

# Quality Assurance in Moving and Handling Education: Myth or Legend

Gwarancja jakości w edukacji dotyczącej podnoszenia i przemieszczania pacjentów: mit czy legenda

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## STRESZCZENIE

### GWARANCJA JAKOŚCI W EDUKACJI DOTYCZĄCEJ PODNOSZENIA I PRZEMIESZCZANIA PACJENTÓW: MIT CZY LEGENDA

**Wprowadzenie.** Brak gwarancji jakości w zakresie edukacji dotyczącej podnoszenia i przemieszczania pacjentów prowadzi do niezgodności w szkoleniu i ćwiczeniach.

**Cel pracy.** Artykuł omawia implikacje dla ćwiczeń oraz potrzebę bardziej rzetelnych ram regulacyjnych i standardów, które należy wprowadzić w obrębie Unii Europejskiej.

## Słowa kluczowe:

gwarancja jakości, edukacja podnoszenia, standard w praktyce

## ABSTRACT

### QUALITY ASSURANCE IN MOVING AND HANDLING EDUCATION: MYTH OR LEGEND

**Introduction.** The lack of quality assurance within moving and handling education leads to an inconsistency in training and practice.

**Aim.** This article discusses the implications for practice and the need for a more robust regulatory framework and standards to be adopted within the European Union.

## Key words:

quality assurance, handling education, standard in practice

## INTRODUCTION

Moving and handling in the clinical setting is a skill that needs the theory linked to practice and an individual's practical experiences. It was thought that by introducing the Manual Handling Operations Regulations [1] and the recommendation of making moving and handling training mandatory this would reduce the number and severity of incidents. Staff within the healthcare and social care professions exhibit high rates of musculoskeletal pain that has been connected to patient handling [2]. These remain a key reason for sickness and absence across all areas of the National Health Service [3,4]. Hazardous and outdated patient handling techniques continue to be used by healthcare workers augmenting the chance of injury to themselves and also their patients [5,6]. Poor moving and handling positioning and technique, and the lack of use of equipment where available, will also impact on a patient's safety and experiences [7,8,9].

Organisations have a legal duty to ensure healthcare workers are adequately prepared for their clinical duties and the moving and handling activities that they may encounter whilst in a clinical area [1]. The literature

identifies problems with this provision [10,11] and the failing of health and social care organisations in taking advantage of the opportunities and benefits of inter-professional learning when delivering moving and handling education. A number of organisations publish standards and guidelines to inform health and social care organisations and trainers of their roles and duties but they are only able to provide guidance, not make regulatory statements.

Standards in Manual Handling [12] set out the expectations for a training programme based on the experience of the individual attending. The content was based upon the methods and approaches in the Guide to the Handling of People 5th edition [13] (Smith 2005) and the requirements listed in Manual Handling Operations Regulations 1992 guidance issued by the Health and Safety Executive (HSE) [1], and many trainers in healthcare Trusts and organisations claim to base their training programmes upon these. Despite this there is no single professional body that accredits or regulates moving and handling training and practice.

The Quality Assurance Agency for Higher Education (QAA) is an organisation that has published the UK Quality Code for Higher Education [14] which seeks to set and maintain academic standards by creating a series of frameworks against which teaching and learning can be benchmarked. Although providing guidance on how to work with other organisations and assure quality of teaching for levels of qualification they do not contain subject specific indicators, such as moving and handling, which need to be determined from other sources of evidence.

### Quality assurance

The Quality Assurance Agency for Higher Education defines quality as: “...a way of describing how well the learning opportunities available to students help them to achieve their award” [15].

Evidence disputes that quality has anything to do with describing, and agreement is difficult to find elsewhere in the literature [16,17]. The above definition is not included in the Revised UK Quality Code for Higher Education [18]. Difficulties in measuring quality, and gaining assurance, are of particular relevance when teaching safer moving and handling practices to healthcare workers as a similar lack of cohesiveness exists regarding how to teach this subject for maximum clinical application.

Studies exploring the continued prevalence of musculoskeletal injuries in healthcare staff and students demonstrates the need for effective training in moving and handling [19,20], and this situation persists despite the wide availability of training provision and the supply of equipment to assist with these tasks [4,21,22]. Wanless [23] states that these injuries have serious repercussions on the individuals’ lives, both occupationally as well as personally, and is a significant contributor to the shortage of healthcare workers. This impact would include the learning experience of employees and students during their mandatory moving and handling training.

Although a general consensus has been reached that moving and handling practice should be evidenced-based as far as possible [24], no universal agreement on a unified approach has been adopted in the UK despite a number of guidance publications being issued [25-28]. Several studies have highlighted that training in moving and handling practice is not being effectively transferred into daily clinical application [5,23,29,30], and anecdotal reports from healthcare workers and students attending training confirm that this remains the case. The QAA [31] states that learning occurs when new behaviours, skills or values are acquired. If the training provided within the healthcare establishments and places of work is not transferring into application it is probable that employees will continue to use inappropriate methods and newly qualified staff and students will adopt poor practice.

