



Nurses' perceptions of their knowledge and barriers to ambulating hospitalized patients in acute settings

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ABSTRACT

Purpose: The purpose of this study was to understand nurses' knowledge and perceptions of the importance of patient ambulation in acute care hospital settings. The data obtained from this survey will be used to create improvement initiatives that address patient ambulation.

Method: An exploratory, cross-sectional study using a self-administered survey was conducted in two different hospital sites, and was completed by 192 nurses. A modified version of the validated and reliable tool entitled "Missed Nursing Care Survey" was used. Multivariate regressions were used to determine the relationship of demographic and workplace variables to nurses' knowledge and perceptions regarding acute adult-inpatient ambulation.

Results: The primary factors interfering with ambulating patients were inadequate number of staff (both clerical and nursing), urgent patient situations, and unexpected rises in patient volume and/or acuity on the unit. Small associations were found between knowledge of ambulation and years of experience, and shift worked.

Conclusion: Study findings add to the body of knowledge by providing insight into what variables influence urban nurses' knowledge and perceptions of barriers faced when ambulating acute adult-inpatients in acute hospital-based settings. The study results can be used to develop strategies and improvement initiatives that address acute adult-inpatient ambulation in acute settings and address the perceived barriers to this process. The ultimate goal is to improve the quality of care delivered, improve patient outcomes, and promote patient well-being. Implication for nursing practice, research and education will be discussed.

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1. Introduction

Registered nurses (RNs), as part of nursing care delivery, play a pivotal role in early ambulation of patients admitted in acute adult-inpatient hospital settings and this has a direct effect on patient outcomes. They have been identified as the professional most capable of promoting ambulation in these types of settings because they are primarily responsible for carrying out the medical and health care provider orders and directly provide patient care. Yet researchers indicate that nurses defer decisions about initiating ambulation to either physical therapy or physicians (Doherty-King & Bowers, 2011; Kalisch, 2006).

Additionally, multiple researchers have found that decreased ambulation and increased bedrest in hospitalized patients result in substantial loss of lower extremity strength, aerobic capacity decrease in physical activity, and increased risk for complications (Fieck et al., 2012; Hoyer, Brotman, Chan, & Needham, 2015; Kalisch, Tschannen, & Lee, 2012; Kleinpell, Fletcher, & Jennings, 2008). Moreover, researchers found that after discharge, patients experienced increased difficulty in

ambulating and performing functions of daily living (Herridge et al., 2011; Hopkins, Suchyta, Farrer, & Needham, 2012; Lucero, Lake, & Aiken, 2010).

2. Background

Multiple studies on the functional impact of bed rest in older adults found a substantial loss of lower extremity strength, power, and aerobic capacity, and a reduction in physical activity (Doherty-King & Bowers, 2011; Kleinpell et al., 2008; Kortebain et al., 2008). At the hospital sites where this study was conducted, ambulation in adult-acute inpatient settings has traditionally been the routine practice of physical therapists regardless of the degree of deficit the patient may present with during their hospital stay (Doherty-King & Bowers, 2011; Kleinpell et al., 2008). Nurses have relied on physical therapists to ambulate patients regardless of patient's ability to ambulate and extent of dependence or independence (Doherty-King & Bowers, 2011; Kalisch, Tschannen, Lee, & Friese, 2011). Today's focus on length of stay reduction and efficient patient discharge to home or a community-based provider requires that the inpatient healthcare team address the impact of lack of patient ambulation on length of stay, patient clinical outcomes,

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and appropriate discharge plans where the practice of patient ambulation results in avoiding discharge delays (Kleinpell et al., 2008). Understanding the extent to which RNs participate in patient ambulation as a nursing care intervention will assist in determining the need to design educational programs to improve the knowledge, skills, competencies, and comfort/confidence in the practice of patient ambulation.

Nurses' continuous hemodynamic monitoring of adult inpatients in acute hospitalized settings enables them to be keenly aware of the overall physical condition of the patients and their ability to ambulate. However, previous researchers' findings indicate that nurses often defer decisions about initiating ambulation to either physical therapy or physicians (Adler & Malone, 2012; Doherty-King & Bowers, 2011; Kalisch, 2006). Additionally, it has been found that RNs identified the following barriers for not ambulating patients: (a) patient experiencing fatigue, weakness and/or pain; (b) presence of Foley catheters and intravenous tubing; and (c) a lack of auxiliary personnel to assist patients (Kalisch, Tschanne, et al., 2012). The purpose of the present study was to assess nurses' knowledge and perceptions regarding factors that impact ambulation in patients hospitalized in acute settings.

