Promoting the Mobility of Older Adults in Hospital: 
The nursing team contribution

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Aim of the presentation

- To summarise key findings from PhD study
  - Research aim
  - Background
  - Methods
  - Findings
  - 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

Position of nurses in relation to rehabilitation: marginal? Invisible

Impact of safe patient handling equipment on rehabilitation processes, attitudes, skills and knowledge.
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
Promoting Mobility: Embedded in Nursing Care

Achieved indirectly when nurses or care assistants transferred patients safely from one place to another in order to meet a care need

- Washing dressing
- Pressure area care
- Meals
- Helping to toilet
An ‘ad-hoc’ activity rather than an intentional or goal directed intervention

- Verbal encouragement, the odd walk
- A general approach to mobility: ‘We try and keep the patients mobile from the beginning and try to instill in them that they are here now to start going home and that they will need to increase their mobility and independence’
  - (Ward Sister, General Rehabilitation)
- Examples of missed opportunities for rehabilitation

Why?
- Work context
- Teamwork
- Safety focus
- Competing demands
The care assistant goes to get Mrs S into bed (8.45pm). She tells Mrs S that she’s going to get her to stand up. The patient makes a good effort to stand but is not moving her legs or feet. The care assistant says ‘I’m just gonna give you a hug.’ She places one hand on the patient’s upper back and one hand on her lower back. The patient puts her arms around the care assistants back. The care assistant tells the patient to start to move her feet around. Slowly, she manages to coax her round. Mrs S seems nervous and the care assistant says ‘trust me, have faith in me, I’m not gonna let you fall, put your hands down on the bed. Can you feel the bed behind you? Let go of me, put your hands down.’ The patient is reluctant but eventually does put down her hands and sits in the chair.
Distinct difference perceived between ‘A to B’ transfers/walks and the ‘therapeutic’ strategies employed by ‘therapists’.

‘So we’ll walk them to the toilet and back, so that’s part of the practice, unless it’s too dangerous for us…there are some things we won’t do that the physios will, but they have two or three physios around them. We just don’t have that amount of staff – three staff to one patient.’ (Registered Nurse 4, GR)

Evidence of nursing team, ‘therapy carry-over’ limited.
Summary: Nursing Team Involvement in Promoting Mobility

Promoting Mobility

‘Embedded’ in care. Ad hoc approach, rather than ‘intentional’ Focus on preventing pressure ulcers and falls both facilitated and hindered mobility rehabilitation. Little difference between registered nurse and care assistant approach.

Time pressure

Staff shortage

Caring = physical demands

A to B Transfers

Task focused Immediate care Speed and safety Compliance with policy Use of equipment frequent Distinct from ‘therapeutic handling’

Role Demarcation

Therapeutic Handling

Done by therapists Therapists as ‘experts’ Takes time and staff Improving quality of movement a key goal
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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