

(P.J. T. ILOLA)

Kinaesthetics in anesthesia and intensive care: The resource-based approach to support the patient's body awareness, mobilization and the prevention of complications

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Kinaesthetics for nursing care was developed by Dr Hatch and Dr Maietta and later by the European Kinaesthetics Association (EKA). It has been taught for 30 years in German-speaking countries and is currently trained in an increasing number of other European countries. Kinaesthetics describes the fundamental nature of human movement competence with regard to functioning, self-efficacy and health development. The core is the communication and interaction between humans, which is carried out while moving. Kinaesthetics aims to promote the awareness of the kinaesthetic sensory system and to increase the quality of interaction and movement in everyday activities. It can be characterized by means of the following six dimensions: interaction, functional anatomy, human movement, human functions, effort and the environment.

In anesthesia and intensive care, movement support of patients is very important. Mobilization situations are complex and nurses need skills to assess and utilize the patient's remaining movement capacities and simultaneously using their own body in an ergonomic way. Challenges to mobilization of ICU patients include e.g. the patient's ability to communicate, many tubes and lines, hemodynamic instability, oxygen desaturation, and accidental extubation. In ICU the adverse effects of bedrest and prolonged immobility are well known. In operating room, the challenges are the patient position that enable optimal access to the surgical site and that causes the least physiological risk for the patient, while also protecting the skin and joints. In operating room the length and time of surgery increase, the incidence and percentage of patients with pressure ulcers also increases.

The goal of Kinaesthetics training and implementing in intensive care/operating room is to develop nurses' movement support skills, which contributes to a reduction of stress and physical strain and has a positive effect for all participants. Kinaesthetics has been implemented in intensive care/operating room at the university hospitals in Bern, Basel (Switzerland), Ulm (Germany) and Linz (Austria) for long. In the central hospital of Vaasa, Finland, training and practice in Kinaesthetics in intensive care started in 2010 and in University hospitals of Oulu and Turku in 2015/2016.

Nurses' experiences of Kinaesthetics in intensive care and operating room are confident. Mobilization of patients has become easier, passive lifting of patients and physical strain of nurses' have decreased, has care situations have settled down, patients are perceived as active participants, patients participate more in mobilization, positioning in bed is more individual and enhance patient's body awareness and daily activities and collaboration between nurses and physiotherapists has improved.

This presentation will consider opportunities and challenges for Kinaesthetics in this increasingly important and complex area of anesthesia and intensive care.