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Recommended Citation

Chase, Cameron; Gallant, Aidan; Herbster, Emily; Bigand, Teresa; Rampley, Tiffanie; Billings, Crystal; Stengem, Danell; Hoople, Jennifer; and Crooks, Elena, "Acute Care Clinicians' Perceived Barriers to Early Mobilization of Hospitalized Adults" (2021). *Articles, Abstracts, and Reports*. 4809.

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Acute Care Clinicians' Perceived Barriers to Early Mobilization of Hospitalized Adults



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Background and Purpose

- Early mobilization of hospitalized patients improves muscular strength, functional independence, and reduces inpatient length of stay.^{1,2}
- Perceived barriers to early mobilization for non-critically ill adults among multidisciplinary hospital clinicians are not clearly known.³
- This study aims to determine whether perceived barriers to early patient mobilization differ among interdisciplinary healthcare providers working in an acute care hospital setting.

Methods

- The Patient Mobilization Knowledge, Attitudes, and Behaviors survey (PMKAB) consists of 26 question items related to perceived mobility barriers and was administered to hospital workers across two states in the United States.
- 626 respondents completed the survey and were grouped by clinical role: registered nurse (RN), nursing assistant (NA-C), provider, occupational therapist (OT), or physical therapist (PT; Figure 1).

