

Title: Factors affecting residents' sleep in care homes

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Abstract

Aims To understand sleep as part of the 24 hour provision of resident care by viewing it in the wider social context within the care home, exploring both the subjective experience of residents and the perceptions of staff.

Methods Qualitative research in four care homes for older people consisting of semi-structured interviews and ethnographic observations. Interviews were conducted with 38 residents and 39 staff, and were analysed using a grounded theory approach.

Findings The findings have highlighted some challenges and opportunities for developing practice in care homes to improve residents' sleep. In addition to pain and physical disabilities, both the physical environment and practices in care homes can affect residents' sleep and night-time experience.

Conclusion Improving our understanding of residents' and staff experiences at night in care homes can inform the development of good practice in night-time care and contribute to a positive culture of person-centred care.

Literature Review

Why is sleep important?

Much traditional sleep research has been quantitative and focused on the physiological and biological aspects of sleep. With advancing age, a number of physical changes affect the sleep an older person experiences including reduction of sleep quality (Dement and Vaughan, 2000), earlier wake up times, difficulty in falling and staying asleep, and an increased tendency for daytime sleeping (Ancoli-Israel et al., 2008; McCrae et al., 2006). For older people, untreated chronic sleep disturbance degrades quality of life, inhibits recovery following illness (Ersser et al, 1999) and is an independent risk factor for falls and depression (Leger, 1994).

Sleep research has shown that many people in care homes have fragmented rest/wake patterns indicative of poorer quality sleep. Evidence suggests that this is not just due to age and ill health, but is also related to living in a care home (Meadows et al., 2010). There is no good evidence to suggest that drug therapies or standalone interventions are effective for people in

care homes, however increasing physical activity and reducing night-time disruption may be important contributions to improving sleep (Gordon and Gladman, 2010).

Sleep in Care Homes

Most previous qualitative research within care home has focused on the daytime, therefore it is also important to explore night time care practices. The Joseph Rowntree Foundation action research study into the night-time in care homes (Kerr et al., 2008) undertook qualitative research in three care homes in Scotland including observations and interviews with residents, staff, relatives and care home inspectors. This study by Kerr and colleagues identified a number of issues relating to general night time care. Perspectives of the staff related mostly to their own personal circumstances that led them to undertake night work, their reasons for and effects of working at night. The study also found that there were problems with staffing the night-time and low levels of staff available to deal with unexpected occurrences or the peak pressure times. Kerr et al.'s study also interviewed eight residents (4 without dementia and 4 with diagnosed dementia). The key issues identified included residents' general views on staff and their experiences of the overnight checking regimes and noise. Martin and Bartlett (2007) explored the social significance of sleep in care homes for people with dementia. They demonstrated differences in the narratives of residents and staff, with residents' perspectives connecting sleep with health and vulnerability, and the staff discourse which focused on the 'organisation' of sleep through temporal and spatial management within a residential care setting.

This study seeks to undertake a detailed exploration of the experience of sleep in the context of 24 hours within a care home environment, and the effects of not just night time interactions, but understanding sleep as part of the wider culture and practices within the care homes. This was achieved by using a larger scale study in four care homes, including both in-depth interviews and observations.

Aims

The aims of this article are:

- to explore the subjective experience of sleep and the night-time in the setting of care homes for older people and to contribute to improving practice in this area;

- to explore the attitudes and perceptions of staff in relation to the sleep of older people in care homes;
- to understand sleep as part of the 24 hour provision of care by not viewing it in isolation, but in its wider social context within the care home;
- to identify features of care home life that are perceived to impact on sleep quality and the sleep environment of the residents.

Methods

The qualitative research analysed in this article was conducted in three nursing homes and one residential care home from a diversity of providers. It is part of a wider, multi-disciplinary study of sleep and ageing, SomnIA.¹

Semi-structured recorded interviews were conducted with 39 staff and 38 residents, who all gave informed consent. All eligible residents, aged over 60 years old and able to give informed consent, in each home were given an introductory letter and asked if they would volunteer to participate in the study. People with severe ill health or severe dementia (as determined by the care home manager), and those unable to give informed consent were excluded from the study. Even though the research was conducted in homes not registered as specialist homes for people with dementia, the reality was that some residents who volunteered to take part in the study had various stages of dementia (diagnosed or undiagnosed). The researchers continuously assessed that participants wanted to participate in the research which meant being acutely sensitive to the smallest of cues, verbal and non-verbal, during all interactions.

In each care home, approximately 48 hours of observations were carried out by one of the researchers over a two to three week period. These observation periods generally took eight hours and were designed to cover the full 24 hour period of the day, not just observing the night-time but also observing the early morning and late afternoon/evening. The aim was to explore sleep and the night-time experience not in isolation, but as part of the full 24 hour period.

