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Survey

A survey of therapists views on reducing sedentary behaviour in an acute clinical setting

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Appendix 1. Questionnaire

Your view on sedentary behaviour in the acute healthcare setting

Thank you for taking part in this survey which should take less than 10 minutes to complete.

All information which is collected during the survey will be kept strictly confidential and stored on a password protected database, the data held will not be identifiable. At the end of the study data will be compiled for presentation and dissemination.

Start Date: 29/03/18
End Date: 30/04/18
Survey Contact: Juliet.Harvey@ggc.scot.nhs.uk

Sedentary behaviour is waking behaviour characterised by an energy expenditure of less than 1.5 metabolic equivalents of task (METs) while in a sitting or reclined posture (Tremblay et al., 2017). Sedentary behaviour can be displaced by sleeping, standing or physical activity. High levels of sedentary behaviour have been observed in the clinical environment (Egerton et al., 2006; Brown et al., 2009; Grant et al., 2010).

Questions

1. Please select your profession.
2. Please select your band.
3. What speciality do you work in?

4. Considering your work in an in-patient setting, when is it appropriate to advise bed rest? (please list)
5. Considering bio-psycho-social environmental determinants, what are the barriers to reducing sedentary behaviour in an in-patient setting? (please list)
6. Considering bio-psycho-social environmental determinants, what are the opportunities to reducing sedentary behaviour in an in-patient setting? (please list)
7. Please share strategies you have found to be useful in reducing sedentary time in the in-patient setting (please list).
8. Please use this space to make any other comment you feel would be appropriate.

Thank you for taking part in the survey

Appendix 2. Results of thematic analysis

Barriers to reducing sedentary behaviour reported [number of responses in brackets]

Patient Factors

1. Vision [1]
2. Poor safety awareness [1]
3. Physical impairment [1]
4. Balance [1]
5. Pain [1]
6. Sleep [1]
7. Skin integrity [1]
8. Length of stay [1]
9. Don't have clothing [1]
10. Access to information [1]
11. Unaware of how long been lying in bed [1]
12. Open visiting and family present means less inclined to engage with therapy [1]
13. Medical Intervention, e.g., attached to multiple IVs [1]
14. Poor diet [1]
15. Money concerns [1]
16. Embarrassed to be up and about when not dressed or catheter bag [1]
17. Home comforts brought to patient, e.g., electronic games [1]
18. Previous lifestyle [1]
19. Falls history [1]
20. Patients being worried about clothing (leaking on clothing, putting pressure on wounds) [1]
21. Patients being worried they will be left to sit out of bed for too long [1]
22. Fear of falls [2]
23. Mental health [2]
24. Level of dependency [3]
25. Unsuitable footwear including *new* slippers [2]

26. Mobility not deemed important [2]
27. Previous level of function and fitness [2]
28. Cognition [5]
29. Medical status [7]
30. Being dressed in hospital gown or nightwear [7]
31. Family—Attitude, fear, belief, perception, wish to protect loved one, concern, reluctance to be involved with patient care or activity [15]
32. Patients—Attitude, belief, motivation, willing, worry, nervous, confidence, confusion [20]

Culture

1. Therapy provided at the bedside [1]
2. Misconception about physical activity [1]
3. Normal Practice to be seated [1]
4. Normal to transport to investigations by chair rather than encouraged to walk [1]
5. Don't see other patients moving [1]
6. Misconceptions about exercise/walking/mobilisation achieved only in Physio session [3]
7. See other patients declining to move [2]
8. Ward routines/institutional habits [2]
9. Asked to bring nightwear rather than clothing [2]
10. Patients wait for permission to move [4]
11. Staff perception of when patients should stay in bed [4]
12. Perception that hospital for rest and recovery [6]

Culture (continued)

1. Risk averse culture [6]
2. Staff culture or attitude mentioned with no further clarification [10]
3. Patient Role/Sick Role Supported/Encouraged, e.g., do for them, into pjs, catheterisation/commode use, meals in bed, "buzz if you need anything", good to rest [12]
4. Patient Role/Sick Role Adopted [14]

