnerability'); and, second, by engaging in various ways of provoking a sense of responsibility in others to recognise and respect one's spatial entitlements and vulnerability.

**Conclusions:** The findings of this study provide a theoretical perspective on utility cycling experience and cyclist behaviour in Dublin. Such insights could inform debates and highlight issues regarding the design and policing of urban infrastructure, training and safety campaigns for road users, and the state of road traffic law and its enforcement.

### P02: An exploration of the utilisation of online mental health self-help programmes and associated technology by people with mental health problems in their everyday lives: A mixed-methods study.

Manuela Ascari, Dr Mary Farrelly and Dr Lam Mac Gabhann

School of Nursing and Human Sciences, DCU.

**Background and Objectives:** Online mental health self-help programmes (OMHSHPs) are apps and online programmes offered as a way to improve mental well-being and cope with a mental health problem. Most studies to date have focused on people using OMHSHPs as participants in research studies. There is limited research on the actual extent and nature of use of OMHSHPs for mental health support. This study explores how people with mental health problems use OMHSHPs in their everyday lives, and what place technology has in this experience.

**Methods:** A mixed methods methodology is employed, conducted across two concurrent phases:

- Phase 1: Online survey of adults in Ireland who have used an OMHSHP to get support for a mental health problem, to explore their demographic characteristics and patterns and modes of use of OMHSHPs and the associated technology. The data are analysed using descriptive statistics.
- Phase 2: Semi-structured interviews with 15-20 survey respondents to explore in more depth the experience of using OMHSHPs for mental health support. The interviews are analysed using thematic analysis.

**Results:** Data collection for both phases is currently in progress.

**Conclusions:** At a time when government is increasingly concerned with cost-effectiveness, and mental health groups are critical of the level of funding for service provision, OMHSHPs can be viewed as a cost-effective solution for some mental health problems. By exploring how they use OMHSHPs in their everyday lives, this study will provide critical insight into the ways in which people with mental health problems do (or do not) find such technologies helpful and highlight the associated difficulties.

**P03: The Upregulation of CaV1.3 in Castrate Resistant Prostate Cancer (CRPC) Drives Hypoxic Signalling & Stem Cell Characteristics**

Debbie O'Reilly <sup>1,2</sup>, Patricia Johnson <sup>1</sup>, Tim Downing <sup>3</sup>, Paul Buchanan <sup>1,2</sup>

<sup>1</sup>School of Nursing and Human Sciences; <sup>2</sup>National Institute of Cellular Biotechnology <sup>3</sup>School of Biotechnology, Dublin City University, Glasnevin, Ireland

**Background and Objectives:** Prostate cancer (PCa) is the most frequently diagnosed cancer in Ireland, with the most common treatment for advanced disease being androgen deprivation therapy (ADT). After ~18 months resistance to treatment leads to castrate resistant prostate cancer (CRPC), associated with mortality. Calcium signalling has been implicated in the progression of many cancers, particularly PCa. While, microarray analysis has highlighted the upregulation of L-type voltage gated calcium channels in PCa. Furthermore, Epidemiology studies have also shown an inverse association between the use of Calcium channel blockers (CCB) and PCa malignant progression.

**Methods:** We developed three cell lines which represent PCa at various stages under ADT. Using these models we investigated the release of store operated calcium and calcium influx. Cell proliferation was also measured through cell counting. In addition, bioinformatics analysis using PCa databases was used to determine patient calcium channel expression at different stages of disease.

**Results:** Bioinformatics analysis of PCa patient samples demonstrated that the L-type calcium channel, CaV1.3 was significantly upregulated in advanced PCa, and that its expression was linked to ADT. We showed in our cell lines models that this upregulation lead to increased intracellular calcium concentration ( $[Ca^{2+}]_i$ ) through store operated calcium entry (SOCE). This increase in calcium appears to contribute to PC cell proliferation, which could be reduced using calcium channel blockers (CCB).

**Conclusions:** These results highlight the potential benefit of repurposing CCB for the treatment of PCa. However, the mechanism through which CaV1.3 is controlling SOCE needs further investigation.

**P04: The ACTION randomised-control-trial: An online Acceptance-and-Commitment Therapy intervention for people with chronic pain and multimorbidity.**

Slattery, B.<sup>1,2</sup>, O'Connor, L.<sup>2</sup>, Haugh, S.<sup>2</sup>, McGuire, B.<sup>2</sup>.

<sup>1</sup>Dublin City University, <sup>2</sup>National University of Ireland Galway

**Background and Objectives:** Multimorbidity (MM) refers to the presence of two or more chronic health conditions. Research suggests that MM is significantly associated with chronic pain (CP). Psychotherapeutic interventions for people living with chronic illness have resulted in reduced symptom reporting and improved psychological well-being. There is a dearth of research examining internet-delivered psychotherapy for people living with MM where CP is a condition. This study will compare the effectiveness of an online Acceptance and Commitment Therapy (ACT) intervention with a waitlist control in terms of improving health-related quality of life (HRQoL) and pain interference in people with CP and MM.

**Methods:** Adult participants (192) with non-malignant CP and at least one other medically diagnosed condition will be randomised to one of two study conditions. The experimental group will undergo an 8-week (1 session per week) internet-delivered ACT-program. A wait-list group will be offered the ACT intervention after the 3-month follow-up period. HRQoL and pain interference are the primary outcomes.

**Results:** Results from the pilot study yielded improvements for participants across all outcome measures in the experimental condition. Final data will be analysed using a linear mixed model and adjusted to account for demographic and clinical variables.

**Conclusions:** Evaluating an online ACT intervention for people with MM and CP has not been done before. This research will add to the empirical literature on a) the efficaciousness of an internet-delivered intervention for people with MM and CP and b) contribute to the literature examining self-management supports for chronic illness, more generally.

**P05: Influenza and Secondary Bacterial Infections: How to Tackle Antimicrobial Resistance?**

Paula Maguire<sup>1</sup>, Sinead Loughran<sup>2</sup>, Ruth Harvey<sup>3</sup>, Patricia Johnson<sup>1</sup>

<sup>1</sup>Viral Immunology Laboratory, School of Nursing and Human Sciences, Dublin City University, Dublin, Ireland. <sup>2</sup>Department of Applied Science, Dundalk Institute of Technology, Co. Louth, Ireland. <sup>3</sup>National Institute for Biological Standards and Controls, Potters Bar, Herts, EN6 3QG, UK.

**Background and Objectives:** Antimicrobial resistance (AMR) is one of our most serious health threats. Deaths attributed to AMR will surpass those attributed to cancer and diabetes combined worldwide by 2050. It is well accepted that influenza A virus predisposes individuals to often more severe superinfections with bacteria such as *Streptococcus pneumoniae* (*Sp*), which are often antibiotic resistant strains. The general consensus is that this is due to an inhibition of immune responses which are critical in the clearance of *Sp*. It is known that specific Toll-Like Receptors (TLRs) are involved in sensing *Sp* infection. The objectives of this study are to establish if influenza infection targets these receptors, and if the immune response to *Sp* can be restored using a different TLR agonist, which is not associated with *Sp*.

**Methods:** Human immune cells were isolated from blood donations received from the IBTS. These cells were infected with influenza/*Sp* and treated with TLR agonists. Indicators of immunity were measured to determine if immune responses were inhibited/restored.

**Results:** We found that influenza virus targets TLRs associated with sensing *Sp*. Immune cells that were treated with a TLR5 agonist were able to circumvent immune inhibition by influenza virus.

**Conclusions:** These results demonstrate that influenza infection inhibits *Sp*-associated TLRs from functioning fully. Also, immune suppression caused by influenza infection can be restored by treatment with a TLR5 agonist. This demonstrates the potential to reinstate suppressed immune responses rather than using antibiotics during influenza infection. This may provide alternative treatment options in cases of infections with bacteria which have become resistant to multiple antibiotics.

**P06: Investigating how the meanings of spirituality develop among accredited counsellors when practicing a new shamanic energy therapy technique.**

Karen Ward, Dr Liam MacGabhann and Dr Ger Moane

<sup>1</sup>School of Nursing and Human Sciences, DCU, Dublin  
<sup>2</sup>School of Psychology, UCD.

**Background and Objectives:** In Ireland and internationally, counselling has become popular as a means to redress life issues and to sustain the optimum changes made mentally and emotionally during treatment. However, many find this approach somewhat limiting if seeking a connection with their personal spirituality. Counsellors aware of this trend are conscious of how to address this and crucially how it may affect their own sense of spirituality. This research was devised to answer that fundamental question - *how* counsellors respond personally to using a spiritual tool within their client work.

**Methods:** One of the emerging paradigms in counselling is that of shamanism and a Celtic shamanic energy therapy technique was utilised as a means for the counsellors to facilitate this. Interpretative Phenomenological Analysis (IPA) was employed using semi structured interviews to ascertain if the counsellors' sense of spirituality developed by bringing a spiritual tool into their work practise.

