

## Overview of Nurses' Knowledge about Progressive Mobilization in Hospital Prof. Dr. H.M Chatib Quzwain, Sarolangun

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### ABSTRACT

Bed rest is a risk factor for infection, contractures, pressure ulcers, and blood clots. Stating that after 2 weeks of bed rest, there can be a loss of muscle mass of 5%-9% and a decrease in muscle strength of up to 20%-27%. To describe the knowledge of nurses about progressive mobilization in the intensive care unit (ICU), surgery, internal medicine, Prof. Dr. H. M. Chatib Quzwain Sarolangun. This study uses a quantitative descriptive study plan, namely a research design in which measurements or observations are carried out simultaneously at one time to find out the Description of Nurses' Knowledge About Progressive Mobilization in the Intensive Care Unit (ICU), Surgery, Internal Medicine, Prof. . Dr. H.M Chatib Quzwain Sarolangun. The distribution of the age frequency of the 51 respondents with the highest knowledge was 32 respondents (62.7%). So it can be concluded that the respondents in this study had more high knowledge than those with low knowledge. It is known that from 51 respondents the most are high knowledge as many as 32 respondents (62.7%). So it can be concluded that the respondents in this study had more high knowledge than those with low knowledge. The results of this study are expected to be used as input, theory and reference material, especially for nurses about progressive mobilization in critically ill patients in the ICU, Surgery and Internal Medicine.

**Keywords : Knowledge, Progressive Mobilization, Nurse**

### INTRODUCTION

Complete bed rest for a period of time length can make the patient experiencing a decline in condition medical. Bed rest is one of them risk factors for infection, contractures, decubitus ulcers, and blood clots. States that after 2 weeks of rest lying down, loss of muscle mass can occur as much as 5% -9% and decreased strength muscle up to 20%-27%. The patient is on bed rest experienced many negative impacts including neuromuscular dysfunction, thromboembolism, atelectasis, pressure ulcers, and decreased limb function (Jevon, Ewans, 2019) States that prolonged bed rest will significantly reduce functionality musculoskeletal system, this due to a decrease in mass bones, bone size and muscle strength.

Mobilization is a necessity basic human needs that individuals need to carry out daily activities in the form of joint movement, attitude, gait, exercise and activity abilities. According to Henderson's theory, humans have 14 basic needs, one of which is movement and maintain the desired position (mobilization). When someone is sick and has to be hospitalized, the need for mobilization will be disrupted. The condition of immobility experienced can affect the physiology of the body's abnormal and pathological systems such as changes in the musculoskeletal system, system cardiovascular, respiratory system, urinary and endocrine systems, integument system, neurosensory system, changes in metabolism and nutrition, changes in bowel elimination, social, emotional and intellectual changes. So mobilization of basic needs, one of which is to move and maintain the desired position (mobilization). When someone is sick and has to be hospitalized, the need for mobilization will be disrupted.

Mobilization techniques used for critical patients who are intubated and receiving mechanical ventilation in the ICU can include actively exercising the legs, the patient actively moving or turning in bed, getting out of bed, sitting on the edge of the bed, standing, moving from bed to chair or even walking. The physiological reason for mobilization is that it is hoped that it can optimize oxygen transport, increase alveolar ventilation, in addition to positioning. Upright is utilized to increase lung volume and reduce the work of breathing in patients who are being weaned from mechanical

ventilation (Barman, Synder, Kozier, 2009) So the mobilization carried out on critical patients is passive.

Mobilization plays a role in reducing the length of stay in the ICU and in the hospital. (Rauen)(Potter, Pery, 2011) Changes in the level of physical mobilization can result in movement restriction instructions in the form of bed rest, physical restrictions during the use of external aids, restrictions on voluntary movement, or loss of motor function.

According to the North American Nursing Diagnosis Association, immobilization is a condition when an individual experiences or is at risk of experiencing limited physical movement. Critical patients have been studied for quite a long time, Research using new progressive mobilization was introduced in 2017 by power health in America. They started introduce progressive mobilization in the intensive care environment The definition of progressive mobilization is the same as a series of planned movements at the beginning of treatment based on the patient's latest mobilization status with the aim of returning the patient to his initial condition. Mobilization Progressive which consists of 5 levels or levels is a stage that is used to describe the continuous action of a technique Position changes that can be observed include: Head of Bed (HOB), passive and active ROM (Range of Motion) exercises, advanced lateral rotation therapy, prone position movement against gravity, sitting position, hanging legs, standing and walk. Progressive mobilization considered safe for use in patients in critical condition, because at stages of progressive mobilization are present tolerable stages in each patient's condition. Mobilization progressive will be stopped if the patient got worse and that's it able to move independently (Stillwell, 2011).

