Can’t sleep, won’t sleep? A qualitative interview study of anaesthetic trainees’ attitudes to fatigue and rest on the delivery suite.

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Background

The detrimental effects of fatigue are well known to anaesthetists [1]. At our tertiary hospital many trainees covering obstetrics have no rest at night despite efforts to provide facilities and encourage rest. We conducted a qualitative interview study to try to understand why this is, and what can be done to improve matters.

Method

We conducted semi-structured interviews with trainees covering obstetrics overnight until data saturation was reached. Thematic analysis identified important themes, which were then used in a focus group with trainees to identify ideas for improvement.

> They genuinely want to know that you've had some rest and that you can get yourself home in one piece.

> People have been very keen to show you where the rest facilities are, and explained that you are expected to get some rest … the first place I've worked where that's been made a point of.

> Provided there was time to get sleep, actually getting a sleep itself was good, really … I think it was quite a good setup because we’ve got the on-call room thats got the little pull-out sofa.

> If I've got time, I don't feel guilty about having a rest because it's just sensible.

> I think it's never nice being woken up in an emergency situation, but I actually then do during the case feel the benefit of having rested.

> As I’ve done more nights on obs, that feeling of needing to be ready to go every second has sort of subsided and I feel more confident in going to sleep and then getting up and going, if needed.

Enablers

External

- Positive attitudes of others to rest
- Good induction
- Awareness of rest facilities
- Positive aspects of rest facilities
- Prompting about rest at handover

Internal

- Appreciation of importance of rest
- Understanding impact of fatigue
- Increasing confidence to rest

Barriers

External

- Rest facilities uncomfortable & too far away
- Frequent interruptions to breaks
- Intense workload
- Confusion about documenting rest at handover
- Lack of familiarity with rest facilities

Internal

- Anxiety about emergencies
- Delaying rest due to clinical uncertainty
- Guilt
- Wanting to feel ready to act
- Feeling worse after resting
- Having a duty to work

Figure 1: themes enabling, and creating barriers, to rest

Ideas for improvement identified by study and focus group participants

- Encouraging use of extra trainee to allow for rest breaks and relieve workload
- Coordination of non-urgent jobs by midwives
- Clarifying standards for documentation of rest at handover
- Highlighting rest facilities at induction and in trainee handbook
- Staffing improvements (split shifts, or extra trainee)
- Improved rest room, closer to labour ward with bed and en-suite facilities

> If there's someone [chatting] outside, you'll hear everything in that room. Light comes in and I don't think it's possible to completely switch off everything

> I got woken up for a category one section. And I felt like I had to really get a bit of a jog on to get to the delivery suite … I just thought it was a little bit remote for my liking

> First and foremost, the quality of rest suffers because of the interruptions … the most sleep I've ever had is maybe 25 minutes before I'm woken up.

> So it's very difficult to feel relaxed and to go to sleep when you know you could be woken and required to give an RSI within the next five minutes. So I think it's harder to switch off.

> You would really only leave if you were absolutely confident that nothing was going to happen.

> I would rather not rest at all if I thought there was a risk of being woken up, because what makes me feel the absolute worst is being woken when I've been asleep, it's worse than not sleeping at all.

Results

Data saturation was reached after 8 interviews. Themes included enablers and barriers to rest, both external and internal (**Fig. 1**). Trainees described situations where patient safety was at risk due to fatigue. Trainees particularly worried about the possibility of an emergency, and despite understanding the risks of fatigue, felt that by remaining awake they would be ‘ready to act’. Trainees often avoided sleeping altogether for fear of feeling groggy if woken.

Discussion

This study explores the attitudes of trainees on the ‘sharp end’ and offers insight into the disparity between ‘work as imagined’, defined by education and recommendations, and ‘work as done’, the reality in our department [2]. It identifies barriers, which despite our efforts to encourage rest, are contributing to the problem of fatigue. There appears to be a cognitive dissonance between what trainees know is safe, and their behaviour overnight. Based on a richer understanding of the reasons for this, we plan to develop usual practice which embeds good sleep hygiene as the norm.

1. McClelland L, Holland J, Lomas JP, Redfern N, Plunkett E. A national survey of the effects of fatigue on trainees in anaesthesia in the UK. Anaesthesia. 2017 Sep; 72: 1069-1077.

2. Smith AF, Plunkett E. People, systems and safety: resilience and excellence in healthcare practice. Anaesthesia. 2019 Apr; 74: 508-517.