**Results:** The findings indicate that counsellors' meanings of spirituality developed with major and minor changes. Trust, responsibility, the wonder and awe of a numinous presence palpable in their clinic room plus the ability to easily facilitate their clients to tap into their sense of spirituality and self-heal were key components.

**Conclusions:** A new paradigm of trust ushered a palpable divine presence of Spirit into the clinic room bringing empowered awakening to the counsellors of their own volition. A dearth of spiritual tools and lack of training with consequent implications for supervision indicates scope for further research.



**P07: The Girls Active Project (GAP): Research Proposal**

Sara McQuinn<sup>1</sup>, Dr. Sarahjane Belton<sup>2</sup>, Prof. Anthony Staines<sup>1</sup> and Dr. Mary Rose Sweeney<sup>1</sup>

<sup>1</sup> School of Nursing and Human Sciences, Dublin City University; <sup>2</sup>School of Health and Human Performance, Dublin City University

**Background:** Adolescent girls in Ireland have physical activity (PA) levels well below the recommendations for optimum health. Evidence suggests those living in socioeconomically disadvantaged areas demonstrate the lowest rates of PA. PA interventions which are underpinned by theory, school-based, girls only and multi-component in design are more likely to be effective. Public Patient Involvement (PPI) is research carried out ‘with’ the public. PPI can contribute to a comprehensive approach to intervention development, thus supporting its long-term sustainability and effectiveness.

**Methods:** This project proposes to use the MRC framework to develop and evaluate complex interventions. Up to five all-girl, post-primary DEIS schools will be recruited. Each school will establish two PPI groups (Youth Advisory Group and Steering Committee). They will contribute to the development of a contextually relevant, theoretically based PA intervention implementable in the school setting. It will be tested, and evaluated using a mixed-methods approach. The quantitative study will evaluate the potential effect on the outcome variables (PA, and quality of life). The qualitative study includes semi-structured interviews and direct observations.

**Discussion:** Helping schools to fulfil their PA promoting role should be a public health priority. This research contributes to three key areas; healthy lifestyles: by identifying and prioritising issues around PA participation, and developing a school-based intervention that builds on this knowledge; behaviour change: by developing a theoretically based intervention to support long-term behaviour change, and PPI; through the public involvement in the research process. Beyond, the study will identify the barriers and facilitators to intervention implementation.

**P08: A National Review of Public Play and Recreational Resources in Ireland**

Dr. Carol Barron, Ms Lauren McCauley and Ms Sarah O’Neill

School of Nursing and Human Sciences. Dublin City University

**Background and Objectives:** In 2004, Ireland was the first country in Europe to develop a National Play Policy, having only 168 public playgrounds at that time (Ready Steady Play 2004). This paper will present the findings of a national review and inventory of numerous forms of public play and recreation facilities across Ireland

**Methods:** Local government functions in Ireland are exercised by 31 local authorities who have responsibility for the development and maintenance of play and recreation facilities. In 2018, we undertook a review and national inventory of these facilities together with each local authority. In addition, we identified natural play resources such as recreational forestry areas and beaches. Child population data from the 2016 census was utilized to identify the ratio of these play and recreational facilities for children (0 – 11 years) and young people (12 – 18 years) per county.

**Results:** This presentation examines the positive impact of having a national play policy; we found a 550% increase in public playground numbers alone between 2004 and 2018. Other factors influencing the availability of play facilities were also examined. These included: areas of high population growth; the absence or presence of key play personnel within local authorities and success in achieving Government funding for developing play facilities.

**Conclusions:** Whilst the National Play Policy was, and remains, highly instrumental in increasing the number of manmade play and recreational resources across Ireland. There is a notable disparity in the availability of play resources for children (0 – 11 yrs) as opposed to recreational resources for young people (12 – 18 Yrs)

**P09: Making sense of existential concerns arising from head and neck cancer: a qualitative study**

Dunne S<sup>1</sup>, Coffey L<sup>2</sup>, Sharp L<sup>3</sup>, Desmond D<sup>2</sup>, Goberman-Hill R<sup>4</sup>, O'Sullivan E<sup>5</sup>, Timmons A<sup>6</sup>, Keogh I<sup>7</sup>, Timon C<sup>8</sup>, Gallagher P<sup>1</sup>.

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**Background and Objectives:** The diagnosis, treatment and consequences of head and neck cancer (HNC) are associated with profound existential concerns for individuals who are affected by the condition, relating to their self-presentation and ability to participate in their lifeworld. However, little is currently known about how such individuals contextualise and make sense of these concerns. In this context, the current study aimed to understand how individuals with HNC negotiate and process fundamental changes to their life-world, which they encounter through diagnosis, treatment and its consequences.

**Methods:** We conducted semi-structured interviews with 27 HNC survivors from four designated cancer centres in Ireland. The interviews were audio-recorded and transcribed verbatim. Data analysis involved a hermeneutic phenomenological approach, informed by Martin Heidegger's existential philosophy.

**Results:** Our preliminary findings indicate three core themes relating to core "existentials" that HNC survivors face following treatment: *"Neutered" – Renegotiating Gender Roles following HNC Treatment*, *"The They" – Navigating the Social World in HNC Survivorship* and *"Body Horror": Adjusting to a Changed Body Arising from HNC Treatment*.

**Conclusions:** Individuals with HNC must reflect on core aspects of their identity, and how this has changed as a result of their condition, in order to make sense of these core existential issues. The findings suggest that interventions which emphasise meaning-making skills may help individuals with HNC to manage existential concerns associated with their condition.

**P10: "Making people aware and taking the stigma way": Alleviating stigma and discrimination through Trialogue**

Dunne S<sup>1</sup>, MacGabhann L<sup>1</sup>, McGowan P<sup>2</sup>, Amering M<sup>3</sup>.

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**Background and Objectives:** Emerging research suggests that participatory approaches such as Open Dialogue may be effective in bringing about changes in mental health stigma and discrimination. Trialogue is an extension of such approaches to three or more sets of stakeholders in mental health systems. The current study explores stakeholders' evolving discourse concerning mental health stigma and discrimination over time through this approach and whether this approach may alleviate mental health stigma and discrimination.

**Methods:** Through a prospective qualitative research design, individuals from seven participating communities throughout Ireland took part in interviews (n=42), focus groups (n=28) or Open Dialogue discussions (n=86) across three cycles of research. Thematic content relating to stigma/discrimination of individuals with mental health issues was purposefully analysed at each cycle using thematic analysis.

**Results:** The findings document the prevalence of avoidant approaches towards individuals with mental illness and their families in Irish society, resulting in negative effects of stigma and discrimination such as lowered levels of self-esteem, lower help-seeking behaviours, difficult interpersonal relations and fewer employment/educational opportunities. Trialogue Meetings evolved into a forum where myths surrounding mental illness were dispelled and more humane views of service users and service providers were established among relevant stakeholders and their social networks.

**Conclusions:** The current findings indicate that Trialogue Meetings may help to address stigma and discrimination through positive social contact, dialogue and education for relevant stakeholders in mental health systems. The findings also highlight a culture of concealment of mental health issues in Ireland, leading to subsequent stigma and discrimination.

**P11: Committed to Burnout: An investigation into the relationship between sport commitment and athlete burnout in men and women playing Gaelic games**

Siobhán Woods, Dr. Simon Dunne, Dr. Siobhain McArdle & Prof. Pamela Gallagher

DCU School of Nursing and Human Sciences

**Abstract not included**

**P12: Understanding and Supporting Women Bereaved by the Suicide of a Male Relative**

Evelyn Gordon & Rosaleen McElvaney

DCU School of Nursing and Human Sciences

**Background and Objectives:** Suicide Bereavement: a complex and prolonged process (Grad, 2005; Sveen & Walby, 2008); characterised by shame, confusion and self-blame (Begley & Quayle, 2007), anger (Tal Young et al., 2012), guilt and rejection (Jordan, 2001). Complications: physical and mental health problems (Jordan & McIntosh, 2011); impaired performance (Kaslow & Aronson, 2004); suicide (De Grott & Kollen, 2013); complicated mourning reactions (Clark, 2001). Mediating Factors: age and level of pain of the deceased, relationship to the deceased, quality and level of social support for the bereaved, their coping styles (Maple, Cerel, Jordan, & McKay, 2014). The aim of this study was to explore the experiences and meanings of bereavement for Irish women following the suicide of a male relative.

**Methods:** Interpretative Phenomenological Analysis (IPA) is underpinned by phenomenology, ideography, hermeneutics (Smith, Flowers, & Larkin, 2009). Semi structured interviews were conducted with a purposive sample of five Irish women (19-66 years), who had contact with a suicide bereavement liaison service (two mothers, one aunt, one cousin, and one mother-in-law).

