Manual Handling of People (MHP) Risk Management: a survey of aged care staff knowledge and understanding of environment related MHP risk control interventions.

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Introduction

Encouraging patient participation in the manual handling interaction is an endorsed manual handling of people (MHP) risk control intervention that should reduce care staff exposure to MHP risks and promote patient mobility (Brown-Wilson 2001; Workcover NSW 2006; Rockefeller 2008; Smith 2011). However, patient MHP outcomes, including functional mobility, have received limited consideration within MHP research (Fray & Hignet 2006; Taylor, Sims & Haines 2011). This study reports findings of a care staff survey, undertaken as part of multi-stage investigation of the nature and extent of environment related MHP interventions that may influence patient mobility MHP outcomes within residential aged care. Earlier stages of the project included the development, validation and field-testing of a new patient/person handling assessment tool (Pro-Mobility Patient/Person Handling Assessment Tool or Pro-Mob) for this specific purpose. The staff survey evaluated knowledge and understanding of the importance of environment related MHP interventions at seven (7) residential aged care facilities (RACFs) (operated by the same organisation) that participated in field-testing of the Pro-Mob tool, because care staff recognition of the benefits of MHP strategies for both patient mobility and their safety, should facilitate effective implementation (Taylor et al 2011; Taylor, Sims et al 2014).

Method

All aged care staff employed at the seven facilities were invited to participate in the anonymous staff survey. The survey involved completion of an online KeySurvey™ questionnaire. A hard copy version was also available for staff unable to access the electronic version. Fifty-seven (57) aged care workers participated with representation from all seven RACFs. Care workers were principally Care Service Employees (70.2%), although the staff mix varied between RACFs. A majority of participants aged over 45 years (52.6%) and were predominantly female (89.5%).

The questionnaire included: questions regarding personal information; free response questions in relation to general knowledge and understanding of MHP risk management; specific questions regarding the effect of environmental factors (e.g. non height adjustable bed, low bed height, mattress overlay, bed assistive technology) on patient/resident mobility and staff safety during performance of five (5) common MHP tasks; and specific questions in relation to MHP risk management at their workplace.

Results

Analysis of ratings and comments demonstrated that a majority of staff were aware of the importance of clear space, optimum seated heights, optimum chair features (e.g. seat slope) and use of assistive technology (AT) for promoting resident mobility and minimising care staff risk exposure, although variation between RACFs was evident. Staff opinions were mixed within and between RACFs, regarding the impact of mattress overlays and bed side-rails on both resident and staff MHP outcomes. Despite evidence from field-testing of limited use of bed stick/pole AT to aid mobility, a majority of staff at all RACFs considered bed AT to have a positive effect on resident mobility and staff safety when assisting with STS transfers from the bed and transfers from lying to sitting on the side of the bed. In relation to the effect of toilet related environment
factors on performance of assisted STS transfers, staff responses supported the importance of toilet positioning (to aid movement of staff, resident and equipment), fixed grab rails, toilet AT other than grab rails (with and without seat), and clear space around the toilet for resident mobility and staff safety. Responses regarding MHP risk management indicated staff were aware of key aspects, although variation was evident regarding communication of manual handling assessment information.

Discussion

Surveying care staff concurrently with an (Pro-Mob) evaluation of environment related MHP interventions, demonstrated that a majority had an understanding of the nature and extent of environment related MHP interventions for promoting resident mobility and reducing staff injury risk exposure. Key Pro-Mob trial findings in relation to environmental inadequacies, such as furniture provision and clear space, were also identified as MHP risk factors by care staff. Variation in responses from staff at the same RACF, and between RACFs, with regard to several environment related factors, may warrant revision of MHP training content and/or additional staff surveys focusing on issues identified. Further surveys, and thematic analysis of free responses, could provide the organisation with an effective method for monitoring staff understanding and knowledge of MHP interventions, and informing MHP training needs.

Keywords

MHP intervention outcomes; environment; mobility.

References