Ward Culture and Pressure Ulcer prevention: Barriers and enablers to care?

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Starting point......

• Nursing Dashboard/Safety Thermometer

• Acquisition of a pressure ulcer within a healthcare setting is perceived as an indicator of poor care. (Gorecki, Brown, Nelson et al, 2009)

• What is the reason for differing prevalence of pressure ulcers across the Trust?

• Reignited enthusiasm for research – applied for the MARM
Literature review

‘Too busy: a lack of time to care and document?’
- Competing/prioritising workloads
- Pressure
- Delegation to non-registered nurses

‘Organisational teamwork and support’
- Creating a learning environment is imperative
- Senior nurse role-models
- Reference to up to date guidance

‘The priority and value of PU prevention’
- Professional accountability
- First experience of caring for a patient with a pressure ulcer
- Pressure ulcer prevention seen as low priority
What are the Barriers/Enablers for nurses implementing Pressure Ulcer Prevention?

Aims:
To gain insight into Registered Nurses’ experiences of the barriers and enablers to delivering pressure ulcer prevention within a large acute East Midlands NHS Hospital Trust and triangulate with the Trust pressure ulcer data.
Philosophical assumptions, methodology and methods

- Pragmatism: how best achievement of practical, action-orientated goals (Barnes-Holmes, 2000)
- Mixed-methods: the concurrent embedded mixed methods (Cresswell, 2009, p.214)
- Triangulate the thematic analysis (Braun and Clarke, 2006) of eight semi-structured interviews and non-participant observation with quantitative trust data (pressure ulcer incidence), to inform the findings of the qualitative study.
Ethical approval and Recruitment

• Service evaluation and did not require full ethical approval

• Two 28 bedded wards in HCOP specialty, caring for patients with dementia and with differing prevalence of pressure ulcers in the last 18 months

• Permission via directorate clinical lead and matrons, and visited Ward Sisters

• Asked for volunteers – both ward and tissue viability nurses
Participants – 8 registered nurses

Role

• 2 TV Nurse Band 6
• 2 TV Champion Band 5
• Ward 2 Sister
• Band 6 Ward 1
• Band 5 TV link nurse Ward 1
• Band 5 staff nurse Ward 2
Findings - Thematic analysis (Braun and Clarke, 2006)

- **Patients**: sicker patients and challenge of ‘best interests’.
- **Communication and Teamwork**: leadership
- **Professional Judgement**: accountability
- **Pressure Ulcer Prevention workload**: Prioritising care conflicting with a perceived ‘lack of interest’
- **Documented and Paperwork**: challenging negative perceptions
- **Time**: planning and personal organisation, not a lack of staff
- **Training and Education**: more experiential, ward level, specialty based and evidence-based practice
- **RCAs**: Reflect the ‘bigger picture’ and opportunities for learning

We are here for you
Non-participant observation

Both wards displayed sense of 'busyness' (Thompson, 2008), however this was matched with a calm and organised environment.

Use of the CATC 'clocks' and skin bundles were observed being used.

Pressure ulcer prevention was observed and conversations between staff, and staff and patients demonstrated that it was being delivered.

Patients were observed being 'cared for' with staff orientating them to their surroundings, talking with them in a calm, appropriate, respectful and compassionate manner.
Discussion

- strong professional commitment
- nurses are receptive to ensuring the delivery of PU prevention
- There is a ward culture of adaptation and ‘readiness’, which reflects the demands of the organisational culture.
- challenges arise when time and workload are beyond their control and they have to negotiate the care they deliver.
- suggestions as to how the Trust could increasing opportunities for experiential learning and improving ward leadership.
- ‘Organisational culture’ in addition to ‘ward culture’ has a significant impact upon nurses’ experience of delivering pressure ulcer prevention.
- facilitative a pro-active approach to enabling nurses to deliver pressure ulcer
Relevance to clinical practice

- a significant programme within the Trust has addressed issues around pressure ulcer prevention and in particular nurse education

- The last avoidable stage 4 pressure ulcer occurred in April 2013
Limitations and learning

- Mixed methods
- Recruitment
- Reflexive position of nurse-researcher (Borbasi, Jackson and Wilkes, 2005)
References


