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Promoting Autonomy and Independence for Older People in Acute Hospital Care

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Project Team:

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Location of Project:

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Summary of project:

This 12-month project is year one of a three-year project to support nursing teams in the development of evidence based nursing care for older people in acute hospital care. The aim of the project was to identify best evidence based practice in the promotion of independence and autonomy of older people in acute hospital care.

The project was carried out by staff from Bolton Hospitals NHS Trust and the University of Salford. Strategies were chosen to maximise participation and sustain the engagement of practitioners in the project.

The review and analysis identified three key interlinked themes that influence the experience of autonomy and independence acute for older people in acute hospital care: relationships, environment and understanding. Related aspects of good practice include: participation in decision-making, provision of appropriate information, and consistency and security in the care experience.

Introduction

The National Service Framework for Older People (Department of Health, 2001a) sets out a 10 year plan of action to address the health needs of older people, stating that older people should have access to appropriate specialist care, and that all staff must have the right skills and knowledge to meet their needs (Department of Health, 2001a, Standard 4).

Older people are the main users of hospital services. People over 65 are more likely to be admitted to hospital, utilise two thirds of acute in-patient days and have a longer hospital stay.

However, hospital care often fails to adequately address the needs of older people (HAS, 2000). In 2001 the DoH Standing Nursing and Midwifery Advisory (2001b) report on nursing care in acute hospitals claimed that the most fundamental care needs of older people often were unmet. It identified major deficits in the standards of nursing care of older people, including the maintenance of autonomy and independence.

Aims of the project

- Promote best nursing practice with regards to autonomy and independence of older people in acute hospital care
- Inform local and potentially national policy to direct good practice
- Generate further ways of involving staff and older service users in the development of evidence based nursing practice

Objectives of the project

- Establish evidence based best practice in regard to how nurses can promote autonomy and independence for older people in acute hospital care
- Develop an implementation/dissemination strategy for achieving desired changes to practice
- To support/educate staff in the review process

Methods

The project entailed a review and analysis of existing evidence to identify best practice and intended to

promote and maintain wide participation. It was designed to enable a range of evidence (integrating traditional scientific research with qualitative research and the tacit knowledge of practitioners) to be set in an appropriate policy, legal and ethical framework.

Searching the literature

Building on a literature review by Davies et al. (1997), searches were undertaken on bibliographic databases (Medline, CINAHL, BNI plus, Sociological abstracts) with a particular focus on acute hospital care and the experience of older people. Initially, 160 items were identified as potentially relevant to the study. These were screened by members of the project team and 89 items identified as particularly pertinent to the project objectives.

The review process

To ensure a degree of consistency, a review protocol was developed. This focused on questions pertinent to the project namely:

- What evidence is there to indicate best practice with regard to the promotion/maintenance of autonomy and independence for older people in acute hospital care?
- How do the knowledge, attitudes and beliefs of nurses working in acute hospital care affect the promotion/maintenance of autonomy and independence?
- What is the older patient's experience of care in acute wards with regards to promotion/maintenance of autonomy and independence?

Staff at Bolton NHST were invited to participate in the project as 'critical readers' through internal promotion of the project by poster presentations and a newsletter. Volunteers were invited to a half-day workshop which included: background to the study, critical reading skills and use of the review protocol. Further sessions were held to review the process, discuss findings and reflect on experiences. Review partnerships were established. These were organised to provide support amongst the review team, but further to capitalise on diversity amongst the reviewers, namely experience of critical review, academic background, research experience, professional background and practice environment. By the end of the review process 31 members of Trust staff from a range of professional disciplines, and four members of University staff had been involved in the review.

Analysing the data

The framework for analysis used a conventional strategy for qualitative data analysis, aiming to progressively refine and condense the data. The value of this approach was

that it enabled the formulation of conceptual links between data from different sources. As with the review process, the intention was to encourage wide participation in the analysis.

From the review data 50 key concepts were eventually identified. These formed the basis of an analysis kit, made up of cardboard slips, each printed with a concept, an instruction leaflet and record sheets. The kit was used in facilitated sessions, but was designed for independent use with results being forwarded to the project team. Groups were asked to sort and thematically organise the concept slips, and then to discuss what the implications of this analysis might be for practice. The results of the discussion were recorded by the facilitator to inform the final results of the project.

Analysis was undertaken by 14 groups, including over 80 individuals over a three month period of time. Groups included nursing teams, multi-professional teams, nursing students and older people.

