

NIGHT-TIME CONTINENCE CARE IN RESIDENTIAL AGED CARE FACILITIES: INSIGHTS FROM A GROUNDED THEORY STUDY

Hypothesis / aims of study

Providing continence care is a common cause of sleep disruption for individuals living in residential aged care facilities. However little is known about what staff actually do when they provide continence care at night, how they balance residents' needs for sleep and continence care, and the factors that inform their practice. The purpose of the study was to explore how residential aged care staff addressed residents' dual needs for continence care and sleep at night, and the basis for their decisions about such care.

Study design, materials and methods

The findings were derived from a Grounded theory study that described and explained how continence care was determined, delivered and communicated in Australian residential aged care facilities. In-depth interviews were conducted with 18 staff members about their experiences of providing continence care. Interview data were qualitatively analysed using Grounded theory coding methods. In addition, staff were observed providing continence care for 32 hours at night in two residential aged care facilities. During observations, information was collected about the type of care staff delivered, the number of times they delivered continence care, and the rationale for such care.

Results

Night-time continence care was mainly characterised by a ritual of checking and changing most residents' pads two to three times a night at predetermined times. The decision to manage residents' continence care needs at night by regularly checking and changing their pads was underpinned by the belief that residents' incontinence was intractable and that pads would make them feel clean, protected and dignified. Moreover, staff rationalised the night-time ritual on the basis that such care would prevent residents from developing pressure ulcers, however, 67% of the pads they checked were neither wet nor soiled. Only 6% of residents received toileting assistance during the night. Staff cited a low ratio of staff to residents as a key barrier to providing residents with toileting assistance. Occupational health and safety policies compounded the difficulties associated with providing residents with toileting assistance because such policies mandated that two staff members had to be available if a resident needed to be transferred using a lifting machine. In the context of lower staffing levels at night, many highly physically dependent residents were unable to access the type of assistance they needed to optimise being continent.

Interpretation of results

By using quantitative research to explore continence care in residential aged care facilities, the findings revealed a number of personal, social, and organisational barriers to residents' continence at night.

Concluding message

As continence care disrupts the quality and duration of residents' sleep, further attention should be given to ensuring that staff decisions about continence care are based on an individualised assessment and not on the presumption of incontinence. Moreover, the underlying conditions that cause some staff to rely on residents using pads instead of providing them with toileting assistance should be challenged.

Disclosures

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