

Placing Human Rights at the Heart of Nursing Home Care in Ireland



RCSI FACULTY of
NURSING and
MIDWIFERY

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Contributors

This research was initiated by Nursing Homes Ireland (NHI), whose leadership, guidance and strategic direction were central to its development. The project stems from NHI’s HOMES strategy, which places the voice and rights of nursing home residents at its core. Conceptualised by NHI in 2023 as part of its commitment to a rights-based approach to nursing home care, the Faculty of Nursing and Midwifery (FNM) at RCSI was commissioned in 2024 to undertake the research. This independent research represents a valuable contribution to the health and social care sector and reflects NHI’s continued leadership in promoting human rights, enhancing the lived experience of residents, and supporting staff. The collaborative partnership between NHI and FNM at RCSI was essential to bringing this important work to fruition.

The research was commissioned and funded by NHI. Commissioners of the study were **Tadhg Daly**, Chief Executive Officer, and **Deirdre Shanagher**, Strategic Clinical Nurse Expert with Regulatory Compliance.

The Co-Lead Applicants for the research were **Professor Mary Lynch** and **Professor Marie Carney**, Faculty of Nursing and Midwifery, RCSI University of Medicine and Health Sciences (FNM RCSI). Co-applicants for the study were **Dr Llinos Haf Spencer**, **Dr Shuhua Yang**, FNM RCSI. **Dr Elizabeth Morrow**, FNM RCSI led the development of this guidance information.

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Introduction

Purpose

This guidance information is intended for nursing home care providers, Persons In Charge (PICs), managers, and staff working in nursing homes in Ireland. It outlines what human rights are, and how nursing homes can support a human rights-based approach (HRBA). Although not a legal document, the guidance information sets out the existing legal obligations and responsibilities of nursing homes in Ireland. It summarises the international evidence, presents stakeholder perspectives, and provides links to useful tools and resources.



Scope

This guidance information focuses on the rights of current nursing home residents, rather than the rights of other client groups, such as people considering nursing home placements or former residents. It does not cover the human rights of nursing home staff or families and carers. While the human rights of these groups is essential, it is beyond the scope of this document.

Structure of the document

Following the Introduction, this document has four sections:

- Part 1: Guidance information for nursing home providers, Persons in Charge, and managers: for nursing home care providers, Persons in Charge (PICs), and managers who oversee the day-to-day running of the nursing home and make sure it meets care standards.
- Part 2: Guidance information for nursing home staff: including directors of nursing, PICs, nurses who provide medical care and/or supervise care staff, healthcare assistants, General Practitioners (GPs) and doctors who visit residents for medical care and check-ups, allied health professionals and therapists (e.g., physiotherapists, occupational therapists, dietitians, speech and language therapists), social care workers, resident activity leads, administrators, domestic staff, as well as other groups of staff working in nursing homes.
- Part 3: Methods and tools for nursing homes to support their human rights based approach: a range of practical methods and tools to support nursing homes to develop their human rights-based approach.
- Part 4: Where to find out more: Sources of information, training and support to develop a human-rights based approach in nursing homes.

How this guidance was developed

This guidance information is based on a research project that aimed to review the evidence and gain insights from key stakeholders across the sector about the human rights of residents in nursing home care. The research project began with a **rapid review** of the international research literature (Phase 1: Spencer et al., 2025), followed by **consultations** (focus groups) with key stakeholders (Phase 2: Carney et al. 2025).

The rapid review identified key human rights issues and found that the complexity of delivering dignified nursing home care is influenced by cultural, economic, organisational, and relational factors. A systemic shift towards person-centred, rights-based, and culturally sensitive care models is crucial to promoting resident dignity and well-being. A Human Rights Based Approach (HRBA) is essential for quality of care and quality of life for residents receiving nursing home care.

➔ **Read more about the evidence in the research paper:** Spencer, L. H., Carney, M., Yang, S., & Lynch, M. (2025). Human rights of residents in the nursing home sector: A rapid review of the evidence. International Journal of Nursing and Health Care Research, 8, Article 1616. <https://doi.org/10.29011/2688-9501.101616>



Phase 2 of the Human Rights Research: Consultation Report

Key highlights from the stakeholder focus groups:

- Participants stressed the importance of embedding a person-centred, rights-based approach within nursing homes.
- They emphasised the need to uphold resident autonomy and dignity, even when choices involve risks.
- A cultural shift is required to promote nursing home care as “new chapters in life”, rather than the final stage - challenging traditional perceptions and negative stereotyping.
- Concerns were raised about the institutionalisation of a narrow set of rights and the limitations of a checkbox approach. There is a risk of overlooking freedoms and choices, such as self-expression and movement.
- The importance of fostering a ‘just culture’ was important to participants – so that residents and staff can speak up if they have concerns, without fear of reprisal.
- Issues such as protection of liberty, restrictions and restraints, and limited personal choice were frequently discussed.
- Participants described the vital role of staff education, family advocacy, and strong leadership in protecting human rights.
- Barriers to genuine person-centred care were felt to be the limitations of current funding models, fear of complaints, staff / workforce shortages, and family influence.
- The need for a homely ethos, tailored care, and respect for cultural differences was also stressed, as was the call for systemic reform to ensure dignity, voice, and individual preferences remain central in all aspects of care.

➔ **Read more about the consultation findings in the research report:** Carney, M., Yang, S., Lynch, M., Spencer, L. H., & Morrow, E. (2025). A human rights-based approach in nursing homes: Consultation report. Faculty of Nursing and Midwifery, RCSI University of Medicine and Health Sciences, Dublin.

What are the core principles of human rights for nursing homes?

