



Identifying barriers and facilitators to participation in pressure ulcer prevention in allied healthcare professionals: a mixed methods evaluation

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Abstract

Objectives To evaluate the barriers and facilitators for allied health professional's participation in pressure ulcer prevention.

Design Mixed method cohort study.

Setting Single centre study in an acute university hospital trust.

Participants Five physiotherapists and four occupational therapists were recruited from the hospital trust. Therapists had been working in the National Health Service (NHS) for a minimum of one year.

Main outcome measures Therapist views and experiences were collated using an audio recorded focus group. This recording was analysed using constant comparison analysis. Secondary outcomes included assessment of attitudes and knowledge of pressure ulcer prevention using questionnaires.

Results Key themes surrounding barriers to participation in pressure ulcer prevention included resources (staffing and equipment), education and professional boundaries. Fewer facilitators were described, with new training opportunities and communication being highlighted. Results from the questionnaires showed the therapists had a positive attitude towards pressure ulcer prevention with a median score of 81% (range 50 to 83%). However, there were gaps in knowledge with a median score of 69% (range 50 to 77%).

Conclusions The therapist reported several barriers to pressure ulcer prevention and few facilitators. The primary barriers were resources, equipment and education. Attitudes and knowledge in AHPs were comparable to data previously reported from experienced nursing staff.

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Keywords: Pressure ulcer prevention; Focus group; Attitudes; Knowledge; Allied health professionals

Introduction

Pressure ulcers (PUs) are localised areas of injury to skin and/or underlying tissue, commonly occurring adjacent to bony prominences [1]. PUs represent a disabling long term condition that has been universally recognised as both a Patient Safety and Quality of Care indicator for individuals in both hospital and community settings [2]. Despite the

increased recent attention within the health services, their incidence rate remains unacceptably high with associated treatment costs estimated at between £1.4 and 3.1 billion per annum [3,4] in the UK. Pressure ulcers also have a negative impact on patient's rehabilitation and quality of life [5–7].

The National Institute for Health and Care Excellence (NICE) in collaboration with the Royal College of Nursing (RCN) developed clinical guidelines for the prevention and management of pressure ulcers [8]. While referring to 'health care professionals' in the guidelines, nursing is the profession predominantly targeted, particularly when referring to 'trained healthcare professionals' undertaking risk assessment. However, other allied health professions (AHPs), such

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as physiotherapists and occupational therapist clearly have a role within pressure ulcer prevention and management [9]. Although it does not typically represent the primary aim of the therapy delivered by AHPs, rehabilitation techniques such as positioning, mobilisation and equipment provision will inevitably influence the risk of pressure ulcer development.

Several studies suggest that to achieve success in pressure ulcer prevention, all the members of the multidisciplinary team are needed, as no one profession has all the required skills [10,11]. It is perceived that AHPs, who largely remain uninvolved in pressure ulcer prevention are a major untapped resource with great potential to contribute to this clinical challenge. Indeed, multidisciplinary teams designed to prevent pressure ulcers have previously been successfully implemented in specialist areas of care *e.g.* spinal cord injury [12]. However, there is a perception that this is not widely reflected in practice both in the acute and community settings. Research is needed to determine the most effective techniques to promote interdisciplinary knowledge sharing and long-term implementation of multidisciplinary teams into routine practice [13].

Accordingly the study was designed to establish the views of AHPs regarding their participation in pressure ulcer prevention, specifically focusing on barriers and facilitators to practice. In addition the study examined their current knowledge and attitudes towards pressure ulcer prevention.

Methods

A convenience sample of five physiotherapists and four occupational therapists were recruited from a large acute hospital trust in England via poster advertisement. These healthcare professionals had a range of clinical experience and expertise, including intensive care, surgery and rehabilitation for the elderly. Prior to the study NHS Research Ethical approval was obtained and informed consent was documented from each of the participants.

Focus group

A focus group was used to explore potential barriers and facilitators to AHP participation in pressure ulcer prevention and where improvements could be made. An audio recorded semi-structured focus group was conducted over a one hour period in a local research facility. A topic guide was formulated by the lead researchers (PW and LS) and pilot tested with a senior physiotherapist. All participants recruited took part in the focus group, with this number chosen to ensure there were sufficient participants to yield diversity in information provided, whilst ensuring that participants were in an environment where they feel comfortable to share their thoughts, opinions, beliefs and experiences [14]. The focus group had a moderator team, with one experienced researcher facilitating the discussion (LS) and the other researcher taking notes

(PW), creating an environment that is conducive for group discussion and providing verification of data through note taking [15].

Attitudes and knowledge questionnaire

Questionnaires were used to assess attitudes and knowledge towards pressure ulcer prevention. Both questionnaires have been previously shown to have construct validity and reliability when assessing attitudes and knowledge in nurse clinicians. The attitude assessment consisted of a 13 item questionnaire exploring five key themes of pressure ulcer prevention [16]. The knowledge assessment consisted of 26 items in six key themes [17]. Although both these instruments were designed to assess nursing practitioners, they include key themes which are applicable to AHPs.

Analysis

In order to analyse the focus group data a constant comparison analysis was used [18]. The focus group recording was transcribed verbatim. This transcription and the observational notes were coded independently by three researchers (PW, LS, PC). This coding process was carried out by reading each of the documents to attribute a code to sentences, paragraphs, or sections. Codes that related to the same phenomenon were grouped into categories and finally themes were identified. Categories and themes were discussed and consensus was reached between the researchers. Codes were stored with the relevant sections of the notes in electronic form (Excel, Microsoft).

Data from the questionnaires was collated and descriptive statistics were calculated (median and inter-quartile range) appropriate for the small sample size being assessed. The sub-sections of each questionnaires were analysed to observe trends in the topic themes of the two evaluations.

Results

The participants recruited included two males and seven females aged between 24 and 57 years old. The sample included junior therapists through to senior management staff across both physiotherapy and occupational therapy teams.

Focus group analysis resulted in an identification of 11 categories, from which four themes emerged (Table 1). Within the focus group a number of barriers to pressure ulcer prevention were identified, while description of facilitators was limited.

Theme 1: resource issues that act as barriers to multidisciplinary practice

Three categories were identified in this theme: (1) equipment provision – access to appropriate equipment; (2) staffing – having sufficient staff to provide preventative strategies; (3)

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