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**Literature search results**

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**Search details**

Importance of sleep on the recovery of inpatients. What environmental factors have an impact on sleep in hospitalised patients?

**Resources searched**

NHS Evidence; TRIP Database; Cochrane Library; AMED; BNI; CINAHL; EMBASE; HMIC; MEDLINE; PsychINFO; Google Scholar

**Database search terms**: sleep*; exp SLEEP; REM; “rapid eye movement”; SLEEP, REM, recovery; recover*; RECOVERY; postoperative*; recuperati*; convalesce*; exp POSTOPERATIVE CARE; exp POSTOPERATIVE PERIOD; inpatient*; in-patient*; INPATIENTS; non-ambulatory; hospital*; “treatment centre”; “treatment center”; SLEEP DEPRIVATION; CONVALESCENCE

**Google search string**: ~sleep ~recovery (~inpatient OR ~hospital) -apnoea -apnea -insomnia

**Summary**

There is a lot of research on the impact of sleep on recovery, but nothing specific about protected sleep in relation to patients. I have included papers on the factors that affect sleep or deprive people of it as well as improving the quality of sleep for patients.

**Guidelines**

None found.

**Evidence-based reviews**

Database of Abstracts of Reviews of Effects
Systematic review: association of shift length, protected sleep time, and night float with patient care, residents' health, and education 2011

For the limited outcomes measured, most studies supported reducing shift length, but did not provide sufficient evidence to identify optimal shift duration. Studies on protected sleep time were lacking. Studies on night floats were heterogeneous and lacked generalisability. Further research was warranted.

Published research

1. Daytime Sleep Accelerates Cardiovascular Recovery after Psychological Stress.
   **Author(s):** Brindle, Ryan, Conklin, Sarah
   **Citation:** International Journal of Behavioral Medicine, 01 March 2012, vol./is. 19/1(111-114), 10705503
   **Publication Date:** 01 March 2012
   **Abstract:** Background: Sleep restriction and poor sleep quality is linked with cardiovascular morbidity. Purpose: The present study aimed to explore the influence of daytime sleep supplementation on cardiovascular reactivity. Method: Participants (N = 85) were generally healthy young adults and were randomized to a 60-min polysomnographically-monitored sleep condition or to a no-sleep condition. Participants then completed a standard three-phase mental stress reactivity task. Results: Significantly lower mean arterial pressure means were found in the recovery phase of the stress reactivity task among participants that accrued more than 45 min of daytime sleep. Conclusion: These findings suggest daytime sleep may offer cardiovascular benefit in the form of greater cardiovascular recovery from psychological stress. Further research should assess daytime sleep characteristics (time of day, length, and architecture) on cardiovascular response, in an effort to better understand its role as a possible recuperative agent against suboptimal nocturnal sleep patterns.
   **Source:** CINAHL
   **Full Text:** Available in print at a non-ULHT hospital library. Click and complete an online form to request this article/an article from this journal if fulltext is not available.

2. Biomechanics-based active control of bedding support properties and its influence on sleep.
   **Author(s):** Soares, Marcelo M., Jacobs, Karen, Deun, D. Van, Verhaert, V., Willemen, T., Wuyts, J., Verbraecken, J., Exadaktylos, V., Haex, B., Vander Sloten, J.
   **Citation:** Work, 02 February 2012, vol./is. 41/(1274-1280), 10519815
   **Publication Date:** 02 February 2012
   **Abstract:** Proper body support plays an important role in the recuperation of our body during sleep. Therefore, this study uses an automatically adapting bedding system that optimises spinal alignment throughout the night by altering the stiffness of eight comfort zones. The aim is to investigate the influence of such a dynamic sleep environment on objective and subjective sleep parameters. The bedding system contains 165 sensors that measure mattress indentation. It also includes eight actuators that control the comfort zones. Based on the measured mattress indentation, body movements and posture changes are detected. Control of spinal alignment is established by fitting personalized human models in the measured indentation. A total of 11 normal sleepers participated in this study. Sleep experiments were performed in a sleep laboratory where subjects slept three nights: a first night for adaptation, a reference night and an active support night (in counterbalanced order). Polysomnographic measurements were recorded during the nights, combined with questionnaires aiming at assessing subjective information. Subjective information on sleep quality, daytime quality and perceived number of awakenings shows significant improvements during the active support (ACS) night. Objective results showed a trend towards increased slow wave sleep. On the other hand,
it was noticed that % N1-sleep was significantly increased during ACS night, while % N2-sleep was significantly decreased. No prolonged N1 periods were found during or immediately after steering.

Source: CINAHL

Full Text:
Available in print at a non-ULHT hospital library. Click and complete an online form to request this article/an article from this journal if fulltext is not available.

3. **A systematic review of sleep patterns and factors that disturb sleep after heart surgery.**

Author(s): Liao, Wen-Chun, Huang, Cheng-Yi, Huang, Tsuey-Yuan, Hwang, Shiow-Li

Citation: Journal of Nursing Research (Lippincott Williams & Wilkins), 01 December 2011, vol./is. 19/4(275-288), 16823141