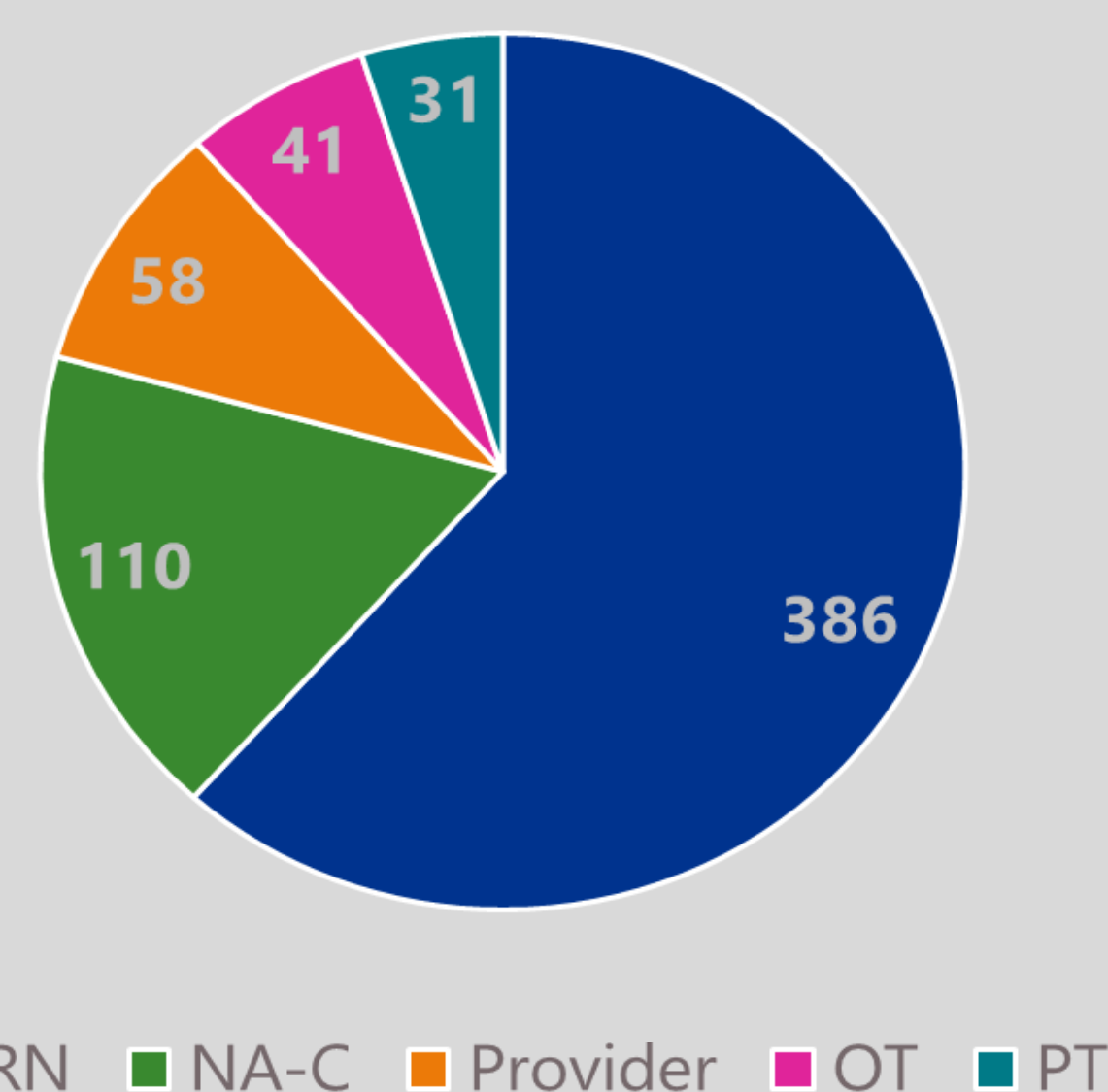


Figure 1. The number of survey responses are shown for each clinical role.

- Each PMKAB question was scored on an ordinal scale of 1-5 scale, and a single PMKAB global score was calculated (Figure 2); Additionally, three subscale scores were calculated related to knowledge, attitudes, or behaviors of perceived mobility barriers.
- Higher PMKAB scores indicate more perceived barriers
- Kruskal-Wallis tests with pairwise comparisons and Bonferroni correction were conducted with SPSS v. 26.

