Perianesthesia Nurses' Perspectives Managing Frailty: A Qualitative Study

Primary Investigator: Ilana I. Logvinov DNP RN Co-Investigators: Donna Felber Neff PhD RN FNAP, Mona Shattel PhD RN FAAN Mayo Clinic, Jacksonville, FL

Introduction: In absence of standardized preoperative guidelines and requirements for perianesthesia nurses to assess their older adult patients for frailty, there was a need to understand nurses' perceptions related to frailty.

Identification of the Problem: By 2027, 77 million U.S. adults over 60 will face increased frailty, with over 50% requiring surgeries. Frailty, linked to cognitive and physical decline, elevates surgical risks and costs. Preoperative frailty assessment is crucial but may be underutilized.

Purpose of the Study: The purpose of this study was to describe the perceptions, experiences, and barriers to utilizing frailty screening for surgical patients by perianesthesia nursing staff.

Methodology: The Health Belief Model (HBM) guided this study. A qualitative descriptive design explored nurses' perceptions through interviews with 26 nurses from 17 states, all of who were members of ASPAN, working full- or part-time, and experienced with older adults. The study received Mayo Clinic IRB approval, and verbal informed consent was obtained. Semi-structured interviews were conducted virtually via Zoom. An integrative approach combining both inductive and deductive methods was used to identify patterns and reveal themes.

Results: Three key themes identified: 1) challenges in frailty identification, describing issues such as lack of specialized education and standardized tools for assessing frailty in surgical patients; 2) frailty and its ripple effects, includes the physical characteristics of frailty (reduced mobility and muscle weakness) in surgical patients and the impact of anesthesia on older adults identified as frail (prolonged recovery times and susceptibility to postoperative complications); and 3) optimizing frailty assessment and management, consists of current documentation practices and offers suggestions for improvements by developing a frailty assessment tool tailored for perianesthesia practice.

Discussion: Nurses reported a lack of education related to frailty assessment and an inability to adequately and objectively communicate their patients' needs to other providers.

Conclusion: There is a need for education to train nurses to use frailty assessments. Integrating frailty assessment into preoperative nursing documentation can facilitate care planning and improve patient outcomes.

Implications for perianesthesia nurses and future research: Addressing frailty requires a concerted effort to educate healthcare providers and implement standardized assessment tools. Additional research is needed to identify optimal frailty assessment tools for perianesthesia nurses and integration of tools into electronic health records.