**Results:** One superordinate and three subordinate themes were identified. The superordinate theme: Roller Coasting captures the psychological turmoil and emotional flux that participants experienced. The three subordinate themes elaborate on their core dilemmas. Caring for self and/or others: describes a pull between looking after others and attending to their own needs which led to the women prioritising others and concealing or suspending their grief. Talking about the Unspeakable: describes how they managed their private grief while dealing with a stigmatised public issue, which impeded speaking about the death. Resisting and living with suicide: describes how expressing their distress, concerns and fears and spirituality helped them to make sense of the death and incorporate this into their lives over time.

**Conclusions:** Responding: Attend to issues that combined to stifle these women's freedom to be and to act: 1) Gendered identities - women's role in the family in a patriarchal society serves to overshadow their self-care needs; 2) Stigma - intensifies feelings of shame and blame; 3) Ambivalence in accepting the reality of the death.

**P13: Supporting healthcare practitioners for advanced practice in minor surgical skills – a pilot initiative.**

Mr Joseph Bonham<sup>1</sup> (Registered Advanced Nurse Practitioner), Dr Therese Leufer<sup>2</sup> (Assistant Professor of Nursing) , Mr Patrick Doyle<sup>3</sup> (Senior Technical Officer).

<sup>1</sup>Emergency Department, Beaumont Hospital, Dublin 9, <sup>2&3</sup>School of Nursing & Human Sciences, Dublin City University Dublin 9.

**Background and Objectives:** Healthcare systems are dynamic and ever changing. Ensuring that healthcare practitioners are in a position to respond to the complexities of practice and expand their roles accordingly is key. Nurses frequently encounter the need to undertake procedures previously performed by medical colleagues including minor surgical skills. Having a skills set to support advanced and expanding practice is essential. This was the impetus for the current educational endeavour.

**Methods:** A collaboration between nursing colleagues in Beaumont Hospital and the School Nursing and Human Sciences (DCU), resulted in the development of a dedicated stand-alone module on minor surgical skills (Level 9, 10 Credit). It was delivered as a pilot over one academic semester. The aim was to introduce participants to the core skills needed to perform minor surgical procedures in a variety of healthcare settings and support capability for expanded practice.

A blended learning approach was adopted. It incorporated hands on surgical skills technique instruction in a simulated learning environment. This was led by subject experts from emergency care, dermatology and plastic surgery. Knowledge and skill acquisition were further augmented through subject area expert videos specifically produced for the module; student created videos and an online discussion forum on LOOP.

**Results:** Ten participants successfully completed the module which was formally evaluated. Feedback provided insight for future development of both theoretical and practical aspects of the module. It suggested that the pilot initiative had played a role in supporting participants to advance and develop their practice.

**Conclusions:** The success of the pilot initiative provided support for continued educational provision in the area of minor surgical skills to advance practitioner competence.

**P14: East European migrants’ access to health services in the uneven European healthcare space**

Sabina Stan<sup>1</sup> and Roland Erne<sup>2</sup>

<sup>1</sup>School of Nursing and Human Sciences, DCU <sup>2</sup>UCD

**Background and Objectives:** In the last two decades, two figures of intra-European mobility came to be feared for their potentially negative impact on public healthcare resources in Western European countries. The cross-border patient and the migrant from the new Eastern European (EE) member states have both been seen to contribute, through their reckless use, and abuse of health services, to be a drain on these resources. While research has usually dealt separately with the two figures and their access to health services, I look at their conjunction.

**Methods:** I focus on the most accessible and numerically important cross-border care route in the European Union, namely using the European Health Insurance Card (EHIC) for accessing unplanned care while temporarily travelling to another member state. I enquires into the significance that east-west cross-border patient mobility and EE migrants’ participation in it have for healthcare resources in Western and Eastern Europe and, more largely, for access to healthcare and citizenship rights across the EU.

**Results:** I show that EE migrants’ uptake and use of the EHIC is deeply entangled in healthcare inequalities in both countries of origin and countries of destination.

**Conclusions:** These are not only ethnic and spatial inequalities (between Eastern and Western Europe, and between the workers from the two regions), but also trans-regional and transnational class inequalities on a European scale.

**P15: Exploring the supportiveness of older adults' local environments in Greater Dublin**

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<sup>1</sup>Department of Geography, Maynooth University

<sup>2</sup> School of Nursing and Human Sciences, Dublin City University.

**Background and Objectives:** When conceptualising Age Friendly Environments, it is important to be aware of subjective experiences of the local environment and how this may differ amongst older people depending on what they value most. This poster presents preliminary results from a Health Geography PhD research project, which focuses on how older people in the Greater Dublin Area engage and interact with their local physical and social environments, and the supportiveness of that environment. The project explores whether older people can carry out activities and interactions outside of the home that they perceive to be important in order to 'age well', and to identify specific barriers and enablers that can influence this.

**Methods:** This study combines qualitative data (interviews, 'go-along' interviews and photographs), with quantitative spatial data (GPS routes and points of interest). This combination of qualitative and spatial data is known as a Qualitative Geographical Information Systems (QGIS) approach (Cope & Elwood, 2009).

**Results:** Preliminary results are presented, using an example of how a new housing development has created a number of 'barriers' for an older person, and in turn has disrupted their valued activities and interactions.

**Conclusions:** The integration of spatial and qualitative data, and use of novel methods such as go-along interviews can offer insight into the daily lives of older people, and identify barriers and enablers, in order to better understand how local environments can support older people to 'age well', and, ultimately, create more Age Friendly Environments.

**P16: Adolescent Perspectives on Talking to Parents about Type 1 Diabetes Self-Management**

Ella Tuohy<sup>1</sup>, Pamela Gallagher<sup>1</sup>, Caroline Rawdon<sup>1</sup>, Nuala Murphy<sup>2,3</sup>, Michele Glacken<sup>4</sup>, Veronica Swallow<sup>5</sup> & Veronica Lambert<sup>1</sup>

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**Abstract not included**

**P17: The Impact of Adolescents' Type 1 Diabetes Self-management on Parent Well-being**

Caroline Rawdon<sup>1</sup>, Pamela Gallagher<sup>1</sup>, Michele Glacken<sup>2</sup>, Nuala Murphy<sup>3,4</sup>, Veronica Swallow<sup>5</sup>, Veronica Lambert<sup>1</sup>

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**Abstract not included**

**P18: The impact of assistive technology use for students with disabilities in higher education: a systematic review**

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<sup>a</sup>School of Nursing and Human Sciences, Dublin City University

<sup>b</sup>Department of Psychology and Assisting Living and Learning Institute, Maynooth University

**Background and Objectives:** Over recent years, increasing numbers of students with disabilities have been accessing higher education worldwide. Despite this, little is known about the relative contribution of assistive technology (AT) to educational experience. The aim of the current systematic review is to examine the impact of AT on educational and psychosocial outcomes for students with disabilities in higher education.

**Methods:** Five databases were systematically searched: PsycINFO, PubMed, CINAHL, ERIC and Web of Science (Social Science Citation Index). The inclusion criteria for papers were; participants had a disability (any type), used AT (any type), and were current students in a higher education institution; AT-related educational and/or psychosocial outcomes were reported; papers were empirical; and in the English language. Twenty six papers were eligible for inclusion in this systematic review. A thematic synthesis was carried out to collate findings across the papers and the methodological quality of included papers was assessed using the mixed methods appraisal tool (MMAT).

**Results:** Four analytic themes were identified; 'AT as an enabler of academic engagement'; 'barriers to effective AT use can hinder academic engagement'; 'the transformative possibilities of AT from a psychological perspective'; 'AT as an enabler of participation'.

**Conclusions:** Systematically identifying the potential benefits of AT could have important implications for the AT user themselves while also informing AT-related funding, practices and policy in higher education.

**P19: Narratives of Irish based, Black African mothers living with HIV.**

Dr Denise Proudfoot

School of Nursing and Human Sciences, DCU.

**Background and Objectives:** In the fourth decade of HIV, the infection remains a challenging disease to live with, notwithstanding advances in antiretroviral treatment (ART). Similar to the UK, migrants from countries with a high-prevalence epidemic represent a significant proportion of those newly diagnosed with HIV in Ireland each year. Over fifty percent of these newly diagnosed women in Ireland are African, representing a significant proportion of Irish based affected women and many of these women have children. Despite these numbers, little is known about these women's lives, bearing in mind their previous knowledge HIV within their countries of origin and migration shape their experiences of being HIV positive. My narrative study with Irish based HIV positive mothers allowed for understanding of their lives. This poster will focus on the experiences of the African mothers with particular emphasis on how they deal with disclosure and stigma which is strongly linked with their biographical histories of HIV/AIDS.

**Methods:** In depth narrative interviews with mothers living with HIV.

**Results:**

- Within the narratives of the Black African women, their biographical history of AIDS emerged as a factor as upon diagnosis many thought that HIV was life limiting despite the significant HIV treatment advances.
- HIV related stigma/judgement was considered to be part of their HIV experience so impacted on who they share their diagnosis with and in turn their support options.