Publication Date: 01 December 2011

Abstract: BACKGROUND: Sleep is a vital and restorative human function. However, it has been reported that up to 50% of heart surgery patients experience sleep disturbance during hospitalization and after discharge. PURPOSE: This study describes sleep patterns in adults over the recovery course after heart surgery and works to identify potential interventions. Researchers analyzed and synthesized studies of sleep patterns and sleep-related factors in heart surgery patients. METHODS: Observational studies describing sleep through the course of recovery from heart surgery were searched from databases of PubMed, MEDLINE, Cumulative Index to Nursing and Allied Health Literature, Current Contents, and Chinese Electronic Periodicals Service from 1966 to 2011. Only studies that used polysomnography, actigraphy, or self-report sleep questionnaires to measure sleep were recruited in this review. Results of sleep patterns and sleep quality were pooled from homogeneity studies. RESULTS: Eight studies that investigated sleep patterns in heart surgery patient and nine studies that examined factors associated with sleep disturbances in this patient group were analyzed and synthesized. Serious problems including low sleep efficiency and difficulty in maintaining sleep often happened during the first postoperative week. It took 2 months for sleep to recover to preoperational levels. Although sleep quality improved over time, sleep disturbances still persisted through 6 months of recovery. Physical factors, including pain, dyspnea, nocturia, and cardiac function, and environmental factors, including noise, light, and procedures on patients, were associated with sleep disturbances during hospitalization. Psychological factors, including anxiety and depression, affected sleep during the first–6 months after discharge. Individual factors of age and gender affected sleep through the entire recovery course. CONCLUSIONS/IMPLICATION FOR PRACTICE: Sleep disturbances persist over the course of recovery in heart surgery patients, and sleep disturbance is associated with individual, physiological, psychological, and environmental factors. Findings suggest that management of major symptoms and control of the patient's sleeping environment during hospitalization and at early recovery stage as well as mental healthcare after discharge may improve sleep quality and recovery in heart surgery patients.

Source: CINAHL

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Available in print at a non-ULHT hospital library. Click and complete an online form to request this article/an article from this journal if fulltext is not available.

4. **Impact of post-traumatic hypersomnia on functional recovery of cognition and communication.**

Author(s): Wiseman-Hakes, Catherine, Victor, J. Charles, Brandys, Clare, Murray, Brian J.

Citation: Brain Injury, 01 November 2011, vol./is. 25/12(1256-1265), 02699052

Publication Date: 01 November 2011

Abstract: Primary objective: To assess aspects of cognition and communication, in
response to the treatment of post-traumatic hypersomnia and mood disturbance.

Research design: A single case study; pre-post intervention. Methods and procedures: The participant was a male with severe TBI and cognitive-communication impairments, who subsequently developed sleep and mood disturbance and excessive daytime sleepiness. The Daily Cognitive-Communication and Sleep Profile (D-CCASP), Clinical Interview, Epworth and Stanford Sleepiness Scales and polysomnography assessed sleep and wakefulness. Cognitive-communication was also assessed by the D-CCASP. His sleep, wake and mood difficulties were pharmacologically managed. Main outcomes and results: Baseline polysomnography indicated abnormal sleep. There was a clear positive relationship between quality of sleep, language processing, attention and memory, seen across the phases of the medication intervention (p < 0.01). Conclusions: A comprehensive pharmacological management programme addressing the multifactorial underlying aetiology was successful in improving sleep, arousal and mood. The D-CCASP was found to be clinically and statistically sensitive to reported changes in cognitive-communication function in relation to improvements in sleep and daytime arousal. These findings suggest that management of sleep/wake disturbances and mood post-traumatic brain injury can potentially facilitate improvements in cognitive-communication function which may, in turn, facilitate participation in rehabilitation and community integration.

Source: CINAHL

Full Text:
Available in print at a non-ULHT hospital library. Click and complete an online form to request this article/an article from this journal if fulltext is not available. 

5. Sleep disturbances in children recovered from central nervous system neoplasms.

Author(s): Greenfeld M, Constantini S, Tauman R, Sivan Y

Citation: Journal of Pediatrics, 01 August 2011, vol./is. 159/2(268-), 00223476

Publication Date: 01 August 2011

Source: CINAHL

Full Text:
Available in fulltext at Ovid

Available in print at a ULHT/non-ULHT hospital library. Click and complete an online form to request this article/an article from this journal.


Citation: CONNECT: The World of Critical Care Nursing, 01 June 2011, vol./is. 8/2(42-43),

Publication Date: 01 June 2011

Source: CINAHL

Full Text:
Available in print at a non-ULHT hospital library. Click and complete an online form to request this article/an article from this journal if fulltext is not available.

7. The quality and duration of sleep in the intensive care setting: An integrative review.

Author(s): Elliott, Rosalind, McKinley, Sharon, Cistulli, Peter

Citation: International Journal of Nursing Studies, 01 March 2011, vol./is. 48/3(384-400), 00207489

Publication Date: 01 March 2011

Abstract: Abstract: Background: Sleep is essential for well-being and recovery from illness. The critically ill are in significant need of sleep but at increased risk of sleep loss
and disruption. Objectives: To determine the quality and duration of sleep experienced by adults who are patients in intensive care units and factors affecting their sleep. Design: An integrative approach was used for this literature review in order to explore the available evidence on this topic, which has yet to be fully investigated. Data sources: PubMed, CINAHL, Psychinfo, the Australian Digital Theses Program and ProQuest Dissertations and Theses (Interdisciplinary) databases were searched for studies conducted about sleep in adult intensive care units. Manual searches of papers identified from this search were performed to find additional studies. Review methods: Data related to the quality and duration of sleep along with study design, sample size and intensive care context were extracted, evaluated and summarised. Results: Total sleep time is normal or reduced with significant fragmentation. Light sleep is prolonged and deep and rapid eye movement sleep are reduced. The most likely factors affecting sleep quality are high sound levels, frequent interventions and medications. Data obtained from polysomnography are supported by patient self reports. Considerable variation in data exists between patients and studies affecting generalizability. Existing criteria for staging sleep may be inadequate for quantifying sleep in intensive care patients. Conclusions: There is evidence that intensive care patients' sleep is significantly disrupted. Alternative methods of quantifying sleep for intensive care patients may be required. Few large observational or interventional studies have used polysomnography and simultaneous recordings of intrinsic and extrinsic disruptive factors. These studies are required in order to improve sleep for intensive care patients.

Source: CINAHL

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Available in print at a ULHT/non-ULHT hospital library. Click and complete an online form to request this article/an article from this journal if fulltext is not available.

