Nurses’ perceptions of frailty in older people in acute medical wards

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What is Frailty?

• A consequence of age-related decline in multiple body systems...

• A graded abnormal health state that ranges from mildly frail - moderately frail - those who have advanced frailty.

Adapted from NHS England, 2014
Frailty in older people

- Frailty is common in older people (Cornwell et al., 2012).

- Optimising the care of frail older patients reduces the risk of acute illness, exacerbation of chronic disease, institutionalisation, and mortality (Department of Health, 2010, Jaafar et al., 2007; Weiss, 2011).

- Little evidence about how nurses assess frailty and their interventions to prevent it (Goldstein et al., 2012).
Care of Frail Older people

- Commission on Hospital Care for Frail Older People aims to find solutions to improve the care of frail older people. (Health Service Journal, 2013)


- Positive outcomes from pathway implementation: admission avoidance, reducing hospital length of stay, early identification and treatment of frailty, cost savings.

- Community pathways for the care of frail older people have been successfully developed (Wallace et al, 2012).
Rationale for the study

• Gap in the literature regarding nursing interventions to assess frailty.

• In-depth understanding of how nurses provide care to frail older people.

• Gain an understanding from nurses’ perspectives about caring for frail older people.
The literature about frailty...

FRAILTY INDEX
(Mitnitski et al., 2001; Rockwood & Mitnitski 2007, 2011)

FRAILTY PHENOTYPE
(Fried et al, 2001)
The relationship between frailty, disability and comorbidity (adapted from Fried et al. 2001)
Research questions

‘What are nurses’ experience of caring frail older people in acute care settings?’

• What is like for them to care for frail patients?
• What do nurses perceive are the characteristics of frailty?
• What did they do to identify frailty and improve the care?
Methodology and methods

- Hermeneutical Phenomenological Methodology-Heideggerian approach

- **Sample**: eight senior nurses from four acute medical wards in a NHS Foundation Trust hospital

- **Method**: In-depth semi-structured, audio recorded, interviews each lasted up to an hour

- Data were categorised using Ritchie and Lewis analytic hierarchy model (2003)
Findings: Key themes

- Using nursing interventions to identify frailty
- The experience of nursing frail older people
- Dealing with challenges
- Working in collaboration
‘She (the patient) needed a lot of guidance, so I had to follow her saying “no, no, no get your frame straight”. She wasn’t independent, so she was frail in that regard... not safe to be on her own... and I just wondered what she must be like at home.’ [PD L404-407]

‘Holistic care consists of taking into consideration psychosocial aspects as well as functional. Therefore, I also look at his [older frail patient’s] social situation, psychological needs... I am not looking only at his medical condition but at his surroundings and his mental health status’. [PB L128-133]
Category Two: Working in collaboration

We [nurses] involve dieticians, SLT [speech and language therapists] when it comes to nutrition and PT (Physiotherapy) to assess and improve the frail patients’ mobility; also occupational therapists they play an important role. They assess the older frail patient’s accommodation, whether it is appropriate for the individual, and his ability to perform activities of daily living’. [PB L246-250]

I think, perhaps our collaboration [nurse-doctor] should be beneficial to older patients’ care. Furthermore it can help in identifying the early stages of frailty in older people... I think it is important to remember that it’s not just one person but a team of people that recognise the needs of a person’. [PF L207-210]

I have to say that... at the very start of a shift if you don’t get a good handover, kind of a baseline and a current plan, you don’t get the chance to know the in and outs.’ [PD L256-259]
Category Three: Dealing with Challenges

‘We helped her [patient] by making sure we gave her our attention and allocated time to speak with her. Even though it is busy we should not forget to commit to our patients’. [PC L147-149]

I felt that by moving a frail older lady into a busy cardiac monitored area meant that her care needs, along with other unwell patients’ care needs, weren’t met. I think if she had been managed on a ward designed for older frail patients then the environment would have been more nurturing to her needs.

‘We [the nurses] don’t have the specialised skills to offer the best care to frail older people. Even though I work in this unit for so many years, I can tell that I lack the knowledge to look after this kind of patients. So we should have the chance to know more about it. Thus, we will be able not only comfort the patient but to educate the families too’. [PC L333-338]
Category Three: Dealing with Challenges

‘I think that ideal wards for frail older people would be environments with Physio[therapists] and OTs, lot of carers, good nurses with caring attitudes; wards where there are more stimuli around and less clinical... those environments for me appear more nurturing for what I deem frail people need to get strong’. [PG L220-226]

Frequent shortage of staff and increased paperwork very often deprive these frail older patients from receiving appropriate nursing care. From my own experience I know that the time spent on documentation has a huge impact on the care delivered’. [PB L200-205]
Conclusions

• Nurses were able to recognise the signs and symptoms of frailty in older patients admitted to their wards.

• Nurses identified disability as a precursor of frailty and did not consider the two presentations as being different manifestations.

• The nursing assessment was performed differently according with the nursing knowledge and skills.
Implications for practice

Despite its limitations, this study highlights:

• Need of an integrated pathway for the assessment and referral of hospitalised frail older people;

• A multidisciplinary approach remains pivotal to the reduction in the risk of negative outcomes;

• Urgent organisational support to establish an adequate skills mix in units that have high admission rates for frail older people.
Implications for education

• The implementation of specific training programmes focusing on the pathophysiology of old age with the emphasis on frailty as a syndrome.

• The need of on-going training in communication and patient-education skills.

• Training strategies for coping with stress and burnout.

• Future research??
References:


Thank you for listening.

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