**Conclusions:**

Participants history of living in communities where in HIV is still considered a feared fatal illness appears to affect their own HIV experiences upon diagnosis.

**P20: Centre for eIntegrated Care**

Hussey P on behalf of the CeIC team

DCU School of Nursing and Human Sciences

**Background and Objectives:** The Center for eIntegrated Care (CeIC) is conducting research on an ICT supported platform to deliver co-ordinated care nationally. In many countries deployment of large scale projects does not consider interoperability a priority outside their organisational boundaries. Thus resulting in silo fragmented care which has limited impact on service user's need or systems for social and health care teams. CeIC is engaged with eHealth Ireland on the development of a meta data registry to support an interoperability framework for integrated care in the form of a Health and Social Care National Data Dictionary (HSCNDD).

**Methods:** A co-design methodology to optimise ideas and foster collaboration within a quadruple helix ecosystem is in progress. Workshops, ecosystem and advisory group meetings with citizens, government, industry and academia (n=20) were co-ordinated by CeIC in the past year to define requirements and create a shared vision for the development of the HSCNDD.

**Results:** The material developed as part of this co-design approach is presented on the CeIC website see [www.ceic.ie](http://www.ceic.ie) and this abstract is accompanied by a poster which illustrates a synthesis of the ideas collected from this co-design initiative.

**Conclusions:** Defining the core requirements to create a meta data registry framework and associated set of catalogue properties for HSCNDD takes time and requires significant investment with people to optimise innovation and progress with a shared vision. Research to date has shown that engaging academic centres in new roles facilitates a strong evidence base, a good level of collaboration, supports inclusion and accommodates co design opportunities for future holistic patient centered models of care.

**P21: The impact of natural aging on behavioural and electrophysiological indices of decision making**

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<sup>1</sup> School of Nursing and Human Science, Dublin City University

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<sup>3</sup>School of Electrical and Electronic Engineering, University College Dublin

**Background and Objectives:** Most cognitive tasks share a common requirement to translate sensory information into a goal-directed action. Yet, while the effects of aging have been investigated on a range of cognitive functions, relatively little research has focused on how aging impacts this perceptual decision making process. Furthermore, extant studies have been limited to investigating the role of aging on perceptual decision making via model fitting to behavioral data from young and old participants and require verification from electrophysiological studies.

**Methods:** Here we recorded 64-channel EEG as participants performed either a contrast change detection task or a continuous random dot motion task. Our signals analysis approach allowed us to isolate separate neural signals representing the sensory encoding, decision formation and motor preparation stages of a perceptual decision.

**Results:** Pretarget alpha power over posterior electrodes provided an index of attentional engagement to the task. On the random dot motion task, older adults were less accurate and displayed longer reaction times than their younger counterparts and this was accompanied by a shallower build-up of the decision formation signal. However, on the contrast change task the older group outperformed the younger group by detecting more targets. Analysis of the EEG data revealed a higher degree of alpha desynchronization in older adults, implying that their behavioral advantage was due to better task engagement.

**Conclusions:** This task dependence of our results suggest that a decline in perceptual decision making may not be an inevitable consequence of aging.

**P22: Self-management experiences, attitudes and perspectives of CYP living with epilepsy.**

Orla Mooney, Aoife McNicholl, Veronica Lambert, Pamela Gallagher

School of Nursing and Human Science, Dublin City University

**Background and Objectives:** The aim of this paper is to conduct a meta-synthesis of qualitative studies exploring the self-management experiences, attitudes and perspectives of CYP living with epilepsy.

**Methods:** Five electronic databases were systematically searched. Papers using qualitative methods to explore self-management in CYP up to 18 years of age living with epilepsy were included. A thematic synthesis approach was used to synthesise the findings.

**Results:** Eleven papers met the inclusion criteria. One analytical theme emerged: self-management strategies underpinned by four descriptive themes; concealment; medicine adherence; self-monitoring of activities; and social support.

**Conclusions:** No papers specifically examined the experience of self-management in CYP with epilepsy as a primary aim. Overall, there is a lack of evidence in understanding self-management in CYP with epilepsy and the processes that support the use of it. Given the developmental life stage and the unique challenges of living with epilepsy, future research specifically examining self-management processes in CYP with epilepsy is required.



**P23: Development of a programme to support student nurses to maintain a healthy weight**

Rachel Eustace<sup>1</sup>, Dr Mary Rose Sweeney<sup>2</sup>

HSE Dublin North<sup>1</sup> School of Nursing and Human Sciences, DCU<sup>2</sup>

**Background:** The health and wellbeing of the health services workforce has been identified as a strategic priority area by the HSE (Health Service Executive, 2015). Nurses are the largest occupational grouping providing health care (Kyle et al., 2016). Compared to other allied health care professionals, nurses have a higher prevalence of overweight and obesity, (Kyle et al., 2017). Of concern, student nurses' health status has been reported as being even poorer than registered nurses (Malik et al, 2011). There is widespread acceptance that a wide range of societal factors play a role in the development of overweight/obesity including workplace environment. Unique nutritional challenges are faced by shift workers and obstacles to healthy eating include: lack of breaks, shift patterns, poor food selection, inadequate canteen opening times, lack of time and tiredness (Safe Food, 2016).

**Aim:** To co-produce with student nurses and with input from other key stakeholders in their training and education, a programme to promote healthier weight status. This programme will be pilot tested on a cohort of nurses. Pre and post-intervention evaluation will be undertaken.

**Methods:** A mixed-methods approach will be used to assess baseline information about the lives of student nurses specifically exploring the factors adversely impacting nutrition quality. Student nurses, lecturers and clinical staff will inform the study. Using this information, a multi-component intervention will be co-designed with student nurses to improve the quality of their nutrition intake. This will be pilot tested and evaluated.

**P24: The COMMUNE Project (Coproducted Mental Health Nursing)**

Martha Griffin, Liam Mac Gabhann, Siobhan Russell

School of Nursing & Human Sciences, DCU.

**Background:** The COMMUNE project is funded by Erasmus +. There are 7 partners involved in the project; DCU, University of Applied Sciences Utrecht, Turku of Applied Sciences, Inland Norway University of Applied Sciences, University College Cork, University of Iceland, University of Canberra.

**Objectives:** To present findings from co-produced research that aimed to gain insight into how those who have used the mental health service can contribute to mental health nursing education.

**Aim:** to explore the thoughts and experiences of those who have used the mental health services on their involvement in nursing education

**Method:**

- Method: Co-production, Qualitative descriptive
- Participants: 50 participants in 7 sites (Australia, Iceland, Netherlands, Finland, Norway, Dublin & Cork)
- Data collection: 8 focus group interviews [facilitated by nurse academic (NA) and Expert by Experience (EBE)]
- Data analysis: Braun & Clarke's (2006) thematic analysis. Initial analysis completed by NA & EBE in each partner site, synthesis of each analysis undertaken by NA, EBE.

**Results and Conclusions:**

- Developing students' understandings of recovery, enabling students to see beyond diagnostic labels and adopting a strengths-based approach to practice are fundamental.
- Nursing curricula needs to focus more on communication and self-reflection.
- Involving EBE's in teaching will assist students to explore their own values, beliefs and underlying biases, thus providing transformational education beyond 'storytelling'

**P25: Application of an Implementation Science Framework to support evidence based practice**

Therese Leufer and Catriona Murphy

School of Nursing and Human Sciences, Dublin City University.

**Background and Objectives:** Tackling population health concerns which contribute to morbidity and mortality in older adults has the potential to contribute positively to a healthy ageing agenda. Healthcare practitioners working in primary care/community settings are well positioned to contribute to this agenda through tackling a major chronic disease risk factor: high blood pressure, a condition that is treatable and manageable. This presentation demonstrates the utilisation of an implementation science framework to disseminate research based evidence on high blood pressure to community based practitioners.

**Methods:** The field of implementation science offers models and approaches that can facilitate successful translation of evidence into practice. The Interactive Systems Framework (ISF) is a process model which helps guide dissemination and implementation of new information or innovations in practice. This model has particular strengths for the implementation of community-based prevention innovations and was chosen to inform dissemination of hypertension research findings from The Irish Longitudinal Study on Ageing (TILDA).

**Results:** The ISF framework is based on three key 'systems' which interact to bring about successful implementation. These include preparation for translation; determining capacity to support the work and strengthen dissemination networks; and determining capacity to implement and sustain the innovation in practice. The Hypertension research output was mapped against the ISF framework to guide key activities within each system to support evidence-based practice.

**Conclusions:**

This poster will illustrate how the Interactive Systems Framework was successful in guiding and informing dissemination of evidence from The Irish Longitudinal Study on Ageing (TILDA).