Human rights are **fundamental rights and freedoms** that all people should enjoy. People should be treated with fairness, respect, equality and dignity. Within nursing home settings, complying with human rights entitles and empowers residents with rights and freedoms in decisions about their care and support.

The core principles of human rights are ensuring that every person is treated with—**Fairness, Respect, Equality, Dignity** and **Autonomy** (called the FRED A principles). You can find out more about FRED A from Health Information and Quality Authority (HIQA) & Safeguarding Ireland (2019).

In nursing homes, human rights principles help **guide care and decision-making**. They make sure residents are treated with dignity, have control over their lives, and are treated fairly and with respect. It can help if nursing homes develop their own principles for practice, using core principles like FRED A.



- Core Principles (FRED A)**
- ✓ **Fairness**
Everyone is treated fairly and has the right to be involved in decisions
 - ✓ **Respect**
Everyone is treated with respect and cared for as an individual
 - ✓ **Equality**
Everyone is an equal person regardless of their background or ability
 - ✓ **Dignity**
Everyone is valued and their privacy is protected
 - ✓ **Autonomy**
Residents have the right to be involved in decisions about their care

➔ For a **glossary** of key terms see HIQA’s National Standards for Adult Safeguarding (HIQA 2019, p. 53).

A global perspective on human rights

Human rights for older people in residential care are supported by international frameworks such as the **United Nations** and the **Sustainable Development Goals (SDGs)**. The UN highlights the importance of dignity, independence, care, and participation for older adults. Older people with disabilities are also protected under the Convention on the Rights of Persons with Disabilities. Relevant SDGs aim to reduce poverty, promote good health, ensure equality, and support inclusive communities. The **UN Decade of Healthy Ageing (2021–2030)** encourages better care systems, tackling ageism, and involving older people in decisions affecting their lives. The **World Health Organization** provides training on human rights (see Part 4).



Human rights can sometimes feel unclear and overwhelming

Developing a human rights-based approach means that care providers **build a safe, inclusive, and person-centred environment** that supports the health, wellbeing, and quality of life of residents.

The care culture in a nursing home is shaped by the diverse backgrounds of staff and residents, making it important to **create a shared understanding of care expectations, values, and human rights**.

Use plain language such as ‘showing respect for each other’ or ‘being treated fairly’ to make a human rights-based approach easier for everyone to put principles into practice.

A range of **methods and tools** are available to assist nursing homes to adopt a human-rights based approach (see Part 4 of this document).



Staff have human rights too

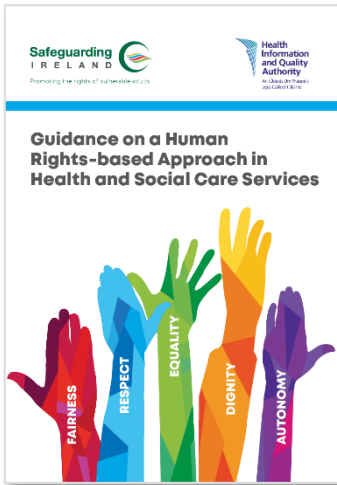
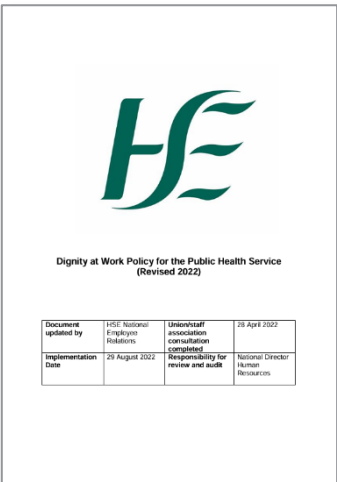
In Ireland, staff working in nursing homes are entitled to a safe and respectful working environment under the **Health Service Executive’s (HSE) Dignity at Work Policy**. This policy protects employees from bullying, harassment, and sexual harassment by colleagues, patients, or visitors, and outlines both informal and formal procedures for addressing complaints.

<https://www2.healthservice.hse.ie/files/130/>

National Employment Rights Authority (NERA) is the statutory body appointed to ensure employers compliance with employment legislation in Ireland. <https://employmentrightsireland.com/tag/nera/>

Health and Safety Authority (HSA) provides resources to support occupational safety and wellbeing at work, https://www.hsa.ie/eng/your_industry/health_and_social_care_sector/

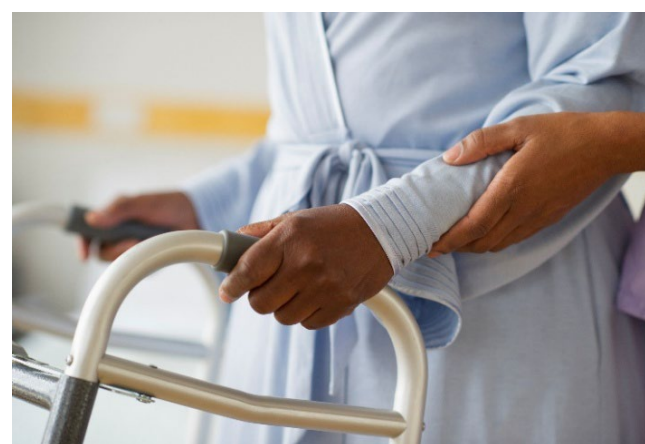
Health Information and Quality Authority (HIQA) promotes a human rights-based approach in health and social care services, emphasising the importance of dignity, respect, and equality for both service users and staff. This approach encourages staff to be involved in decisions about their work environment and ensures their rights are upheld in practice. <https://www.hiqa.ie/reports-and-publications/guide/guidance-human-rights-based-approach-health-and-social-care-services>



What are the legal requirements for nursing homes?

