

Understanding healthcare workers' views on a new training programme to help get patients out of bed following hip fracture surgery

Submission date 31/07/2026	Recruitment status No longer recruiting	☐ Prospectively registered
		☐ Protocol
Registration date 31/07/2026	Overall study status Completed	☐ Statistical analysis plan
		☐ Results
Last Edited 31/07/2026	Condition category Musculoskeletal Diseases	☐ Individual participant data
		☒ Record updated in last year

Plain English summary of protocol

Background and study aims

Early mobilisation out of bed following hip fracture surgery is important to reduce complications such as decreased function, increased time spent in hospital and increased risk of dying. This task is usually seen as the sole role of physiotherapists to complete. This increases the risk that patients are not mobilised out of bed as early as they should be if physiotherapists are unavailable.

This study will look at seeking the views and perspectives of the healthcare workers involved with the roll out of a training programme that aims to increase the number of patients mobilised out of bed by healthcare assistants to determine positives, barriers and whether it could be implemented at other hospitals.

Who can participate?

Healthcare workers who work on and are involved with the delivery of the training.

What does the study involve?

The study involves being asked to take part in an interview in the period directly after the training delivery on the ward, and again at 6-months. The study will be completed through Microsoft Teams interviews.

What are the possible benefits and risks of participating?

A gift voucher will be offered as compensation for giving time to complete interviews. There were no perceived risks of taking part.

Where is the study run from?

James Paget University Hospital, UK.

When is the study starting and how long is it expected to run for?

June 2024 to December 2026.

Who is funding the study?
The University of East Anglia's Norfolk Initiative for Coastal and Rural Health Equalities (NICHE) is funding and sponsoring.

Who is the main contact?
Rene Gray, rene.gray@jpaget.nhs.uk.

Contact information

Type(s)

Principal investigator, Scientific, Public

Contact name

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Additional identifiers

Integrated Research Application System (IRAS)
337229

Protocol number

2023NONP03

Study information

Scientific Title

Qualitative study exploring the implementation of an early mobilisation intervention delivered by healthcare assistants following hip fracture surgery

Study objectives

Recruit the target number of participants from the healthcare groups working on the orthopaedic trauma ward.

To complete semi-structured interviews at the time of the training intervention completion and 6-months later.

To collate, code and analyse the qualitative data.

To publish the findings in relevant forums of dissemination, including conference and peer-reviewed publication.

Ethics approval required

Ethics approval required

Ethics approval(s)

Approved 22/04/2024, HRA and Health and Care Research Wales (HCRW) Approval (2 Redman Place Stratford, London, E201JQ, United Kingdom; +44 02071048098; approvals@hra.nhs.uk), ref: 24/PR/0310

Primary study design

Observational

Secondary study design

Qualitative study embedded within an observational cohort study

Study type(s)

Health condition(s) or problem(s) studied

Healthcare groups working on the orthopaedic trauma ward for patients who have had a hip fracture following surgical fixation.

Interventions

This qualitative study will be embedded within an observational cohort study. The cohort study will be looking at objective outcomes in hip fracture patients before and after the delivery of a training intervention to improve the number of healthcare assistants who mobilise patients after hip fracture surgery.

This qualitative study will conduct semi-structured interviews following the completion of the training and 6-months later with a range of healthcare workers on the orthopaedic ward who have engaged with the training programme in some way. This includes the therapists, healthcare workers, nurses and ward managers. The questions were guided by an implementation science framework, RE-AIM, in order to better understand the individual, environmental and organisational factors that may impact on uptake, implementation and maintenance of the training programme.

Interviews will be recorded and transcribed using MS Teams and then coded by two coders independently using reflexive thematic analysis.

Intervention Type

Behavioural

Primary outcome(s)

1. Understand the individual, environmental and organisational factors that may impact on uptake, implementation and maintenance of the training programme measured using content from interview audio-recorded and transcription using MS Teams at baseline and 6 months

Key secondary outcome(s)

Completion date

18/12/2024

Eligibility

Key inclusion criteria

1. Healthcare workers (Health care assistants, nurses, ward managers, therapists)
2. Worked on the acute trauma ward in substantive roles for at least three months prior to the delivery of the intervention

Healthy volunteers allowed

Yes

Age group

Mixed

Lower age limit

18 Years

Upper age limit

100 Years

Sex

All

Total final enrolment

18

Key exclusion criteria

Not meeting the key inclusion criteria

Date of first enrolment

05/07/2024

Date of final enrolment

18/12/2024

Locations**Countries of recruitment**

United Kingdom

England

Study participating centre

Queen Elizabeth Hospital Kings Lynn

Gayton Road

Queen Elizabeth Hospital Site

King's Lynn

England

PE30 4ET

Sponsor information

Organisation

James Paget University Hospitals NHS Foundation Trust

ROR

<https://ror.org/04s7e3d74>

Funder(s)

Funder type

Funder Name

University of East Anglia

Alternative Name(s)

UEA University of East Anglia, UEA

Funding Body Type

Private sector organisation

Funding Body Subtype

Universities (academic only)

Location

United Kingdom

Results and Publications

Individual participant data (IPD) sharing plan

IPD sharing plan summary

Not expected to be made available