The QAA framework requires awarding organisations to undertake due diligence to ensure that partner organisations provide a safe working environment for students on placement [32]. In order to do this, organisations need to ensure that employees and students are aware of their responsibilities to patients whilst in the clinical setting [31]

and benchmark moving and handling learning both for themselves and the partner organisation against published best practice guidance for content and consistency.

### Standards in practice

Within the sphere of moving and handling training, the most widely recognised publications that apply to standards of practice and teaching for healthcare professions are published by National Back Exchange (NBE) [12] and BackCare [13,33]. These three documents purport to set standards for practice and define the current best practice methods based upon the current available evidence. The effect of the guidance from NBE is that many providers simply teach the techniques in the editions of the Guide to the Handling of People [13,33]. This leads to superficial learning of techniques and staff are then unable to adapt when faced with novel situations. Hignett’s [34] study found that technique-driven training was ineffective resulting in little change in the handling culture of staff. Hamilton [35] observes that unused skills decline faster than knowledge which would explain why staff “revert to type” [36] when faced with new or infrequent handling situations. It also accounts for employees delivering poor practice in the clinical area which coerces new employees and students into conforming to local norms [23,37-40] and perpetuates old methods of practice.

There are organisations who provide their own sets of guidelines but to date these have not been coordinated in any format to provide one national set of standards. Skills for care and development are an association of six organisations which form the Sector Skills Council for social care, children and young people’s services. Skills for care is a government funded independent registered charity which works with adult social care employers to set the standard and qualifications to provide social care staff with the skills and the knowledge to deliver a high quality of care to their service users. A range of several core moving and handling units have been developed for these qualifications directed at staff who work in these areas. The units give a clear direction as to the number of guided learning hours that each learner is expected to complete and a significant amount of time is dedicated to moving and handling practice, although this does not meet the published standards of National Back Exchange or the requirements of the guidance on the legislation [41].

The National Health Service Litigation Authority is an organisation whose primary function is to contribute to the reduction in the number of preventable incidents [42]. It achieved this through a risk assessment programme that included setting standards for moving and handling against which a healthcare organisation can be audited [43].

### Compliance

With this lack of clarity and consistency, it is no wonder that in practice settings where time is scarce there is confusion where nurses and healthcare professionals try to work together using differing training approaches and standards [44]. This leaves the healthcare profession with a range of different options which are not designed for integrated and collaborative work and clearly presents

a potential quality assurance issue as it does not conform to what many consider to be the recognised standards for regular training. Although these are standards held in wide regard by moving and handling trainers they are actually followed by few organisations in their entirety.

The review conducted by Hignett [5] revealed that few organisations implemented the guidance of the time, and with increased time and financial pressure many health-care providers have sought to further reduce the training time and frequency that their staff get for manual handling. This study highlighted that few institutions met the requirement for the standards with only an average of forty seven percent who demonstrated any compliance. The institutions with the best compliance showed lower levels of postural risk and staff had a better understanding of problem solving ability when they were patient handling. Hignett's [5] study found issues between what is regarded as accepted best practice and what is actually research evidenced.

To enhance the quality of moving and handling education and training it is proposed that partner organisations where students are placed for the experiential components of their programmes adopt a principles-based form of training. A programme based upon both published evidence and research would prove its efficacy [23] and ensure a robust strategy for meeting quality requirements whilst complying with QAA indicators [14,18,31,32] as well as the Nursing and Midwifery Council (NMC) requirements [45]. Partnerships between universities and organisations could meet the CPD requirements of the moving and handling training teams and improve the consistency and quality of educational approach. The advantages to the partner organisations would include the reduced time that training staff are released from the workplace and consistency across the regional healthcare providers for this aspect of education and practice. Training teams also would be confident of the knowledge that they shared and be able to refer back to the evidence to support the processes used by their staff.

## SUMMARY

By adopting a standardised approach to moving and handling education, employees will be able to apply their learning to situations they haven't previously encountered. This was demonstrated in Wanless' [23] study on nursing students who exhibited better retention of their knowledge and applied behaviours as well as correlating benefits in terms of "patient" communication. The study also proved the efficacy of its programme by reducing reported student moving and handling injury rates by 92% since implementing this programme [23]. The potential weaknesses in this approach relate to human nature and finance. If local training teams are not prepared change the way that they train, or their employers will not invest in the change and education of their teams and staff, then the opportunity to increase consistency and quality assurance will be lost to both parties.

As there is no agreed standard or approach to moving and handling education, there is also a need for regulatory

enforcement. Unfortunately, not only does agreement not currently exist regarding a standard/strategy, but the political climate is ensuring that regulatory agencies take a "light touch" unless there is a serious untoward incident. If this barrier can be negotiated around, then there is a chance to improve education and musculoskeletal injury for all staff.

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