Preventing hip fractures in care homes 2: role of the specialist nurse

Sue Davies, Donna Doherty, Jean Glover, Tracy Johnson

A number of recent initiatives have been described that attempt to ensure that staff within care homes have access to up-to-date information and opportunities for training and personal development (Davies et al, 2002; Meehan et al, 2002). Staff working in these environments often experience isolation and exclusion: terms and conditions of employment are usually inferior to similar work in the statutory sector; opportunities to meet with colleagues in similar situations are rare; and many staff lack basic preparation for their role (Davies, 2001).

Furthermore, staff in long-term care settings have long had to deal with the negative perceptions of work in this sector (Check et al, 2003) with important consequences for morale and job satisfaction (Redfern et al, 2002). There is evidence to suggest that care home staff need a clear therapeutic direction for their work if they are to experience job satisfaction (Hansebo and Kihlgren, 2002). There is, therefore, a need to develop creative strategies for ensuring that staff are able to keep up to date with new technologies. Employing a nurse facilitator specifically to support the introduction of a new intervention represents one such strategy.

Several authors have described outreach services involving specialists who provide advice and support to care home staff (Smith et al, 1995; Bott, 1998; Proctor et al, 1998; Anderson, 2004). Proctor et al (1998), for example, evaluated a teaching intervention by a multidisciplinary outreach team aimed at improving the quality of interaction between staff and residents. The intervention included a seminar programme and the introduction of a behavioural approach to care planning. The researchers found a significant increase in the proportion of time spent in positive interactions between staff and residents, both in terms of direct care and social contact at the end of the intervention. Levels of resident activity also increased. Similarly, Smith et al (1995) report an evaluation of a ‘train the trainer’ model for developing nurse consultants in the management of mental health problems. A clinical nurse specialist trained nurses from long-term care facilities and these nurses used the information and training materials provided to train additional nurses in their own facilities. However, an important limitation of this body of research is the lack of exploration of the impact of nurse specialist roles on resident outcomes.

Within the context of the research project described within these two articles, the literature provided sufficient evidence to support the proposition that a project nurse with a specific remit for the prevention of hip fractures in long-term care settings might impact upon care practices with subsequent benefit for residents. It was such a rationale that prompted the authors’ primary care trust to fund the Hip Protector Project, further details of which are included in the first article (Doherty et al, 2004). Full details of the methods used in the evaluation are also provided in the first article. In summary, these findings are drawn principally from questionnaires completed by a convenience sample of 138 staff members in 23 care homes (25 homes were involved in the project but only 23 took part in the evaluation) and interviews with 36 staff members in seven homes, purposively selected to provide a range in terms of type of home and staff grade.

Role of the project nurse

Information about the role of the project nurse was gained primarily from staff via self-completion questionnaires and interviews. Experiences of using hip protectors (explored in the first article) and of the project nurse role were included in the same questionnaire. The project nurse also participated in a recorded in-depth interview with the research supervisor. The role involved making contact and developing relationships with staff at each of the 25 care homes within the geographical

Abstract

This article is the second of a two-part series based upon a research project to evaluate the impact of a specialist nurse role in reducing the incidence of hip fracture within care homes. The first article (Vol 13(21): 1242–48) described the background and methods of the study, and presented the findings relating to resident and staff experiences of using hip protectors as a preventive measure within the homes. This article focuses on staff experiences of the nurse specialist role as a mechanism for raising awareness of hip fracture prevention strategies and implementing evidence-based practice in this area. Findings suggest that specialist nurses have the potential to encourage evidence-based practice within care homes, while also improving staff morale and job satisfaction.

Key words: Elderly accidents ■ Fractures ■ Hip joint

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area covered by the North Sheffield Primary Care Trust. Following an initial introduction to the project, including a 1-hour session on the use of hip protectors, staff were invited to identify residents at risk of falling and were provided with three hip protector garments for each resident. They were encouraged to complete records about the use of hip protectors with each resident. The project nurse called back to the home 1 week after commencing the use of hip protectors to discuss any initial problems or difficulties and offer further advice. All homes were then visited at least once every 2 months to check on progress. Some homes received additional visits and teaching sessions, focusing on fall prevention and the introduction of fall risk management strategies. Between visits, the project nurse was available for telephone contact and would also visit by request.

Views and impact of the project nurse’s role
Respondents to the questionnaire were invited to indicate their level of agreement/disagreement with a series of statements about the nature and impact of the role of the project nurse within the Hip Protector Project. Overall, responses suggest high levels of satisfaction with the work of the project nurse and a high degree of perceived impact (Tables 1 and 2).

