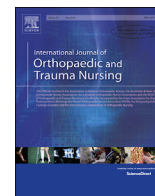




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Health care professionals' readiness for an interprofessional orthogeriatric unit: A cross-sectional survey

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ABSTRACT

An assessment of readiness for change can set the stage for the implementation by providing information regarding staff members' beliefs and attitudes prior to an organizational change.

We conducted a cross-sectional survey to assess readiness for change (N = 113 employees) in a hospital on the verge of implementing an interprofessional, co-managed orthogeriatric unit. Staff members from three departments with roles related to orthogeriatric patients were invited to answer a web-based questionnaire.

Our survey demonstrates that health care professionals are confident that interprofessional collaboration will be promoted by the implementation of orthogeriatric care. We found they were knowledgeable about the proposed orthogeriatric collaboration model and ready to engage in its implementation. Their concerns pertained to various practical aspects; those voiced by the nursing staff related to work strain and the work-related interests of their professional group whereas the physicians' reservations concentrated on the planning of the change.

The exploration of readiness for organizational change among health care professionals offers managers an understanding of their motivations and concerns and provides a useful tool for the planning and implementation of a new interprofessional collaboration model.

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1. Introduction

It is well attested that interprofessional collaboration can strengthen health care systems and improve health outcomes (Holland et al., 2005; Ellis et al., 2011). More specifically, a growing body of evidence shows improved clinical outcomes when professionals collaborate to deliver orthogeriatric care compared to traditional orthopaedic regimes (Fisher et al., 2006; Taraldsen et al., 2014; Prestmo et al., 2015; Vidan et al., 2005). Several authors have documented reduced rates of mortality (Vidan et al., 2005; Fisher et al., 2006; Friedman et al., 2008; Adunsky et al., 2011) and readmission for elderly patients with hip fracture (Folbert et al., 2012).

In the light of the beneficial patient outcomes and improved quality, many hospital managers are considering a change from traditional specialized orthopaedic care to an orthogeriatric interprofessional care model. However, for organizational changes to

succeed, staff members must be ready (Weiner, 2009; Hamilton et al., 2010). Assessment of staff members' readiness for change gives insight into their beliefs and attitudes regarding the extent to which the change is needed and the organization's capacity to successfully undertake this change (Armenakis et al., 1993). Such assessment can serve as a management tool for the planning and implementation of changes (Devereaux et al., 2006).

Nevertheless, the examination of readiness for change in healthcare is a relatively new discipline (Attieh et al., 2013; Gale and Schaffer, 2009). The aim of this study was to assess readiness for change among staff members prior to the launch of an orthogeriatric unit.

2. Method

2.1. Design

The study was designed as a cross-sectional questionnaire survey and was conducted between one and two months prior to the launch of an orthogeriatric unit in the surgery department of a Danish general district hospital. The data were collected

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2.2. Respondents

All health care professionals who were considered to have a professional relationship with orthogeriatric patients in terms of treatment or administration were included. They were physicians, nurses, nursing assistants, physiotherapists, occupational therapists, secretaries, dieticians and managers from the departments of medicine, orthopaedic surgery and therapy. An e-mail linked to a web-based questionnaire was sent out. Reminder e-mails were dispatched to non-responders after two weeks and after one month.

2.3. Intervention

On 1 March 2014, a 12-bed orthogeriatric unit for acute patients of sixty-five years or older with fragility fractures was opened in the surgery department. The initiative to re-organize treatment was taken by a geriatric consultant and an orthopaedic surgeon. Supported by the department managers an interprofessional expert panel consisting of the two initiators, departmental sisters from medical- and orthopaedic ward, departmental physiotherapist, two employees responsible for quality, one specialist nurse and one PhD student was established. Over six months the expert panel met 6 times in order to develop a co-managed, interprofessional collaboration model for orthogeriatric care. To meet the panel's recommendations for collaboration new structures, task distribution and acceptance of shared responsibility for treatment were required.

The orthogeriatric care model involves orthopaedic surgeons, geriatric specialists, nurses, nursing assistants, physiotherapists, occupational therapists and dieticians working closely together to manage the care of elderly patients with comorbidities, chronic diseases, functional disabilities and a newly sustained fragility fracture. The different professions work together to negotiate and agree how to solve complex care problems and provide services.

