



Factors affecting compliance with moving and handling policy: Student nurses' views and experiences

Jocelyn Cornish ^{*}, Anne Jones ¹

Florence Nightingale School of Nursing and Midwifery, King's College London, James Clerk Maxwell Building, 57, Waterloo Road, London SE1 8WA, United Kingdom

ARTICLE INFO

Article history:

Accepted 20 March 2009

Keywords:

Moving and handling
Manual handling
Compliance
Non-compliance

SUMMARY

The limited literature available suggests that there continues to be poor compliance by nurses with moving and handling regulations [Swain, J., Pufahl, E., Williamson, G., 2003. Do they practise what we teach? A survey of manual handling practice amongst student nurses. *Journal of Clinical Nursing* 12(2), 297–306; Jootun, D., MacInnes, A., 2005. Examining how well students use correct handling procedures. *Nursing Times* 101(4), 38–40; Smallwood, J., 2006. Patient handling: student nurses' views. *Learning in Health and Social Care* 5(4), 208–219; Cornish, J., Jones, A., 2007. Evaluation of moving and handling training for pre-registration nurses and its application to practice. *Nurse Education in Practice* 7(3), 128–134]. This paper presents the final phase of a study in which student nurses' reports of their experience in practice are drawn upon to identify possible reasons for a lack of compliance with moving and handling policy.

Focus groups were conducted using a topic guide comprising themes generated from the previous two phases of this study; a questionnaire survey and unstructured interviews [Cornish, J., Jones, A., 2007. Evaluation of moving and handling training for pre-registration nurses and its application to practice. *Nurse Education in Practice* 7(3), 128–134]. Seventeen pre-registration students participated, representing adult, child and mental health branches from both Degree and Diploma programmes

Examples of poor practice set the context for the students' experiences. Factors affecting both compliance with poor practice or compliance with moving and handling regulations leading to good practice, are identified. Methods for the management of difficult moving and handling situations are also revealed. The study informs future developments in training and support mechanisms for students in practice.

© 2009 Elsevier Ltd. All rights reserved.

Introduction

The legal requirement for nurses to follow manual handling policy is incorporated within Health and Safety policy (Health and Safety Executive, 1992) and has the intention of preventing injuries to nursing staff through the provision of safe working environments and systems of work. These regulations also apply to student nurses but the concept of safe handling has a benefit to patients in that correct handling can enhance patient independence and comfort and reduce potential harm that could result from poor practice (Cornish and Jones, 2007).

Literature review

Despite the legal requirement to follow manual handling policy, a number of studies have provided evidence that students

^{*} Corresponding author. Tel.: +44 20 7848 3661.

E-mail addresses: jocelyn.c.cornish@kcl.ac.uk (J. Cornish), c.anne.jones@kcl.ac.uk (A. Jones).

¹ Tel.: +44 20 7848 3213; fax: +44 20 7848 3555.

have difficulty complying with such (Swain et al., 2003; Jootun and MacInnes, 2005; Kneafsey and Haigh, 2007; Smallwood, 2006; Cornish and Jones, 2007). Many of these studies relating to the student experience of this essential nursing role have been conducted to examine individual training programmes at specific institutions in the United Kingdom (UK), hence the increasing number of studies seemingly investigating the same concept. Differences in the studies relating to the student samples, their programme of education, year of training or experience, mean that they are not directly comparable although the concurrence of many of the findings supports the validity of the conclusions drawn to some extent. In presenting the data, the authors have identified some factors which contributed to the students' experiences (Swain et al., 2003; Jootun and MacInnes, 2005; Kneafsey and Haigh, 2007) although none of the papers has explicitly commented on the context for compliance or non-compliance with policy that this paper seeks to address. Neither have these papers used a qualitative approach to identify specific factors that might provide alternative insight when developing solutions. There is no recent evidence of student experiences outside the UK available to inform this study; however the relevance of international

literature would be questionable given the differences in nursing curricula and manual handling policy.

The aim of this paper is to highlight factors that affect students' compliance with moving and handling (M&H) policy. The term 'moving and handling' is favoured in this paper and is treated as synonymous with the term 'manual handling' which is still used in current policy.