The legal framework:

- Irish Constitution (1937)
- European Convention on Human Rights
- Assisted Decision-Making (Capacity) Act 2015
- Equal Status Acts (2000-2015)
- Health Act 2007 and associated regulations
- National Standards for Residential Care Settings for Older People in Ireland - Health Information and Quality Authority (HIQA)



The protection of human rights in Irish nursing homes is supported by a **strong legal and regulatory framework**, combining national laws, international conventions, and professional standards.

- At the core is the **Irish Constitution** (1937), which guarantees fundamental rights such as dignity, equality, and personal freedom.
- Principles of human rights are reinforced by international agreements like the **European Convention on Human Rights**, incorporated into Irish law in 2003, and the **UN Convention on the Rights of Persons with Disabilities**, ratified by Ireland in 2018, which affirms the rights of individuals with disabilities to autonomy, inclusion, and respect.
- Supporting decision-making and personal autonomy, the **Assisted Decision-Making (Capacity) Act** (2015) allows residents to be involved in decisions about their own lives, even when they need support to do so.
- The **Equal Status Acts** (2000–2015) prohibit discrimination in the delivery of services, ensuring that all residents are treated equally regardless of age, gender, disability, or background.
- The **Public Sector Equality and Human Rights Duty** (set out in section 42 of the Irish Human Rights and Equality Commission Act 2014) places a statutory obligation on public bodies to eliminate discrimination, promote equality of opportunity and protect the human rights of both those they provide services to and staff when carrying out their daily work.
- In terms of healthcare-specific laws, the **Health Act** (2007) and its associated regulations, provides the basis for the regulation of nursing homes. It also established the **Health Information and Quality Authority** (HIQA), which sets and monitors standards to ensure residents receive safe, respectful, and person-centred care.
- The **Irish Human Rights and Equality Commission Act** (2014) established the IHREC, a national body that promotes and safeguards human rights and equality across society, including in care settings.
- HIQA's **National Standards for Residential Care Settings for Older People in Ireland** (2016) translate these legal principles into day-to-day practice, ensuring that dignity, privacy, choice, and rights are at the heart of nursing home life.

For links to sources of further information about the legal framework see Part 4 of this document.

Part 1: Human rights guidance information for nursing home providers, Persons in Charge, and managers

This guidance information is intended to support nursing home providers, Persons in Charge (PICs), and managers to develop a Human Rights-Based Approach (HRBA). The information should be applied in combination with the existing policies and procedures of each organisation, legal obligations, professional standards, and regulatory frameworks.

Nursing home providers, PICs and managers **must ensure** that any change in policy or practice aligns with applicable national and local laws, safeguarding protocols, and sector-specific requirements. This guidance information does not replace statutory duties or regulatory compliance but serve as a framework for promoting best practice and continuous improvement of care quality. If in any doubt owners and managers should review their obligations and responsibilities before implementing any changes and discuss these with staff first.

1. Integrate human rights into policies and practices

Starting out

- **Develop or update your policies to include the protection of the rights of residents, including safety incident reporting, complaint procedures, and anti-discrimination guidelines.**
- **Regularly review and update your policies to align with best practices and annual quality improvement planning.**

Why? Strong policy frameworks are linked to lower rates of abuse and neglect in care settings (Yon et al., 2017). The Patient Safety (Notifiable Incidents and Open Disclosure) Act 2023 includes a new provision giving the Chief Inspector of Social Services a discretionary power to review serious patient safety incidents in health and social care settings including nursing homes. Discrimination based on personal characteristics can lead to exclusion, unequal treatment, and a lack of access to appropriate care and support (Burack et al., 2012).

Stakeholder perspectives: The findings of the stakeholder consultations reinforce the need for a significant sector-wide shift in the approach to human rights in nursing home care. Participants emphasised that regulation alone cannot effectively place human rights at the centre of nursing home care. Embedding human rights requires recognising the individuality of care, encouraging practices that respect the unique needs, wishes and preferences of each resident – what matters to them. Participants suggested that legislation on assisted decision-making further guides and influences the need to place human rights at the heart of nursing home care.

2. Ensure clear communication and complaint handling

Starting out

- **Implement accessible communication channels for residents and families to feedback about their experiences of nursing home care / life.**
- **Have a clear system in place for raising concerns and respond to any complaints promptly to ensure accountability.**

Why? Efficient communications and clear complaint processes increase trust and reduce legal risks for nursing homes by responding and acting on concerns quickly (Wirtz et al., 2017). Human rights violations in the care of older people can range to include infringement of the right to life, liberty, security and respect for private and family life (Anand et al. 2022). Investigating and responding to complaints promptly and ensuring accountability is part of ensuring fairness and protecting trust (HIQA, 2019).

Stakeholder perspectives: Participants in the stakeholder consultation discussed the challenges residents, families and staff face when raising concerns or making complaints. They noted cultural hesitance as society often views complaints negatively, with fears about repercussions on both sides. Participants emphasised the need to foster and support a clear system and a supportive environment that encourages early feedback and continuous improvement rather than waiting for concerns to escalate into complaints. Advocacy and staff training were suggested as key measures to empower residents to raise concerns, ensuring their voices are heard in decision-making, while balancing their safety with personal needs, wishes and preferences.