Table 1 shows respondents’ own estimates of their awareness of falls prevention measures both before and since commencement of the Hip Protector Project. Unfortunately, a large number of respondents failed to complete both sections of this question, but those that did suggested increased awareness of measures for preventing falls since the project began.

Responses shown in Table 2 suggest that the role of the project nurse has benefited staff in a number of ways. In particular, respondents felt that the project nurse had motivated them to use hip protectors (93.8%; n = 120) and made them aware of gaps in their knowledge (78.9%; n = 101). This point was reinforced by one respondent as follows:

‘Due to attending training and inviting [project nurse] to hold inhouse training at [name of care home] has given the whole staff here an awareness of falls protection and hip protectors which have been a valuable asset.’

<table>
<thead>
<tr>
<th>Awareness of falls prevention measures</th>
<th>Before %</th>
<th>Since %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Unaware</td>
<td>14.7</td>
<td>2.5</td>
</tr>
<tr>
<td>Aware of some measures</td>
<td>8.8</td>
<td>2.5</td>
</tr>
<tr>
<td>Fully aware of measures</td>
<td>52.9</td>
<td>32.9</td>
</tr>
<tr>
<td>Fully aware and able to teach others</td>
<td>23.5</td>
<td>62.0</td>
</tr>
</tbody>
</table>

Table 2. Staff members’ views on impact of project nurse’s role

<table>
<thead>
<tr>
<th>Statement</th>
<th>Strongly agree %</th>
<th>Agree %</th>
<th>Unsure %</th>
<th>Disagree %</th>
<th>Strongly disagree %</th>
<th>n</th>
</tr>
</thead>
<tbody>
<tr>
<td>The project nurse’s role has brought people together across the various</td>
<td>12.9</td>
<td>44.4</td>
<td>37.1</td>
<td>5.6</td>
<td>0.0</td>
<td>124</td>
</tr>
<tr>
<td>care homes</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>The project nurse has made me aware of gaps in my knowledge</td>
<td>13.3</td>
<td>65.6</td>
<td>9.4</td>
<td>11.7</td>
<td>0.0</td>
<td>128</td>
</tr>
<tr>
<td>It is good to have a person with a bit of clout working with us on falls</td>
<td>21.6</td>
<td>64.8</td>
<td>11.2</td>
<td>2.4</td>
<td>0.0</td>
<td>125</td>
</tr>
<tr>
<td>prevention</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Updating myself is my responsibility — I do not need a project nurse to</td>
<td>1.6</td>
<td>16.9</td>
<td>12.9</td>
<td>58.1</td>
<td>10.5</td>
<td>124</td>
</tr>
<tr>
<td>help me</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>When we have approached other departments for information they have</td>
<td>0.8</td>
<td>17.4</td>
<td>55.4</td>
<td>22.3</td>
<td>4.1</td>
<td>121</td>
</tr>
<tr>
<td>often not been very helpful</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Now that we know about hip protectors we do not need the project nurse</td>
<td>1.6</td>
<td>12.9</td>
<td>20.2</td>
<td>55.6</td>
<td>9.7</td>
<td>124</td>
</tr>
<tr>
<td>anymore</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Being involved in this project gives us a feeling of respect</td>
<td>9.1</td>
<td>64.5</td>
<td>16.5</td>
<td>8.3</td>
<td>1.7</td>
<td>121</td>
</tr>
<tr>
<td>Telling us why hip protectors are important has motivated us to use them</td>
<td>25.0</td>
<td>68.8</td>
<td>2.3</td>
<td>3.1</td>
<td>0.8</td>
<td>128</td>
</tr>
<tr>
<td>We do not need anyone to explain hip protectors to us it is common sense</td>
<td>4.9</td>
<td>15.4</td>
<td>8.1</td>
<td>53.7</td>
<td>17.9</td>
<td>123</td>
</tr>
</tbody>
</table>
However, several respondents (all healthcare assistants) suggested that more regular meetings between the project nurse and carers would be beneficial:

‘Never met the project nurse — need to see more of her on the ground not in the office. To increase awareness of H/P and the role they play in the prevention of fracture when clients fall’ (Healthcare assistant).

Few respondents (20.3%, n = 25) felt that the role of the project nurse was unnecessary and that using hip protectors is just ‘common sense’. Interestingly, the vast majority of respondents (86.4%, n = 108) agreed that it was useful having someone with ‘a bit of clout’ working with them and that being involved in the project gave them a feeling of respect:

‘Staff and myself have enjoyed being part of the ongoing research project into falls prevention. Opinions appear to have been valued and this has raised staff morale’ (Staff nurse).