**P26: Cultural-related differences in the neural correlates of feedback processing during a luck-based game**

Joana Augusto<sup>1,4</sup>; Carina Fernandes<sup>1,2</sup>; Richard AP Roche<sup>3</sup>; Fernando Barbosa<sup>2</sup>; Styliani Vlachou<sup>4</sup>; José Paulo Marques dos Santos<sup>4,5</sup>

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**Background and Objectives:** *Cultural Neuroscience* is an interdisciplinary field that aims to unravel how culture modulates neural mechanisms underlying human cognitive and affective processes. In this study, we investigated how culture can shape brain function during a luck-based game, the Rock-Paper-Scissors game, given that luck is not influenced by culture, while the perception of the outcome (win, draw or lose) may vary across environments. We therefore anticipate no behavioural differences across cultures; however, on a neurobiological level, the perception of winning and/or losing may be stronger and/or more significant in one of the cultures.

**Methods:** A sample of 30 Latin ( $M_{age} = 25.53$ ;  $SD = 7.62$ ) and 31 Anglo-Saxon participants ( $M_{age} = 23.94$ ;  $SD = 6.83$ ) played the original format Rock-Paper-Scissors game while their electrical brain activity was recorded using the electroencephalogram. We examined two feedback-locked event-related potentials that play a crucial role in post-outcome processing: the Feedback Related Negativity (FRN) and the P3.

**Results:** No significant behavioural performance differences were observed between the two cultures. The FRN and P3 waveform components showed that groups significantly differed in amplitude.

**Conclusions:** The absence of behavioural differences met our initial prediction, suggesting that luck is not influenced by the cultural settings. The neurophysiological results suggest that culture may significantly influence the processing of feedback, since the FRN and P3 amplitudes were significantly different. Interestingly, we did not find a main effect of condition, which can be explained by the fact that participants played a luck-based game where the level of expectation and arousal are similar.

**P27: Sexual orientation, gender identity and social anxiety levels**

Conor Mahon, Gemma Kiernan and Pamela Gallagher

School of Nursing and Human Sciences, DCU

**Background and Objectives:** Sexual minorities experience social anxiety at higher levels than heterosexuals. Preliminary evidence portrays bisexuals and those identifying with other sexual minority identities (e.g., pansexual, queer) as more at risk than gay/lesbian individuals. However, there is a paucity of social anxiety research accounting for the extensive range of sexual orientation and gender identity sub-groups within sexual minorities. The present study advances previous efforts in examining social anxiety levels across a diverse range of sexual and gender identities.

**Methods:** Eight hundred ninety sexual minority adults, primarily residing in the Republic of Ireland (n = 813), were recruited primarily through Facebook. Participants indicated both their sexual orientation and gender identity, and completed the Liebowitz Social Anxiety Scale (LSAS) Self-Report as part of an online survey via Qualtrics.

**Results:** Results indicated that non-cisgender individuals (i.e., transgender, non-binary) rated significantly higher levels of social anxiety than cisgender men and cisgender women, whilst cisgender women demonstrated significantly higher levels than cisgender men. For cisgender women, bisexuals and those identifying with other sexual minority identities rated significantly higher levels of social anxiety than lesbians. Alternatively, no such differences were observed across sexual orientation sub-groups for cisgender men and non-cisgender individuals.

**Conclusions:** Social anxiety was notably high for all sexual minority groups; it remains a serious mental health concern for this population. Findings emphasise the need to focus distinctly on each sexual minority sub-group, and to test the efficacy of psychological interventions designed to tackle social anxiety for the sub-groups most at risk for social anxiety disorder.

**P28: Evaluating a Community Alcohol Treatment Program**

Eoghan Scott, Anne Matthews, Simon Dunne, Malcolm Brady

School of Nursing and Human Sciences, DCU, Dublin

**Background and Objectives:** Problem alcohol use (PAU) is a problem globally and in Ireland. While research shows positive outcomes for the effectiveness of alcohol treatment programmes, the primary outcomes measured are usually rates of programme retention or levels of alcohol use. Considering the complexities and broader impact of PAU, it may be beneficial to measure a psychological variable, such as Quality of Life (QoL), as a primary outcome. However, there is a scarcity of QoL measures specific to individuals with PAU, and even more so, their families. This research aims to understand how individuals with PAU and their families experience and define QoL and use this understanding to develop/ implement an alcohol treatment evaluation framework/ model.

**Methods:** The research consists of three phases. Two qualitative phases will consist of interviews with individuals with PAU (Phase 1) and their families (Phase 2) to understand how these groups experience QoL and how they define it. The third and final phase will involve the development/ implementation of an alcohol treatment evaluation framework/ model. Phase 1 data collection will commence by end 2018 (pending institutional ethical approval). Phase 2 data collection is expected to be complete by summer 2019. Phase 3 of the study is expected to commence in October 2019. This research will enhance our understanding of QoL for those with PAU and their families in Ireland. Through this lens could come the development of a framework/model for evaluating the effectiveness of community alcohol treatment programmes for individuals with PAU and their families.

**P29: Banking on Milk: Trust, translation, technology and transition.**

Cassidy, Tanya, Mahon, Bernard, Dykes, Fiona.

School of Nursing and Human Sciences, DCU, Dublin; Maynooth University; University of Central Lancashire.

**Background and Objectives:** Donor human milk services are expanding around the world at an exponential rate, which is directly linked to global increases in premature births. The importance of human milk for prematurely born infants has been extensively identified, even among the recent social scientific work that has questioned the efficacy of human milk and health considerations. For over a century a often unknown medical service of human milk has been available for some infants born prematurely.

**Methods:** Based on our EU Horizon MSCA funded study, we employed triangulated qualitative data collection (observational field work, narrative interviews and archival/document data collection) over twelve months (February 2016 to February 2017). In addition, more objective qualitative human milk alcohol testing strips were used to test eight samples of donor milk per month per bank. We received ethical approval from the NHS Health Research Authority (HRA).

**Results:** The four milk banks involved in our study were the largest across the UK and Ireland at the time of our research. As of 2018 there are 16 DHMBs across the UK and Ireland, including one located in Northern Ireland serving the island of Ireland as a whole. We discuss the experiences of human milk services from the staff, donor and parents of recipients' perspectives.

**Conclusions:** The complexity of this century old service is discussed comparatively with other services across Europe, and globally. Central transactions are discussed in relations to concepts of trust, translation, technology, and transitions with the importance of transdisciplinary research.

**P30: Developing a model for a national dementia registry in Ireland**

Louise Hopper

School of Nursing and Human Sciences, Dublin City University

**Background and Objectives:** There is an urgent need to gather valid epidemiological data that provides accurate and reliable national estimates of current and future dementia prevalence, facilitates the development of robust and effective dementia health and social policy, and enables the flexible provision of services nationally and at a local level. The HSE's National Dementia Office have commissioned the development of a model for a dementia registry that will support the roll-out of the National Dementia Strategy and has the potential to improve dementia care management, and inform and improve clinical outcomes for individuals living with the condition.

**Methods:** Development of an appropriate national model requires input from policy makers, registry experts, clinicians and people living with dementia to determine the primary aims and objectives of the registry, the scope and target population of the registry, the data to be collected, outcome measures and how best to use the data to meet registry objectives. Legal, ethical and data protection expertise will assist in the development of appropriate consent and data management processes. Technical expertise will help identify a suitable technology platform and health economic expertise will assist in costing the resulting model. All stakeholders will inform registry governance and quality procedures.

**Conclusions:** The resulting model will be aligned with national eHealth policy and provide a framework for the collection, analysis and dissemination of national dementia data in a reliable, accurate, valid, complete and timely way, thus delivering a sustainable platform to support dementia care and timely intervention in Ireland.

**P31: An Investigation of Relationships between Self-reported Prospective and Retrospective Memory Failures and Performance on Objective Cognitive Tests in an Irish Primary Care Context.**

Sophia Kilcullen, Kate Irving and Teresa Burke

School of Nursing and Human Sciences, Dublin City University.

**Background and Objectives:** More sensitive indicators of cognitive decline are needed in Primary Care. Self-report measures offer some potential but, to date, are not yet reliable indicators of objective performance or progression to dementia. Relationships between self-reported and objective performance remains unclear. Recent research suggests that prospective memory (PM) failures might reflect current and future cognitive decline more accurately than retrospective memory (RM) failures.

**Methods:** In order to determine the nature, extent and possible underlying causes of self-reported cognitive difficulties in older Irish adults, Study 1 obtained PRMQ data as well as socio-demographic, mood state and health-related information from 519 community-dwelling adults > 50+ years, using an anonymous survey. Study 2 obtained PRMQ data and data on objective tests recommended for Primary Care from a separate sample (n = 99) of community-dwelling adults without history of dementia. Participants were then classified as high reporters/low reporters of memory difficulty and the effectiveness of objective tests for determining group membership was assessed. A 3<sup>rd</sup> study employed advanced statistical methods in an attempt to identify an improved self-assessment tool.

