Summary report of the ‘Experience Workshop’ at the MHANZ AGM 2016

## Background

This summary report presents the result of an ‘Experience Workshop’ conducted at the 2016 annual general meeting of the Moving and Handling Association of New Zealand.

## Methods

The participants at the AGM were divided into eight groups with six to eight persons in each group. The groups were instructed to internally discuss their experiences with respect to using Moving and Handling of People (MHP) guidance material. To focus the discussion, each group was asked to answer five questions: 1) Which MHP guidance material do you use, 2) How have you used the MHP guidance material, 3) Which factors help/ facilitate the use of MHP guidance material, 4) Which factors are barriers/ hinder the use of MHP guidance material, and, 5) Other issues related to MHP guidance material. All groups wrote down their answers to each of the five questions. Following the group work, the researchers led a plenary discussion focusing on creating a thematic analysis of the answers to each question.

## Results

The thematic analysis of the answers to each question resulted in the identification of the themes indicated below. The numbers in parenthesis indicate the number of times the theme was mentioned by the groups.

### MHP guidance material you use

* MHP Guidelines other than ACC MHPG (Australian Guidelines, State specific, e.g. Queensland or Victoria; UK Guidelines; Homecare guidelines; LITEN UP approach; National Institute for Health and Care Excellence (Nice) Guidelines; Manual handling for carers booklet; Old OSH guidelines) (8)
* ACC’s ‘Moving and Handling People: The New Zealand Guidelines, 2012 (7)
* Locally developed DHB versions, Ministry of Health Policy and legislation, e.g. Health and Safety in Employment Act (5)
* Non-legit and internet material, e.g. YouTube (4)
* Peer-review literature (3)
* Equipment suppliers and manufactures tradeshows (3)
* Mentors and other health professionals (3)
* Smooth movers - Manutention (2)
* MHANZ, including roadshows & conferences (2)
* ArjoHuntleigh
* BUPA P+P + resources (RH/RC & P+P)
* ACE (Caregivers) NCEA
* Unit standards
* American Association of perioperative nurses

### How have you used the MHP material

* Training, education and updating of staff, e.g. orienteering sessions for new staff, development of training, or specific techniques or equipment (16)
* Preparing material, e.g. Business models, poster, reports, academic material, funding applications as well as templates, forms and timetables (8)
* Policy development (5)
* Audit or assessment tools (5)
* As home resource / Self-learning for training sessions, e.g. through use of video material (4)
* Promotion/ advocacy/ reference of current best practice (3)
* Supporting selection of appliance/ equipment (3)
* Facility design, e.g. new buildings/ wards (2)
* Problem based learning (2)

### Factors that help/facilitate use

* Accessibility, e.g. free resource, and awareness of where to find knowledge (7)
* One-entry access, e.g. website, and access in different formats (5)
* Training for trainers (4)
* Awareness of the existence of guidance material, e.g. through advertising (4)
* Management support and awareness (4)
* Adequate and accessible resources, both budget for safe MHP and sufficient time (4)
* Experience, knowledge sharing, e.g. proper use of equipment (3)
* Knowledgeable and committed facilitator to implement current best practice (3)
* Versatile and inclusive, but on the same time specific (3)
* Presentation of the material and recognisability/ consistency through different editions , e.g. ACC or WorkSafe Brand (3)
* Culture of safety and increased commitment to safe MHP (2)
* Legal responsibilities -> increased accountability for MHP (2)
* Increased number of or exposure to accidents->More focus on MHP (2)
* Pertinent and evidence based (2)

### Barriers to use of MHP guidance material

* Insufficient resources, e.g. lack of budget for MHP, time, or staffing (12)
* Cultural differences, e.g. different approaches to MHP, and unwillingness to change, e.g. entrenched mentors (7)
* Accessibility or failure of resource , e.g. equipment or computers, and outdated equipment (6)
* Lack of management support/ reinforcement and leadership (5)
* Guidance material relatively quickly outdated/ need for regular of updates (5)
* Lack of hard copies available together with print out limitations (4)
* How the material is presented, e.g. using too scientific language or size (4)
* Inadequate equipment or facilities to follow guidelines as well as poor consulting for improving (4)
* Online accessibility, hard to find (3)
* Different health beliefs with respect to MHP and different priorities among health care workers, e.g. physio vs. nurse vs. OT (3)
* Advertisement, decreased knowledge/ awareness of newer editions (2)
* Too generic, not applicable to all sectors (2)
* Lack of expectation, placement of responsibility (2)
* Lack of importance, e.g. other areas prioritised, awareness of self-preservation (2)
* Lack of authorities
* Not easily auditable (Auditors expectations different to AAC)

### Other issues

* Staff not trained/ having sufficient competency or differences in competency (3)
* Work climate, e.g. stress, staff bullying behaviour, poor team work and (3)
* Week link to the DPI program and code of practice of MoH and lack of support from MoH (2)
* Cultural and language/ communication differences (2)
* Poor reporting/ auditing e.g. DPI & self-diagnosing and treating (2)
* Existing implemented guidelines/ systems
* Lack of national programme
* Tall Poppy Syndrome- Shot down