Additional comments suggested that the impact of the project is likely to be linked to the skills and approachability of the project nurse:

‘She goes into detail and answers questions about H/P and falls. Very interesting to listen to’ (Healthcare assistant).

‘[Project nurse] has proved to be of tremendous help with training and motivating the staff to work with the project. She is so enthusiastic it has spread to staff and clients. Training has been an added bonus as we had little knowledge of falls prevention’ (Assistant manager).

Suggestions for further developing the work of the Hip Protector Project included more regular visits from the project nurse, particularly to work more closely with residents and healthcare assistants, and dissemination of information leaflets and booklets about hip protectors and fall prevention.

Case studies: interviews with staff
Most of the staff members interviewed were of the firm opinion that the project had been worthwhile. There were a number of reasons for this, mostly attributable to the knowledge and skills of the project nurse:

- Project nurse is approachable and she speaks the same language
- She is enthusiastic and knowledgeable:
  ‘I mean we’ve got a bit of expertise in lots of different fields but they’ve been specially trained in these fields. I think it’s always helpful to be able to ask, nurses should always be able to ask’ (Staff nurse; home 5).
- She responds quickly to requests for help:
  ‘Because once you’ve identified somebody you don’t want it to be weeks and weeks’ (Manager; home 3).

Explaining how the hip protectors work and demonstrating their use were perceived as vitally important in getting the staff on board:

‘If somebody had just said “here you are” I’d have said “Well what do I do with these?” so I think it’s important for anybody to give a bit of feedback or background on them then it’s definitely helpful’ (Senior healthcare assistant; home 1).

Broad remit
The project nurse’s broad interpretation of her role in relation to raising awareness of strategies for falls prevention in addition to introducing the hip protectors was cited as one of the main reasons for the success of the project:

‘I think it’s good because I think if it had been handled badly they would have just been another gizmo that you stick in the corner and you never use. But she came out and she spoke to the staff about falls, she came out and spoke about how to use the hip protectors properly and she’s continued all the way through. Because we’ve done a resource pack, we’ve gone on different sessions with her and she’s been out and spoke to staff and anything she’s picked up from other places to do with fall prevention she’s said “Oh they’re doing this there do you want to try it”. But not “you must” we’ve tried different things… like the wall chart and I think it’s been good’ (Manager; home 6).

Reflecting the findings of the survey, many participants described how being involved in the project had helped the staff to feel important and less like ‘second class citizens’:

‘It’s also rather nice because, this is quite political I suppose, but to be asked to be involved in a project like this, because I mean as a registered nurse for many years it is soul destroying that myself and my staff are classed almost as second class citizens in the nursing world’ (Staff nurse; home 7).

‘Brilliant! I’d definitely do it again. I’d do it again with anything. We very rarely get asked you see with us being a private home, people very rarely ask us to do anything. But I think anything like this we would try again’ (Manager; home 6).

Participants suggested that it would be useful to have a project nurse coming into the home to cover other aspects of care. In her peripatetic role, the project nurse provided a link to staff in other homes, facilitating the exchange of information:

‘Nobody talks to us. The NHS doesn’t want to know. I think because [project nurse] has been doing this role and doing the training and support it’s made you realize that there is a big gap with lots of other things. It makes you think ooh well I wish we’d got someone like [project nurse] who could do something about diet, do something about nutritional screening and things like that. But there’s nothing…’ (Manager; home 2).
The importance of educating all staff was also identified. Where staff within one home had initially had problems relating to communication and organization of work, discussions with the project nurse had resulted in improved methods of working and enhanced teamwork.

**Organizational features influencing the impact of the project**

Analysis of the interviews carried out within each home suggested that the project had made a greater impact in some homes than in others. Certainly, the proportion of residents thought to be at risk of falls who were actually wearing hip protectors at the time of data collection varied widely. In analysing the interview transcripts, a number of factors could be identified that appeared to be associated with the effectiveness of the project within each home. In order to protect the anonymity of participants, these factors are discussed in general terms, rather than describing the particular situation within each home.

**Staff shortages limit effectiveness of project**

Unsurprisingly, shortages of staff could inhibit developments in practice, even where staff had originally been enthusiastic:

‘We did that for a couple of months and then with shortage of staff and stuff it got a bit difficult you know with new staff coming and trying to explain to them about the situation and everything, and then residents deteriorating so they couldn’t wear them and that you know. Because we’ve had quite a change over of staff, I suppose that’s just natural in every care home.’

‘Well there were different sizes for different residents weren’t there. I found them a bit stiff to get over the bottoms onto them and to be honest we’re always that busy that these tick boxes and everything and that little bit of extra paperwork and making sure every resident’s got them on in the morning, it were hard work to make sure all sixteen had them on and I think even though we did try, it were down to time really.’

