

# "Bed Mobility Matters"

# The impact pressure redistribution mattresses have on bed mobility and functional independence, a health care professional (HCP) perspective

Pressure on skin

Pressure

Bone

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# Introduction

"A pressure ulcer (PU) is localised damage to the skin and/or underlying tissue" (NHS Improvements, 2018) resulting from sustained pressure, with immobility one of the biggest associated risk factors (NICE 2014). PU's can cause detrimental impacts to an individual's physical, social and psychological wellbeing, along with increased costs, length of hospital stay, and care burden associated with their management (Gorecki et al. 2009). Guest et al. (2020) reported 202,000 PU's in the United Kingdom (UK) during 2017/2018, resulting in an annual cost of £571.98million in terms of finance and human resources. A key recommendation in the prevention and management of PU's is for an individual to keep moving so sustained pressure is reduced in areas of risk (NWCS, 2023). Bed mobility focuses on the ability for someone to move from one bed position to another and provides the basis for out-of-bed mobility (Johansson & Chinworth, 2018). These are key factors in maintaining functional independence, reducing pressure risks and sustaining the physical, mental and social wellbeing of an individual. However, hospitalisation and PU's are often associated with bed rest, reduction in activity and subsequent deconditioning (Meira et al. 2015). In addition to movement, pressure redistribution mattresses are one of the many adjuncts used in the prevention and management of PU's (EPUAP, NPIAP, PPPIA, 2019; NICE, 2014). However, literature has highlighted negative impacts upon an individual's physical, social and psychological wellbeing when using them (Gorecki et al. 2012; Nixon et al. 2019), yet no further exploration of these has occurred.

# Aim of the study

To explore the perceptions of health care professionals (HCP's), including nurses and allied health professionals (AHP's), on the impact pressure redistribution mattresses have upon bed mobility, functional independence and rehabilitation.

# Method

A cross-sectional, online survey, with open and closed questions exploring mattress types, clinical areas and the impact mattresses have upon bed mobility was created through the online platform Qualtrics and distributed via social media (X – formerly Twitter, Facebook, Linkedin), the Chartered Society of Physiotherapy Discussion Board iCSP and through flyers at Wounds UK 2022. Ethical approval was obtained from the University of Huddersfield, School of Human and Health Sciences – Research Ethics and Integrity Committee on the 14<sup>th</sup> October 2022.

#### Participant Inclusion Criteria

- An HCP registered with The Health and Care Professions Council (HCPC) or Nursing and Midwifery Council (NMC).
- Worked with an individual using a pressure redistribution mattress (in any form e.g. air, foam, hybrid).
- To be able to read and write in English.
- Participants needed to complete a minimum of 38% of the survey for responses to be included in data analysis.

### Data Collection and Analysis

The survey was available to participants between 31<sup>st</sup> October 2022 and 16<sup>th</sup> December 2022.

Descriptive statistics were used with analysis occurring per topic section of questions (e.g. mattress types, impact on mobility).

#### Sample

A convenience sample was recruited through the lead researchers' personal and professional networks. Snowballing occurred through sampling, with word of mouth from participants and shares on social media. The survey was closed when there was a significant reduction of participants completing the survey over a period of two weeks (3 completed within 2 weeks).

# Results

A total of 163 participants accessed the survey, including international interest. 18 were removed as they did not meet the inclusion criteria. 145 participant responses were included for data analysis from a wide range of clinical areas, across all regions of the UK.

# 87.5 % reported challenges in

relation to patient's mobility, functional independence and rehabilitation when using pressure redistribution mattresses

# Clinical professions participating in survey 2 Physiotherapist

Nurse
Occupational Therapist

Moving and Handling practitioner

# 2 20 71 52

### Likert Scale results for impact mattresses have upon bed mobility

Statement: 'Patients bed mobility is reduced with the following type of mattress'					
<b>Bed Mobility</b>	<u>Mattress Type</u>				
	Foam	Alternating Air	Low Air Loss	Hybrid	Overlays
Within bed	3	1	2	2	2
Lie – Sit	3	1	2	2	2
Sit – Stand	3	2	2	2	2
Stand – Sit	3	2	2	2	2
Sit - Lie	3	2	2	2	2

Most common mattress
types were
alternating air (119)
and foam (114)

#### Median Scores

- 1 = Strongly agree
- 2 = Somewhat agree
- 3 = Somewhat disagree
- 4 = Strongly disagree
- 4 = Least challenges

1 = Most challenges

ic reduced with the following type of mattrace'

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# **Neurological impacts**

- Effect on tone, spasticity,
- involuntary movements
  Impact on movement disorders
  Challenging handling

# Impact on independence

- Increased assistance
- Increased difficulty
- Reduced independence
- Reduced sitting balanceHeight of bed/mattress

# Fear of the mattress

Getting stuck

### Staff limitations Knowledge

- Reliance
- Decisions

Increased time

Sitting balance

Difficult to assess

- Early rehab challenges

Fatigue

### Equipment limitations

**HCP** perceptions of mattress impact

Impact on therapy

assessment and rehab

- Availability
- Acute vs Community
- Faults
- Deflation/ Reinflation

# **Conclusion**

- HCP's perceived pressure redistribution mattresses to have a detrimental impact on bed mobility and functional independence.
- Most common challenges when using alternating air mattresses.
- Role of AHP within pressure management is under reported, yet they are vital to ensure mobility and independence, key factors in quality of life and pressure care.
- Study encompassed a multi-disciplinary (MDT) approach to review HCP's perspectives of pressure mattresses included Nurses + AHP's.
- The ability for someone to reposition themselves and get into and out of bed independently = reduced risk of PU's and the need for staff to facilitate pressure relief or complete activities of daily living.
- If the pressure mattress is causing reduction in bed mobility and independence we have potential to change this by changing the mattress type or altering the settings.
- Wider MDT knowledge of pressure management and mattresses needed for this to include MDT in clinical decisions around mattress choice.

#### What next ...?

- 1<sup>st</sup> phase of PhD project linking with phase 2 + 3
- Used to facilitate interviews with HCP's and patients who use pressure redistribution mattresses.
- Overall aim is to encourage an MDT approach and education to pressure management and choice of mattress, with mattress types being reviewed throughout the patient's journey.

# Ask yourself...

Does bed mobility **Of** skin integrity have a higher weight in relation to an individual's health and wellbeing than the other?