**Results:** Study 1 data revealed that self-reported PM and RM failures are common in the older Irish population. Results from analysis of relationships between objective and subjective memory performance revealed complex relationships dependent upon factors such as mood state and health status.

**Conclusions:** The relationships between self-reported memory failures and objective memory performance are complex but can be better understood when account is taken of co-morbidities such as mood state and sleep disturbance. Based on these findings, care should be taken to understand the complexity and clinical relevance of self-reported difficulties in older adults.

**P32: The Dublin, North, North East Recovery College, two years on: Reflecting on our alternative community based approaches to providing emancipatory mental health recovery education.**

John Kelly, Martha Griffin, Liam MacGabhann & Mary Farrelly

School of Nursing & Human Sciences, DCU.

**Background and Objectives:** In February 2016, made up of service users, Dublin City University, mental health services and other educational organisations secured seed innovation funding from the regional Office of the Nursing & Midwifery Services Directorate to establish the Dublin North, North East Recovery College (DNNERC). This regional initiative includes North Dublin and Louth and Meath areas. The development of this college was a direct response to what has been a persistent drive in Irish Mental Health Services to create organisational change towards recovery orientated service delivery (HSE 2016). Pilot sites in Ireland have been guided by The Centre for Mental Health (Perkins et al., 2012a) guidelines on effective organisational change. Core to the required outcomes of such change has been the development of regional recovery colleges (Perkins et al., 2012b).

**Methods:** Data collated via mixed methods approach, utilising Quantitative, Qualitative and focus group evaluation tools. Further Feedback incorporated here from a National Seminar led by DNNERC in May 2018, which invited stakeholders all over Ireland to critically engage with the question: *'If recovery education is the answer, what is the question?'*

**Results:** The data informing this presentation are currently being collated and the results will be circulated prior to Dec 5<sup>th</sup>. The summary of findings being presented will demonstrate the effectiveness of this college in improving personal and social recovery experiences of college participants taking an approach informed by Personal Recovery, Adult Education, Community Development and Co-production principles, in presenting feedback from the aforementioned national seminar, there will also be a broader focus on identified challenges, when working to create a culture of recovery and personal growth in the community.

**Conclusions:** With our findings presently being finalised, conclusions have yet to be drawn. Our intention is for this presentation to locate Recovery Colleges in the overall scheme of mental health service provision with regard the provision of Recovery Education in Ireland, which is now in the early stages of development and to compare the emancipatory approaches taken by DNNERC with recovery colleges / initiatives governed still by mental health services.

**P33: Key factors in forming Social Bonds in a Community Addiction Service**

Dr Gerard Moore, Dr Rita Glover, Dr Catherine McGonagle, Clodagh O Sullivan & Daniel Phelan

School of Nursing and Human Sciences, DCU.

**Background and Objectives:** This study explored what key skills staff use in a community addiction service to enable the formation of social bonds, which enables engagement and retention of service users.

**Methods:** Data was collected through a literature review, ethnographic observation, interviews and focus groups; this included 60 hours of observation, 17 individual interviews and two focus groups.

**Results:** Findings showed that staff are successful at engaging and retaining service users and their ability to form strong social bonds is the key to their success. This is achieved through the philosophy which espouses, a non-punitive approach, person-centred and trauma informed care. The person-centred approach facilitates the formation of partnership between staff and service users in which they work together to achieve goals unique to each service user. The non-punitive approach stipulates not punishing or judging service users who slip or relapse resulting in the reduction of shame and the promotion of honesty. This is in stark contrast to punitive and judgemental approaches which are a component of other models of addiction treatment and which service users reported as part of their lived experience. Trauma Informed Care allows service users to seek appropriate treatment for underlying issues they may have, thus allowing them to fully engage in the service.

**Conclusions:** The three interrelated strands of STAR's philosophy produce an approach to the treatment of substance misuse that is considered to be unique and different to many mainstream addiction models, providing a platform for the formation of social bonds.

**P34: An investigation into the cognitive correlates of concealed information.**

Laura McGrady<sup>1</sup>, Lorraine Boran<sup>1</sup> and Richard Roche<sup>2</sup>

<sup>1</sup>School of Nursing and Human Sciences, DCU;

<sup>2</sup>Department of Psychology, Maynooth University.

**Background and Objectives:** Recent times have seen the development of combined behavioural and neuroimaging techniques to predict lie-telling (Meijer et al., 2016). Although 'lie detection' tests are considered admissible evidence in Japan, the western world has yet to acknowledge their reliability or validity in legal contexts, or otherwise. An open question within the literature is the involvement of executive function (EF) cognitive-neural processes underpinning the concealment of information. A recent meta-analysis suggests that the orienting response (OR) may underpin the detection of "concealed information", whereas response inhibition (RI) may be involved detecting "deception". Both the concealment of information and deception are treated as similar concepts in literature but are measured differently. Both EFs may contribute differentially to the concealment of information..The present within participant study investigates the involvement of OR and RI in concealed information in two tasks: Concealed Information Task (CIT) and the Differentiation of Deception task (Dod).

**Methods:** 60 participants from the healthy adult population will be recruited to complete EF tasks such as the Go-No task, and the Attentional Network Task (ANT), as well as the CIT and DoD.

**Results:** Preliminary analyses of RTs using multiple regression reveal (n=20) that OR is not a significant predictor of CIT or DoD performance ( $p > .05$ ). Executive control does not predict Dod performance, but is a significant predictor of CIT performance ( $p < .05$ ). There is no predictive relationship between CIT and Dod performance ( $p > .05$ ). An analysis of errors shows that commission errors occur more frequently when concealing compared to non concealing in the CIT  $p < .05$  (n=20).

**Conclusions:** Implications of these results will be considered in terms of the involvement of EF in predicting successful concealment of information. Errors may be a better predictor of concealed information than RTs.

**P35: Experiences of Sex Trafficking among Migrant Women in Ireland**

Jennifer Okeke, Mel Duffy and Rosaleen McElvaney

School of Nursing and Human Sciences, Dublin City University.

**Background and Objectives:** The U.S Secretary of State John F. Kerry stated that “Trafficking in person remains an assault on freedom and an affront to human dignity, “Money may be able to buy a lot of things, but it should never and ever be able to buy another human being” (TIP 2015) yet, the crime of sex trafficking continues to grow.

In Ireland, studies based on interviews with sex trafficked victims are few due to difficulties in accessing the women and evidence from these studies suggests that victims of sex trafficking stay silent even after they exit the sex industry Kelleher et al. (2009). These researchers report further highlighted the need for further research into sex trafficking of migrant women in Ireland and the challenges involved due to the hidden nature of the sex industry.

This study is about the stories of migrant women who were trafficked either into or through Ireland for sexual exploitation and who are now living other lives. The study will seek to explore migrant women experiences and understanding of sex trafficking and how these experiences have influenced the realities of their present lives.

Narrative inquiry is the framework chosen for this study. It addresses meaning-making through the ordering and shaping of experiences, the process of understanding others’ or one’s own actions, and of analyzing events and objects to make meaning (Denzin and Lincoln 2011) Interviews with participants have just commenced. Data will be gathered and analysed within 5 to 6months due to the fact that these particular participants are hard to reach population.

**P36: The Placement of Younger People with Disabilities in Nursing Homes: An Analysis of Assessment Forms Accompanying NHSS Applications**

Dr Maria Pierce (Faculty of Science & Health), Sophia Kilcullen and Dr Mel Duffy

School of Nursing and Human Sciences, Dublin City University.

**Background and Objectives:** This study focusing on the placement of younger people with disabilities in nursing homes was commissioned by the Disability Federation of Ireland (DFI). The study is based on an audit of Common Summary Assessment Recors (CSAR) Form that accompany applications from younger people with disabilities for the Nursing Home Support Scheme.

**Methods:** 48 anonymised CSAR forms were obtained from one Local Placement Forum. This poster illustrates the characteristics of younger people who applied for a nursing home place. They include: age; marital status; living arrangements prior to entering a nursing home; information on the type of disability; source of referral and living preferences.

**Results:** The finding show that the majority of people were referred to NHSS from acute hospital settings.

**Conclusions:** The findings will be useful to the HSE in reviewing the placement of younger people with disabilities in nursing homes, and identifying actions needed to ensure that, where nursing home care is inappropriate, people with disabilities can access appropriate housing options and community-based supports to enable them to live in the community

**P37: Developing an Autism Friendly University at Dublin City University.**

Mary Rose Sweeney<sup>1</sup>, Teresa Burke<sup>1</sup>, Katie Quinn<sup>2</sup>, Adam Harris<sup>2</sup>.

School of Nursing and Human Sciences<sup>1</sup>, Dublin City University, AsIAM<sup>2</sup>.

**Background:** A recent autism prevalence study conducted in Ireland has shown Autism rates of 1%. The National Council for Special Education in Ireland recently published new policy advice on the education of people with Autism. One of the findings, underpinning the Council's advice, is that 1 in 65 or 14,000 students in National and Secondary school in Ireland have a diagnosis of Autism. This means that more people with Autism are attending education in Ireland than ever before.

