

Basic Care Revisited – Mobility and Bathing & Dressing Function-Focused Care: at home and in hospital

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Introduction

Impaired mobility and functional decline in daily activities, such as bathing and dressing, are often the consequence of body changes due to normal ageing or disabling conditions such as a stroke.¹ A need for nursing care is often the consequence, at home or in hospital.

In general, nurses tend to meet their patients' needs by doing things *for* them rather than doing *with* them, which emphasizes patients' limitations instead of their abilities. Poor rehabilitation or further deconditioning and functional decline is often the consequence. To restore or maintain physical functioning in daily practice nurses should encourage their patients to engage in all daily activities at the highest level possible, depending on their capabilities.²

Study design

2 exploratory trials		
	Study 1: FFC at home	Study 2: FFC in hospital
Design	<ul style="list-style-type: none"> Cluster randomised trial 1 home care organisation: <ul style="list-style-type: none"> - 2 teams Data collection: <ul style="list-style-type: none"> - Baseline - 6/12 months after baseline 	<ul style="list-style-type: none"> Stepped wedge trial 2 hospitals, 2 departments: <ul style="list-style-type: none"> - Neurology ward - Geriatric ward Data collection: <ul style="list-style-type: none"> - Baseline - Day 3/7 after admission - Day of discharge - 3/6 months after discharge
Population	120 elderly in the community: <ul style="list-style-type: none"> - Limitations in mobility/ADL - ≥70 years 	280 hospital patients: <ul style="list-style-type: none"> - Limitations in mobility/ADL - ≥3 days admission
Outcome measures	Primary: Mobility, bathing & dressing Secondary: Self-efficacy and outcome expectations, motivation, depression, fear of falling, satisfaction with care, quality of life, healthcare utilisation & costs	

Intervention

A promising approach that stimulates nurses to promote patients' self-reliance in daily functioning, encouraging their engagement in daily activities, is the 'Function-Focused Care (FFC) approach' developed by Resnick and colleagues.¹

The FFC approach consists of 4 components:

1. Evaluating barriers and stimulating organisational factors (environment, culture, policy);
2. Continuous education of staff and patients & family;
3. Setting FFC goals together with the individual patient depending on physical and cognitive possibilities;
4. Continuous mentoring and motivation of staff and patients & family.¹



Expected results

1. Development of FFC approach adapted to the Dutch context;
2. Insight into effectiveness of FFC on mobility and bathing & dressing;
3. Insight into implementation of and experiences with FFC;
4. Evidence for sample size calculation for large-scale trials.

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References:

- (1) Resnick B. e.a. (2012) Restorative Care Nursing for Older Adults; 2nd edition; Springer Publishing Company; New York
 (2) Resnick B. e.a. (2009) Changing the Philosophy of Care in Long-term Care: Testing of the Restorative Care Intervention, Gerontologist 2009; 49(2):175-184