How do national health guidelines work?
A realist analysis of the ACC
Moving and Handling People (MHP) New Zealand Guidelines, 2012

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Aim

To identify:
how and to what extent
the MHP Guidelines have worked
for whom,
and
under what circumstances
Research questions

- How were the guidelines intended to work?
- Who have been reached by the guidelines?
- Who have used the guidelines?
- How have the guidelines been used?
- What is the outcome of the use of the guidelines?
- What has influenced the use and the outcome?

Stage 1
Stage 2
Stage 3
Stage 1 - Method
How were the guidelines intended to work? - Programme Theory

- In-depth analysis of the Guideline document
- Interviews with developers
- Document review of material used to develop the Guidelines

Program theory of the 'Moving and Handling People Guidelines 2012'

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Programme theory?

External context: Hospitals, Aged care, Rest homes, Home care, other... Population and workforce change, Budget cuts

Internal context: Employment relations, Organisational structure, Management support, Culture...

Reasoning

Initiate change

Outcome: Reduced injuries

Outcome: Reduced injury claims
The Moving and Handling People Guidelines

- A national guideline aiming to reduce MSD caused by moving and handling people
- The Guidelines recommend multifaceted interventions

Key components:
- Risk assessment
- Techniques
- Training
- Equipment
- Facility design

Implemented but not effective

Organisational system:
- Policy development
- Workplace culture
- Monitoring and evaluation
Programme theory of the Guidelines

Results

- Improved working conditions
- Reduced injuries

Decision to use sections to make changes

Initiate change, follow guidelines

Improved working conditions

Reduced injuries

Evidence on implementation in the Guidelines

Guidance on implementation in the Guidelines

Guidance Evidence based

Sustained changes

Distributed via mail lists, conferences, internet

Evidence based

Ethical

Legal

OHS managers

Moving and handling coordinators

Decision to read

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**Context**
Increased staff turnover, rising health costs & budget constraints
Changing demographic patterns => Increased cost

**Reasoning**
Reduce absenteeism and staff turnover
Ensure cost-effectiveness
Provide return on investment

**Economic mechanism**

**Resource**
Moving and Handling People: The New Zealand Guidelines

**Outcome**
Reduced injuries related to MHP => Reduced cost of injuries
Context
Health and Safety legislation
Influence from government agencies
Obligations to apply other injury prevention programmes

Legal mechanism

Reasoning
Fulfil the legal requirements
Avoid persecution

Resource
Moving and Handling People: The New Zealand Guidelines

Outcome
Reduced injuries related to MHP
Context
Existing workplace culture
Existing MH programme
Changing demographic

Reasoning
The MHPG builds on research
Prevent injuries to staff and clients
Foster better working climate
Enhance quality of care

Resource
Moving and Handling People: The New Zealand Guidelines

Ethical mechanism

Outcome
Reduced injuries related to MHP

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Stage 2 - Method
Who have been reach by the guidelines?
Who have used the guidelines?

Internet-based survey questionnaire

Public & Private Hospitals
Residential & Aged Care
Home & Community Care

Managers
People who handle people
Senior management

Equipment & Facility design
Education & Training Institutions
Results - questionnaire
Awareness of the Guidelines

59% (362) were aware of the guidelines (N=612)

94% of MHP coordinators
91% of Trainers
86% of OHS managers
74% of H&S representatives

53% of Carers and Support Workers
48% of Nurses
Results - questionnaire
Awareness of the Guidelines

59% (362) were aware of the guidelines (N=612)

Awareness of the different formats of the guidelines in percentage

- Internet
- CD-ROM
- Hard copy

Only aware of one format of the Guidelines in percentage

- Internet
- CD-ROM
- Hard copy
Results - questionnaire
Read at least a section

• 50% (306) of all respondents had read at least a section of the Guidelines.
Percentage of respondents that are familiar with a section that have used it

1. Introduction n=288
2. Why MHProgrames n=325
3. Risk assessment n=328
4. Techniques n=336
5. Training n=306
6. Organising training n=271
7. Equipment n=334
8. Equipment management n=306
9. Facility design n=239
10. Policy n=244
11. Workplace culture n=294
12. Monitoring n=274
13. Auditing n=243
14. Bariatric n=247

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Conclusions so far

- The Hard copy and the Internet version of the Guidelines are most known
  – maybe not worth providing CD-ROM version
- The Technique and Training sections are most used and also perceived by more to have resulted in changes
- A higher percentage of H&S Practitioners/professionals are aware of the Guidelines
Stage 3: Case Studies
How have the guidelines been used?
What is the outcome of the use of the guidelines?
What has influenced the use and the outcome?

In-depth interviews
- MHP coordinators
- Health and safety managers
  - Stakeholders

Chronicle workshops

Analysis of documents related to MHP
- Procedures for risk assessment
- Incident analysis
- Training requirements related to MHP
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