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Article type : Editorial

Fundamental nursing, complex problems and the lure of the simple solution.

In the first half of 2018, two healthcare initiatives to address entrenched problems in fundamental nursing care in the British NHS were heavily promoted and adopted via official channels, the nursing and lay press, and on social media, with little serious critique or apparent evaluation. “Team Hydr8” was instigated by a group of preregistration nursing students in Wales who sought to address some of the challenges of providing and monitoring oral hydration in hospital patients. The intervention entailed providing water jugs with yellow lids to vulnerable patients, as a visual cue to all staff in contact with them which would replace the need for other bedside prompts. In addition to implementation in a partner NHS Trust, the team launched social media campaigns on Twitter (@NHSHydr8) and Facebook to promote their work. The students report that they are working closely with their academic tutors to evaluate the results via a Plan-Do-Study-Act service improvement cycle, but it appears that the idea is being widely and uncritically adopted in advance of data collection, analysis, peer review and publication of its outcomes. The team’s Facebook page states simply that ‘We believe that using yellow jug lids will aid staff to recognise who is on a fluid balance and who needs extra support with hydration’, other trusts have reported via social media that they too have ordered yellow lids, the BBC ran a piece entitled ‘Hydration solution found by students’ (BBC Wales, 2018), and the Chief Nursing Officer for Wales praised this ‘Simple yet effective idea’ on Twitter.

This article has been accepted for publication and undergone full peer review but has not been through the copyediting, typesetting, pagination and proofreading process, which may lead to differences between this version and the Version of Record. Please cite this article as doi: 10.1111/jan.13736

In contrast to this grassroots initiative, “EndPJParalysis” (2018) is a national 70-day campaign to address the problems of prolonged immobility that can arise during hospital admission. It is based on the premise that encouraging hospital inpatients to wear day clothes will improve mobility, reduce the incidence of complications of immobility, and minimise length of stay. The initial pilot on just one hospital ward reported dramatic reductions for clinically meaningful outcomes, including incidence of falls, pressure ulcers, patient complaints, and length of stay. A further 100-day pilot across nine NHS Trusts was asserted to have ‘given patients back 91,728 days’, but no data on its clinical outcomes have been made publicly available. Its surrogate outcomes, ‘number of patients wearing day clothes’ and ‘number of patients who have mobilised today’ (www.endpjparalysis.com) are insufficient to tell us whether the clinical effects of the intervention are replicable, scalable, and sustainable at other sites. Given that prolonged bedrest is usually an unintended consequence of nursing staff shortages rather than a deliberate therapeutic strategy (Oliver, 2017), sustainability of the initiative is unlikely without adequate staffing levels. The national promotion of EndPJParalysis has occurred despite the lack of any peer-reviewed outputs for either pilot study thus far, and the possibility of numerous unintended impacts. These include the potential risks to patients who are medically unfit or unsafe to mobilise, impacts on hygiene and dignity if day clothes cannot be provided, and the risk that pressure ulcers will go undetected if it is assumed that a patient who is wearing day clothes is mobilising sufficiently to avoid developing them. The initiative is based on an unquestioned assumption that wearing day clothes will itself promote appropriate and safe mobilisation, which is analogous to suggesting that putting on a pair of running shorts will turn someone into Usain Bolt.

To conduct a robust research or audit project requires time and expertise, and it is easy to understand why hard-pressed nurses might be attracted by a heavily promoted quick fix that appears to resonate with ‘common sense’. The use of social media enables such ideas to spread like

wildfire before any data is collected or published on their safety or efficacy. Furthermore, the promotion of these apparently simple initiatives belies the true complexity of fundamental nursing research. For example, a large trial of the effects of an early mobilisation intervention in acute stroke found that many professionals were already implementing such interventions, in a belief, supported by pilot trial data, that the larger definitive trial was certain to show that the intervention was beneficial (Bernhardt et al., 2015). To even the trialists' surprise, early mobilisation was in fact shown to increase, rather than reduce, risk of mortality and morbidity (Langhorne et al, 2017). Had the definitive trial not taken place, wholesale implementation of the intervention on the basis of the pilot study might well have led to higher rates of death and severe disability than continuing with current practice. The need for robust evaluation of interventions in fundamental care is also demonstrated by a recent process evaluation of a trial of protected mealtimes, which, despite their widespread promotion and uptake, appear to be ineffective in actually improving patients' nutritional intake in hospital (Porter and Ottrey, 2018).

Oral hydration and the complications of immobility have long been topics of interest for nursing research (e.g. Hamilton-Smith, 1972; Norton et al, 1975), yet their evidence base is still poor (Richards et al., 2017). Over four decades later, the potential for initiatives such as Team Hydr8 and EndPJParalysis to contribute to the evidence base for nursing, in the absence of systematic evaluation, critique or monitoring of their efficacy and safety, is limited, despite the evident enthusiasm, enterprise and good intentions which have driven them. The underlying assumption that it is a simple task to develop, test, implement, disseminate and sustain interventions to resolve some of the most intractable problems in nursing may also hinder attempts to systematically conduct, and implement the findings of, research studies which might be less headline- and social media-worthy, but which will contribute far more to the development of nursing as an evidence-based profession. If "the great tragedy of Science is the slaying of a beautiful hypothesis by an ugly fact" (Huxley, 1894), it would be an even greater tragedy for nursing to continue uncritically to adopt

beautifully simple but untested hypotheses in the quest to deliver high quality fundamental nursing care.

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Disclaimer:

The author is partly funded by the National Institute for Health Research Collaboration for Leadership in Applied Health Research and Care, North West Coast. The views expressed are those of the author and not necessarily those of the NIHR, NHS or Department of Health and Social Care.