All interviews were conducted by the first author. Transcribed interviews and observation notes were analysed using Atlas.ti software. A grounded theory approach was adopted, an inductive approach first introduced by Glaser and Strauss (1967). The article examines key themes that emerged from this research that specifically relate to night-time staff practices and some of the issues raised by care home residents as influencing their sleep quality.

The wider research study was given a favourable opinion by the Ethics Committee of the University of Surrey. Research governance approval was received from the relevant local authority for the research conducted in the two local authority homes. In writing up the research, the names of care homes and participants have all been changed to protect anonymity.

General night-time practice issues for staff in care homes

Findings from this study have highlighted a number of factors that can affect the night-time experience of care home residents. Sleep in a residential care setting should be explored within the 24 hour period rather than solely focusing on the night time, as many residents may sleep during the day. The physical and social environment of a residential care setting plays an important role in residents' sleep. This combined with a resident's individual circumstances, such as disability, pain, continence and cognition, can also impact on their sleep quality.

Check calls on residents

Some night care practices can affect resident's sleep quality. As well as the obvious issue of noise and light, many care homes use routine practices that involve staff entering the rooms of residents to check on them at regular intervals, sometimes hourly (Kerr et al., 2008; Luff et al., 2011; Eyers et al., 2012). In support of previous findings from Kerr et al (2008), both staff and residents in this study felt that these overnight checks significantly contributed to poorer sleep quality of residents. Staff also empathized with residents' concerns about having people walking into their rooms frequently during the night. Night staff have contradictory demands balancing the individual choices of residents about their sleep and the care home management requirements about checking on residents. Consequently, there can be a conflict for staff between ensuring resident safety at night and promoting privacy and good quality sleep. Residents who wore continence pads were also routinely checked by staff at night.

Bed times and getting up times for residents

Bed times and getting up times for many residents were influenced primarily by staffing levels and shift patterns, which did not always facilitate staff giving residents a choice over their sleeping times (Luff et al., 2011). This is particularly relevant for people with more severe physical and cognitive disabilities. For example, where a hoist has to be used by two members of staff, it was noted that residents had to be assisted to bed by the 'day shift' staff because there were more staff members available at that time to use the hoist than on the night shift. This directly affected the time that residents went to bed and resulted in some residents having to go to bed earlier than they would choose.

Residents' individual circumstances

In terms of residents adjusting to the new environment of living in a care home, sleep was only one part of a much broader picture of major change and disturbance in their lives. A key theme to emerge from interviews with residents was related to the physical challenges of finding comfort enough to sleep. Resident participants reported being acutely aware of physical problems during the night time, ranging from experiencing a dry mouth, itchiness, aches and generally feeling unwell through to high levels of pain that required medication.

Night-time pain

Pain and discomfort were identified as key reasons that prevented sleep or contributed to prolonged periods of wakefulness at night. Night-time pain can be managed with medication however this creates a situation whereby those residents who experience mild levels of pain could experience higher levels of sleep disturbance than those whose pain was relieved by medication. Residents were often not on sleep medication, but they identified the use of pain relieving medication as helping to promote their sleep, although this was not always effective. While talking about being awake at night, Glenda describes how pain affected how she felt at night.

'No, it (pain) doesn't really worry me. Not unless I am in a lot of pain, then I know I can't have any more pain killers. And that is one reason why I have the light on, because after I came out of hospital I had some very bad nights here occasionally. And being in really bad pain and in the dark, I think there is nothing worse. I just hated it. So now I keep the light on.'

The solution adopted by this resident of having the light on during the night is likely to adversely impact on her sleep. This feeling of trying to sleep in spite of their own body was compounded for residents with physical disabilities.

Physical disabilities

For residents with health problems or physical disabilities, going to bed may be a complicated, lengthy and painful process. Josephine (a stroke survivor) explains:

Int: It takes you a while (to get to sleep) does it?

Josephine: Yes, well partly to get this arm to sort of go down by the side, because if it doesn't it starts roaming over here. It doesn't work really but night times sometimes it does. And I get my legs sort of... you know, you see this leg, it doesn't work like that one, and I have to get that sorted out. So that can take some time. And I can't really turn over you know, like you would from one side to the other so that makes a difference.

Residents highlighted the difficulties they face and how they felt it took a lot of effort to find positions for their body to be comfortable enough to sleep. There was a feeling of having to work hard to be able to sleep, which contrasts with conventional perceptions of sleep as being a process free of physical effort. This highlights how, for some residents, the act of going to bed was not simply a matter of getting in and falling asleep. For them, achieving sleep can be a difficult process ongoing throughout the night.

