

‘Patient Rest Periods’

A Critical Care Practice Development and Research Partnership (PDRP) Project

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Aims of the Clinical Audit

- To evaluate staff attitudes with regard to the introduction of a ‘patient rest period’
- To investigate the preferred times for introducing a ‘patient rest period’ within our critical care unit

Context

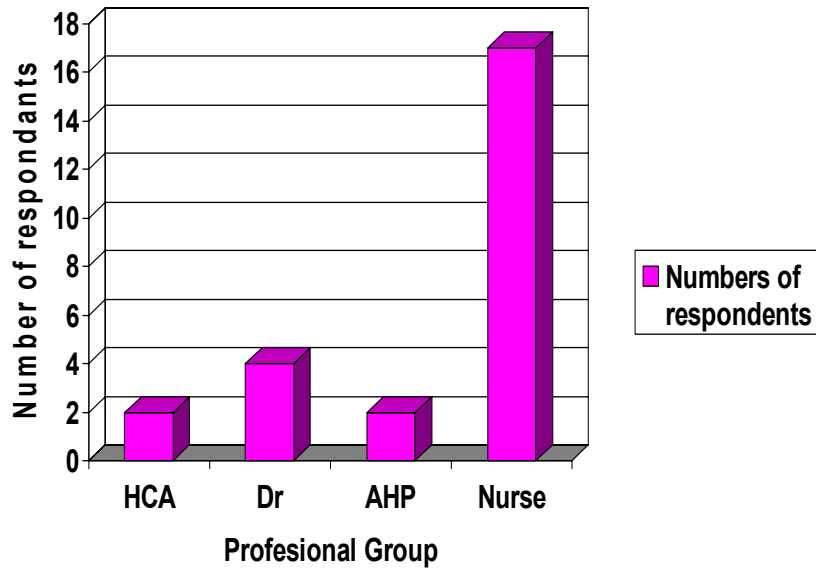
- Precipitating factors leading to project
 - Identified as a key issue for development within the PDRP initiative by staff on unit
 - Fuelled by desire to provide more holistic approach to patient care
- Key findings from literature search :-
 - Noise, Environmental Stressors, Disturbance, Patient Perceptions
 - Evidence base established in support of rest period

(Krachman et al, 1995)

Methodology

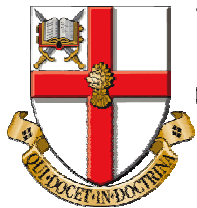
- Clinical Audit needed to consider how best to introduce patient rest periods
- Method of Data Collection:
 - Questionnaire using open and closed questions
- Sample:
 - Aim - total sample for nurses, doctors and AHP within Critical Care Unit
 - 71.4% overall response rate
- Analysis:
 - Quantitative - Descriptive statistics on Excel
 - Qualitative - Thematic analysis