**Aim:** The aim of our research project was to explore the college related experiences of students with autism attending an Irish University. Of particular interest was

- Their interactions with staff and other students
- Their teaching and learning experiences
- Their integration into the University community
- The physical campus environment

**Methods:** This study consisted of 4 linked but separate studies

- 1) An online survey with students with autism at DCU to explore their needs
- 2) An online survey administered to the general student body at DCU to explore attitudes and knowledge of autism
- 3) Semi-structured interviews and focus groups with key campus staff who regularly engage with students with autism
- 4) A sensory audit of the DCU campus

**Results**

Data from the 4 studies gave a comprehensive a picture of the issues arising for students attending university as well as the additional supports needed.

**Discussion:** This study has led to the development of a set of new principles and an action plan of 53 separate actions which will improve the experiences of persons with autism attending DCU. Other universities nationally and internationally are replicating the model.

**P38: Assessing matters within undergraduate nursing education; a phenomenographic informed study.**

Orflaith O Reilly

School of Nursing and Human Sciences<sup>1</sup>, Dublin City University

**Background and Objectives:** The primacy of assessment to student learning in higher education is forcefully acknowledged in research. But, how academics view and experience this work is an underdeveloped aspect of study. Within nursing education the topic is not explored at all.

**Methods:** Using a phenomenographic informed approach, a primary aim here through interviews and analysis was to explore variation in academics' accounts of this work. Analysis of dialogic data led to depiction of three orientation to assessment. Within each orientation, differences in how and in ways academics go about this work were found.

**Results:** Within a first orientation, conventional assessment was applied mostly, though not exclusively, within foundational modules. Not uncommon was managing large student cohorts, including across the Faculty and administration of end of semester time-constrained unseen examinations. Consistent with a second orientation was greater variation in and use of more active assessing activities, administered to nursing groups only. Both being available for and providing feedback to students on consultations days in-line with university protocol, was more commonly found in these two orientations. However, within the third orientation consistently designing assessment to engage nursing students with module learning, using more creative assessing processes, providing feedback early-on, and using educational technologies to provide this chiefly, was valued. The three orientations reflect a shifting emphasis between and of teaching, assessment and feedback as independent activities towards becoming mutually dependent or overlapping.

**Conclusions:** Findings of this research have implications for development and delivery of teaching, assessment and feedback of and for student learning within undergraduate education



**P39: Suicide in the Workplace: Impact, Experiences and Responses of Colleagues**

Dr Evelyn Gordon, Dr Briega Casey

School of Nursing and Human Sciences, DCU.

**Background and Objectives:** The prevalence of suicide in the workplace is increasing worldwide (Cullen 2014). Awareness concerning incidence, possible contributing factors and the effectiveness of prevention strategies is developing. Bereavement by suicide entails some unique features (Hunt & Hertlein 2015), can be more intense, of longer duration and experienced as more stigmatising than bereavement by other causes (Gordon et al. 2015). Suicide in the workplace can evoke powerful emotional responses among colleagues such as anger, fear and distress (Kinder & Cooper 2009). The suicide of a co-worker will impact differently on co-workers depending on the nature of the relationship with the deceased. Suicide confers higher demands on certain personnel in an organisation, and different levels of response have been proposed, ranging from general organisational support to specialised counselling (Austin and McGuinness 2012). The overall aim of the study was to capture the experiences of colleagues bereaved by the suicide of a work colleague, which is a vastly under researched area.

**Methods:** Interpretive Phenomenological Analysis (IPA) was used which is underpinned by phenomenology, which emphasises lived experience and meaning-making; ideography, emphasising individual accounts; and hermeneutics, which incorporates an interpretative lens. Thus, it is particularly suited to analysing unique lived experiences and the meanings that people bring to these experiences. Data were gathered using semi-structured one-to-one interviews that centred on 3 cases of workplace suicide.

**Results** Participants found workplace suicide to be a unique and shocking event and valued being able to call on external support where available. Other psychological and organisational issues were evident including the unearthing of other life trauma and managing the legacy of suicide.

**Conclusions:** Following suicidal death of a colleague, staff members often experience anxiety concerning suicide contagion and mental health of colleagues, thus all staff should be supported in this regard. Organisations should be cognisant of the potential for and the occurrence of worker-suicide and ensure that sensitive interventions are in place for managing the immediate aftermath of onsite/offsite suicide as well as ongoing support of colleagues. The role of organisations in mental health promotion/support and suicide prevention initiatives requires further debate and clarity.

**P40: Supporting health promotion practice among homeless sector workers in Ireland.**

Dr. Briega Casey, Dr Mary Farrelly & Dr Denise Proudfoot

School of Nursing and Human Sciences, DCU.

**Background and Objectives:** Established in 2009, the Undergraduate Certificate in Homeless Prevention and Intervention is a unique programme which focuses specifically on holistic assessment and support of people experiencing homelessness. The programme was developed in partnership between Dublin City University, Dublin Region Homeless Executive and major stakeholders in the Irish Homeless sector. The programme consists of 3x 10 ECT credit modules undertaken part time over 16 months. Modules are; *1. Assessment and Support Planning: Process and Practice*, *2. Socio-economic Contexts of People in Homelessness*, *3. Health, illness and Addiction in Homelessness*. Delivery is through lectures, online learning methods, discussion groups/role plays, online simulation and practice based projects. This poster provides details of the course evaluation and the aspects of health that the student's focussed on over a three year period.

**Methods:** Evaluation of course: questionnaire to students, survey of managers in the homeless agencies, Health promotion projects: Documentary analysis of student assessments

**Results:** Results of the evaluation indicate a number of perceived benefits of participation in the programme from the perspectives of the students and their managers. These include skills development, professional career development and impact on client outcomes. Drug and alcohol addiction, general physical health issues and mental health were the main area addressed in the students' health promotion projects.

**Conclusions:** The programme meets the learning needs of homeless sector workers and the assessment for the Health, Illness, Addiction and Homeless module facilitates learning, skill development and practice development in keys area of concern for people who are homeless or tenuously housed.

**P-41: "I've spent my time well today:" Effects of community choir participation among people with dementia and carers – a mixed methods study**

Dr Briega Casey  
School of Nursing and Human Sciences, DCU.

**Background and Objectives:** Dementia is one of the most common diseases affecting the elderly population. People with dementia (PWD) experience memory and concentration problems, loss of communication skills and personality changes. These symptoms can be extremely distressing for PWD and their families/carers. Engaging with music through singing and choir activity has emerged in recent years as a positive intervention for PWD. Recent research demonstrates that regular singing results in: improved memory and recall, improved emotional state, social inclusion/empowerment and enhanced communication and physical health: breathing and vocal control. Additional research found that carers had similar experiences of choir participation in terms of relaxation and socialisation and also perceived the choir as a normalising activity in which they could encounter the strengths and abilities of their loved one late into the illness. This poster describes a research investigation into the effects (social, psychological, cognitive, and physical function) for PWD and carers of participating in a Dublin based community choir. The choir comprised 28 members, was led by a professional choral director and took place weekly in a community library. Ethical approval for the research was granted by DCU Ethics committee

**Methods:** The research employed mixed qualitative and quantitative methodology to ensure rigour of findings and to allow varying perspectives to emerge. Methods used to gather this data included a specially designed questionnaire administered to all choir members (n28), choir observation and field notes and semi-structured interviews with 6 choir participants (PWD and carers), the choral director and major stakeholders. Qualitative data analysis employed a thematic approach. Interviews and field notes were transcribed and data analysed and coded for themes using a standard content analysis approach. Questionnaire data was analysed using SPSS.

**Results and Conclusions:** There was strong evidence that the community choir served as a targeted and useful intervention for this group (PWD/carers) in terms of improved social, emotional and cognitive functioning. However, previous research findings regarding improvements in physical health were not replicated in this study to any large extent apart from some evidence of breathing improvement. Implications and recommendations concerning these findings are described.

**P-42: Voluntary folic acid levels in food staples in Ireland continue to decline: further implications for passive folic acid intakes?**

Elizabeth Egan and Mary Rose Sweeney.

School of Nursing and Human Sciences<sup>1</sup>, Dublin City University, Glasnevin, D9.

**Background**

Neural tube defects are largely preventable by the maternal peri-conceptual consumption of folic acid. Research carried out in 2014 demonstrated a major decline in the number of food staples fortified with folic acid in Irish supermarkets.

**Aim:** The aim of this study was to examine if the levels of FA in food staples have declined further in the period since then.

**Methods**

Over a period of 8-weeks between June and August 2017, the nutrition labels of all food staples for sale in the supermarkets with the majority of the market share in Ireland were examined. The amount of added folic acid detailed on the label was recorded and compared with 2014 levels.