3. Implement human rights education and training

Progressing

- **Provide induction and ongoing staff education that covers resident rights, ethics and person-centred care.**
- **Ensure all staff understand their legal and ethical responsibilities through suitable training.**

Why? The rights of residents to autonomy and self-determination might be infringed if staff working in nursing homes are not aware of unfair or unjust restrictions placed on residents (Boyle, 2005). Facilities with more regular training see reduced human rights violations and improved care quality (Schmeidel et al., 2012). Resident to resident abuse has been identified as an important aspect of elder abuse and should be considered and highlighted in resident safety strategies, staff awareness training, family and resident information, and incident reporting (Castle et al. 2015). Staff training is essential to promote alternatives to using physical or chemical/medical restraints, and to discuss risk management (Bellenger et al. 2019).

Stakeholder perspectives: Participants in the stakeholder consultations discussed person-centred care as a most important area of emphasis in developing a best practice HRBA framework. Participants believed there is a need for balance between ensuring resident safety in nursing homes and respecting the autonomy and right of each resident to make choices, even if those choices involve risks. Education and training for staff, families, and healthcare professionals were seen as vital in placing a human rights-based approach at the heart of nursing home care.

4. Promote an inclusive and safe working environment

Progressing

- **Foster inclusive teamwork by encouraging participation from staff of diverse backgrounds.**
- **Acknowledge and celebrate diversity, supported by ongoing cultural competency training.**
- **Maintain safe staffing levels and appropriate skill mixes to empower staff to deliver high-quality care.**
- **Protection of liberty should be considered within safety reviews and daily life within nursing homes.**

Why? Diverse and well-trained teams lead to more inclusive and effective resident care (Dreachslin et al., 2012). Nurses face significant challenges and barriers in providing care to older adults in long-term care settings – which can sometimes be felt as tensions or conflicts between professional values and institutional policies or organisational cultures. Issues such as staffing pressures, inexperienced or insufficiently trained staff, or delivering care in times of high care demand, can create ethical challenges for nurses negotiating the best interests of multiple residents and colleagues (HIQA, 2019). Appropriate staff to resident ratios are needed to allow staff to practice restraint free care (Bellenger et al. 2019). Managers need to ensure that nursing home staff profile and competencies are appropriate to meet the complex needs of residents without applying restraints (Bellenger et al. 2019: Australia). By working together nursing homes can advocate for appropriate staffing levels and skill/mix, improved staff training

programmes, and the development and use of evidence-based best practice tools and resources that promote inclusive safe working environments as well as the human rights of residents.

Stakeholder perspectives: Participants discussed the complexities associated with the interplay of multiple professional and social cultures within nursing home environments and how this influences daily life. Culturally diverse international staff may have differing cultural norms and views on age and autonomy. Participants stressed the need for strong nursing home leadership that fosters an inclusive rights-respecting environment for all. The role of leadership in setting the tone and strategy for positive organisational culture was felt to be crucial, particularly the need for strategic leadership in cultural inclusion and cultural competencies.

Participants also raised the subject of protection of liberty in nursing homes and the important issue of the right to freedom of movement. Participants felt that residents with frailty are often subject to restrictions due to concerns about their safety. Participants agreed that no nursing home can be entirely free from restraint, due to the necessity of certain safety measures aimed at falls prevention. Emphasis was placed on staff education to better align safety practices with promoting the rights and choices of residents.

Participants felt that while significant progress has been made in reducing physical restraints like bed rails, concerns about protection of liberty remain- particularly for residents who wish for different living arrangements but whose preferences may not be prioritised or practically available. Concerns were raised about instances where the wishes of residents were overlooked, especially when families make care decisions without fully considering the preferences of residents.

Concerns about the inappropriate use of chemical restraints, including the inappropriate use of psychotropic medications, which poses serious risks, were also highlighted in the discussions. The need for legislative reform to better safeguard the rights of residents was stressed, calling for effective mechanisms to review and regulate for protection of liberty, and to address the inappropriate administration of psychotropic medications.

5. Engage residents, families, and advocacy groups

Advanced

- **Involve residents and families in care planning and decision-making.**
- **Explain their rights to residents, including freedom from resident to resident abuse.**
- **Connect with advocacy organisations to improve human rights protections.**

Why? Collaborative approaches lead to better resident satisfaction and stronger trust in care providers (Kane et al., 2007). Families, unpaid carers and Nominated Support Persons (NSP) have an important role to play in supporting and enhancing the emotional well-being and social connections of residents. Research from Canada shows that older residents tend to legitimise day to day infringements on their rights as minor violations in comparison to 'real' acts of violence reported in the media (Charpentier & Soulieres, 2013). Therefore, equipping staff with awareness of the range and types of human rights infringements that can happen, is a vital way to protect residents through best practice, advocacy and professionalism. In particular, resident to resident abuse has been identified as an important aspect of freedom from abuse and should be considered and highlighted in resident safety strategies, staff awareness training, family and resident information, and incident reporting (Castle et al. 2015).

Stakeholder perspectives: Participants in the stakeholder consultation described stigma surrounding raising concerns in nursing homes - with some residents fearing negative consequences or that they might be labelled an awkward resident. They felt this highlights the need for advocacy, promoting transparency and support to empower residents to voice their views for the benefit of continuous improvement and care quality. Participants discussed the need for education and dialogue, as well as involving families, to help everyone to understand the rights of residents and improve transparency around care decisions. Another issue is that residents today are likely to have fewer visiting relatives, and staff often find themselves caught between the needs of residents and family expectations. Overall, enhancing relationships and communication between caregivers and families was felt to be essential for improving care outcomes in nursing home care.

