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The experiences of orthopaedic and trauma nurses who have cared for adults with a learning disability

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KEYWORDS
Learning disability;
Orthopaedic and trauma hospital care;
Orthopaedic trauma nurses;
6 Cs

Abstract ***Background:*** There is no published empirical research about the experiences of orthopaedic and trauma nurses who have cared for people with a learning disability. However, adults with a learning disability sustain more injuries, falls and accidents than the general population. Because of their increased health needs, there has been a corresponding increase in their numbers attending general/acute hospitals. The 6 Cs is a contemporary framework and has been used to gauge how orthopaedic and trauma nurses rate the Care, Communication, Competence, Commitment, Courage and Compassion for patients with a learning disability in orthopaedic and trauma hospital settings compared to patients without a learning disability.

Aim: The aim of the study was to explore the experiences of orthopaedic and trauma nurses who have cared for people with a learning disability.

Design: The study is based on a descriptive survey design and used a questionnaire to elicit data from participants.

Methods: A convenience sample of Registered Nurses completed a questionnaire. The study was explained to delegates attending a concurrent session on the topic of acute hospital care for people with a learning disability at a conference and the questionnaire was left on a table for participants to take if they wished. Questionnaires were returned anonymously.

Findings: Of the participants who had completed the questionnaire 100% (n = 13) had cared for a patient with a learning disability. Using the 6 Cs as a framework suggested that care, communication and competence of nurses were worse for people with a learning disability than for people without a learning disability. Three main themes emerged regarding areas of good practices: (1) promoting a positive partnership with patients and carers; (2) modifying care and interventions; (3) supporting the healthcare team.

Conclusion: There was evidence of good practices within orthopaedic and trauma settings such as the active involvement of family or a paid carer who is known to the

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patient and the modification of care and interventions along with specialist advice and support from the Acute Liaison Learning Disability Nurse. There were areas of concern such as the lack of use of Hospital Passports and the inconsistent implementation of reasonable and achievable adjustments. It is unknown if the care for patients with a learning disability is adequate. However, the themes that have emerged accord with the key domains in 'A competency framework for orthopaedic and trauma practitioners' (Royal College of Nursing 2012a, 2012b) and therefore could be considered for inclusion in future orthopaedic and trauma competencies to enable sharing of best practices.
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Editor comments

People with a learning disability are regular receivers of orthopaedic and trauma care but the literature has not, to date, reflected this. This thought provoking paper and associated study begins to shed some light on some of the issues to be considered if safe and effective care is to be provided to this vulnerable group of people.

JS-T

Introduction

The aim of this paper is to discuss the experiences of orthopaedic and trauma nurses who have cared for people with a learning disability in hospital settings. It is based on research conducted with 13 Registered Nurses who had experiences of caring for people with a learning disability in an orthopaedic or trauma hospital setting in England, UK.

The Department of Health in England (Department of Health, 2001, p. 14) defines learning disability as: "a significantly reduced ability to understand new or complex information, to learn new skills (impaired intelligence) along with a reduced ability to cope independently (impaired social functioning)". The onset of disability is considered to have started before adulthood, with a lasting effect on development. Nunkoosing (2012) believed that the term 'learning disability' is socially constructed, historically and culturally bound, and is used to label a particular group of people within society. The Royal College of Nursing (2013) described learning disability as a common, lifelong condition which is neither an illness nor a disease. Learning disabilities affect about 1.5 million people in the UK (Royal College of Nursing, 2013). General Practitioners (GPs) are recognising more people with learning disabilities on their practice lists, for example, in 2011–12 there were 4.5 people in every thousand with a learning disability in England (Emerson et al., 2013). However, there is no definitive record of the exact numbers because not all people with a learning disability are known to GPs or local authorities. People with a learning disability, which is also referred to as intellectual disability, have poorer health and, hence, greater healthcare needs than their non-disabled peers (Emerson et al., 2012). Also of concern is that acute hospital services for people with learning disabilities have been found to be underperforming compared to other healthcare sectors (Care Quality Commission, 2012).

Background

Conditions and injuries affecting the musculoskeletal system

Finlayson et al. (2010; Finlayson, 2011) demonstrated that adults with a learning disability sustain more injuries, falls and accidents than the general population. Because of the increased health needs, there has been a corresponding increase in the number of people with learning disabilities attending general hospitals. Adults with learning disabilities therefore may be more likely to require care in orthopaedic and trauma hospital care settings.

There are more mobility problems for people with a learning disability than the general population (Van Schrojenstein Lantman-de Valk, 2005) and they share many factors with older people, such as high rates of osteoporosis (Schrager, 2006), Vitamin D deficiency (Vanlint and Nugent, 2006), poor nutrition and sedentary lifestyle (Robertson et al., 2000) as well as having increased prevalence of osteoporosis and lower bone density than the general population (Center et al., 1998; Jaffe et al., 2001, 2005; Tyler et al., 2000). Contributory factors include lack of support to engage in weight-bearing exercise, delayed

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