Box 1: Summary of review and analysis process

- 1 Rapid review of literature by project team to establish relevance
- 2 Each paper sent to two reviewers who discuss and agree findings
- 3 Review data returned to project team and collated to identify key concepts
- 4 Consensus meetings to thematically organise key concepts
- 5 Results of consensus meetings collated by project team

Results

Autonomy is a complex, often ill-defined construct providing one of the central principles of practice with older people (McCormack, 2001). The experience of autonomy can be seen as having three elements:

- Physical or functional autonomy (independence)
- Resource autonomy (access, support, relationships)
- Personal autonomy (self determination)

It is fundamentally linked with dignity, self-esteem and positive experiences of care. As such, notions of autonomy and independence underpin much guidance for improving the care of older people.

Table 1 presents three key, interlinked themes and related concepts that emerged from the analysis.

Table 1 – Emerged Themes and Related Concepts

Relationships	Environment	Understanding
<p>Ageism, stereotypes, assumptions, labels</p> <p>Identity v depersonalisation Feeling patronised Expectation of compliance</p> <p>Self esteem power v passivity/ powerlessness</p> <p>Communication Participation Decision making Controlling language and behaviour</p> <p>Working together</p> <p>Involving carers Custodial power Choice Interaction Reciprocity Trust</p>	<p>Systems/Care delivery</p> <p>Routine care, policies & procedures Dehumanising effect of routine Custodial care Fragmented experience of care</p> <p>Assessment</p> <p>Recognising individuality Risk (assessment & management)</p> <p>Physical structure and facilities</p> <p>Design Privacy Dignity Space Time (to recover)</p> <p>Organisational culture</p> <p>Equality & respect for rights</p>	<p>Attitudes</p> <p>Values Culture Insensitivity</p> <p>Information</p> <p>Need for specific, targeted information Valid informed consent Ignoring experiential knowledge</p> <p>Knowledge & skills</p> <p>Inadequate knowledge and skills for all nurses in acute care Specialists in care of older people in acute care Interpersonal skills Empathy</p>

Table 2 presents those elements of good practice identified as promoting autonomy and independence.

Table 2 – Emerged Themes and Related Aspects of Good Practice

Relationships	Environment	Understanding
<ul style="list-style-type: none"> • Challenging ageism • Recognising personal identity • Participation in care planning and decision making • Respect for choice • Provision of appropriate, individual information • Involving families, carers and social networks • Collaborative teamworking enabling consistency and security in the experience of care • Building therapeutic reciprocity: open, co-operative trusting relationships • Avoiding use of controlling language and behaviour 	<ul style="list-style-type: none"> • Effective design of structure and facilities • Maintenance of privacy and dignity • Collaborative team working • Person centred philosophies, models and practices • Effective person centred assessment • Individualised, goal directed care delivery systems • Risk minimisation strategies • Equal access to appropriate resources and services 	<ul style="list-style-type: none"> • Appropriate knowledge base for all working in acute hospital regarding normal ageing, the experience of ageing and ill health • Development of specialist/ advanced practice • Organisational culture which understands and responds to needs of older people • Provision of fundamental care in sensitive, individualised way • High level interpersonal skills

It must be recognised that a significant number of the above elements of good practice are dependent on a supportive and enabling organisational culture and structure. Key elements of the experience of autonomy for older people in hospital care are:

- Communication
- Privacy
- Recognition of personal identity
- Security and consistency in the care experience

Dissemination

A mapping exercise was essential to developing an effective dissemination plan, enabling appropriate links with existing initiatives (for example NSF Older People implementation groups, clinical practice benchmarking activities, Clinical Governance Implementation Group). The internal dissemination strategy also included short presentations to ward and department teams and the project newsletter. It is envisaged that these dissemination activities will provide a focus for the continuing development of practice as well as inform future project activity

Project outcomes

It is important to recognise both process and product outcomes. Outcomes include:

- Staff involvement with literature review process and continuation of the critical reading network
- Review partnerships have encouraged the development of internal networking
- Staff involvement in data analysis generated discussions and provided the opportunity for shared reflection on current work practices
- Increased awareness of the needs of older people has been reported to have caused small but significant changes to practice
- Development of research capacity and capability
- Work on the development and use of an assessment tool to enable the monitoring and development of best practice
- Dissemination of the project findings within the Trust using newsletters, posters, and workshops
- Specific dissemination targeted to key groups identified in the mapping exercise

Conclusion

This project identified the available evidence base for best practice in the promotion and maintenance of autonomy and independence for older people in acute hospital care. This was achieved through the development and support of critical reading, analysis and other research skills in a wide range of practitioners.

The findings of the review had implications for groups and individuals throughout the Trust, and other agencies concerned with the care of older people. A mapping exercise has enabled the development of a strategic dissemination plan, which is providing the focus for the

continuing development of practice in this area. In particular the findings will provide a foundation of good practice for the years two and three of this project.

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