

Article for publication

An ageing population with a decrease in birth rate, a decline in workforce, together with an increase in the incidence of falls in older adults and the changing family caring role in Malta is causing more demands on the healthcare system whilst exacerbating problems in providing optimal healthcare delivery. This study focused on identifying ways in which to improve the patient journey for those who have suffered from fractured femur from admission to hospital until recovery and discharge into the community. A Participatory Action Research (PAR) Cycle was conducted which was guided by the Habermas (1984) Theory of Communicative Action. This PAR Cycle followed three phases which incorporated a basic AR routine cycle of “LOOK, THINK and ACT” (Stringer, 2014) and included the following phases:

In **Phase 1 (LOOK Phase)** a three month quantitative data (n=61) was selected to obtain baseline data. One-to-one interviews (n=45) with stakeholders were also conducted to identify shared concerns. In **Phase 2 (THINK Phase)** the research facilitator communicated with a PAR group and following data analysis from Phase 1, it was decided that there was a need for more information-giving during the patient journey. A booklet was developed, implemented and evaluated in **Phase 3 (ACT Phase)**. During this final phase, semi-structured interviews with patients and their ICs (n=10) as well as two focus groups with HCPs (n=8; n=6) were organised to evaluate the use of the information booklet.

A key finding of this study was that participants viewed their hospital experience as good but they needed more information on their care pathway specifically in relation to their surgery, rehabilitation and discharge. Following the implementation of the information booklet, findings showed that all stakeholders viewed the booklet as beneficial, as a good information source and guide following the older patient’s discharge. HCPs reported that it should not substitute verbal explanation but be complementary to further enhance the patient care pathway. Finally, there was a recognised need to address issues for clinical practice, hospital management and future research to further enhance the journey of fractured femur patients from admission until recovery and discharge into the community.