Purpose

The purpose of this study is to determine if patients who experience interrupted sleep do not receive the regimen. Does sleep indebtedness affect length of stay?

Background

Sleep disturbances in hospitalized patients is a significant problem. Hospitalized adult patients experience a 20-30% loss of their usual sleep. Factors that cause sleep problems are physical, medical, psychiatric or environmental. Research findings suggest that sleep loss accumulates over time and leads to a “sleep debt.” This study will identify possible solutions to decrease sleep indebtedness in hospitalized patients.

Design

A quasi experimental post-test comparison design using the “St Mary’s Hospital Sleep Questionnaire” to measure sleep perception and identify night interruptions.

Setting

A 36-bed acute care med-surg unit in a community hospital in Mansfield, TX.

Sample

The sample consisted of 84 patients admitted to the med-surg unit.

Methodology

Participants were selected based on pre-defined criteria which included age, BMI, medical history, work history, admission time and the ability to read and understand English.

- Randomized to a control or experimental group.
  - The control group received standard care.
  - The experimental group received sleep promoting interventions.

- The St. Mary’s Hospital Sleep Questionnaire and night time interruption sheet were administered the next morning.

Findings and Outcomes

Demographics

<table>
<thead>
<tr>
<th></th>
<th>male</th>
<th>female</th>
<th>Average age</th>
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<tbody>
<tr>
<td>N=15</td>
<td>34</td>
<td>47</td>
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Average Number of Hours of Sleep

- Control: 6.7 hours, Experimental: 6.5 hours

Night-Time Sleep Promoting Interventions

- Nurse and team coordinate care
- Sleep promoting interventions offered
- Blinders, earplugs, music and fan offered
- Doors closed, bathroom light on, visual checks through the blinds

Conclusions

- Length of stay has not yet been correlated.
- An additional hour of sleep was obtained with the experimental group.
- The experimental group’s perception of sleep was deeper than the control.

Implications

- Continue to monitor and increase sample size.
- Roll out to other med-surg units.
- Identify additional solutions to decrease sleep indebtedness in hospitalized patients.

References


The purpose of this study is to determine if an additional hour of sleep was obtained with Doors Roll out to other medical units.

Sleep Disturbances in Hospitalized Patients is a significant problem. Hospitalized adult patients experience a 20-30% loss of their usual sleep. Factors that cause sleep problems are physical, medical, psychiatric or environmental. Research findings suggest that sleep loss accumulates over time and leads to a “sleep debt.” This study will identify possible solutions to decrease sleep indebtedness in hospitalized patients.

The control group received standard care. Blinders, earplugs, music and fan offered patients who received a sleep regimen report a significant problem. Hospitalized adult patients experience a 20-30% loss of their usual sleep. Factors that cause sleep problems are physical, medical, psychiatric or environmental. Research findings suggest that sleep loss accumulates over time and leads to a “sleep debt.” This study will identify possible solutions to decrease sleep indebtedness in hospitalized patients.

The experimental group received sleep promoting interventions. The St. Mary’s Hospital Sleep questionnaire and night time interruption sheet were administered the next morning.

Factors that cause sleep problems are physical, medical, psychiatric or environmental. Research findings suggest that sleep loss accumulates over time and leads to a “sleep debt.” This study will identify possible solutions to decrease sleep indebtedness in hospitalized patients.

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The St. Mary’s Hospital Sleep questionnaire and night time interruption sheet were administered the next morning.

A sample of 84 patients participated. The sample consisted of 47 female patients and 34 male patients. Average age was 42 years.

Night Interruptions

Night-Time Sleep Promoting Interventions

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- Average number of hours of sleep

- Perception of sleep

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The purpose of this study is to determine if doors closed, bathroom light on, visual checks, the length of stay has not yet been correlated. The sample consisted of continue to monitor and increase sample size. Sleep promoting interventions offered (warm blinder, earplugs, music and fan offered to the blinder). The experimental group’s perception of sleep was deeper than the control. The control group received standard care. An additional hour of sleep was obtained with intervention. Sleep disturbances in hospitalized patients is a significant problem. Hospitalized adult patients experience a 20-30% loss of their usual sleep. Factors that cause sleep problems are physical, medical, psychiatric or environmental. Research findings suggest that sleep loss accumulates over time and leads to a “sleep debt.” This study will identify possible solutions to decrease sleep indebtedness in hospitalized patients.

Purpose

• The purpose of this study is to determine if patients who receive a sleep regimen report longer periods of uninterrupted sleep than patients who do not receive the regimen. Does sleep indebtedness affect length of stay?

Background

• Sleep disturbances in hospitalized patients is a significant problem. Hospitalized adult patients experience a 20-30% loss of their usual sleep. Factors that cause sleep problems are physical, medical, psychiatric or environmental. Research findings suggest that sleep loss accumulates over time and leads to a “sleep debt.” This study will identify possible solutions to decrease sleep indebtedness in hospitalized patients.

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### Average Number of Hours of Sleep

![Graph showing average number of hours of sleep for control and experimental groups.](image)

### Night Intervals

![Graph showing night interruptions for control and experimental groups.](image)

### Night-Time Sleep Promoting Interventions

• Assigned nurse worked with team members to limit night interruptions. Coordinate care (meds, vital signs, testing and /or treatments).
• Sleep promoting interventions offered (warm shower, back rub).
• Blinders, earplugs, music and fan offered to generate white noise.
• Doors closed, bathroom light on, visual checks through the blinds.

Conclusions

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