8. Nighttime noise issues that interrupt sleep after cardiac surgery.

Author(s): Spence, Jackie, Murray, Terri, Tang, Anne S., Butler, Robert S., Albert, Nancy M.

Citation: Journal of Nursing Care Quality, 01 January 2011, vol./is. 26/1(88-95), 10573631

Publication Date: 01 January 2011

Abstract: Patients' perceptions of noise events that prevent/interrupt nighttime sleep after cardiac surgery and sleep promotion aids were studied for associations with patient characteristics. Overhead paging, equipment, and loud communication prevented/interrupted nighttime sleep; however, most patient characteristics were not associated with the presence or absence of these noise events. Patients selected pain medication to promote sleep. Other sleep aids were used infrequently. Behavioral and structural noise reduction interventions are needed to minimize sleep interruptions.

Source: CINAHL

Full Text:
Available in print at a non-ULHT hospital library. Click and complete an online form to request this article/an article from this journal if fulltext is not available.

9. Sleep quality after cardiac surgery in the intensive care unit

Author(s): Yava A., Koyuncu A., Krkloglu M., Koyuncu F.

Citation: Intensive Care Medicine, September 2010, vol./is. 36/(S307), 0342-4642 (September 2010)

Publication Date: September 2010

Abstract: INTRODUCTION. Sleep disturbance is a common symptom during the recovery period after cardiac surgery. Ineffective or insufficient sleep patterns may have serious effects on morbidity, mortality, and quality of life. OBJECTIVES. The aim of this study was to determine the patients' sleep quality and associated factors in early postoperative period after open heart surgery, and during hospitalization. METHODS.
This was a prospective study, conducted in Cardiovascular Surgery Department between September 2009 and February 2010 in a research and training hospital in Turkey. After the consent, the study was carried on 52 adult patients undergoing elective open heart surgery, without a history of sleep disorder and who were not use any medications affecting sleep. Data were collected by a demographic questionnaire (age, gender, education, employment, chronic illness), and a sleep questionnaire (preoperative duration of sleep-T1, postoperative duration of sleep-T2, daytime sleep, other factors affecting sleep and sleep quality scoring 0-worst, 10-excellent). The sleep data were collected until discharge. Demographic data were demonstrated as frequencies and percentages. Mann-Whitney U test and Kruskal-Wallis analysis were used for comparing groups.

RESULTS. Seventy-two percent of patients (n=38) were male, mean age was 64.73 +/- 11.87, 81% (n=42) of patients were retired and 52% (n=27) were high school graduates. Seventy-nine percent of patients (n=41) underwent coronary artery bypass surgery. Mean mechanical ventilation time was 7.21 +/- 3.46 h (range: 5.5-12.3) and mean intensive care stay was 29.33 +/- 11.98 h (range: 23.36-42.50). The comparison of sleep durations of patients revealed that the patients had more night sleep in the preoperative period (mean T1=7.36 +/- 3.23 h, and T2=4.56 +/- 2.89 h), and the difference in both durations were found to be statistically significant (z=1.812, p<0.05, Mann-Whitney U test). The mean sleep quality score in the preoperative and postoperative periods were 7.11 +/- 1.23 and 4.56 +/- 3.84 respectively, with a statistically significant difference between them (z=0.543, p<0.01, Mann-Whitney U test). When compared by means of demographic variables, the sleep duration and sleep qualities of patients were not found to have a statistically significant difference. (Kruskal-Wallis test, p>0.05). The most important factors affecting the sleep quality were; sleep position, pain, and nursing staff check for vital signs. CONCLUSIONS. A significant drop in the duration and quality of sleep was noted postoperatively, when compared to the preoperative period. Therefore, proper planning and individualization of the nursing services will be helpful in increasing the sleep quality and duration of patients. Future longitudinal studies comparing the sleep patterns with time will also be helpful.

Source: EMBASE

Full Text:
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Available in print at a ULHT/non-ULHT hospital library. For articles outside fulltext dates, click and complete an online form to request them.

Available in fulltext at Lincoln County Hospital Professional Library

10. Daytime sleep in relation to clinical variables and sleep during night in stroke patients in the acute phase

Author(s): Bakken L.N., Lerdal A.

Citation: Journal of Sleep Research, September 2010, vol./is. 19/(22), 0962-1105 (September 2010)

Publication Date: September 2010

Abstract: Stroke has both short-term and long-term impacts on patients' physical and psychological states, and functioning. Patients following stroke go through a recovery process that often requires a high level of energy expenditure associated with rehabilitation programs. There are indications that sleep during daytime can improve motor learning and cognitive functions. However, there exists a paucity of research on stroke patients' sleep patterns in the acute phase. Objectives: This study explores the relationships between clinical variables and sleep during night in relation to sleep during daytime in the acute phase following a stroke. Methods: In a cross-sectional study with a correlational design, patients with first-ever diagnosed stroke at two hospitals in Eastern Norway were recruited to participate. Data on the patients' sleep patterns were collected by Motion Logger Actigraphs (MLA) for a period of three consecutive nights and two intervening days. MLA estimates estimate total sleep time, frequency and minutes of waking after sleep onset, and minutes of sleep at daytime. Data on dependency in performance of activity of daily life (ADL) was measured with Barthel Index, physical functioning with Medical Outcome Study Short Form-36. Beck Depression Inventory II was used to measure depressive symptoms and the Fatigue Severity Scale measured
subjective fatigue. Among 152 patients meeting the inclusion criteria, 119 consented to participate, of these 110 were recruited the first 15 days after the stroke and had complete actigraph data. Results: Bivariate analysis showed that low ADL functioning was related to less sleep at night and more sleep during day. High fatigue level and high depression scores were also associated with more sleep in daytime. With sleep at daytime as the dependent variable, the multivariate analysis showed that patients with high dependency on ADL slept more during the day, as did those with high fatigue scores. Conclusion: In rehabilitation of stroke patients with high ADL dependency, there is a need to pay special attention to the relationship between a possible non-restorative sleep during night (i.e. high frequency and time of awakening) and daytime sleepiness. There are implications that sleep patterns in stroke patients during the acute phase may affect on and also be affected by their participation in rehabilitation programs especially in relation to motor learning and cognitive functions.

