

Exploration of barriers and facilitators to the implementation of ventilator bundle: a descriptive qualitative study with health care professionals, Nepal

Dejina THAPA^{1*} PhD Candidate, Ting LIU¹ PhD, Chen YANG¹ PhD, Subhash Prasad ACHARYA² MD and Sek Ying CHAIR¹ PhD

¹The Nethersole School of Nursing, Faculty of Medicine, The Chinese University of Hong Kong, Shatin, N.T., Hong Kong SAR, The People's Republic of China.

² Department of Anesthesiology, Tribhuvan University, Institute of Medicine, Kathmandu, Nepal

Background

Low- and middle-income countries, like Nepal, have greater rates of ventilator-associated pneumonia than high-income countries. Effective implementation of ventilator bundle is crucial to reduce the occurrence of ventilator-associated pneumonia. So far, no comprehensive assessment of barriers to sustained, successful implementation of hospitals interventions has been conducted in Nepalese healthcare settings. To develop a tailored made intervention to maximize the adoption of the guidelines in Nepal.

Aims

To identify the perceived barriers and facilitators of health care professionals to the implementation of the ventilator bundle in a tertiary care centre.

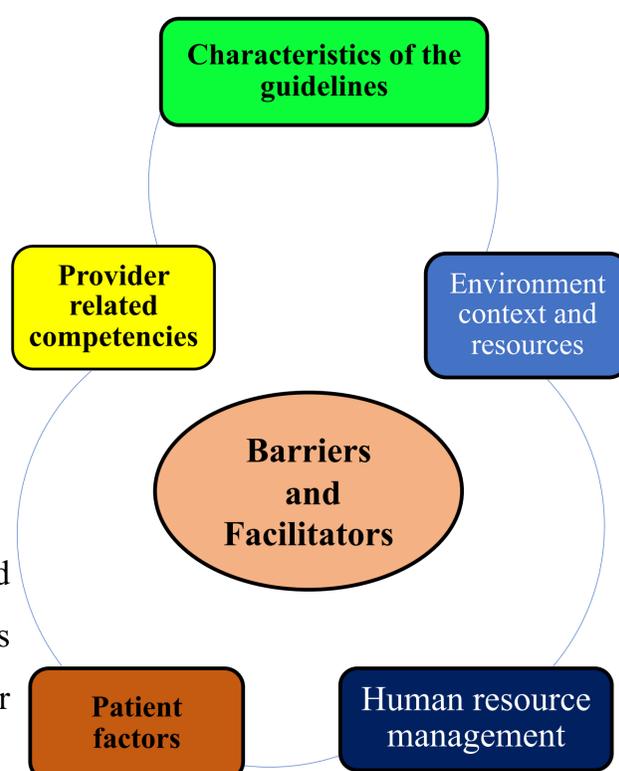
Materials and Methods

This qualitative study used the semi-structured virtual interview, enrolled twenty-one participants; nurses (n=18) and doctors (n=3) were selected by

purposive sampling. The study setting was a general ICU and medical ICU at a tertiary academic hospital. All the interview data were transcribed, coded, using thematic analysis, and analysed using the NVivo software.

Results

Themes identified using thematic analysis



Provider-related factors, organisational, environmental, and patient factors were the major identified barriers that could affect the implementation of the ventilator bundle. The major barriers were a high rate of nursing turnover,

imbalanced nurse-to-patient ratio, heavy workload, time spent on training new employees, lack of knowledge and skills, especially in novice nurses, and lack of motivation and reward. The key facilitators were timely educational training and workshops, ensuring the availability of strong leadership and champions, and providing adequate support at the organisational level.

Conclusion

The findings of this qualitative study revealed that organisational support is critical to the effective implementation of the guidelines. Building on these facilitators and addressing and measuring these barriers may aid in improving the acceptability and sustainability of the ventilator bundle especially among the nurses.

Contact

Correspondence: Dejina THAPA
(dejinathapa@link.cuhk.edu.hk)

