

A retrospective audit on the compliance of patient rest periods

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Background

- Patient rest periods were identified as a key issue for staff development by our ICU.
- PDRP utilized as an agent of change.
- In 2008 the rest periods initiative was implemented.
- Presented is an qualitative investigation of staff compliance to the initiative.

Literature

- Evidence base established in support of rest periods.
 - 2.6 hours sleep in any 24 hour period. (*Barrie-Shelvin, 1987*)
 - ICU environment (*Clancy & McVicar, 1995*)
 - Mimicking of day and night (*Krachman et al, 1995*)
 - A psychologically safe place (*Woodrow, 2000*)

Design

- Based on interpretivist paradigm
 - Assumption that any measurement of compliance to the rest periods initiative should include an exploration of group experience
- Three non-homogeneous semi-structured focus groups (n= 5, 4, 2) moderated by University staff.
- Convenience sample of all grades of nursing staff

Analysis

- Focus groups recorded and transcribed
- Transcripts were split into question based sections
- A team approach to analysis was developed to help promote validity of analysis
- Transcripts were analysed using a simple comparison (binary pair) thematic method (Ryan & Barnard, 2003)

Results

- Four category themes were identified with one major sub category:
 - Culture
 - Sub category = Role Placement
 - Targets
 - Control
 - Displacement

Culture

- Barriers to change
 - “I mean in the same, in the same time of an hour to two hours, in that sleep period you can have an admission.” (R1, I2)
- Resistance to change
 - “I think some staff find it hard to step away from the patient for that length of time.”(R4,I2)
 - “I think its almost against your natural thoughts of what you do on a day-to-day basis isn’t it?” (R2, I2)
- Leadership
 - “I just think that some, that some shift leaders are just better in implementing it for the whole unit, than others” (R2, I1)

Role Placement

- Patient centred versus Role centred
 - “But then I think there are always people who are like ‘why are we doing this?’ and ‘why can’t we just get on with our jobs?’ sort of thing” (R1, I1)
- Doing as coping
 - “I know it shouldn’t make a difference but it does affect you more when they’re more your age, or your sort of parents age, and different things that if you don’t have those set chores to do, you get a bit too ravelled up in the psychological side of it” (R1, I3)

Targets

- **Time**

- “I’m not sure the times that we do it is the correct times to do it, but again I think it’s a good idea” (R1, I3)
- “I don’t think you can plan to overcome because you just don’t know what’s going to happen” (R1, I1)

- **Hit or miss**

- “Its been a bit haphazard really” (R1, I3)

- **Benefit or of no benefit**

- “The whole place feels calm” (R1, I3)
- “People still use the rest period as a chance to sit down and do nothing” (R3, I3)

Control

- **Priorities of care**

- “Sometimes you may have waited days and days for a bed, and only told about that but it’s in the middle of a rest period do you wait?...You could leave it to the end of the rest period, and then find the bed has been taken on the ward” (R2, I2)

- **Practicalities of care**

- “In that sleep period you can have an admission. An emergency admission...a discharge. You can have an emergency intubation. You know, all in that time, you know, all going on at once. It is difficult to stick to this rest period.” (R1, I1)
- “Then doctors come to do the ward rounds after clinic. The cleaners come around and start banging around. The damp dusting gets done (laughs). The visitors just arrive and didn’t know about the rest period.” (R3, I3)

- **Time management**

- “But I think if they managed things better then they would have to do some before and then some after” (R4, I1)
- “Its just time for yourself to catch up” (R2, I1)

Displacement

- Speaking on the record versus off the record (ownership of statements) e.g. “some shift leaders”, “someone else”, “they’re”
 - Good versus Bad Implementers
 - Interested versus Disinterested
 - Motivated versus Non-motivated
- Psychological – dehumanisation
- Visible versus Hidden
 - “work better at weekends”; “there’s not as many people around”;
“shutting the blinds and the lights off”

Limitations

- Thematic analysis techniques lack reliability due to their interpretive nature.
 - Interpretivist approach means results should not be generalised, however measures put in place to ensure authenticity of results.
- Non-homogeneous groups can impact negatively on validity of responses.
- Small sample frame, and low numbers of participants within focus groups may induce bias.

Conclusions

- Implementation of rest periods involves an element of cultural change in order to be effective
- Recommended to any units wishing to instigate a similar initiative that consideration is given to the cultural change implications
- Efficacy of rest periods in regards to patient benefit is extremely difficult to assess
- Timing of rest periods need to appreciate the practicalities of critical care environments
- Acceptance that rest periods within the critical care setting will always require a degree of compromise