Ability to control the night-time environment

Long hours in bed did not relate to more time asleep and residents on average reported spending more than 2 hours in bed awake each night (Luff et al., 2011). Disabilities and sensory impairments can impact upon a resident's ability to help themselves get to sleep or to pass the time while awake in bed. For example, Shirley said:

'I can doze off as soon as I start reading the paper, very easily. I used to be able to read in bed but I can't read in bed now, because I can't get comfortable to do it.'

Residents with sensory impairments were not necessarily able to read books at night or watch television. Others did not know how to use a television remote control or were unable to do so due to arthritis in their hands. Due to fear of falls, residents were mostly discouraged from getting up at night independently if, for example, they wanted a walk or a hot drink. With limited numbers of staff on duty at night, it may not always be possible to support someone to do this. For many residents, therefore, their physical disabilities may inhibit a more 'active' approach to helping themselves with any sleep problems through their own personalised strategies that they may have used when living in their own homes. As such, residents used mostly 'internal' methods to help them get to sleep, for example counting sheep or counting articles in the room.

Suitability of the bed

A key theme highlighted by residents was the difficulty experienced when adjusting to a single and high bed, having spent their whole adult life sleeping in a double or lower bed, and a number had fallen from their bed during the night since moving into the care home. If residents are obliged to use a hospital style bed, staff can assist by leaving the bed at a low setting, making it easier for the resident to get out of bed during the night without falling. Alternatively, it may be possible to explore the potential for the resident to bring their own bed in from their previous home, or to purchase a wider single bed.

Discussion and Conclusions

Sleep is important for physical and mental well-being, cognitive functioning, and reducing risk of falls, so a first step is to recognise the importance of good sleep and the potential impact on care home residents of a lack of sleep. This article has also identified individual difficulties faced by residents in achieving and maintaining sleep, that may be exacerbated by the social and physical environment of care homes. In this study, residents expressed a lack of confidence in talking to staff about sleep issues, not wanting to ask for something they would like during the night, because they did not want to be perceived a nuisance or to delay busy staff from other 'more important' tasks. Therefore it is important for staff to be proactive in finding out about resident's sleep and to help identify solutions.

The self-selection of resident participants to this study indicates that these residents would be the most physically and cognitively able and participants were able, in varying degrees, to talk

about their experiences and problems. However, as discussed in Luff et al. (2011), it was found that the capacity of residents to exercise control over their sleep environment correlated with physical and cognitive impairment, with those most disabled experiencing the least control over their sleep environment. As such it is important to remember that those more frail and cognitively impaired will require even more proactive engagement from staff around their sleep.

Many night staff are already offering emotional support during the night-time to residents who, during the quiet times, talk about concerns and anxieties. It may be useful if these anxieties are shared with day staff and where possible, residents are supported by day staff to act upon their problems and enact changes to any situations that are worrying them.

A key issue was routine checking of residents by staff at night, both for 'safety checks' and checking continence pads. It is important to ensure that continence care is regularly reviewed and tailored to the individual needs of each resident. Night staff should have the opportunity to input into any discussions regarding continence care. Care homes may seek out specialist continence advice to keep up to date with the latest developments and products, and assess whether some products allow longer periods between changing pads at night.

It is possible that for some residents the number of sleep disturbances caused by night-time checking could be reduced with the support of telecare. Telecare is often used for older people in their own homes, but is less often used by care and nursing homes. Bed occupancy sensors, floor pressure sensors or enuresis sensors could alert a pager held by night staff. Night care planning with individual residents could identify whether they would prefer visits by staff for checking (if this is necessary at all) or to discuss other options.

Where residents have limited access to resources that might help them deal with wakeful periods during the night, staff could support them by helping to identify solutions. For example, could audio books, mp3 players, radio podcasts and easy to reach technology (tv/radio) be used at night? Night staff can act as a vital bridge not only in identifying problems and accessing resources, but also in helping residents use them if they are physically unable to do so themselves.

The observations and input of night staff is valuable and should not be overlooked. Care home staff may reflect on current practice by asking the following questions:

- What do we do which may disturb care home resident's sleep?

- Is there anything we can do differently to reduce the number of night-time awakenings of residents?
- Are night care and nursing practices reviewed regularly and are they personal to each resident?
- What can we do for residents who are awake during the night?

Themes of the *My Home Life* (National Care Homes Research and Development Forum, 2007) programme include improving health and healthcare and promoting a positive culture in care homes. By helping residents with their sleep needs and acknowledging this as an important part of daily life, it is hoped that residents will sleep better and reap all the physical and mental health benefits that entails. Helping residents with their sleep may also contribute to promoting a positive culture through person-centred and relationship-centred care.

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