Therapeutic positioning in neurological rehabilitation: A staff evaluation of current practice

Abstract Text:
Purpose
Neurological conditions frequently result in physical impairments which make it difficult to maintain or change posture. Therapeutic positioning enables an individual to maintain a good postural alignment without excessive muscular activity and is considered important in the management of people with severe neurological impairments. Achieving optimal positioning in lying can be challenging and often external support is provided by the use of practical resources ranging from individual support items to comprehensive positioning systems. Evidence of evaluation of positioning in lying and the use of practical resources is limited and current positioning practice is poorly documented. This study aimed to explore staff views and experiences of current positioning practice on a regional Neurological Rehabilitation Unit (NRU) with a focus on lying.

Methods
Face-to-face, semi structured interviews were completed with a purposive sample of nursing and therapy staff. The interviews were audio recorded, transcribed and then inductive thematic analysis was used to generate themes and sub-themes from the data. Participant cross checking of individual interview summaries and an analysis of one third of the transcripts by a second researcher was utilised to validate the study findings. Trust service evaluation approval and University Health Ethics Review Panel approval was granted and written consent was gained from all participants.

Results
Twelve participants took part in an interview with representation from physiotherapists (3), occupational therapists (2), therapy assistants (2), registered general nurses (2) and health care assistants / assistant practitioners (3).

The analysis identified six key themes: Patient Needs, Role, Communication, Knowledge, Experiences and Practical Resources. Positioning was recognised as integral to the nursing and therapy roles and considered a key component of rehabilitation. A multi-faceted
interaction between patient complexity, available time within a role, role in decision making, communication and knowledge impacted on staff experiences of positioning. Three key groups of practical resources were identified: bed linen, T-Rolls and sleep systems. A clear hierarchy of use of these resources emerged which appeared to be influenced by the ease of use and the perceived benefits of use.

Conclusion
The participants’ views and experiences around practical resources provides valuable insight into this aspect of positioning practice. However, the hierarchy identified, demonstrates current practice, not necessarily best practice and the effectiveness of positioning described in the study was based upon participant experiences rather than formal evaluation. Future studies are needed to formally evaluate the use and effectiveness of practical resources, in a variety of settings, in order to develop models of best practice. Knowledge and effective communication are key aspects of teamwork which are important to successful positioning, with time available within the staff role acknowledged as a barrier to both.

Impact
The study has provided feedback to the NRU studied with recommendations to explore how knowledge gaps can be reduced and communication improved. Whilst it is acknowledged that the evaluation focused on a single rehabilitation setting, the influences on experiences within current practice may be applicable to other settings. Furthermore the information collected around the use of practical resources has the potential to assist the development of future studies.

Three key words:
Positioning, Neurological rehabilitation, Positioning resources

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Ethics Approval:
The study was reviewed and agreed by the Research and Innovation Department at Lancashire Teaching Hospitals NHS Foundation Trust (Reference SE-265 Dated 4.11.19) and ethical approval was granted by the Health Ethics Review Panel at the University of Central Lancashire (Unique Reference Number: HEALTH 0011 Dated 21.11.19 + Amendment approval 19.02.20). The study was a service evaluation and as such NHS Research Ethics Committee review and Health Research Authority approval was not required (HRA decision tools (2019). Retrieved from http://www.hra-decisiontools.org.uk/ethics[Accessed 08.10.19]).

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