Each weekday an interprofessional conference is held to discuss treatment, training, nursing care and discharge planning in relation to all orthogeriatric patients. At the conference, led by the departmental sister, all professionals contribute to solving patient problems and challenges. The patients are assessed daily by an orthopaedic surgeon and geriatric specialists. Physiotherapy and training in daily living activities are substantially increased compared to the regime in the former orthopaedic unit (i.e., mean times 140 min v 250 min per patient admission). Dieticians advise the clinical staff on nutritional issues although they have no direct contact with patients. The nursing staff was trained in the prevention, detection and treatment of relevant medical complications and dieticians advised the clinical staff on nutritional issues.

2.4. Questionnaire

Our questionnaire was based on Kristensen and Nohr's validated questionnaire to assess readiness for change among Danish health care staff (Epj-Observatoriet, 2004, Kristensen and Nohr, 2000). The authors were inspired by Lorenzi's theory of change management and readiness in health care systems (Lorenzi and Riley, 2000) which focuses on hardware, software and what they term as peopleware in relation to the implementation of informatics systems (Lorenzi and Riley, 1995). According to Lorenzi and Riley (2003) the overall aim is to secure the involvement of staff in organizational change.

The 52 items in Kristensen and Nohr's questionnaire (Kristensen and Nohr, 2000) covered four subthemes: 1) knowledge and understanding, 2) need for change, 3) readiness for change and 4) planning of change. Further development of the questionnaire was undertaken and finally reduced to 32 questions (Hostgaard and Nohr, 2004). We adjusted our questionnaire by altering the specific name of the organizational change; Orthogeriatric care. We thus omitted seven questions concerning communication strategies, computer knowledge, job loss in relation to computerization and the need for implementing the informatics system. Minor adjustments were made after face validation and pilot testing involving a representative group of nine professionals from a similar orthogeriatric unit at another hospital in the region.

Our questionnaire contained six items assessing background information: place of employment, employment year, age, gender, profession and year of graduation and 25 items covering four subthemes: 1) knowledge and understanding (6 items), 2) need for change (3 items), 3) readiness for change (10 items) and 4) planning of change (6 items). In subthemes 2–4 the response options were presented on a 5-point Likert scale from “fully agree” to “fully disagree” with a “don't know” option, whereas the response options varied in subtheme 1.

2.5. Analyses

The data on professional background were collapsed into four groups: 1) physicians (consultants and registrars), 2) nursing staff (nurses and nursing assistants), 3) therapists (physiotherapists and occupational therapists) and 4) a small group of secretaries, dieticians and managers without patient contact.

All responses to subtheme 2–4 items were coded binarily with “fully agree” and “partially agree” collapsed into one group and the remaining response options collapsed into another. Only fully completed questionnaire forms were included. Results are given in proportions. Where relevant, chi-square and Kruskal–Wallis tests were performed with $p < 0.05$ as significance level. All analyses were performed using Stata 13 software (StataCorp. 2013. Stata Statistical Software: Release 13. College Station, TX: StataCorp. LP).

Table 1
Respondent characteristics.

Department	Medicine	Orthopaedic surgery	Therapy	Total
	n (%)	n (%)	n (%)	n (%)
Respondents	28 (25)	70 (62)	15 (13)	113 (100)
Physicians	13 (46)	16 (23)	0	29 (26)
Nurses	11 (39)	39 (56)	0	50 (44)
Therapists	1 (4)	2 (3)	12 (80)	15 (13)
Others ^a	3 (11)	13 (18)	3 (20)	19 (17)
Female	22 (79)	54 (77)	12 (80)	88 (77.9)
Mean age in years (SD)	41.7 (10.9)	46.3 (10.4)	44.3 (9.5)	44.9 (10.5)
Mean seniority (SD)	16.2 (11.9)	19.9 (10.3)	17.7 (9.2)	18.7 (10.6)
Mean duration of employment (SD)	6.1 (4.9)	9.7 (6.5)	13.1 (7.9)	9.3 (6.7)

^a Dieticians, managers, secretaries and others.

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