Source: EMBASE

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11. Effects of hypnotics on sleep patterns and functional recovery of patients with subacute stroke.

Author(s): Kim CR, Chun MH, Han EY

Citation: American Journal of Physical Medicine & Rehabilitation, 01 April 2010, vol./is. 89/4(315-322), 08949115

Publication Date: 01 April 2010

Abstract: OBJECTIVE: To identify relationships between sleep patterns and functional outcomes in patients with subacute stroke with insomnia. DESIGN: We prospectively studied 30 patients with subacute stroke. Each patient completed the St. Mary’s Hospital sleep questionnaire, the Korean modified Barthel index, a computerized neuropsychological test, and the Beck depression inventory. The time interval between baseline and follow-up was 3 wks. Patients with insomnia were all treated with hypnotics, and patients were divided into two groups according to sleep patterns. RESULTS: Poor sleep quality, decreased total sleep time, and increased frequency of nocturnal awakening were observed in patients with insomnia, but sleep patterns improved, when hypnotics were administered, to levels comparable with those of the (noninsomnia) control group. There was no significant difference in functional, cognitive, or depressive status between the insomnia and noninsomnia groups at baseline, but attention in patients with insomnia tended to be lower. At follow-up, functional and cognitive status had improved in both groups, and there was no significant difference between the two groups in sleep quality, sleep time, or nocturnal awakening. CONCLUSIONS: Patients with stroke with insomnia showed poor sleep patterns. Active management improved sleep patterns and helped such patients achieve functional and cognitive outcomes equivalent to those attained by patients without insomnia.

Source: CINAHL

Full Text:
Available in print at a non-ULHT hospital library. Click and complete an online form to request this article/an article from this journal if fulltext is not available.

12. Improving sleep quality for patients after cardiac surgery.

Author(s): Conway, A, Nebauer, M, Schulz, P

Citation: Br J Cardiac Nursing, March 2010, vol./is. 5/3(142-7), 1749-6403 (2010 Mar)

Publication Date: March 2010

Abstract: Quantitative and qualitative research in Australia into the effectiveness of progressive muscle relaxation (PMR) for treating disturbed sleep in patients in the 1st week after cardiac surgery and to assess patient experiences. Participants completed a
questionnaire and a self-rated quality of sleep scale daily from the 3rd to 7th post-operative day. Strategies to improve the use of PMR in hospital are discussed. 29 refs.

Source: BNI

Full Text:
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13. The effect of a sedation wake-up trial and spontaneous breathing trial on the occurrence of delirium and perception of sleep in critically ill trauma patients.
Author(s): Figueroa-Ramos, Milagros I
Citation: , 01 January 2010, vol./is. /(0-135),
Publication Date: 01 January 2010

Abstract: Delirium and sleep deprivation are experienced by patients in intensive care units (ICUs) and have been associated with negative patient outcomes. Benzodiazepine, often used for sedation in critically ill patients, contributes to an imbalance of neurotransmitters that can influence the wake-sleep-regulatory system and the occurrence of delirium. This dissertation evaluated the effect of a sedation wake-up trial (SWT) and spontaneous breathing trial (SBT) on the occurrence of delirium, perception of sleep and other outcomes in trauma ICU (TICU) patients.

Source: CINAHL

14. Factors that impact on sleep in intensive care patients.
Author(s): Tembo AC, Parker V
Citation: Intensive & Critical Care Nursing, 01 December 2009, vol./is. 25/6(314-322), 09643397
Publication Date: 01 December 2009

Abstract: This literature review shows that sleep is important for healing and survival of critical illness (Richardson et al., 2007; Straham and Brown, 2004). Sleep deprivation impinges on recovery, ability to resist infection, brings about neurological problems such as delirium, respiratory problems because it weakens upper air way muscles thus prolonging the duration of ventilation, ICU stay and complicating periods just after extubation (Friese, 2008; Parthasarathy and Tobin, 2004). Noise, pain and discomfort (Jacobi et al., 2002; Honkus, 2003) modes of ventilation and drugs have been cited as causes of sleep deprivation in critically ill patients (Friese, 2008; Parthasarathy and Tobin, 2004). The inability of nurses to accurately assess patients’ sleep has also been cited as a concern while polysonography has been cited as the most effective way of assessing patients’ sleep despite the difficulties associated with it. While some of these causes of sleep disruption can not be easily alleviated, every effort must be made to promote REM and SWS sleep. More research is needed to find solutions to sleep disruption in ICU. More research is needed to ascertain the impact of mechanical ventilation on sleep disruption and more focused ways of sleep assessment are needed. Nurses need to minimise disruptions by clustering their care at night in order to allow patients to have the much needed REM sleep. Furthermore, more specific way of sleep assessment in the critically ill.

Source: CINAHL

Full Text:
Available in print at a ULHT/non-ULHT hospital library. Click and complete an online form to request this article/an article from this journal if fulltext is not available.