6. Foster a human rights-based culture

Advanced

- ❑ **Encourage open communication and create a safe space for staff to raise issues or concerns.**
- ❑ **Recognise and reward staff for ethical caregiving practices that promote human rights.**
- ❑ **Promote a human-rights based care culture that values the health, wellbeing and quality of life of each resident.**

Why? Barriers to ethical nursing practice for older adults in long-term care facilities are known to include emotional distress, treatments restricting freedom of physical activities, difficulty coping with emergencies, communication challenges, and friction between nurses and nursing assistants or other staff groups (Choe et al. 2017: South Korea) (Cleland et al. 2021: Australia). In a study in Norway nearly two-thirds of staff (62%) reported witnessing behaviours such as shouting, arguing, and other forms of mistreatment, suggesting that stressful care environments can impact how residents are treated. This research from Norway shows the importance of supportive workplace cultures for promoting human rights. A positive workplace culture improves staff morale and reduces staff turnover, leading to better quality care (Castle and Engberg, 2006). The evidence suggests that promoting human rights should include respecting spirituality and food preferences, which are also known predictors of satisfaction with nursing home care (Burack et al. 2012: USA).

Stakeholder perspectives: Participants stressed that a positive culture of care in nursing homes relies on staff understanding the individual preferences of residents, especially for those with dementia or additional communication challenges. Ongoing training is essential to uphold dignity, particularly when residents resist personal care. Balancing personalised needs with care standards, such as hygiene, requires sensitivity. Stakeholders discussed how cultural norms can unintentionally restrict or segregate individuals, for example by overlooking inclusivity in recreational activities. They advocated strategies for promoting rights to inclusion and self-expression. Finding ways around economic constraints, and valuing the diverse cultural backgrounds of both residents and staff, were highlighted as important challenges for promoting a positive care culture. To address this, participants stressed the importance of effective communication and cultural competencies in the context of an increasingly multicultural workforce. Stakeholders described the desirability of a positive culture of "homeliness", emphasising the importance of a social atmosphere and caring culture – rather than the physical environment or rules. Stakeholders highlighted that fostering close, respectful relationships between staff and residents, encouraging social interactions, and promoting autonomy are key to creating a warm, welcoming organisational culture and care experience. They also noted that rigid routines and institutional practices can undermine this sense of homeliness. Participants felt it is essential to balance safety with the freedom and comfort of residents. The availability and choice of single or twin rooms was felt to support privacy and a homely environment.

Part 2: Human rights guidance information for nursing home staff

This guidance information is intended to support nursing home staff, including directors of nursing, PICs, nurses who provide medical care and/or supervise care staff, healthcare assistants, General Practitioners (GPs) and doctors who visit residents for medical care and check-ups, allied health professionals and therapists (e.g., physiotherapists, occupational therapists, dietitians, speech and language therapists), social care workers, resident activity leads, administrators, domestic staff and other groups of staff working in nursing homes.

The guidance information is to develop a Human Rights Based Approach (HRBA). The information should be applied in combination with the existing policies and procedures in your organisation, legal obligations, professional standards, and regulatory frameworks.

Staff **must ensure** that any actions they take to implement HRBA aligns with the applicable rules and regulations that govern their level of work and training. These guidelines do not replace statutory duties or regulatory compliance but serve as a framework for promoting best practice and continuous improvement of care quality. If in any doubt, you should ask your manager about what best practice means for you in your role and at the level of work you do.

1. Respect for resident autonomy and dignity

Starting out

- ❑ **Speak to residents with respect and address them as they prefer.**
- ❑ **Provide residents with choices about their daily routines, meals, and activities.**
- ❑ **Support residents to make decisions and have choice whenever possible.**

Why? Research from different countries shows that residents in a nursing home may experience the feeling of having lost their freedom when they move there (Caspari et al. 2018, Denmark, Sweden and Norway). Even when residents require significant care, their preferences and values should be central to decision-making. Promoting autonomy helps maintain dignity, self-esteem, and a sense of control over their own lives (HIQA, 2019). The notion of person-centred care is one way of demonstrating respect and this means treating someone as an individual, with a unique identity, personal history, relationships and experiences (Bayer et al. 2005). Studies show that person-centred care improves the well-being of residents (Chenoweth et al., 2019). Dignity relates to quality of life and it is a significant predictor of satisfaction with staff (Burack et al. 2012: USA).

Stakeholder perspectives: In the stakeholder consultation the discussions highlighted the importance of preserving the dignity of nursing home residents, especially those with dementia who may be fearful of losing their self-identity. Key points raised were the need for well-trained staff who can work with each resident to understand them as individuals, their preferences and needs, as well as what dignity means to them. Challenges such as staff turnover and unfamiliarity with residents were identified as barriers to maintaining dignity. Participants felt that personal care and hygiene was one area in particular where staff could support personal care tailored to uphold individual dignity.

2. Recognise and report signs of abuse or neglect

Starting out

- ❑ **Be vigilant for physical, emotional, or financial abuse and report concerns immediately.**
- ❑ **Follow mandatory reporting procedures and document incidents and concerns fully.**
- ❑ **Communicate with families and residents about the right to freedom from abuse and neglect.**

Why? Research indicates that staff training on abuse recognition significantly increases reporting and prevention of human rights infringements (Kusmaul & Waldrop, 2015). A large-scale study of residential care in the United States found that physical abuse by a non-resident was the most common type of abuse or neglect reported (Bloemen et al. 2015). Neglect can be prevented by providing standard routine training for staff about different types of neglect that can occur and strategies to guard against unintentional harms, such as systems for making routine checks on fundamental health needs, medications, nutrition and hydration, and resident satisfaction. Information for families and residents should include explaining the right to freedom from abuse and prevention of neglect, so that families and residents are informed and aware of these rights. In a study in Norway the most commonly reported acts of abuse were neglecting oral care, ignoring a resident, delaying care, and prohibiting a resident from using the alarm (Botngård et al. 2020).

