Can an acute admission to hospital be an opportunity for healthcare professionals to provide physical activity advice: a qualitative study

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1) Introduction

• Regular physical activity (PA) offers health benefits for the prevention and treatment of many health conditions (1).
• Despite this in the UK nearly half of all adults are physically inactive (2).
• Interventions such as brief advice about PA can help patients to increase the amount of PA they do (3).
• Currently few patients receive PA advice during an acute admission to hospital (4).

2) Aims

• To determine whether patients are willing to receive PA advice during an acute hospital admission.
• To determine what patients’ preferences are for the content, format and delivery of PA advice while in hospital.

3) Study Design

Qualitative methodology will be used to explore and analyse participants’ views and preferences in detail.

Critical realist worldview.

Quantitative methodology will be collected so that participants’ views are recorded as well as discussed in each interview.

4) Methods and Analysis

• Participants were recruited from ward B3 (an AMU) at the Queen’s Medical Centre, Nottingham.
• Eligible patients were those who could walk 10m on the flat, with or without an aid, and were identified by ward staff as being discharged from the ward that day.
• Participants were asked to complete a study questionnaire, the EPIC PA questionnaire, and undergo a semi-structured interview.
• Ethical approval was granted by the West Midlands-Edgbaston Research Ethics Committee.
• Interview data were transcribed and analysed using an inductive thematic analysis at the semantic level to determine key patterns in the data (5).

5) Results

• 12 patients took part but only 11 interviews were conducted as one patient discharged himself before an interview could be conducted.
• 11/12 of the participants answered in the study questionnaire that they wanted to receive PA advice during their hospital admission.
• Table 1 includes the themes and sub-themes that were produced from thematic analysis of the 11 interviews. Some key results were:

- The majority of the participants thought that PA should be discussed by HCPs but only if it related to the reason they were admitted to hospital.
- Although many participants felt PA was important few understood what the benefits of PA were.
- Rather than receive generic PA advice, many participants wanted HCPs to deliver individualised information about activities and exercises a person with their condition or perceived barriers to PA could do.

6) Clinical implications

1.2 and 2.1) HCPs could discuss with patients what the benefits of regular PA are and how these benefits relate to why the patient was admitted to hospital.

2.1 and 3.1) A HCP could approach all patients on AMU to discuss PA. The HCP could encourage patients to discuss what PA they currently do and then offer ideas of activities that would be relevant to their medical conditions and perceived barriers.

4.1) HCPs could encourage patients to do PA during their AMU admission. HCPs could suggest that patients do some walking on the ward or demonstrate and lead patients through a routine of different exercises that the patients could do either in their bed or standing next to it.

7) Future research

• It is important to investigate whether interventions delivered in line with the preferences this study gathered are effective at helping patients to improve their PAL.
• Future research should consider whether delivering an intervention according to these preferences is cost-effective.
• Future research could also investigate how long it takes a HCP to discuss PA with patients on AMU to determine the feasibility of PA discussions in routine clinical practice.
• Future research could recruit patients further from discharge than this study did because a common reason patients gave for not wanting to participate were concerns that participating would prevent discharge.

8) Conclusions

• This study suggests that patients are willing to discuss PA during an acute hospital admission and have a preference for PA discussions to be tailored to them.
• Future research could investigate the time, cost and training required for a HCP to deliver PA discussions to patients on the ward and whether it is effective in increasing the amount of PA patients do.

9) References


Table 1: Summary of main themes and sub-themes.

<table>
<thead>
<tr>
<th>#</th>
<th>Theme</th>
<th>Subtheme</th>
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<tbody>
<tr>
<td>1</td>
<td>Knowledge and understanding of PA</td>
<td>1.1 Activity or exercise.</td>
</tr>
<tr>
<td>2</td>
<td>Relevance and opportunity</td>
<td>2.1 Relevance to the reason for admission.</td>
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<tr>
<td>3</td>
<td>Preferences</td>
<td>3.1 Discussing not telling.</td>
</tr>
<tr>
<td>4</td>
<td>Other</td>
<td>4.1 Encouraging PA in hospital.</td>
</tr>
<tr>
<td>1.1</td>
<td>PA is important.</td>
<td>1.2</td>
</tr>
<tr>
<td>1.3</td>
<td>There are risks of PA.</td>
<td>1.4</td>
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<tr>
<td>2.2</td>
<td>Listening to and learning from HCPs.</td>
<td>2.3</td>
</tr>
<tr>
<td>2.4</td>
<td>Doing more and improving health.</td>
<td>2.4</td>
</tr>
<tr>
<td>3.2</td>
<td>Anyone with the right knowledge and training.</td>
<td>3.2</td>
</tr>
<tr>
<td>3.3</td>
<td>The middle of the admission.</td>
<td>3.3</td>
</tr>
<tr>
<td>3.4</td>
<td>Information specific to the individual.</td>
<td>3.4</td>
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<tr>
<td>3.5</td>
<td>Conversation supported by physical media.</td>
<td>3.5</td>
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</tbody>
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