15. Patterns of recovery of posttraumatic confusional state in neurorehabilitation admissions after traumatic brain injury.
Author(s): Sherer M, Yablon SA, Nakase-Richardson R
Citation: Archives of Physical Medicine & Rehabilitation, 01 October 2009, vol./is.
Publication Date: 01 October 2009

Abstract: OBJECTIVE: To provide preliminary descriptions of patterns of resolution of symptoms of acute confusion after traumatic brain injury (TBI). DESIGN: Prospective, descriptive, cohort study. SETTING: Inpatient neurorehabilitation unit. PARTICIPANTS: Patients (N=107) meeting criteria for posttraumatic confusional state at admission to inpatient rehabilitation. INTERVENTIONS: Not applicable. MAIN OUTCOME MEASURE: Patterns of resolution of posttraumatic confusional state symptoms over the first 3 confusion assessment protocol evaluations for patients with mild, moderate, and severe confusion. RESULTS: Posttraumatic confusional state symptoms resolving earliest were psychotic-type symptoms, decreased daytime arousal, and nighttime sleep disturbance. Fluctuation and cognitive impairment were the 2 most persistent symptoms. Seventy-three percent of patients showed improvement of 1 or more symptoms from the first to third evaluation. Confusion severity groups did not significantly differ on indices of injury severity (Glasgow Coma Scale score, time to follow commands) but did differ on functional status at discharge from inpatient rehabilitation. CONCLUSIONS: While posttraumatic confusional state is a heterogeneous disorder, there is a predictable pattern of symptom resolution. Differences in patients' confusion severity and patterns of symptoms may relate to differing underlying neural injury. Copyright © 2009 by the American Congress of Rehabilitation Medicine

Source: CINAHL

Full Text:
Available in print at a non-ULHT hospital library. Click and complete an online form to request this article/an article from this journal if fulltext is not available.

Author(s): Hardin KA
Citation: CHEST, 01 July 2009, vol./is. 136/1(284-294), 00123692
Publication Date: 01 July 2009

Abstract: Patients in the ICU are known to have severely disrupted sleep with disturbed circadian pattern, decreased nocturnal sleep time, abnormally increased stages 1 and 2 sleep, and reduced or absent deep sleep. Recent data reveal that a subpopulation of critically ill patients manifests unique EEG sleep patterns. The etiology of sleep disruption in the ICU includes the inherent nature of the environment, medications, ventilator-patient interaction, and the effect of acute illness. How sleep disruption contributes to outcomes in critically ill patients, such as recovery time and weaning from mechanical ventilation, is unknown. This article reviews the literature describing sleep in ICU patients, including recent investigations in patients who require mechanical ventilation, factors that affect sleep in critically ill patients, and the potential mechanisms and clinical implications of disturbed sleep in the ICU setting with directions to consider for future investigations.

Source: CINAHL

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Available in fulltext at Grantham Hospital Staff Library; Note: Username: ULHTKIS/Password: Library
Available in print at a ULHT/ non-ULHT hospital library. For articles outside fulltext dates, click and complete an online form to request them.

17. Measurement of noise levels in an intensive care unit
Author(s): Anand D.P., Wenham T.N., Bodenham A.
Citation: Anaesthesia, July 2009, vol./is. 64/7(794), 0003-2409 (July 2009)
Publication Date: July 2009

Abstract: Various environmental factors in intensive care unit (ICU), especially noise
intensity, affect patients and ICU staff. There is ample evidence that sleep cycle, recovery from critical illness and respiratory weaning are adversely affected by noise [1]. Sleep deprivation is associated with mental changes and delirium in the ICU. The US Environmental Protection Agency (EPA) and World Health Organization (WHO) have recommended that average background noise in hospitals should not exceed 30 A-weighted decibel (dBA) and peaks during the night-time should be less than 40 dBA [2]. The objectives of this study were to measure noise levels and evaluate their relation to the time of the day and location in ICU. The statistical analysis gave us essential data to make recommendations to reduce noise pollution in ICU. Methods Three Tecpel DSL-330 noise meters (accuracy +/- 1.5 dB) were calibrated and used to record noise pressure levels. We positioned the microphones one metre above ground level to the right of the patient near main entrance (bed 2), opposite nurses’ station (bed 7) and in the conservatory (bed 14) in our ICU. The conservatory is a side extension of the main ICU which has four additional beds. Their placement did not interfere with medical equipment or general activity, and avoided common artefacts like high flow oxygen and mechanical ventilator. Noise levels were measured over five different days with a sampling interval of 30 s. Maximum, minimum and average noise levels at every hour of a 24-h period were used for analysis. Results Statistical analysis was carried out using SPSS (v15) software. Mean noise levels for beds 2, 7 and 14 were 54.4, 56.3 and 52.5 dBA respectively. Analysis of variance was used to investigate the relation between these results, which showed a statistical significance (p < 0.001). The lowest, highest and average noise levels during nights were 40.6, 76.1 and 59.19 dBA; and during the day were 40.9, 79.1 and 59.38 dBA respectively. This meant that there was no significant difference between the noise levels during the day and night; bed space 14 was the quietest and the bed 7 was the noisiest. Discussion The ICU is generally noisy. Regardless of the time of the day, the noise levels clearly exceeded WHO guidelines on all accounts. Noise levels in the conservatory (bed 14) were significantly lower than in the main unit (beds 2 and 7). The lowest (> 40 dBA) and background average (> 30 dBA) noise levels during any 24-h period fell short of WHO recommendations. Based on this study and literature review, we recommended logical strategies to limit noise from recognised sources and increase awareness among staff. Reducing noise from ventilator and monitor alarms, phones, door bells and keeping the doors well lubricated were some of the recommendations made.

Source: EMBASE

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18. Creating a therapeutic environment: a non-randomised controlled trial of a quiet time intervention for patients in acute care.

