A grounded theory study of the nursing team contribution to the rehabilitation of older hospitalised adults with mobility needs

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Aim of the presentation

- To summarise key findings from PhD study
  - Research aims
  - Background
  - Methods
  - Overview of the grounded theory
  - Implications for nursing practice
The study

Aim:
To gain a subjective understanding of the nursing team involvement in the process of maintaining or improving the mobility function of older adults in hospital.

To understand how nursing team members viewed their work in relation to physiotherapists and with regards to hospital patient handling policy.
Background to the Study

Hospital induced decline in mobility

Potential for structured rehabilitation processes to improve patients’ physical outcomes

No-lifting Minimal lifting
Safer handling

UK Patients spend the least time with ‘therapists’

Positioning, exercise, CIT, walking, ROM

Impact of safe patient handling equipment on rehabilitation processes, attitudes, skills and knowledge.

Position of nurses in relation to rehabilitation: marginal? Invisible
Study design and data collection

Figure 1: GENERATING A GROUNDED THEORY:

- **SETTING 1**
  - General Rehabilitation
  - 13 interviews, 18 hrs obs
  - Analysis, Reflexivity, Subcategories developed.

- **SETTING 2**
  - Spinal Rehabilitation
  - 13 interviews, 25 hrs obs
  - Analysis, Reflexivity, Subcategories developed.

- **SETTING 3**
  - Stroke Rehabilitation
  - 13 interviews, 18 hrs obs
  - Comparison of subcategories across case studies.
  - Analysis of pertinent literature.
  - Reflexivity.
  - Generation of cross cutting categories.
  - Analysis, Reflexivity, Subcategories developed.

**THE GROUNDED THEORY**

**TIME**

5 years
Initiation of mobility maintenance and rehabilitation process

1. Patient Admitted
2. ‘Brief’ nursing assessment of patients’ manual handling needs
3. Initial decision on safe manual handling and care: Transfers, sitting, walking
4. Ongoing care
5. Referral to physiotherapist
6. ‘In-depth’ assessment
7. Instructions to nursing team on patient handling
8. Ongoing treatment towards goals
The nursing team priority: ‘Care to Keep Safe’

- Preventing problems associated with patients’ mobility difficulties
- Pressure ulcers
- Falls
- Staff injury
‘We’re mad on pressure area care because they can’t feel. They can’t tell you if they’re uncomfortable or going numb or whatever. When we first start mobilising a patient into a wheelchair they’ll increase the time hour by hour in the day and we check the skin all the time. If they have any marks, or any scratch or anything they won’t get up until that’s gone. They won’t have any pressure on that area.’ (Registered Nurse 1, Spinal)
Impact of the ‘Care to Keep Safe’ approach on nursing team practice

- Care Handling (to meet immediate care needs)
- A to B transfers (safety and practicality rather than ‘therapeutic’ potential)
- Promoting mobility: embedded in nursing care
An ad hoc, rather than intentional or goal focused approach

‘But as for mobility and transfers, we don’t, the therapists are actually the first to assess them for that … they actually do most of the transfers, unless they go to the toilet in the day, it is them that work on the transfers to be fair to them. We just transfer… we don’t make them stronger in their transfers, we do it, but it is the therapists that actually work with them, with the transfers and get them going from, like, a hoist to a reach round, and then maybe a step round. We just follow what they have advised us.’

(Registered Nurse 3, Stroke Rehabilitation)
Conditions of the work environment

- A context of risk
- Interpretations of the official line on patient handling
- The rehabilitation team: experts and non-experts
Conclusions and implications

- Nursing teams could (in theory) implement specific rehabilitation interventions to prevent older adults from suffering unnecessary losses in physical independence resulting from hospitalisation.
- Nurse-led initiatives: planned walking exercises, standing practice, and exercises in balance and, to increase strength, could be applied.
- However, current clinical work environments, service priorities and perceptions do not always support nursing involvement in such activities.

- Kneafsey R. (2012) An Exploration of the Contribution of Nurses and Care Assistants to Patients’ Mobility Rehabilitation, accessible at http://etheses.bham.ac.uk/3242/
References

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