Within homes that had ‘tailed off’ in using the hip protectors as a result of staff shortages, there was a perception that the project nurse could act as a catalyst and ‘kick-start’ the project once again:

‘I think they are a good idea and I think once [project nurse] comes back with and introduces the new ones we’ll sort the residents out that are more prone to actually needing them now.’

**Importance of effective communication**

Homes varied in the extent to which all staff seemed to be aware of the Hip Protector Project. In some homes, mainly those where a high proportion of residents were wearing the protectors, all staff interviewed were aware of the project and understood the benefits of encouraging residents to use them. However, in a small number of homes, healthcare assistants had been told to use the hip protectors with certain residents, but information about the rationale for their use did not appear to have cascaded down from senior staff. If a resident was then unwilling to try the hip protectors, healthcare staff lacked sufficient understanding to explain why they might be beneficial.

Where hip protectors were being used effectively, assessment of falls risk and decisions about the need for protection were usually clearly documented in care plans. It seems that in these homes, assessment of the need for hip protectors had become a routine aspect of practice. In a small number of homes, even where the care plan identified that a resident was at risk of falling, there was often no mention of their suitability for hip protection.

**Importance of regular follow up**

The project nurse had identified that the extent of her input had varied between homes. This was determined largely by the enthusiasm and responsiveness of staff within a home to the suggestion of additional input over and above the initial preparation and routine monitoring and support offered by the project nurse. However, in homes that were less receptive, staff sometimes became disillusioned:

‘When we first got them they seemed a really good idea. We were putting them on everybody that they were supplied to, and the first few weeks things were alright. We had some tick boxes and were ticking when they were wearing them and when they weren’t wearing them. But as time went on we had more and more residents complaining that they were uncomfortable and some of the more confused residents were thinking it were something in their pocket and they couldn’t master mind it. It was like a constant worry to them. So we ended up taking them off and not using them on the confused residents. I mean I’ve got sixteen on here and none of them wear them, even the ones with mobility. So I think the biggest problem was they were uncomfortable and they felt like they were just these two big things on their hips and they just couldn’t fathom it really. I mean, I personally think they’re a good idea and if all residents were to wear them then that’d be great because we do have falls.’

**Importance of clear and effective leadership**

Where senior staff were enthusiastic about the benefits of hip protectors and were willing to ‘cajole’ staff into using them, this seemed to have a positive effect, with staff ultimately assuming responsibility. The importance of effective leadership within the home was also apparent:

‘...I thought they’d be like oh it’s a fad and we’ll just chuck them over here and we’ll not bother but we sort of nagged and nagged for the first few weeks that it was important that they got the hip protectors on and now they get a bit anxious you know, if somebody’s incontinent, and if they’ve wet all the pairs through the day and they have to put normal knickers on you get all these staff running backwards and forwards to the laundry waiting for these pants to dry. They get anxious thinking well they’re bound to fall now they haven’t got their knickers on.’
**Importance of positive reinforcement**

Staff in homes where residents had continued to wear the hip protectors were enthusiastic about their potential to reduce the risk of fracture following a fall. This was linked to the fact that residents had fallen while wearing the garments and had not sustained a fracture. This seemed to motivate staff to continue to use them with residents. Positive reinforcement was also provided by external agencies, in particular representatives of the Care Standards Commission and local GPs:

‘It does, it makes us feel good, feel that we’ve got a lot to give. On our last inspection she [the inspection officer] was very impressed and she said you know “Do you mind if I take these ideas because I hadn’t thought about it as much”. Yes, it makes us feel good that we are doing something rather than just accepting it.’

Relatives in some homes were also becoming aware of the benefits of hip protectors and could also provide positive reinforcement:

‘The relatives found them incredibly amusing when we looked at them. But yes, they thought it was a really good idea. When Winnie, the lady who fractured her hip last week, that’s one of the questions her daughter-in-law asked. She said and of course she wasn’t wearing her hip protection and so I said well unfortunately no because they’re uncomfortable to wear at night and no she climbed off the end of the bed.’

Similarly, negative feedback could act as a barrier to continued use of the hip protectors. For example, in one home, staff perceived that the number of hip fractures had increased since commencement of the project. Even though it subsequently became clear that several of these residents had not actually been wearing hip protectors when the fracture occurred, this ‘misinformation’ spread among the staff, with the consequence that many decided that they no longer wanted to use the garments. Reversing such perceptions posed a real challenge to the project nurse.

