Nursing Barriers to Implementation of Daily Interruption of Sedation
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Introduction

Nurses who work in intensive care units often manage patients that are mechanically ventilated and require continuous infusion of sedation in order to provide safe and effective medical and nursing care. The use of continuous sedation can prolong patients’ length of stay, increase delirium and muscle wasting, and ultimately decrease patient quality of life. Research has shown daily interruption of sedation (DIS) can lower complications and improve outcomes. Despite the evidence supporting the use of DIS, this practice has not been consistently implemented in all critical care settings.

Methods

A cross-sectional descriptive research design using survey methodology was used to identify factors critical care nurses believe may prevent DIS implementation. Participants included a convenience sample of nurses (N=29) who currently worked or have worked in the previous three years in an intensive care unit. Nurses were recruited via email using snowball methodology to take a 29-item survey made using Qualtrics software about the sedation practice in their critical care unit. Question types included select-all-that-apply, multiple choice, likert scale, and ranking orders. The survey was tested for face-validity by five registered nurses. Responses were de-identified from participants.

Objective

To determine the factors nurses believe prevent implementation of best-practice daily interruption of sedation.

Results

• All 29 respondents had heard of the best-practice use of daily interruption of sedation with critically-ill, mechanically ventilated adults.
• Barriers that were not indicated to be significantly likely to cause a nurse to not implement DIS include: not feeling comfortable performing DIS, not feeling responsible for conducting DIS, poor patient outcomes, lack of nursing acceptance, and lack of teamwork and support.
• 79.2% of nurses stated they were satisfied with the sedation practices in their unit.
• Barriers that were indicated to be significantly likely to cause a nurse to not implement DIS are shown below:

Cited Barriers to DIS

Increased nursing workload
Fear of increasing patient harm
Fear of communication
No physician order
Patient discomfort
Preference of more control than protocol offers
Inconsistent to coordinate
Risk of device removal
Risk of respiratory compromise

Discussion

37.9% of nurses have a DIS – specific protocol in their unit. All of these nurses stated they were moderately familiar with the protocol and could answer questions about its content. 87.5% of nurses said a clear, accessible protocol would make them more likely to implement DIS. 83.3% said a positive workplace culture in regards to evidence - based practice would make them more likely to implement DIS.

• As evidenced by the survey responses, if a protocol on daily sedation interruption exists, it is being used.
• Implications for practice include the development of daily sedation interruption protocols that nurses can follow and use as an aid in implementing DIS.
• Although 83.3% of respondents indicated a positive workplace culture would make them more likely to implement evidence-based practice findings, only 20% cited lack of using acceptance as a barrier to DIS implementation.
• Further research could look into whether nurses feel that their workplace has a positive attitude towards various evidence-based practice nursing interventions.
• Further research should also study the implementation of a DIS – specific protocol to determine ease of implementation of the protocol, efficacy and clarity of the protocol, and ease of use.

References


Tanois E.  Interruption of Sedation


Tanois E.  Interruption of Sedation