Demographic Data

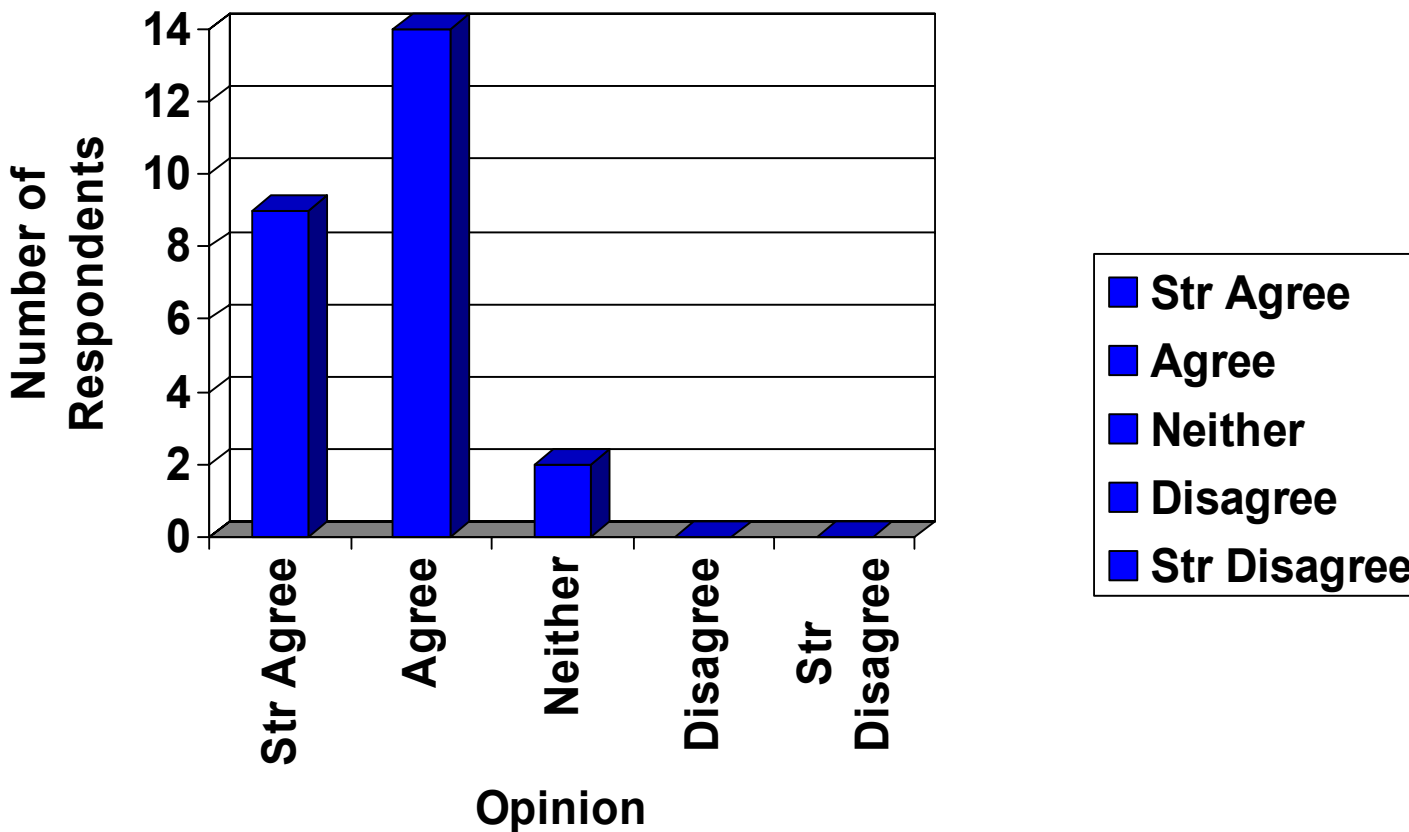


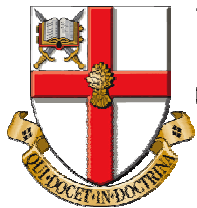
Qualitative Data

- Several themes borne out including:-
 - Reduction in environmental stressors
'Environmental noise clearly plays a role in disrupting sleep' (Freedman *et al*, 2001)
 - Knowledge deficit identified amongst respondents re: stages of sleep
(Christensen, 2007)
 - Physiological, psychological and behavioural aberrance apparent as a result of sleep deprivation (Krachman, 1995)

