How physical active are hospitalized elderly medical patients? What motivates them to get out of bed?  
A pilot study  
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What motivates them to get out of bed?  
A pilot study

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Ethical dilemmas
Bioethical principles
Application of bioethical principles to “Nutrition at the end-of-life”
The decision-making process
Background

• Of hospitalizations to medical dep 53% are elderly > 65 år
  Lindhardt 2012

• 1/5 are readmitted shortly after discharge
  Danish National Board of health 2009

• Lack of physical activity during hospitalization leads to complications and readmissions
  Netuveli, Wiggins et al. 2006

• The time older medical patients are in bed, has significant impact decline in ADL after hospitalization, institutionalization and mortality
  Lindhardt 2012

• Functional decline reduces quality of life
  Fisher, Graham et al. 2012
Physical activity may – amongst fortunes - stimulate appetite, and provide the ability to maintain sufficient oral intake
Background: Lack of knowledge

• Limited knowledge about the extent to which hospitalized elderly medical patients are actually physically active
   - Sundhedsstyrelsen 2011;
   - Brown, Williams et al. 2007;
   - Brown, Redden et al. 2009

• Limited knowledge about what motivates patients to physical activity and what is of barriers for those
   - Nota 2013
Background: Patient motivation

- Staff encouragement and help to mobilize, helps to motivate patients to be physically active
  
  Phillips, Schneider et al. 2004

- Lack of staff, patient clothing, disease symptoms and physical environment are among factors that affect the elderly patient's physical activity negatively

Brown, Williams et al. 2007
Aim

• To investigate how physically active Danish elderly medical patients during hospitalization

• Gain knowledge about what motivates patients to physical activity, and what they perceive as barriers

See also today: pp 178. Køhler M. HOW PHYSICAL ACTIVE ARE HOSPITALIZED ELDERLY MEDICAL PATIENTS, AND HOW WELL IS IT MEASURED BY SENSEWEAR ARMBAND?
Methods

• Patients> 60 years hospitalized at dept. of hematology and dept. of kidney diseases at Aalborg University Hospital

• Data collection period: 1 week

• SenseWear armband was used to measure daily steps and activity pattern 24 h./patient.

• Semi Structured interviews were used for qualitative data
Results: Population

• 11 patients, five female; six male
• Age 57-87 years, mean 73 (SD 9)
• BMI 19.4-32.1, mean 25.2 (SD 3.7)
How active in hospital?

SenseWear measurements:
Half of the participants walked less than 50 steps on the day

Bed rest (lying): 9/11 between 9 and 15 hours a day Mean 11 hours (SD 3 hours 53 mins)

Inactive: 5/11 patients were active <19 minutes / day

Moderate activity. 4 patients were moderately active for 19-38 minutes

Sleep: 5/11 patients slept less than 6 hours and 22 minutes a day, mean 9 hours (SD 3 hours 25 min.)
Motivation to physical activity

- Praise and recognition from the staff
- Boredom
- Awareness that physical activity is important
- Continued ability to perform activities of daily living
- Self-determination
Motivation

- P9: "No, I mean we should not stay in a bed, we must at all ... The limbs prefer to be moved"

- P7: "I do not want to lie in bed. I am bored simply"

- P10: "I think probably it's a bit too “Sorry” if I do not get out of bed. It's okay if you have to sleep. But it's also something to do with putting demands on yourself. For one must not come to a standstill. And then when you go home .. there's no dear mother. Then you only have yourself ""
Barriers against physical activity

- Disease symptoms
- Lack of meaningful activities and physical facilities
- Staff's lack of focus on physical activity and physical support
- Organizational routines
Barriers: Organization.

Q: Have you been out of bed today?

- **P7**: “I would, but a little cuckoo hos come into the machinery. I had a scan at 10. Then I had to drink 1 ½ liters of water and wait for the porter. Then it was postponed until 3 o`clock, so now I can sit here and drink 1 ½ liters of water again ”

- **P8**: "Well, one needs to be here at rounds and so. I don’t know what time it is, so its no good if I run around at the other end (of dept)“

- **P9**: Yes, but not that much, because I expect there will be a doctor (..)
Barriers: Staff help and individual focus

• P6: "Yes, you are well looked after up to where ends meet. I'm used to doing everything myself, and all of a sudden you have to do nothing."

• P1: “They gave me this so I can sit and strengthen my hands of, but it is too easy, so bother Hell I wont”

• P4: “They could help just by standing besides me when I need something (bathroom). Confidence alone, it means the very lot. Especially after I fell. I'm terrified of that"
"This is typical of you. Lying in bed all day, expecting to be waited on, hand and foot!"
Conclusion

• How active are they? Very inactive
• What motivates physical activity?
  – Staff
  – Self-preservation
  – Boredom

• Barriers:
  – Disease symptoms
  – Organizational
  – Location
  – Staff focus
Now what?

Increase focus on activation of patients during hospitalization in clinic and research

More and improved studies focusing on:
• Physical activity
• The effect of activation
• Relation to dietary (+ protein) intake
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Biomedical laboratory scientist, Head of Laboratory, Center for Nutrition and Bowel Disease, Aalborg University Hospital
Thank you for the attention

“What do you think . . . should we get started on that motivation research or not?”

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