The Benefits of Sleep During Hospitalization: A Survey to Determine the Utility of Quiet Hours on a Med-Surg Floor

Marissa Cole, Yazmin Perez, Haylie Mooney, & Travis Elder
Linfield Good Samaritan School of Nursing

BACKGROUND
Florence Nightingale said, “Unnecessary noise is the cruelest absence of care.” During inpatient hospitalizations, frequent awakenings and a high level of ambient noise prevent restful sleep in many patients. Interruptions in sleep are detrimental not only to patient satisfaction, but to patient health.

Sleep deficit is linked to:
- Increased serum cortisol
- Decreased immune response
- Endocrine changes
- Gastrointestinal changes
- Hypertension
- Difficulty with ventilator weaning
- Poor glucose control
- Increased prevalence of falls
- Tachycardia
- Decreased insulin sensitivity

Awakenings are inevitable for the health and safety of patients; however, many hospitals have improved patient sleep quality by implementing 2-3 hour periods devoted to patient rest. These periods, called “quiet hours,” are a specified time during which noise levels are restricted and non-urgent interruptions are prohibited. In prior studies, implementation of quiet hours has been linked to improved patient sleep, as well as improved patient satisfaction and increased HCAHPS scores in the “always quiet at night” category.

What are quiet hours?
- Limited interruptions
- Non-urgent studies rescheduled
- Visitation limited
- Lights dimmed
- Noise levels reduced
- Sleep/relaxation encouraged

PROBLEM STATEMENT
Poor quality of sleep for hospitalized patients results in low patient satisfaction scores and adverse health outcomes.

OBJECTIVE (S) OR GOAL(S)
- To determine the quality of sleep of a sample of patients representing three med-surg units, and the frequent causes of poor patient sleep quality on those units.
- To determine the patient perception of a quiet hours policy
- To improve awareness of the importance of healthy sleep patterns during hospitalization.

METHODS
- Sleep quality data was collected from a total of 22 patients on a medical/surgical, progressive step down, and neurological unit.
- Unit nurse managers were informed about the study and granted permission to conduct research.
- Participants were randomly selected; must have spent at least one night in the hospital to be included in the study.
- A questionnaire was developed and then utilized by all four researchers to verbally question patients and collect data.

RESULTS
64% of patients reported that the implementation of quiet hours would be beneficial during hospitalization.

Of the 22 patients surveyed, 0 reported sleeping well in the hospital. 14 of the patients reported difficulty sleeping, or they did not sleep at all.

The 3 top variables affecting sleep were pain, noise, and assessments/interruptions.
50% of patients reported that assessments and interruptions were the cause of poor sleep.

REFERENCES

DISCUSSION
These results suggest that sleep was less than adequate for the vast majority of patients surveyed. Three major causes of this sleep deprivation were noise, labs, and interruptions, which can be directly impacted by the implementation of “quiet hours” on respective units.

This study may serve to offer a more candid and proactive approach toward improving patient sleep and the aforementioned risks related to lack of sleep. Patient care and health may be greatly improved upon assessment of sleep during their hospital stay.

This study was limited largely by its relatively small sample size of 22 patients by selective survey. Further studies are recommended to broaden the data supporting the implementation and efficacy of “quiet hours” on respective units.

RECOMMENDATIONS
- Consideration be given to the implementation of quiet hours.
- Nurse managers initiate dialogue with ancillary groups (lab, radiology, etc.) to determine the viability of quiet hours for their schedules.
- Nurses, CNAs, and ancillary groups coordinate patient assessments to minimize awakenings during the night.
- Staff decrease noise level on the units by posting reminder signs, limiting in-room telephone use, and limiting visitation at night.
- Staff education regarding the benefits of restful sleep and the harmful effects of poor sleep.