2.1. Framework

The missed nursing care model served as the conceptual framework for this study (Kalisch & Williams, 2009). This framework consists of three concepts: (1) structure, which includes hospital, patient care unit, and individual nursing staff characteristics; (2) process, which consists of missed nursing care and (3) outcomes which consists of staff outcomes, including job satisfaction with current position and occupation, and patient outcomes (Kalisch & Williams). For the current study, the structure characteristics assessed were RN characteristics (age, education, years of experience on unit, sex) and the process component of the model were nurses' knowledge and perceptions of barriers.

3. Methods

3.1. Design

This was an exploratory, cross-sectional study using a self-report survey administered through SurveyMonkey in two different hospital sites. A modified version of the validated and reliable tool called the Missed Nursing Care Survey was used (Kalisch & Williams, 2009). Multivariate regression analyses were used to evaluate the relationship of demographic and workplace variables to nurses' knowledge and perceptions regarding acute adult inpatient ambulation.

3.2. Sample

This was a purposive sample. The goal was to recruit 15% ($N = 195$) of the 1300 registered nurses working in the two urban teaching hospitals in acute adult-inpatient units. Registered nurses in the acute care hospital settings working at the two urban teaching hospitals were invited to complete the modified nursing care survey. These settings included all adult acute inpatient settings such as intensive care, cardiac care, surgical intensive care, labor and delivery, medical/surgical units and emergency department. Patients in these units were in critical condition and often facing life-threatening illnesses and injuries which required constant hemodynamic monitoring, medications, and special equipment to maintain homeostasis and improve their outcomes.

The inclusion criteria were (a) registered professional nurses (employed full, part time, travelers, and per diem capacity) (b) working in the acute adult-inpatient units of the two hospitals. The exclusion criteria were (a) ancillary staff, (b) adult advanced practice registered nurses, and (c) nursing administration.

3.3. Instrument

The study used a modified version of the Missed Nursing Care Survey (MISSCARE), a valid and reliable tool (Kalisch & Williams, 2009; Kalisch, Tschanne, Lee, & Friese, 2011). With the author's permission, the modified MISSCARE Survey was administered online using SurveyMonkey.com to quantify the nurse's perceptions of factors that impacted acute adult-inpatient ambulation in acute patient care areas (Kalisch, Tschanne, Lee, & Friese, 2011). The modification was that we only used questions that assessed participants' demographic data (12 questions) and ambulation (16 questions). These ambulation questions addressed the frequency of specific activities using the following scale: *always done*, *frequently done*, *rarely done*, and *never done*. There were a few questions in this section that asked the participants to choose from a list of options that did not use a rating scale. These questions centered on comfort in instructing acute adult-inpatients regarding ambulation, level of comfort in ambulating patients, frequency of ambulation orders, and a list to indicate which factors competed with the RNs ability to ambulate patients. In the latter question they were instructed to check all that applied.

3.4. Procedures

Prior to initiating the study, institutional review board (IRB) approval was obtained from the academic medical center that represented the two teaching hospitals. Registered nurses working in the two sampled hospitals were invited via email to participate in this study. Initial emails sent by the director of research invited the RNs to voluntarily complete the survey. The email invitation included the purpose of the study, a statement assuring participants that their confidentiality would be maintained, a web link to access the survey, and the researcher's contact information to address any concerns or questions that might arise regarding the study. Weekly email reminders were sent to potential participants to complete the survey in order to achieve the desired 15% response rate. Security for this online survey used several layers of firewalls and encryption to ensure that transmission of the data remained secure. Data on personal identifiers (e.g. name, address, and identification numbers) were not collected and it was not possible to trace who had or had not participated. Participants could decline to respond to the survey, skip any question, or stop completing the survey at any time. They were also informed that declining to participate in this study would not result in any penalty toward potential participants.

3.5. Data analyses

SPSS 23 statistical software package was used to analyze the data. Descriptive statistics such as frequencies, percentages, means, medians, and standard deviations were computed. Additional chi-square analyses, Spearman correlations, and multiple regression analyses were performed to test the relationships between demographic variables (e.g., educational level, clinical specialty, and years of experience) and the perception and practice of patient ambulation in acute care adult units.

4. Results

In total, 217 eligible RNs from 26 acute adult-inpatient units participated in the study by answering a least one question of the survey. Twenty five of these (11.5%) failed to complete the majority of the survey, which left 192 valid respondents, 88.5% of the 217 RNs. Chi square analyses determined that there was no difference in age, gender, educational level, or years of experience between those who completed the survey and those who did not. The sample was largely female, educated at the bachelor's level, and comprised of full-time day shift workers (Table 1). Age and years of experience working on their current unit were widely represented.

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