Care staff decision-making during mobility care in nursing homes

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Mobility care

- Increasing need for flexible care
Clarke, 2011; Wångblad et al., 2009

- Increasing responsibility
Jones, 2002

- Training and support may be inadequate
Scott-Cawiezell et al. 2004; Siegel & Young, 2010

- Safety
- Mobility optimization
- Person-centredness

Taylor, Sims & Haines, 2013a & 2013b

Mobility care
Brown Wilson, 2000

Focused ethnography
Savage, 2006; Dixon-Woods, 2003

- Four nursing homes, Melbourne

Aim

To explore the resident-staff assistive relationship during mobility care

Facility characteristics

<table>
<thead>
<tr>
<th>Facility</th>
<th>A</th>
<th>B</th>
<th>C</th>
<th>D</th>
</tr>
</thead>
<tbody>
<tr>
<td>No. beds</td>
<td>90</td>
<td>30</td>
<td>88</td>
<td>45</td>
</tr>
<tr>
<td>No. staff</td>
<td>130</td>
<td>50</td>
<td>90</td>
<td>65</td>
</tr>
<tr>
<td>Type</td>
<td>NFP</td>
<td>Community</td>
<td>Community</td>
<td>Private</td>
</tr>
<tr>
<td>AM staff: resident ratios</td>
<td>1:7</td>
<td>1:5</td>
<td>1:5</td>
<td>1:7</td>
</tr>
<tr>
<td>PT hours per week/no. beds</td>
<td>0.3</td>
<td>0.3</td>
<td>0.2</td>
<td>0.1</td>
</tr>
<tr>
<td>MH policy</td>
<td>Risk identification</td>
<td>No Lift</td>
<td>No Lift</td>
<td>Minimal Lift</td>
</tr>
<tr>
<td>MH trainers</td>
<td>External consultant</td>
<td>Physio</td>
<td>External consultant</td>
<td>Internal NS</td>
</tr>
</tbody>
</table>
Observations

- 4 facilities
- 20 hours
- 53 mobility events
- 41 resident-staff interactions
- Tool – Transfer Observation Instrument adapted from:
  - Direct Instrument of Nurse Observation
  - Johnsson, Kjellberg, Kjellberg & Lagerström, 2004

Focus Groups

- 3 facilities
- 18 participants
  - Facility A
  - Facility B
  - Facility C
  - PCA
  - Lifestyle
  - Div 2
  - Nurse
  - Div 1
- Designation
  - 8
  - 5
  - 4
  - 1
- Experience
  - > 10 years
  - 5-10 years
  - 2-5 years
  - 1-2 years
  - 0-1 years
- F = 15, M = 3

Focus group themes

- Resident-staff relationship
- Prioritization/coping
- Teamwork
- Decision-making

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Cognitive Continuum Theory

- Standing, 2008
- Continuum of cognitive modes of decision-making practice from analytical to intuitive
- Match the level of structure of tasks from high to low

Re-produced with permission: Standing, 2008.
Discussion

- Domain competence
  - Safety
  - Mobility optimization
  - Person-centred care
- Decision-making competence
  - System-aided judgements
  - Resident-aided judgements
  - Peer-aided judgements
  - Reflective judgements
  - Intuitive judgements
  - Situation awareness

Rethink training

Conclusion

- Collaborative & person-centred approaches
- Peer leadership
- Reflective practice

Implications

- Improve safety & quality of mobility care
- Improve resident outcomes
  - Further research needed
- Staff job satisfaction
- Workforce sustainability
References