Author(s): Gardner G, Collins C, Osborne S, Henderson A, Eastwood M

Citation: International Journal of Nursing Studies, 01 June 2009, vol./is. 46/6(778-786), 00207489

Publication Date: 01 June 2009

Abstract: BACKGROUND: Noise is a significant barrier to sleep for acute care hospital patients, and sleep has been shown to be therapeutic for health, healing and recovery. Scheduled quiet time interventions to promote inpatient rest and sleep have been successfully trialled in critical care but not in acute care settings. OBJECTIVES: The study aim was to evaluate a scheduled quiet time intervention in an acute care setting. The study measured the effect of a scheduled quiet time on noise levels, inpatients’ rest and sleep behaviour, and wellbeing. The study also examined the impact of the intervention on patients’, visitors’ and health professionals’ satisfaction, and organisational functioning. DESIGN: The study was a multi-centred non-randomised parallel group trial. SETTINGS: The research was conducted in the acute orthopaedic wards of two major urban public hospitals in Brisbane, Australia. PARTICIPANTS: All patients admitted to the two wards in the 5-month period of the study were invited to participate, with a final sample of 299 participants recruited. This sample produced an effect size of 0.89 for an
increase in the number of patients asleep during the quiet time. METHODS: Demographic data were collected to enable comparison between groups. Data for noise level, sleep status, sleepiness and wellbeing were collected using previously validated instruments: a Castle Model® digital sound level indicator; a three point sleep status scale; the Epworth Sleepiness Scale; and the SF12 V2 questionnaire. The staff, patient and visitor surveys on the experimental ward were adapted from published instruments. RESULTS: Significant differences were found between the two groups in mean decibel level and numbers of patients awake and asleep. The difference in mean measured noise levels between the two environments corresponded to a ‘perceived’ difference of 2 to 1. There were significant correlations between average decibel level and number of patients awake and asleep in the experimental group, and between average decibel level and number of patients awake in the control group. Overall, patients, visitors and health professionals were satisfied with the quiet time intervention. CONCLUSIONS: The findings show that a quiet time intervention on an acute care hospital ward can affect noise level and patient sleep/wake patterns during the intervention period. The overall strongly positive response from surveys suggests that scheduled quiet time would be a positively perceived intervention with therapeutic benefit.

Source: CINAHL

Full Text:
Available in print at a ULHT/non-ULHT hospital library. Click and complete an online form to request this article/an article from this journal if fulltext is not available.

Available in print at Lincoln County Hospital Professional Library

19. Good acoustics central to recovery

Author(s): Budd R.

Citation: Health estate, April 2009, vol./is. 63/4(48-49) (Apr 2009)

Publication Date: April 2009

Abstract: Good acoustic conditions in hospitals and other healthcare facilities are known not only to benefit patients by creating an environment that facilitates rest, sleeping, consultation and treatment, but also clinical and nursing staff. At the recent Healthcare Estates conference, Richard Budd of acoustic engineering and noise and vibration consultants Sound Research Laboratories, discussed the revised guidance on good acoustic design in a recently published Health Technical Memorandum, HTM 08-01-Acoustics.

Source: EMBASE

20. Disrupted sleep the night before breast surgery is associated with increased postoperative pain.

Author(s): Wright CE, Bovbjerg DH, Montgomery GH, Weltz C, Goldfarb A, Pace B, Silverstein JH

Citation: Journal of Pain & Symptom Management, 01 March 2009, vol./is. 37/3(352-362), 08853924

Publication Date: 01 March 2009

Abstract: Despite the best available clinical care, pain after surgery is a virtually universal patient experience that can have pervasive negative consequences. Given the large variability among patients in postoperative pain levels, research on novel modifiable risk factors is needed. One such factor suggested by recent experimental studies indicates that disruption of even a single night's sleep can increase subsequent pain in healthy volunteers. In this preliminary clinical study, we tested the hypothesis that poor sleep the night before surgery would predict heightened postoperative pain. Patients (n=24) scheduled for routine breast-conserving surgical procedures for the diagnosis or treatment of cancer were recruited and wore an actigraphy device providing objective, validated measures of sleep duration and disruption (low sleep efficiency). Pain severity and interference with daily activities for the week after surgery was assessed with the Brief Pain Inventory. As hypothesized, multiple regression analyses revealed that lower sleep efficiency was a significant predictor of greater pain severity and interference,
controlling for age, race, and perioperative analgesics as appropriate. Sleep efficiency was not significantly related to measures of depressed mood, emotional upset, or relaxation assessed on the morning of surgery. Patients with sleep efficiency in the lowest tertile had clinically higher levels of pain (>2 points) compared with patients in the highest sleep efficiency tertile. Sleep duration had no significant effects. This preliminary clinical study supports the possibility that sleep disruption on the night before surgery may increase patients’ experience of pain after surgery. Research to investigate the mechanisms underlying these effects and to explore the possible clinical benefits of interventions to improve patients’ sleep before surgery is now warranted. Copyright © 2009 U.S. Cancer Pain Relief Committee.

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Available in print at Lincoln County Hospital Professional Library


Author(s): Struglinski S

Citation: Provider, 01 November 2008, vol./is. 34/11(41-41), 08880352

Publication Date: 01 November 2008

Source: CINAHL

Full Text:

Available in print at a non-ULHT hospital library. Click and complete an online form to request this article/an article from this journal if fulltext is not available.

22. Sleep in the intensive care unit setting.

Author(s): Patel M, Chipman J, Carlin BW, Shade D

Citation: Critical Care Nursing Quarterly, 01 October 2008, vol./is. 31/4(309-320), 08879303

Publication Date: 01 October 2008

Abstract: Sleep is essential to human life. Sleep patterns are significantly disrupted in patients who are hospitalized, particularly those in the intensive care unit. Sleep deprivation is pervasive in this patient population and impacts health and recovery from illness. Immune system dysfunction, impaired wound healing, and changes in behavior are all observed in patients who are sleep deprived. Various factors including anxiety, fear, and pain are responsible for the sleep deprivation. Noise, light exposure, and frequent awakenings from caregivers also add to these effects. Underlying medical illnesses and medications can also dramatically affect a patient's ability to sleep efficiently. Therapy with attempts to minimize sleep disruption should be integrated among all of the caregivers. Minimization of analgesics and other medications known to adversely affect sleep should also be ensured. Although further research in the area of sleep deprivation in the intensive care unit setting needs to be conducted, effective protocols can be developed to minimize sleep deprivation in these settings.