**Discussion**

The role of the specialist nurse described here worked well for the majority of staff who participated in the evaluation. In particular, the initial introduction to the hip protector garments and explanation of how they work was identified as important in encouraging staff to use them with residents. Many staff members identified the importance of the project nurse’s swift response to requests for help to the success of the project. The majority of staff members who participated in the evaluation were positive about the impact of the project in terms of increasing their own knowledge and awareness of hip protectors and their use. Staff self-assessment suggested that knowledge of both hip protectors and strategies for falls prevention had increased as a direct result of the project. Most staff were positive about the potential for hip protectors to prevent fractures and encouraged residents to wear them where appropriate.

The evaluation provided evidence that the service provided by the project nurse was much appreciated by staff within most of the homes included in the scheme. Care home managers in particular appeared to value the advice and support provided by the project nurse and welcomed the additional resource of the hip protector garments. More junior staff in general also valued the input of the project nurse, and there was evidence that involvement in the project may have helped individual staff to experience a sense of purpose and achievement (Nolan et al, 2001). Within some homes, the use of hip protectors had become embedded in the practice culture of the home, with individual members of staff demonstrating a real sense of responsibility for supporting and encouraging residents to make use of them.

In spite of the well-documented challenges to the provision of high-quality care within nursing and residential homes, there has been a lack of sustained research to determine how the multiple stakeholders involved in the provision of continuing care can best work together to ensure positive care practices based on up-to-date research. For example, an important finding of the recent literature on practice development within nursing and health care is the failure of many units to capitalize upon links with higher education institutions in order to develop practice, evaluate progress and engage in systematic research (Gerrish, 2001; Ross et al, 2001). This small-scale evaluation provides evidence of the value of such collaboration.

A range of approaches to developing practice within care homes have been described within the literature. These include intensive approaches that aim to modify the culture of care within a home using a bottom-up approach (McDerment et al, 1997; Davies et al, 2002) to extensive strategic approaches aimed at assessing need and providing a degree of support to a number of homes within a defined geographical area (Meehan et al, 2002). Whatever approach is used, it is increasingly clear that the experiences of older people living in care homes are inextricably linked to the experiences of staff working with them. In other words, if the quality of care for residents and their families is to be enhanced, it is essential to ensure that staff feel valued and appreciated (Brechin, 1998; Nolan et al, 2003). This project provides some evidence that a nurse specialist working within a clearly defined area of practice has the potential to create these experiences for staff while simultaneously influencing care practice.

**Developmental implications**

Throughout the UK, initiatives such as the National Service Framework for Older People (DoH, 2001a), the National Care Standards (DoH, 2001b) and the Essence of Care benchmarking project (DoH, 2001c) are setting new standards for the care of older people in all care settings, including nursing homes. If these initiatives are to be responded to adequately and successfully, different models of practice development need to be tried out and evaluated. This small study has attempted a post-hoc evaluation of one such model, that of a senior peripatetic clinical nurse providing specialist education and support in relation to a specific area of clinical practice. The knowledge gained from this study will be relevant to anyone involved with caring for older people in comparable settings.

The findings of this study suggest that a specialist project nurse, with access to resources to provide hip protectors for residents at risk of falling, has a number of benefits for residents and staff within care homes. Primary care trusts should...
Therefore be encouraged to explore the possibility of establishing a range of specialist posts to work with staff and residents within care homes similar to that of the Hip Protector Project nurse, but with a wider remit. Given the limited evidence in this field, it is essential that such posts should be established within the context of ongoing evaluative work in order to establish the most effective way of working.

A further insight provided from the current study was the importance of access for specialist nurses to sufficient resources to support innovative approaches to teaching and learning, e.g. administrative and clerical support to assist with the production of high-quality teaching materials. Specialist nurses are also likely to have a greater impact within a home when adequate systems for recording and disseminating information about the care of each resident are in place. Finally, it is essential for specialist nurses to work with staff in care homes to promote adequate systems for cascading information about practice developments to all grades of staff.

Many primary care trusts are exploring opportunities to offer support to staff working in care homes, recognizing the increasing complexity of the needs of frail older people. This small-scale evaluation provides evidence that peripatetic specialist nurses are valued by care home staff and can be effective in ensuring evidence-based practice.

We would like to acknowledge the support of the Project Steering Group and their helpful comments on the evaluation report.


KEY POINTS

- Staff working in care homes often experience isolation from their peers and access to information about new technologies may be limited.

- A peripatetic nurse specialist with access to supplies of hip protectors appears to be an acceptable and effective way of increasing the use of this technology within care homes.

- Staff identified a need for support in relation to nutritional care, palliative care and caring for people with dementia.