

Foundations of Practice and Beyond

Monday

Stream C

Session 1 1130

Session 2 1445

Jillian Adams



Using the Health belief model to better understand manual handling decisions.

Biography

Jillian is a registered nurse with varied clinical and international experience. This includes Nursing Education in Papua New Guinea and coordinating manual handling training at a major teaching hospital in Western Australia. The topic for her PhD is “The influence of informed manual handling decisions on lost time injuries in nurses.”

Abstract

This study used the Health Belief Model to examine manual handling decisions in an effort to explain and predict manual handling behaviour. It was anticipated this psychosocial model would complement the current understanding of risk associated with patient handling. Phase One of a two phased study gathered qualitative data at focus groups, exploring decision making within the framework of the Health Belief Model with nurses working in clinical roles at teaching hospitals in Perth, Western Australia. Transcribed discussions were analysed using content analysis and informed the development of a questionnaire. Phase Two gathered quantitative data from the self-reporting questionnaire using a case-control design. These data were analysed in SPSS using descriptive data analysis, χ^2 ANOVA and logistic regression. A model identified from Phase One data portrayed the essentials for safe handling decisions. Another model demonstrated gaps revealed by the Health Belief Model. Triangulation of the data substantiated the results. The study provided an explanation of why training has not reduced manual handling injuries and identified barriers to safe handling that are outside the influence of nurses in clinical positions, suggesting the ability to problem solve will not reduce injuries or change decisions made. An implication for practice was the realisation that far more than individual clinicians are involved in implementing safe manual handling. A foundation for safe practice must commence with the perception that manual handling is a health threat; then address barriers to safe practice to enable clinicians to practice safely and demonstrate self-efficacy in safe manual handling practice.