Comparison of Clinical Nurse and Geriatric Patient Perception of Sleep in an Acute Care Setting

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INTRODUCTION

The Geriatric Resource Nurses (GRNs) on a 45 bed Neuroscience unit at a large urban teaching hospital conducted a survey to determine perception of quality of sleep. Comparisons were made between paired patient and nurse perceptions. Although statistical significance was achieved in only one of the comparative categories, other comparisons were clinically significant.

OBJECTIVES

Sleep quality is known to affect outcomes in the elderly. Strategies for improved sleep hygiene were explored in the geriatric neuroscience population. Acquiring an understanding of the patient’s perception of quality of sleep became the foundation for this project. Night shift nurses’ perception of sleep quality was also used to compare and analyze sleep practices on the neuroscience unit.

BACKGROUND

The patient population on a 45 bed in-patient unit consisting of the Neuroscience General Care Unit, the Intermediate Neuroscience Care Unit (INCU) and the Epilepsy Monitoring Unit (EMU) were surveyed. In the acute care setting sleep and rest are often impacted by interruptions for frequent neurological checks, vital signs, and scheduled medications. The hospital environment, lighting, and noise also contribute to interference of sleep quality. A survey was conducted using a modified Richards-Campbell Sleep Questionnaire (RCSQ). Two other questions were added due to relevance in our evaluation, measuring number of interruptions during sleep compared to sleep quality.

METHODS

Patients selected were age 65 or older with a Glasgow Coma Score (GCS) of 14 - 15 the night of survey. Exclusion criteria included:

- Pain management issues requiring intervention < every 4 hours in last 12 hours
- tPA treatment for Cerebral Infarct in last 24 hours
- Patients actively working the night shift prior to admission
- Epilepsy patients ordered for a sleep deprivation protocol
- Medically unstable
- Mechanical ventilation

Over the course of approximately 6 weeks, 100 unique patients and their night-shift RN counterparts were surveyed. Patients were interviewed only once during an in-patient stay.

- In the AM, qualifying patients were verbally consented for survey participation. Patients were surveyed randomly during their hospital stay, after change of shift and before 10:30AM. All patient interviews were conducted by the day-shift GRN.
- Night-shift nurses were asked by the night-shift GRNs to complete the Nurse version of the RCSQ at the end of their shift, but not before 6:30AM.
- The survey was performed on weekdays only, to capture routine hospital activity.
- Neither patient or nurse knew of surveillance eligibility prior to night’s sleep.

RESULTS

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DISCUSSION

• The data revealed a statistically significant variance in perception of noise.
- Patients that reported a noise source indicated the majority of the disruptions of sleep were from sources outside the patient’s room, including other alarms, conversations, and walking in the hallway.
- Quietness of Environment scores increased slightly during the months of the survey.
- Analysis of other data revealed that patients and their nurses generally shared similar perceptions as reported on the RCSQ (sleep latency, depth, awakenings, return to sleep and quality of sleep).

- Other indicators that might have been beneficial to our survey analysis:
  - Private, semi-private rooms and approximation to Nurses Station
  - Hospital day (length of stay)
  - Average nights’ sleep and sleep routine at home
  - Number of interruptions during sleep compared to sleep quality
  - Administration of medication affecting sleep

NURSING IMPLICATIONS

Based on our findings and HCAHPS results, quality improvement initiatives should be focused on reduction of avoidable noise or mitigating the patients perception of noise. Proposed interventions include:

- Developing a structured approach and script to promote sleep
- Strategies to diminish nuisance alarms
- Improving staff awareness of noise level
- Coordination of routine care

REFERENCES