Source: CINAHL

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Author(s): Cooper AB, Hanly PJ, Friese RS
24. Reducing pain in patients undergoing cardiac surgery after implementation of a quality improvement postoperative pain treatment program

Author(s): Diby M., Romand J.-A., Frick S., Heidegger C.P., Walder B.

Abstract: Purpose: The aim of this study was to test the effectiveness of a quality improvement postoperative pain treatment program after cardiac surgery. Materials and Methods: This was a prospective, quasiexperimental study using nonequivalent groups comprising 3 periods: baseline (group baseline), implementation of the algorithm for acute pain management, and reassessment (group reassessment). Inclusion of 133 patients after elective cardiac surgery at an 18-bed surgical intensive care unit (SICU) at a Swiss university hospital. The algorithm was implemented by training, pocket guidelines, regular audits, and feedback. The implementation period was completed when the adherence to 2 of 3 process indicators attained at least 70% over 2 months. Visual analog scales (VAS) for pain, morphine consumption, pain perception, and sleep quality were assessed during stay in SICU and after 1 month and 6 months. Results: The assessment included 79 patients at baseline and 54 in the reassessment periods. Pain intensity at rest decreased from 2.7 +/- 1.4 to 2.2 +/- 1.4 cm (VAS; P = .008). Retrospective perception of pain intensity at rest decreased from 3.8 +/- 2.2 to 2.6 +/- 1.8 (P = .004). The proportion of patients with no pain or often without pain increased from 11% to 37% (P = .005). The number of patients with sleep disturbances decreased from 68% to 35% (P = .012). No differences were observed at 1 and 6 months postoperatively. Conclusion: After algorithm implementation in the SICU, pain intensity at rest decreased and quality of sleep improved. 2008 Elsevier Inc. All rights reserved.

25. Sleep/wake cycle of women submitted to elective gynecological surgery with a one-day hospital stay.

Author(s): Zaros MC, Ceolim MF

Abstract: The aim of this descriptive study was to compare preoperative and postoperative sleep/wake cycle (SWC) patterns of 22 women undergoing elective surgery, with up to one day of hospitalization. The study was approved by the local Review Board. Voluntary women (average age 39 +/- 9) filled out a Sleep Journal for 23 consecutive days, before and after the surgery (46 days total). Data were analyzed with Wilcoxon's matched-pairs test. The findings showed slight and transitory SWC changes (increased latency, reduced efficiency and later wake-up time) after the surgery. Nevertheless, sleep quality was improved and there was a fast return to the SWC patterns observed before the intervention, perhaps due to the early exposition to daily routine, e.g. the environmental clues that are important to rhythmic synchronization.
26. Fibromyalgia: the role of sleep in affect and in negative event reactivity and recovery.

Author(s): Hamilton NA, Affleck G, Tennen H, Karlson C, Luxton D, Preacher KJ, Templin JL

Citation: Health Psychology, 01 July 2008, vol./is. 27/4(490-497), 02786133

Abstract: Objective: Fibromyalgia (FM) syndrome is a chronic pain condition characterized by diffuse muscle pain, increased negative mood, and sleep disturbance. Until recently, sleep disturbance in persons with FM has been modeled as the result of the disease process or its associated pain. The current study examined sleep disturbance (i.e., sleep duration and sleep quality) as a predictor of daily affect, stress reactivity, and stress recovery. Design and Measures: A hybrid of daily diary and ecological momentary assessment methodology was used to evaluate the psychosocial functioning of 89 women with FM. Participants recorded numeric ratings of pain, fatigue, and positive and negative affect 3 times throughout the day for 30 consecutive days. At the end of each day, participants completed daily diary records of positive and negative life events. In addition, participants reported on their sleep duration and sleep quality each morning. Results: After accounting for the effects of positive events, negative events, and pain on daily affect scores, it was found that sleep duration and quality were prospectively related to affect and fatigue. Furthermore, the effects of inadequate sleep on negative affect were cumulative. In addition, an inadequate amount of sleep prevented affective recovery from days with a high number of negative events. Conclusions: These results lend support to the hypothesis that sleep is a component of allostatic load and has an upstream role in daily functioning. (PsycINFO Database Record (c) 2008 APA, all rights reserved).

Source: CINAHL

27. Poor sleep quality and changes in objectively recorded sleep after traumatic brain injury: a preliminary study.

Author(s): Parcell DL, Ponsford JL, Redman JR, Rajaratnam SM

Citation: Archives of Physical Medicine & Rehabilitation, 01 May 2008, vol./is. 89/5(843-850), 00039993

Abstract: Parcell DL, Ponsford JL, Redman JR, Rajaratnam SM. Poor sleep quality and changes in objectively recorded sleep after traumatic brain injury: a preliminary study. OBJECTIVES: To evaluate changes in sleep quality and objectively assessed sleep parameters after traumatic brain injury (TBI) and to investigate the relationship between such changes and mood state and injury characteristics. DESIGN: Survey and laboratory-based nocturnal polysomnography. SETTING: Sleep laboratory. PARTICIPANTS: Ten community-based subjects with moderate to very severe TBI and 10 age- and sex-matched controls from the general community. INTERVENTIONS: Not applicable. MAIN OUTCOME MEASURES: Pittsburgh Sleep Quality Index for self-report sleep quality, nocturnal polysomnography for objective sleep recording, and Hospital Anxiety and Depression Scales. RESULTS: Compared with controls, TBI patients reported significantly poorer sleep quality and higher levels of anxiety and depression. Objective sleep recording showed that TBI patients showed an increase in deep (slow wave) sleep, a reduction in rapid eye movement sleep, and more frequent nighttime awakenings. No significant relationship was observed between these changes in sleep and injury severity or time since injury. Anxiety and depression covaried with the observed changes in sleep.
CONCLUSIONS: The findings contribute to the growing body of evidence that sleep is involved in the physiologic processes underlying neural recovery. The association between anxiety and depression and the observed changes in sleep in TBI patients warrants further examination to determine whether a causative relationship exists.