Progressive mobilization is mobilization carried out gradually in patients with the condition critically ill being treated in the ICU (Rauen) progressive mobilization was carried out on patients in the ICU are decreasing risk of decubitus, reduces duration use of ventilators, to reduce incidence of Ventilated Acute Pneumonia (VAP), reduces the time used for sedation, reduces delirium, increases the patient's ability to move and improves the function of body organs. Progressive mobilization is carried out every 2 hours and has a break or rest time to change to another position for approximately 5-10 minutes.

It is hoped that the progressive mobilization given to the patient will produce a good hemodynamic response. Oxygenation in patients with acute illnesses will improve as long as mobilization is provided, because there are many benefits to the patient from sitting upright. This position will support lung performance both in the distribution, ventilation and perfusion processes. The blood circulation process is also influenced by body position and changes in body gravity. So that perfusion, diffusion, distribution of blood flow and oxygen can flow throughout the body. When the patient's hemodynamics experience fluctuations, what mobilizations are suitable to be given to the patient will be reviewed, so that if the patient's condition worsens, mobilization will be postponed for a while.

Mobilization has different benefits for each system. In the respiratory system, mobilization functions to increase the frequency and depth of breathing, increase alveolar ventilation, reduce the work of breathing and increase the expansion of the diaphragm (Erniody,2012). So providing mobilization is expected to increase oxygen transport throughout the patient's body.

## METHODS

This research uses a quantitative descriptive study plan, namely a research design in which measurements or observations are carried out simultaneously at one time (Hidayat, 2007) to determine the description of nurses' knowledge about progressive mobilization. The sample in this study was 51 respondents taken using total sampling techniques.

## RESULTS

Based on the research results, it can be seen that the characteristics of the respondents in this study are aimed at (Gender, Age, Length of Work and Last Education.) with a total of 51 respondents consisting of 19 respondents in the surgical room, 21 respondents in the internal medicine room and 11 respondents in the ICU. The variables are presented in the form The statistical table is as follows:

**Description of Respondent Characteristics**

Katagori	F	%
<b>Jenis Kelamin</b>		
Laki-Laki	12	23.5
Perempuan	39	76.5
<b>Usia</b>		
Remaja Akhir ( 17-25)	5	8.9
Dewasa Awal (26-35)	33	64.7
Dewasa Akhir (36-45)	13	25.5
<b>Lama Berkerja</b>		
< 5 Tahun	16	31.3
≥ 5 Tahun	35	68.7
<b>Pendidikan Terakhir</b>		
D III Keperawatan	41	80.3
S1 Keperawatan	4	7.8
Profesi Ners	6	11.7

An overview of knowledge about progressive mobilization at RSUD Prof. Dr. H.M Chatib Quzwain Sarolangun In the Intensive Care Unit (ICU), Surgery, Internal Medicine at RSUD Prof. Dr. H.M Chatib Quzwain Sarolangun. The population in this study were all nurses in the ICU, Surgery and Internal Medicine Rooms at Prof. Hospital. Dr. H.M Chatib Sarolangun, totaling 51 people. The sample in this study was ICU Nurses, Based on the research results, it is known that the frequency distribution of the description of knowledge about progressive mobilization is as follows:

NO	Pengetahuan Mobilisasi Progresif	F	%
1	Rendah	19	37.3
2	Tinggi	32	62.7
<b>Total</b>		<b>15</b>	<b>100</b>

Based on the table, it can be seen that of the 51 respondents, 32 respondents (62.7%) had High Knowledge. So it can be concluded that the respondents in this study had more high knowledge than those with low knowledge.

Based on the research results from 20 question items, there were still several questions that were wrong, such as the time for implementing progressive mobilization, from 51 respondents only 40 respondents answered correctly, the meaning of positioning from 51 respondents, only 40 respondents answered correctly, the type of progressive mobilization, sitting position from 51 respondents, only 43 Of the 51 respondents who answered correctly and the Head Of Bed (HOB) type of progressive mobilization, only 37 respondents answered correctly.

Nurses have a role and function in providing nursing care, namely as a provider of care, including actions that help clients physically and psychologically. As a communicator, the nurse identifies the client's problem and then communicates it verbally or in writing to other members of the health team. As educators, nurses help clients understand health and the health care procedures that need to be carried out to restore health. As a client advocate, nurses can help clients obtain their rights and convey their wishes. As counselors, nurses provide health consultations. As leaders, nurses can influence others to can work together.

Mobilization is a need that individuals need to carry out daily activities in the form of joint movement, posture, gait, exercise and activity abilities. According to Henderson's theory, humans have 14 basic needs, one of which is to move and maintain the desired position (mobilization). When someone is sick and has to be hospitalized, the need for mobilization will be disrupted. The condition of immobility experienced can affect the physiology of abnormal and pathological body systems such as changes in the musculoskeletal system, cardiovascular system, respiratory system, urinary and endocrine systems, integument system, neurosensory system, changes in metabolism and nutrition, changes in bowel elimination, social, emotional and emotional changes. intellectual. So the mobilization of basic needs, one of which is moving and maintaining the desired position (mobility). When someone is sick and has to be hospitalized, the need for mobilization will be disrupted.