Stakeholder perspectives: In the stakeholder consultation some participants identified family influence and control as significant barriers to person-centred care, particularly when family members are directly involved. Participants felt that in some cases, families attempt to dictate care decisions, in the belief that they are acting in the best interests of residents, which can conflict with the preferences of residents. Investing time in discussing human rights with families can help to raise awareness and improve the transparency of care decisions.

3. Ensure clear communication and informed consent

Progressing

- ☐ Explain procedures and care plans in a way residents can understand.
- ☐ Check that residents agree to any treatment, care or support before proceeding.
- ☐ Use clear, simple language and non-verbal communication strategies with residents with cognitive impairments.
- ☐ Advocate for residents who need help to express their preferences and views.

Why? Studies on dementia care show that tailored communication reduces resident distress (Eggenberger et al., 2013). When care procedures are explained in a way that residents can understand- such as using clear, simple language and appropriate non-verbal cues- it enhances their sense of autonomy, dignity, and trust. Communication and trust are particularly important for individuals with cognitive impairments, who may otherwise feel confused, scared or anxious. Effective communication not only supports informed consent but also fosters more positive interactions between staff and residents, contributing to improved care outcomes and overall well-being (Eggenberger et al., 2013).

Stakeholder perspectives: In the stakeholder consultation, participants highlighted a tension between risk management policies, such as consent processes, and the fear these policies can generate among staff and families. Staff often fear repercussions from notifications to the regulator, leading to reluctance to discuss or communicate about risk in resident care. This leads to a situation of where risk is not discussed or shared. The concept of “positive risk-taking” is an important part of a human-rights based approach where freedoms and risks are balanced with the consent of the resident. Participants also raised the importance of family involvement and advocacy for promoting personalised care proactively, by focusing on understanding and communicating the needs and wishes of residents, and the implications for risk taking and risk management.

4. Promote inclusivity, equity and person-led support

Progressing

- ☐ Use inclusive language and accommodate dietary, spiritual, and personal needs.
- ☐ Respecting the cultural, religious, gender, sexuality and identity-related preferences of residents.
- ☐ Encourage the person to take the lead and support them with their choices.

Why? Research highlights that inclusive culturally competent care leads to better resident satisfaction and health outcomes (Truong et al., 2014). Research from Australia suggest that the most important issues that staff need to be aware of are autonomy, dignity, food enjoyment, functional competence, individuality, meaningful activity, physical comfort, privacy, relationships, security and spiritual wellbeing (Cleland et al. 2021). Sexual expression in older adults is recognised as a basic need that should be supported by nursing homes as part of the quality of life of residents. Whether or not staff have a supportive attitude towards sexuality in nursing homes has been shown to relate to their age, level of education, and years of experience. Barriers to supporting sexuality in the older person are lack of privacy arrangements and staff discomfort talking about sexuality. These barriers can contribute to feelings of loneliness for residents and lack of intimacy in nursing homes (Aguilar 2017).

Stakeholder perspectives: Participants emphasised the importance of embedding human rights in the nursing home sector, with resident choice as a priority. Concerns were raised about one-size-fits-all approaches to activities and meals in particular. Some nursing homes may work to general preferences of all residents, rather than seeking to support each person's needs, wishes and preferences. These discussions illustrate the need for more person-led approaches and the capacity for flexibility of provision and choice in the organisation and deliver of nursing home care.

5. Balance safety with freedom and privacy

Advanced

- ☐ Avoid unnecessary restrictions on movement while ensuring resident safety.
- ☐ Implement alternatives to physical or chemical restraints with residents.
- ☐ Ensure privacy and avoid unnecessary intrusion.

Why? World Health Organization guidelines emphasise that restraint-free environments improve quality of life and reduce agitation (WHO, 2018). The National Aged Care Quality Indicator Program in Australia recommends that a “restraint free model of care” in nursing homes should be promoted including a clear definition of what physical restraint means (Bellenger et al. 2019). Reduction in the use of physical restraint will contribute to better quality of care and an improved quality of life for residents. A culture of privacy fosters respect, ensuring that residents feel safe, valued, and in control of their personal information and their living environment (HIQA, 2019). Residents have the right to private spaces for personal care, conversations, and rest - free from unnecessary intrusion. Respecting privacy and confidentiality is essential to maintaining the dignity and trust of residents. Personal and medical information should only be shared when necessary for care and should be handled with confidentiality and discretion (HIQA, 2019).

Stakeholder perspective: Participants raised concerns about focusing too narrowly on certain rights leads to a checkbox approach. A narrow view oversimplifies the rights of residents and risks ignoring unique needs for freedom and expression. While residents may be supported or supervised in activities, they should still control their daily routines and have choices. Participants felt that regulatory pressures on providers can conflict with empowering residents to take well-thought-through positive risks and to exercise their individual rights to freedom.

6. Support end-of-life choices with compassion

Advanced

- ☐ Promote the view that residents are entering a new chapter in life not a final stage in life.
- ☐ Respect end-of-life care preferences and follow advance directives of residents.
- ☐ Provide emotional support and involve families in decision-making processes.

Why? Studies confirm that sensitive and complex advance care planning (structured conversations not simply a written document) positively impacts the quality of end-of-life care (Brinkman-Stoppelenburg et al., 2014). Supporting end-of-life care and respecting decisions ensures that the principle of autonomy is upheld (HIQA, 2019).