Results

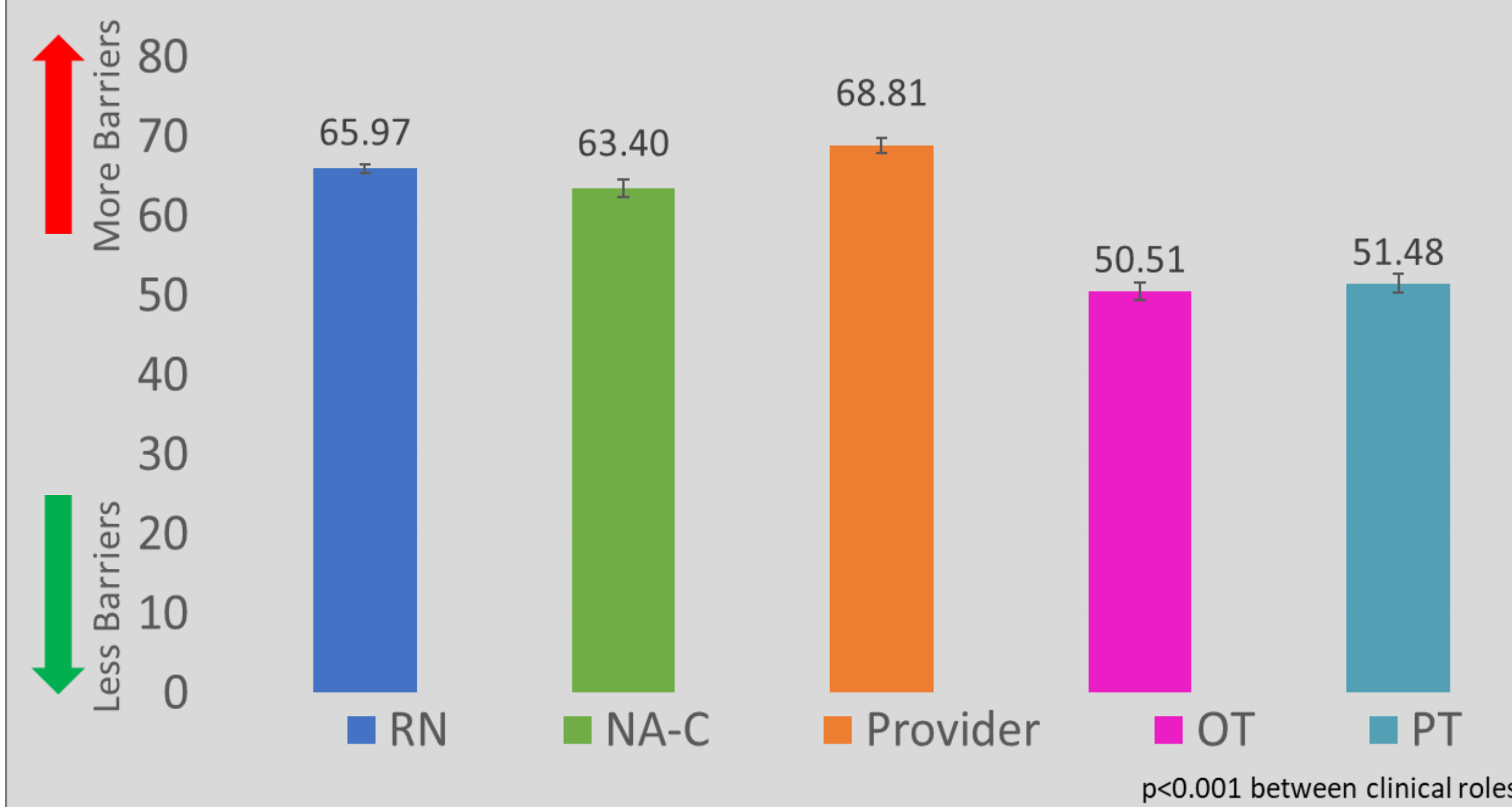


Figure 2. PMKAB mean global scores are shown for each clinical role. Bars indicate 1 SE.

- There were significant differences in PMKAB global scores between clinical roles (p<0.001; Figure 2) as well as in all three sub-scales (p<0.01).

Table. PMKAB Survey Item Scores by Clinical Role

Sub-scale	Survey Item	Mean* (± SE)	p
Knowledge	I have received training on how to safely mobilize my inpatients.	1. Provider: 3.63 (± 0.12) 2. PA: 2.08 (± 0.04) 3. NA-C: 1.69 (± 0.07) 4. PT: 1.38 (± 0.18) 5. OT: 1.25 (± 0.13)	<0.001
	I understand which inpatients are appropriate to refer to Occupational Therapy.	1. NA-C: 2.47 (± 0.10) 2. PA: 2.22 (± 0.04) 3. Provider: 2.01 (± 0.09) 4. OT: 1.21 (± 0.11) 5. PT: 1.19 (± 0.13)	<0.001
Attitude	My departmental leadership is very supportive of patient mobilization.	1. Provider: 2.39 (± 0.10) 2. PA: 2.14 (± 0.04) 3. NA-C: 1.96 (± 0.08) 4. OT: 1.29 (± 0.09) 5. PT: 1.25 (± 0.07)	<0.001
	Increasing the frequency of mobilizing my inpatients increases my risk for injury.	1. PA: 3.22 (± 0.05) 2. NA-C: 2.97 (± 0.10) 3. PT: 2.19 (± 0.15) 4. Provider: 2.15 (± 0.12) 5. OT: 2.14 (± 0.15)	<0.001
Behaviors	I document the physical functioning status of my inpatients during my shift/workday.	1. Provider: 2.96 (± 0.12) 2. NA-C: 1.90 (± 0.89) 3. PA: 1.77 (± 0.03) 4. PT: 1.25 (± 0.13) 5. OT: 1.07 (± 0.04)	<0.001
	I do not have time to mobilize my inpatients during my shift/workday.	1. Provider: 3.86 (± 0.12) 2. PA: 3.30 (± 0.04) 3. NA-C: 2.79 (± 0.10) 4. OT: 1.56 (± 0.13) 5. PT: 1.48 (± 0.12)	<0.001

* Higher scores indicate more perceived barriers to early mobilization

Results continued

- Pairwise comparisons revealed that PTs and OTs scored significantly better than RNs, NA-Cs, and providers on global scores and in all three sub-scores (p<0.007 for all), with the exception in the comparison between PTs and NAs in the behaviors sub-scale (p=0.25).

Discussion

- Study results show PTs and OTs have less perceived barriers to early mobilization of hospitalized patients compared to RNs, (consistent with existing literature.³) NA-Cs, and providers involved in mobility activities.
- Our results extend these findings, suggesting differences in perceived mobility barriers exist among therapy staff and other providers as well.
- Findings indicate the need for future work to determine, integrate, and assess interventions for healthcare providers to reduce perceived barriers in attitude, knowledge, and behaviors towards early patient mobilization in hospital settings, and to assess their effectiveness in maximizing patient mobilization activities.

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