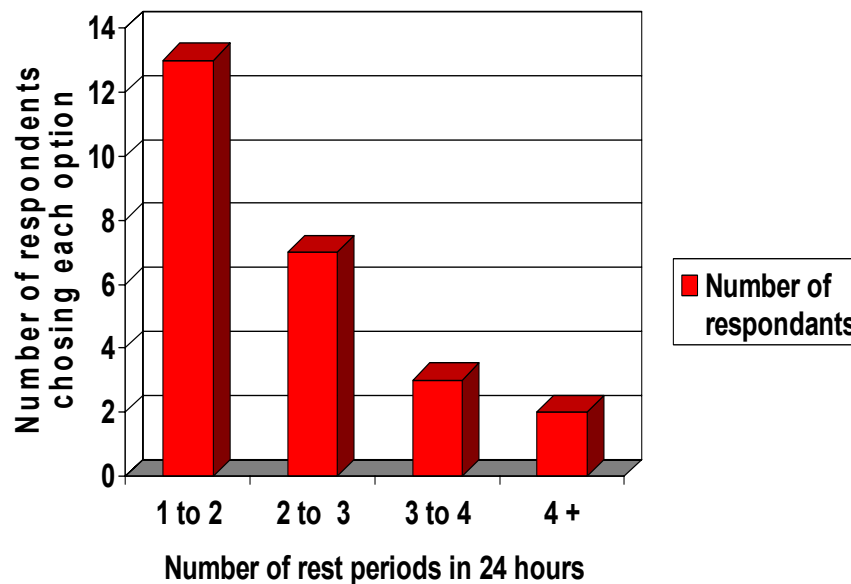
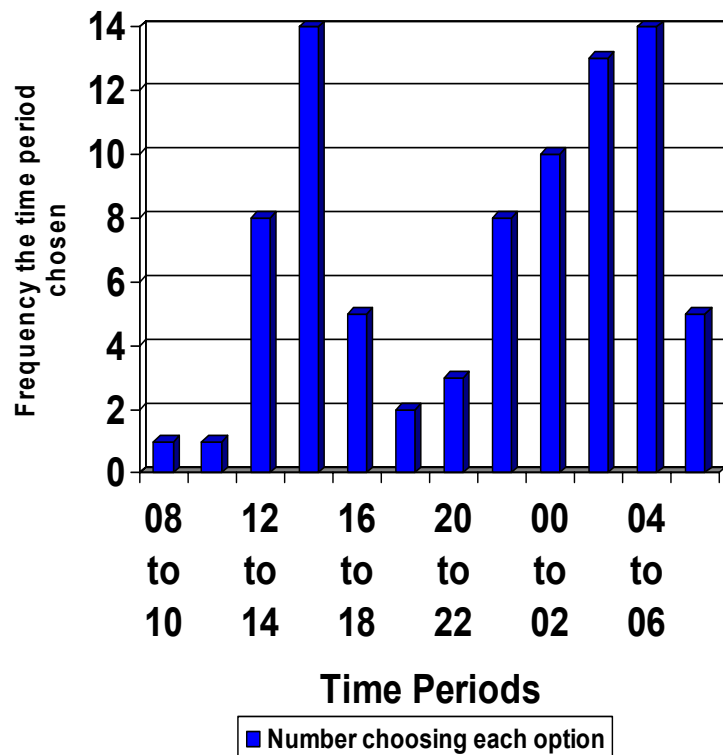


Opinion of Respondents to the Idea of 'Rest Periods'





Appropriate Time for Rest Periods as chosen by Respondents (Each respondent could choose more than one option)



Limitations

- Acknowledge results pertinent to MDGH Critical Care Unit
- Pilot Study - Not intended to be generalised beyond the sample frame
- Potential Hawthorne effect in some responses
- Exploratory research would render a more robust investigation of wider issues (e.g. attitudes and culture of patients, relatives and staff to the concept of patient rest periods)

What happens next?

- Implementation of 'patient rest period' into critical care unit.
- Investigate the impact of the change from the perspective of:
 - The Patient:
 - Does this improve outcome? - impact on patient sedation needs and length of stay in critical care unit?
 - The Relatives:
 - How is the introduction of restricted visiting, as part of the rest period initiative, perceived?
 - The Staff:
 - What are the 'lived' experiences of the staff with regard to the patient rest periods?
 - Measurement of staff compliance.

Conclusion

- Patient rest periods are positively represented in the literature, but implications for their implementation need to be considered carefully
- Staff perceive patient rest periods as potentially beneficial, but possible altruistic motivations need to be investigated
- The results of the clinical audit generate more questions than answers
- Further research required to explore and evaluate pertinent issues re: implementation of patient rest periods

***Good Night, Sleep Tight, Nurses
Please Turn Off Hospital
Lights!!!***