Stakeholder perspective: Participants in the consultation discussed the negative perception of nursing homes as a final stage in life, rather than a new chapter, which can negatively impact the well-being of residents. Promoting a human rights based approach in nursing home care may foster a more positive view of living in long-term residential care. Overall, there is a need to encourage a shift in thinking to seeing nursing home care as a new phase in life that promotes freedom, respect, equity, dignity and autonomy.

Part 3: Human rights-based methods and tools

Various methods and tools are available to support nursing homes to foster and support a human rights-based approach. The following table summarises some of the methods that are available for developing understanding, reviewing practice, or implementing improvements.

	What it is:	Why/when to use it:
 Daily handovers	Short meetings where staff share updates on any needs and concerns during shift changes.	To ensure continuity of care and uphold the rights of residents to dignity, safety, and individualised attention.
 Supervision and appraisals	Ongoing one-to-one support sessions and formal evaluations of staff performance.	To develop staff skills, reinforce human rights principles, and address any practice issues early.
 Resident care plan reviews	Regular assessments and updates of each resident's personalised care plan.	To make sure care remains person-centred and responsive to the changing needs of residents.
 Resident and family meetings	Scheduled gatherings where residents and families can express views and hear updates.	To involve residents and families in decision-making, respecting their right to participation and voice.
 Positive risk-taking discussions	Small group discussions to support staff to think critically about their experiences and practice.	To build self-awareness and professional growth, encouraging positive practices that respect and uphold human rights.
 Training and scenario-based learning	Training sessions using case study examples or scenarios to build practical skills and knowledge.	To empower staff with the tools to respond appropriately and uphold the rights of residents in day-to-day practice.
 Schwartz Rounds	Structured meetings where staff discuss the emotional and social aspects of their work.	To support staff well-being and empathy, strengthening a caring, rights-respecting culture in nursing homes.
 Team debriefs	Group discussions after significant events to reflect on what happened and what could improve.	To promote learning, accountability, and a safer, rights-focused environment for residents.
 Quality improvement audits	Systematic checks of how well services meet care standards and policies.	To identify gaps, ensure compliance, and drive improvements that protect the rights of residents.
 HIQA reports and self-assessments	External inspections and internal reviews focused on standards and quality of care.	To measure how well human rights standards are being met and guide improvements.

Two examples of methods that nursing homes can introduce are presented on the following pages.

- ☐ Positive risk-taking discussions
- ☐ Scenario-based learning approach

Positive risk-taking discussions

Positive risk-taking in nursing homes involves supporting residents to engage in activities that enhance their well-being and autonomy, while carefully managing potential risks. Many of the challenges that staff must navigate are due to this careful balancing of rights and safety. They should not have to balance these challenges on their own and that requires discussion, planning and shared responsibility for risks (HIQA, 2019).

HIQA's guidance emphasises that residents should be **empowered to exercise choice** in their daily lives, including participating in activities that may involve an element of positive risk-taking. This approach balances the person's right to autonomy with the need to ensure their safety and well-being.

Positive risk-taking discussions are designed to spark meaningful conversation among staff. They can be focused on specific questions or topics for discussion, such as the examples below.

Positive Risk-Taking Staff Discussion

Discussion topics:

- ☐ What does "positive risk-taking" mean in the context of the nursing home?
- ☐ How do we assess risks without automatically saying "no" to a resident's choice?
- ☐ How can positive risk-taking contribute to a resident's health, wellbeing and quality of life?
- ☐ How should we respond if a positive risk does not turn out well, to avoid blame and learn from what happened?



Help discussions to run smoothly:

Talking about human rights can be a sensitive topic that can bring up past negative experiences and strong views about practice. Staff discussions are most effective if teams or groups are encouraged to:

- ☐ Set a clear purpose for the discussion.
- ☐ Create a respectful, safe space.
- ☐ Use examples or case studies rather than discussing real people.
- ☐ Encourage all voices to have a say, not just the loudest.
- ☐ Focus on practical solutions, not just ideal situations.
- ☐ Keep the rights of residents at the centre of care and decisions.
- ☐ Summarise key points along the way.
- ☐ Agree any next steps if needed.
- ☐ Stick to time limits and end on a positive note.

Outcomes:

- ☐ Staff have a safe space and dedicated time to discuss complex issues.
- ☐ Staff develop their knowledge and skills to promote a human rights-based approach.
- ☐ Staff are more informed and there is less chance of infringement of human rights.

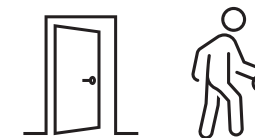
Scenario-based learning approach

When reflecting and learning about human rights, some staff find it more engaging and interesting to use case studies or scenarios. These can be focused on specific challenges for the nursing home or issues that staff would like to raise. Below is an example of a case study about one resident's freedom of movement, the response and the outcome. This example demonstrates how staff in a nursing home can develop a case study to support reflective practice and shared understanding of risk management.

Case Study 1: Mrs O'Shea's freedom of movement

Human rights challenge:

Wandering (exit-seeking) behaviour



Scenario:

Mrs O'Shea, an 82-year-old resident with mild dementia, wishes to go for a walk outside the nursing home grounds independently. However, staff are concerned about her safety, as she has previously become disoriented and struggled to find her way back. The dilemma is balancing Mrs O'Shea's rights to freedom and autonomy with the duty of care to ensure her safety.

Response:

- ☐ Assess Risk & Support Choice: Staff conduct a risk assessment and explore safe options, such as providing a GPS tracker (watch), arranging for a staff member or volunteer to accompany her, or setting a designated safe walking route or place to walk.
- ☐ Involve Mrs O'Shea: A conversation is held with Mrs O'Shea to understand her wishes and discuss safe alternatives including the use of equipment such as a tracker.
- ☐ Engage Family & Multidisciplinary Team: The team consults with Mrs O'Shea, her family, nurses, and care workers, to develop a plan that respects her rights while ensuring her safety.
- ☐ Document & Review: The agreed plan is documented, regularly reviewed, and adjusted as needed to maintain Mrs O'Shea's autonomy while managing potential safety risks.