Methods

Research design

Focus groups were conducted with 2nd year Degree and Diploma students to gather information on their experiences of moving and handling in the practice setting. This was the third phase of a mixed-method project to evaluate the M&H training in one Higher Education institution and its relevance to practice for pre-registration nursing students (Cornish and Jones, 2007).

Sample, recruitment and ethics

Prospective respondents were invited to participate in the project after the second year M&H theory update. Fifty-nine students expressed interest and were contacted by email to arrange the groups. Of these 17 (29%) were able to attend and 3 groups were arranged ($n = 7$, $n = 5$, $n = 5$, respectively). The students represented adult, mental health and child branches and gave their consent at the commencement of each group. All had completed M&H first year mandatory training and a variety of placements.

Ethical clearance was secured from two Local Research Ethics Committees for the project as a whole. This was felt necessary as it was anticipated that the students might mention aspects of poor practice in the course of the focus group discussion which may have to be addressed. The students were asked to maintain the anonymity of the practice areas and staff involved in any incidents mentioned in the focus groups and information was provided on the measures to be taken to report poor practice. However, it was noted that such formal ethical clearance was not deemed necessary for some other studies in the literature as they were considered to be educational evaluations (Swain et al., 2003; Jootun and MacInnes, 2005).

Data collection

A topic guide (Fig. 1), informed by previous elements of the study, was used as a prompt for the discussion which sought information on: the students' reasons for participation in the study; examples of their M&H experiences in practice, their reasons for compliance with a M&H task that they thought was wrong; factors affecting refusal of such a request and the circumstances in which they would take a risk (not follow M&H policy).

The moderator (JC) managed the group whilst a second researcher (AJ) kept field notes on the interactions between group members and managed the recording equipment. The focus group conversations were transcribed verbatim and were categorised according to content; key data are presented here to illustrate the main issues for students.

Findings

Students participated on a voluntary basis because of a desire to contribute to improvements in the teaching of moving and handling, to confirm their experience with their peers, to report the reality of practice and to learn more about moving and handling as they did not think they knew enough. This paper illustrates the themes of poor practice and factors affecting compliance with both poor practice and moving and handling regulations (good practice) from this extensive dataset.

Poor practice

The following 8 categories of 'poor practice' arose from the students' reported experiences:

- Use of bedsheets to drag patients up the bed
- Non-completion of risk assessments
- No assessment of patients' abilities
- Lifting/using condemned techniques
- Supporting the patient's weight
- Poor communication
- Poor management of equipment
- Non-completion of equipment safety checks

Three of these are presented below as examples: 'the use of bedsheets to drag patients up the bed'; 'lifting/using condemned techniques' and 'non-completion of equipment safety checks'.

The first example of poor practice is the 'use of bedsheets to drag a patient up the bed' or from one surface to another in the case of a lateral transfer. This is an unacceptable practice which can cause harm to patients through shearing forces applied and increases the risk to staff in moving a load against resistance. Furthermore, bedsheets are not designed for this activity and are therefore not fit for purpose.

"My first placement had it [equipment] all stacked up in the shelves [and it] didn't work. Nobody ever went in there and nobody ever used the stuff in there and you just kind of got on with hoisting people up the bed using a sheet." 05/04:2

The second example relates to 'lifting/ using condemned techniques' (Chell, 2003) to move patients:

"I was asked to help a patient move from bed to chair and I knew that this person had been seen by the physiotherapist in the morn-

- What is your motivation for participating in this study?
- Give an example of M&H in practice that you have experienced.
- Has anyone had a good experience?
- How many of you have been asked to participate in a manoeuvre you thought was wrong?
- Who has complied with such a request and why?
- Would you still comply with such a request?
- When did you first feel you could refuse such a request? Why?
- In what circumstances would you take a risk?

Fig. 1. Topic guide.

Download English Version:

<https://daneshyari.com/en/article/367345>

Download Persian Version:

<https://daneshyari.com/article/367345>

[Daneshyari.com](https://daneshyari.com)