According to the North American Nursing Diagnosis Association, immobilization is a condition when an individual experience or are at risk of experiencing limited physical movement. Providing progressive mobilization measures for critical patients has been studied for quite a long time. Research using progressive mobilization was only introduced in 2017 by health workers in America. They began to introduce progressive mobilization in the intensive care setting. The definition of progressive mobilization is the same as a series of planned movements at the beginning of treatment based on the patient's latest mobilization status with the aim of returning the patient to his initial condition. Progressive mobilization which consists of 5 levels or levels is a stage that is used to describe continuous actions of observable position change techniques, such as: Head of Bed (HOB), passive and active ROM (Range of Motion) exercises, advanced rotation therapy lateral, prone position, movement against gravity, sitting position, hanging leg position, standing and walking. Progressive mobilization is considered safe for patients in critical condition, because in the progressive mobilization stage there are stages that can be tolerated in each patient's condition. Progressive mobilization will be stopped if the patient experiences worsening and is able to move independently (Stillwell,2011)

Progressive mobilization is mobilization carried out in stages for patients in critical condition who are treated in the ICU.(Rauen)(Potter, Perry, 2011) progressive mobilization is carried out in patients in the ICU to reduce the risk of decubitus, reduce the length of use of a ventilator, to reduce the incidence of Ventilation Acute Pneumonia (VAP), reduce the time to use sedation, reduce delirium, increase the patient's ability to move and improve organ function organs. Progressive mobilization is carried out every 2 hours and has a break or rest time to change to another position for approximately 5-10 minutes.

Progressive mobilization is used as a treatment technique for patients with various organ dysfunctions, including patients in critical condition in the ICU and outpatients undergoing rehabilitation programs. The benefits of mobilization include improving respiratory function by optimizing ventilation/perfusion, increasing lung volume, and improving airway clearance. Apart from that, the benefits of mobilization are to reduce the side effects of immobilization, such as: increasing the level of consciousness, increasing functional independence, increasing cardiovascular fitness, improving psychological well-being and improving stabilizing patient hemodynamics (Stillwell, 2011)

Progressive mobilization given to patients is expected to cause a good hemodynamic response. Oxygenation in patients with acute illnesses will improve as long as mobilization is provided, because there are many benefits to the patient from sitting upright. This position will support the performance of the lungs both in the distribution, ventilation and perfusion processes. The blood circulation process is also influenced by body position and changes in body gravity. So that perfusion, diffusion, distribution of blood flow and oxygen can flow throughout the body. When the patient's hemodynamics experience fluctuations, what mobilizations are suitable for the patient will be reviewed, so that if the patient's condition worsens, mobilization will be postponed for a while (Erniody,20212).

Mobilization has different benefits for each system. In the respiratory system, mobilization functions to increase the frequency and depth of breathing, increase alveolar ventilation, reduce the work of breathing and increase expansion of the diaphragm (Erniody,20212). So providing mobilization is expected to increase oxygen transport throughout the patient's body.

According to researchers' assumptions, knowledge is influenced by several sources, including books, mass media, and the education they have received. The existence of new information about something can provide a new cognitive basis for forming knowledge about an action. Good knowledge is very important in carrying out actions, because good knowledge can result in someone being proficient in carrying out an action. Good knowledge or cognitive to shape one's actions in carrying out progressive mobilization of patients. Because with good knowledge a nurse carries out these actions according to established procedures.

## CONCLUSIONS

Based on the results of research on the relationship between knowledge and the implementation of personal genital hygiene during menstruation among young women at SMPN 06 Jambi City in 2021, it can be concluded that: Description of the implementation of personal genital hygiene during menstruation from 67 respondents, 47 respondents (70.1%) are good, knowledge of 67 respondents 43 respondents (64.2%) high, There is a relationship between knowledge and the implementation of personal personal hygiene during menstruation with a P - Value of 0.003 in young women at SMPN 06 Jambi City in 2021. It is hoped that SMPN 06 Jamb City can improve outreach activities in the form of leaflets, posters and banners regarding personal hygiene of genetics during menstruation through school UKS in collaboration with the local health center(Zhou *et al.*, 2022).(Juita, Yona and Maria, 2023)(Chen *et al.*, 2021)(Dubb *et al.*, 2016)(Tazreean, Nelson and Twomey, 2022)(Formenti *et al.*, 2025)(Schaller *et al.*, 2024)(Singam, 2024)(Zhang *et al.*, 2022)(Aboshoushah *et al.*, 2023)(Mattone, 2019)

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