Outcome:

By adopting a rights-based approach, the staff ensure Mrs O'Shea retains as much independence as possible while minimising risk, promoting both rights and safety.

Case Study 2: Mr Byrne's Right to Autonomy and Risk of Falls

Human rights challenge:

Risk of falls and restriction of movement



Scenario:

Mr Byrne, a 79-year-old resident with reduced mobility due to Parkinson's disease, wishes to continue walking independently around the nursing home, including using the stairs instead of the lift. Staff are concerned due to his recent history of falls and have been discouraging him from moving about without supervision, instead encouraging the use of a wheelchair. The challenge is balancing Mr Byrne's right to autonomy and dignity with the duty of the nursing home to protect him from harm.

Response:

- ☐ Assess Risk & Explore Options: A comprehensive falls risk assessment is carried out, and strategies are developed to reduce risk without unnecessarily limiting Mr Byrne's freedom- such as installing handrails, using appropriate footwear, and improving lighting.
- ☐ Involve Mr Byrne: Mr Byrne is consulted about his preferences, informed about the risks, and involved in decision-making around the measures he is comfortable with.

- Multidisciplinary Input: The care team, physiotherapist, and occupational therapist collaborate to support Mr Byrne's mobility goals with tailored exercises and environmental adjustments.
- Family Engagement: His family is included in discussions to ensure their understanding and support of the agreed plan.
- Document & Monitor: A personalised care plan is created, balancing safety and independence, and is regularly reviewed to adapt to any changes in Mr Byrne's condition.

Outcome:

Through a rights-based and person-centred approach, Mr Byrne maintains his independence and dignity while appropriate safety measures are put in place. His mobility is supported rather than restricted, promoting both physical well-being and personal agency.

Examples of other scenarios that staff could explore:

Case studies like this help staff to discuss and understand best practice in situations they are likely to encounter.

Other common challenges where staff may need support to develop good practice, depending on the care context and the residents involved, include:

- Anti-social or aggressive behaviour
- Sexual expression and intimacy
- Strategies for the protection of liberty rather than use of restraints
- Consent to care and treatment
- End-of-life care and advance care planning
- Managing dementia-related behaviours
- Protecting residents from abuse and neglect
- Privacy and dignity (e.g., during personal care)
- Nutrition and hydration challenges
- Family conflict and involvement in care
- Culturally sensitive care
- Managing medication refusal
- Use of surveillance (closed-circuit tv, monitoring systems, tracking)

You can find more worked examples of **HRBA scenarios** in the HIQA guidance (HIQA, 2019).

Part 4: Where to find more information

Regulation and standards:

- **The Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) 2013 to 2025.** The regulations have been amended to further strengthen the regulatory framework for nursing homes including in the areas of visiting, Infection Prevention Control (IPC), the rights of residents, criteria for persons-in-charge and governance. <https://revisedacts.lawreform.ie/eli/2007/act/23/revised/en/html>
- **The Patient Safety (Notifiable Incidents and Open Disclosure) Act 2023** includes a new provision giving the Chief Inspector of Social Services a discretionary power to review serious patient safety incidents in nursing homes.
- **Health Information and Quality Authority (HIQA) (2016). National Standards for Residential Care Settings for Older People in Ireland.** <https://www.hiqa.ie/reports-and-publications/standard/national-standards-residential-care-settings-older-people-ireland>
- **Health Information and Quality Authority, & Safeguarding Ireland. (2019).** *Guidance on a human rights-based approach in health and social care services.* Health Information and Quality Authority. <https://www.hiqa.ie/sites/default/files/2019-11/Human-Rights-Based-Approach-Guide.PDF>

Insight and perspectives:

- **FREDA principles applied to healthcare.** <https://www.cambridge.org/core/journals/the-psychiatrist/article/freda-a-human-rightsbased-approach-to-healthcare/0459124A5DF648BE941396FC4F61E1D6>
- **Age Action Ireland. A human rights-based approach to long-term care. Age Action Ireland.** https://www.ageaction.ie/sites/default/files/age_action_paper_rights_and_care.pdf
- **Sage Advocacy (2025) Older people in receipt of home Older Persons in Receipt of Care: Five Human Rights Concerns in Ireland.** A scoping document. <https://sageadvocacy.ie/wp-content/uploads/2025/03/Five-Rights-Issues-210225.pdf>
- **Care Champions & Irish Centre for Human Rights (2023).** *Human rights norms relevant to the treatment of care home residents.* University of Galway. <https://www.universityofgalway.ie/media/irishcentreforhumanrights/files/Report-for-Care-Champions-on-human-rights-norms-Jan-2023.pdf>

Training and education:

- **Definitions and a bibliography on human rights that can be used in staff training** see the paper by Spencer et al. (2025) and report by Carney et al. (2025) in the reference list.
- **NHI Education, Regional Educational Sessions.** <https://nhi.ie/education/>
- **RCSI University of Medicine and Health Sciences, Micro Credentials.** <https://www.rcsi.com/online/find-a-course?award=cpd%2Cmicro-credential>
- **Introduction to Swartz Rounds.** <https://www.theschwartzcenter.org/programs/schwartz-rounds/>
- **World Health Organization (WHO) QualityRights Core training** - for all services and all people. Course guide. <https://www.who.int/publications/i/item/who-qualityrights-guidance-and-training-tools>

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