Bettering Sleep Hygiene to Decrease Delirium and Improve Patient Satisfaction on an Inpatient **Oncology Unit**

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Poor sleep during hospitalization can negatively affect patient health, well-being, and satisfaction. This nurse-led quality improvement project aimed to promote quality sleep on an inpatient telemetry medical-surgical oncology unit. Interventions included distributing sleep hygiene kits (eye masks, earplugs, lip balm, and aromatherapy), educating patients and staff, and redesigning workflows to limit sleep interruptions at night. Hospital Consumer Assessment of Healthcare Providers and Systems Survey scores for quietness at night increased from 66% to 76%, with fewer reported cases of delirium postimplementation.

AT A GLANCE

- Poor sleep during hospitalization can complicate cancer treatment and prolong hospitalization.
- Providing sleep hygiene kits and limiting interruptions at night are nonpharmacologic interventions that promote sleep in hospitals.
- Quality sleep can improve patient satisfaction and decrease episodes of delirium during hospitalization.

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leep is a fundamental daily activity that is crucial for physical and mental well-being (Kulpatcharapong et al., 2020). Interrupted sleep can affect the onset and duration of delirium, increasing the risks of premature mortality and long-term cognitive deficits, which prolong hospitalization and increase healthcare expenses (Austin et al., 2019; Farasat et al., 2020; Tonna et al., 2021). Patients with cancer have a higher incidence of sleep disturbance when compared with individuals with other diseases and the general population (Al Magbali et al., 2022). Sleep disturbance is a common symptom that affects quality of life throughout all phases of cancer care and has also been linked to cancer recurrence, poor healing, decreased cognitive function, and reduced work activity (Al Maqbali et al., 2022).

The telemetry medical-surgical oncology unit at H. Lee Moffitt Cancer Center and Research Institute in Tampa, Florida, admits more than 1,800 patients annually. The 22-bed unit cares for patients undergoing surgery for thoracic cancer, patients requiring general medical care, and patients with cardiac concerns requiring telemetry monitoring. The patient population consists of adult patients aged 18 years or older with an average length of stay of 7.2 days. The unit is staffed using patient–nurse and patient–patient care technician (PCT) ratios of 4:1 and 8:1, respectively.

The Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) Survey (Centers for Medicare and Medicaid Services, 2024), which is used to assess patient satisfaction during hospitalization, indicated that patient satisfaction with quietness at night for the unit was 66% in 2022, despite previous initiatives to improve the scores. When interviewed, patients shared that they could not get adequate sleep because of hourly rounds, staff checking their vital signs every four hours, and staff laughing and conversing too loudly at the workstation. Patients also conveyed a need for better staff coordination overnight to reduce interruptions. This quality improvement project aimed to promote quality sleep and improve patient satisfaction using evidence-based strategies.