Environment

1. Falls mats and alarms [1]
2. Equipment for mobility being removed from the bedside [1]
3. Resources to encourage reducing sedentary behaviour [1]
4. Not using space that is available [1]
5. Designed for convenience [3]
6. Ward busy/hectic area to walk in [3]
7. Equipment not appropriate—chairs [3]
8. Easier to manage/find patient at the bedside [4]
9. Unsafe—actual or perceived [4]
10. No exercise space/rooms [5]

11. Single rooms—everything to hand reducing mobility, isolation leading to low mood [6]
12. Not enough equipment—chairs, O_2 concentrators, moving and handling equipment [7]
13. Layout of ward especially location of toilets, places to sit out of bed, room to move [7]
14. Lack of space especially communal, e.g., day, dining or TV room [8]
15. No incentive/opportunity to go out of room/bed and do something [9]

Organisational

1. Lack of MDT skill mix [1]
2. Conflicting messages from MDT [1]
3. Physiotherapy not seeing all patients' daily [1]
4. Staff management [1]
5. Lack of understanding of the importance of activity [1]
6. Nursing pressures [1]
7. Poor communication [1]
8. Not linking with local resources [1]
9. Activities coordinators being used as nursing axillaries [1]
10. Lack of engagement with recommendations [1]
11. Lack of timely assessment of mobility [2]
12. Lack of timely provision of walking aid [2]
13. Varied patient presentation, complex patients, cannot have a blanket approach [2]
14. Caseload Demand—focus on new patient assessment and discharge planning, taking priority over physical activity and behaviour change interventions [2]
15. Infection control policy restricts mobilisation on ward and socialisation [3]
16. Staff competency/training/confidence in mobilisation [5] (plus 1 from additional information)
17. Staff levels/staff time citing: to mobilise appropriately/safely, encourage activity, educate patients, mobility practice, transfer practice, to supervise exercise classes, assist with meals, washing and dressing [35] (summed level and timed response as similar issues mentioned across both)

Solutions to reducing sedentary behaviour reported
[number of responses in brackets]

Mobilise early and often

1. Commence exercise plan asap [1]
2. Leg bag for catheter users [1]
3. Care Rounding Chart [1]
4. Positional Change Chart [1]
5. Enlist nursing help with rehab [1]
6. Use of bed/chair exercise while doing transfer assessment [1]
7. Time out of bed that is functional [1]
8. Tasks given for evening and/or weekends [1]
9. Use of standing exercises [1]

10. Safety considered [1]
11. Practice transfers [2]
12. ERAS Model [2]
13. Active Care Plan [2]
14. Movement considered with every patient episode [2]
15. Use of bed/chair exercise [2]
16. Reasons to get up, e.g., group activity [2]
17. Timely access to equipment [3]
18. Use of self-propelled wheel chairs [3]
19. Timely access to AHP assessment/provision of mobility status asap [4]
20. Prompts to move, verbal and step counters, pedometers, patients phone, activity equipment in room as reminder to move [5]
21. Active with staff and family, e.g., walking family to door, dressing, sitting out of bed [5]
22. Walk to therapeutic/diagnostic space, e.g., Ax room, OT Kitchen, Physiotherapy Gym [6]
23. Encourage independent exercise or activity in room [6]
24. Prescribing frequency of none sitting time (e.g., out of bed every hour, 2 periods in day) [6]
25. Walk to dining area or sit out of bed for meals [14]
26. Walk to bathroom for toileting and/or personal care [15]

Self Management

1. 24 hour rehab not just therapy time [1]
2. Motivational interviewing [1]
3. Relate activities to home environment [1]
4. Personal Planning Activities [1]
5. Anxiety Management [1]
6. Breathing Techniques [2]
7. Set Targets [2]
8. Daily Goals [2]
9. Getting to know the patient and family (as part of planning) [2]
10. Referral to community activity programmes, e.g., Live Active, walking groups [2]
11. Written detail of exercise programme [2]
12. Good quality AHP assessment (Mobility/ADL's) required to give good advice [3]
13. Self-management tools: Activity sheets, booklets, charts [4]
14. Keep as close to normal home routine as possible (return to sport consideration) [4]
15. Personal exercise programme provided [7]
16. Empowering, engaging, reassurance, reinforce, clarity, e.g., when staff will be looking for you, how to communicate where you are when off the ward (the patient) [6]
17. Independence encouraged in ward based activities (not just "therapy time") [10]
18. Goal setting (personal) [12]
19. Encouraged to wear day clothes [14]