**Results**

In total 1101 products were examined. In percentage terms there has been a decline of FA fortified products within the food groups - spreads, breads, cereals, cereal snacks, milks, fruit juices, yogurts/yogurt drinks and energy drinks since 2014. In absolute terms the numbers of breads fortified with folic acid is now 4 but 3 of these are from a gluten free range. No folic acid fortified traditional white sliced pan was identified in the audit across any of the stores. The numbers of yoghurt drinks increased by 1. For all other food groups there has been a decline in absolute numbers of products - cereal snacks (↓9), fruit juices (↓8), cereals (↓6), spreads (↓6), and energy drinks (↓1).

**Discussion** The number of food staples fortified with continues to decline.

**Conclusion** The continued decline in FA fortified food staples in supermarkets in Ireland may reduce further passive intakes of folic acid and impact NTD rates.

**P-43: Peri-conceptual folic acid supplementation and the Social and Communication Questionnaire (SCQ) score in primary school children – a cross-sectional study.**

Erica Fagan, Andrew Boilson, Mary Rose Sweeney, Anthony Staines

School of Nursing and Human Sciences<sup>1</sup>, Dublin City University, Glasnevin, D9.

**Background:** Maternal peri-conceptual folic acid is recommended by public health agencies for the prevention of Neural Tube Defects in early pregnancy. Recently the links between folic acid exposure in early pregnancy and other conditions have been studied and it has been suggested that folic acid might reduce the risk of developing autism. The SCQ is a validated autism screening instrument for children in the primary school setting. Higher SCQ scores are associated with a greater risk of an autism spectrum disorder.

**Aim:** To examine the association between peri-conceptual folic acid use by mothers, and SCQ scores in primary school children.

**Methods:** A questionnaire for parental completion was sent to children aged 6 to 11 years in primary schools in three regions of Ireland (Galway, Waterford, Cork). Questions included the SCQ, a range of questions on socio-demographic status and maternal peri-conceptual consumption of folic acid. Analysis was by regression, informed by a formal causal model.

**Results:** The overall response rate was just under 60% (n = 5947). There was robust evidence of a significant effect of folic acid use on SCQ scores, with scores 0.4 points lower in those who had consumed the vitamin peri-conceptually.

**Conclusions:** These data add to an emerging body of data suggesting links between neurodevelopment and folic acid exposure. The observed relationship between the SCQ score and folic acid exposure suggests new lines of inquiry to investigate dietary impacts on neurodevelopment.

**P-44: PG Tips: Preparing Psychology Undergraduate Students For Working in Psychology**

Liz Mc Loughlin<sup>1</sup> & Yvonne Mc Loughlin<sup>2</sup>

<sup>1</sup>School of Nursing and Human Sciences Dublin City University; <sup>2</sup>DCU Career Services

**Background and Objectives:** The preparation of psychology students for exiting with their Level 8 Award is a key task for DCU educators, whether for entering the workforce, or preparing for a further specialism in psychology via a clinical, educational or research route. The authors, an academic from the DCU psychology team and the Head of the Career Service collaborated to develop a pioneering module to address this requirement.

**Methods:** A specialist, practical module was developed jointly by the authors to specifically address the skills and competencies identified in the Generation 21 Attributes. The module, delivered in the first semester of third year addressed practical and higher order cognitive skills, including CV and letter of application development; interview skills, psychometric testing, self-assessment skills, ethics in practice and the importance of reflexive thinking and practice.

**Results:** Third year psychology students went on a 14 week Intra placement in the second semester of third year and feedback from placement providers was used to measure outcomes relating to student employability and/or ability to engage with the research process

**Conclusions:** Feedback from placement providers was consistently positive and indicated that the efficacy of a module promoting the practical and reflective preparation of psychology undergraduate students in third year is robust and further supports collaborative working to enhance student teaching and learning.

**P-45: Can the use of Active Distraction reduce the experience of the experimentally induced physical discomfort within a healthy adult population.**

Patrick Boylan<sup>1</sup> and Grainne H. Kirwan<sup>2</sup>

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**Background and Objectives:** Commercially targeted virtual reality (VR) equipment is gaining popularity and might be a viable tool for pain distraction. The research examined a healthy adult population; and aimed to discover through the use of active distraction (AD) and passive distraction (PD) techniques including Virtual Reality whether active distraction greater reduces physical discomfort in a healthy adult population.

**Methods:** Participants were 27 adults, 14 females and 13 males. The study was a mixed method within subject design consisting of 3 groups in which participants took part in 4 tasks, a baseline measure of discomfort, watching a video clip (PD), playing a Lego computer game (AD) and explored a VR world (AD) using an Oculus Rift Head Mounted Display (HMD). In all four test conditions participants were asked to hold their non-dominant leg at a height of approximately 30cm from the floor, up to a maximum of 5 minutes while sitting on a chair.

**Results:** The discomfort tolerance scores demonstrated positive results in tasks requiring greater activity and involvement (presence), with the VR task having the greater effect.

**Conclusions:** The evidence suggested that active distraction combined with higher levels of a sense of presence had the ability to greater reduce discomfort experienced by healthy adults undergoing a laboratory induced discomforting condition.

**P-46: Professional Competence in Nursing (PROCOMPurse)**

Dr. Daniela Lehwaldt<sup>1</sup>, Ms Susan Hourican<sup>1</sup>, Ms. Bridget Lyons<sup>2</sup>, Prof. Anne Scott<sup>3</sup>, Ms. Eimear Burke<sup>3</sup>, Ms. Linda Ní Chianáin<sup>3</sup>, Dr. Pauline Meskell<sup>4</sup>, Mr. Brendan Noonan<sup>5</sup> and Prof. Helena Leino-Kilpi<sup>6</sup>.

<sup>1</sup>Dublin City University, <sup>2</sup>Beaumont Hospital, <sup>3</sup>NUI Galway, <sup>4</sup>University of Limerick, <sup>5</sup>University College Cork, <sup>6</sup>University of Turku.

**Background and Objectives:** Professional Competence in Nursing (PROCOMPurse) takes part in five European countries: Finland, Germany, Ireland, Lithuania and Spain. It is funded by the Academy of Finland and led by the University of Turku in Finland. Dublin City University leads the Irish part of the study.

We will assess the levels of competence and the factors influencing competence of general nursing students during the internship and at the end of their first year as Registered General Nurses, i.e. during the transition period from educational status as students to working life in health care. Our assumption is that nursing education is a fundamental pre-requisite for the development of competence in nursing, which helps with a successful start of the nursing career and which helps with the safety and quality of patient care.

**Methods:** The study runs over two years. The first dataset will be collected in 2018, pilots are commencing in April. Student nurses from the general programme (N=2500, N=500/country) will be invited to complete an online survey. We will also invite Nurse Managers (N=500, N=100/country) and Patients (N=1500, N=300/country) to rate general nursing students' level of competence in surveys that are specially designed for them. The second round of data will be gathered in 2019.

**Results:** Results will be statistically analysed, published and presented at international and at national conferences.

**Conclusions:** This project is evidence of a large-scale international study ongoing within the School of Nursing and Human Sciences.

**Funding:** The study is funded by the Academy of Finland and led by the University of Turku in Finland. Dublin City University leads the Irish part of the study.

**P-47 eCoNNECT: 'enhanced Communication iN Nursing through Exchange of Clinical Teaching experiences'**

Dr. Daniela Lehwaldt<sup>1</sup>, Ms. Susan Hourican<sup>1</sup>, Dr. Mary Kelly<sup>1</sup>, Dr. Mark Glynn<sup>2</sup>, Mr. Patrick Doyle<sup>1</sup>.

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**Background and Objectives:** eCoNNECT: enhanced Communication iN Nursing through Exchange of Clinical Teaching experiences' is an Erasmus+ funded project to produce an online / blended learning module between 2 vocational and 3 higher nurse education institutions from within 3 countries namely Germany, Ireland and the Netherlands. Module participants will compare clinical teaching and learning experiences and develop key communication competences related to focused interviewing, feedback, assessment and documentation. This poster will outline the innovative teaching technologies that will be used for this project.

**Methods:** Loop: is the virtual learning environment that will serve as a platform for module delivery, testing and evaluation. The platform will be the basis for the learning materials developed in this module, for discussing module content and for sharing video scenarios. All project partners will be trained in Loop during a Joint Staff Training event facilitated by DCU.

**Video scenarios:** The project is centred around the implementation and testing of video scenarios, this part will be led by DCU in association with Beaumont Hospital. The videos relate to four communication stages of practice placements such as preparation, the beginning of the placement, the middle and the end of the placement. Discussions will be recorded and shared on-line across participating countries.

**Results:** Based on the innovative technologies and learning materials, module participants will develop their own best practice videos for communication during workplace learning and share them with the group.

**Conclusions:** This project is evidence of a large-scale, Erasmus+ funded, cross-national project ongoing within the School of Nursing and Human Sciences.