Education

Patient Education:

1. Raise awareness [2]
2. Opportunity for health behaviour education [2]
3. Early Education—Preferably 1st day of admission or pre admission/operation [8]
4. Consistent advice from the whole team (Nursing, Medical Team, AHP) [8]
5. Mode—Verbal, Posters, Leaflets, Group [13]
6. Content of information mentioned for patients—Why important, benefit/risk, what & who's involved, manage expectations [13]

Family/Friends/Carers Education:

1. Let families know it is ok to take patients away from the bedside [2]
2. Families can support patient to achieve activity plan/goal/mobility [4]
3. Bring day clothes and shoes (not slippers) and own walking aid [10]
4. Content of education mentioned for families—Benefit, importance, alleviates concern, understand safety, ability, exercise tolerance and mobility of individual [9]

Staff Education:

1. Promote enthusiasm for change and working together [2]
2. Promote benefits of being more active [3]
3. Use of early mobility flow chart [3]
4. Support Nursing Staff: Promote physical activity; How to mobilise patients; How to incorporate mobilisation into daily care [8]

Culture

1. Seating as well as beds available when admitted [1]
2. Seeing other patients active [1]
3. Being part of wider community [1]
4. Given permission to leave room, leave ward [2]
5. Interventions not delivered at the bedside [2]
6. Post discharge follow-up [2]
7. Removal of dependency on bed pans, commodes and catheters as soon as possible [4]
8. Expectation of not in gowns or pyjamas, part of routine [5]
9. Regular quality rehab/treatment/intervention sessions (over assessment for discharge) [5]
10. Get washed and dressed 1st thing as normal [7]
11. Timetabled activity/group programme throughout the day [6]
12. Activity is normal; rehab ethos; not ill-health; not sick role; get up, get dressed, get moving; be independent [12]

Environment

1. Aesthetics of the environment [1]
2. Consider music [1]
3. Provided with directions to useful locations, e.g., cafe, shop, day room, further away toilets [2]
4. Make better use of space [3]
5. Walking routes—safe, marked, motivating, rest area, signage, pictures or posters [4]
6. Safe environment [4]
7. Appropriate seating/equipment available [5]
8. Communal areas for patients to use [5]
9. Accessible space—dining rooms, day rooms, TV room, assessment rooms, gym, outdoor space, garden (day rooms particularly mentioned) [9]

Collaboration partnerships & communication with MDT and Family

1. Signage above bed clearly indicating mobility status for all staff, patient and family to view and understand [5]
2. Open, clear, timely dialogue [13] (links with education above)

Collaboration (continued)

1. Tissue Viability Nurse [1]
2. Moving and Handling [1]
3. Specific team working on "End PJ Paralysis" [1]
4. MDT [12]
5. Family/Carers [18]

Social Engagement

1. Camaraderie and gentle competition between patients [1]
2. Exposure to sport/games on the ward [2]
3. Encourage patient to patient engagement [5]
4. Classes, especially exercise [9]
5. Group & pair working: formal or informal [11]
6. Encourage to move around our out with the ward area [15]

Roles Particularly Mentioned

1. Working with all patients on ward [2]
2. High quality training [2]
3. Volunteers—group, walking, encouraging, take off ward [5]
4. HCSW—to encourage sedentary behaviour reduction in the more able, advice & education, exercise practice, walking on ward, delivery classes, working with nursing axillaries [7]
5. Activities coordinator—daily, group, encouraging, events [12]

Sharing

Collect data, share results, share good practice [2]

Additional information (from Question 8)

The comments made in the additional information section are in keeping with the themes under the previous sections therefore the same themes have been used. There were 3 additional comments that were not added to the themes:

1. “this is currently our clinical effectiveness project”
2. “very dependent on areas you work in however if a patient is fit to walk to the canteen or to go outside for a cigarette do they need to have a hospital bed?”
3. “think this is a crucial area of significance to patients and believe physiotherapist should be leading in reducing sedentary behaviour within the acute setting”

-End of data-

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