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28. Comparison of sleep and mood in patients after on-pump and off-pump coronary artery bypass surgery.

Author(s): Hedges C, Redeker NS

Citation: American Journal of Critical Care, 01 March 2008, vol./is. 17/2(133-141), 10623264

Publication Date: 01 March 2008

Abstract: Background Off-pump coronary artery bypass surgical procedures have been advocated to reduce the adverse effects of cardiopulmonary bypass on the brain. Objective To examine differences in objective and subjective characteristics of sleep and mood disturbance between patients after on-pump and off-pump coronary artery bypass surgery. Methods In a secondary analysis of pooled data from 2 previous studies, sleep characteristics and mood disturbance on postoperative night 2 after transfer to the cardiac surgery step-down unit were compared in patients who had on-pump and off-pump cardiac surgery. The sample included 129 coronary artery bypass patients: 48 on-pump patients from one hospital and 81 off-pump patients from another hospital. Data were obtained with wrist actigraphs. Subjective characteristics of sleep were determined by using the Pittsburgh Sleep Quality Index and a sleep diary; mood disturbance was evaluated by using the short form of the Profile of Mood States. Results Off-pump surgery was associated with better objective sleep continuity (decreased percentage of wake time after sleep onset and fewer awakenings) but not longer sleep duration after controlling for age and sex. The 2 groups of patients did not differ overall in subjective sleep characteristics, mood disturbance, or preoperative sleep quality. Conclusion Use of off-pump coronary artery bypass surgery may improve sleep continuity during the early postoperative period. Prospective longitudinal studies are needed to evaluate the potential long-term benefits of this procedure during the different phases of recovery.

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Available in print at a non-ULHT hospital library. Click and complete an online form to request this article/an article from this journal if fulltext is not available.


Author(s): Friese RS

Citation: Critical Care Medicine, 01 March 2008, vol./is. 36/3(697-705), 00903493

Publication Date: 01 March 2008

Abstract: OBJECTIVE:: The objectives of this article were to describe the deleterious effects of sleep deprivation, characterize sleep in patients cared for in an intensive care unit (ICU) environment, and propose an integrated strategy to improve sleep in critical care units. STUDY SELECTION:: Clinical trials and review articles assessing sleep deprivation, sleep in a critical care setting, and interventions to improve sleep in the critical care environment were identified through an in depth PubMed search.
CONCLUSIONS: Sleep deprivation and disruption are particularly prevalent in patients cared for in the critical care environment. Although numerous observational studies during the past several decades have demonstrated that sleep in patients cared for in ICUs is highly abnormal, little is known about the effects of poor sleep quality on outcomes from critical illness or injury. Reasons for sleep deprivation during recovery from illness and injury in the ICU are multifactorial. Major contributing factors in this patient population are type and severity of underlying illness, the pathophysiology of acute illness/injury, pain from surgical procedures, and perhaps most importantly, the ICU environment itself. Sleep in ICU patients is characterized by prolonged sleep latencies, sleep fragmentation, decreased sleep efficiency, frequent arousals, a predominance of stage 1 and 2 nonrapid eye movement sleep, decreased or absent stage 3 and 4 nonrapid eye movement sleep, and decreased or absent rapid eye movement sleep. Optimizing patient comfort and ensuring that patients achieve adequate restorative sleep while cared for in the ICU is an arduous task. However, environmental alterations in the ICU may reliably improve sleep quality and subsequently alter outcomes during recovery from critical illness and injury.

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Available in fulltext at the ULHT Library and Knowledge Services' eJournal collection.

30. Perception of night-time sleep by surgical patients in an intensive care unit


Citation: Nursing in critical care, January 2008, vol./is. 13/1(25-33), 1478-5153 (2008 Jan-Feb)

Publication Date: January 2008

Abstract: BACKGROUND: The night-time sleep of patients hospitalized in intensive care is a very important feature within the health or disease process, as it has a direct repercussion on their adequate recovery. AIMS AND OBJECTIVES: (1) To describe how surgical patients perceive their sleep in the intensive care unit; (2) to compare the subjective perception of patients with the nursing records and analyse these for the degree of agreement. DESIGN: Descriptive research. METHODS: One hundred and four surgical patients were recruited to the study. Patients completed the Richards-Campbell Sleep Questionnaire, a five-item visual analogue scale, to subjectively measure their perceived level of sleep (range 0-100 mm). The observation of patient sleep by nurses, demographic data, nursing care during the night and use of specific pharmacological treatments were also collected from the nursing records. RESULTS: The total mean score of sleep on the first post-operative night was 51.42 mm, 28% of patients had a good sleep, 46% a regular sleep and 26% a bad sleep. The sleep profile of these patients has been characterized by the patients having a light sleep, with frequent awakening and generally little difficulty to go back to sleep after the awakenings. The agreement between the nurses' perceptions of patients' sleep and the patients' perception of their sleep was tested by means of one-factor analysis of variance (p < 0.05) with a variation coefficient of 36.88%, which indicates that relative agreement was obtained. From analysing every nurse-patient perception, we obtained 44% of total agreement and 56% of disagreement. When discrepancy was found, the nurse generally overestimated the patients' perception. CONCLUSIONS: Surgical patients' perceptions of their sleep in the ICU suggest that this is inadequate. Nurses' perceptions of patients' sleep partially coincides with the latter's perception, but we have also found that the former frequently overestimate patients' sleep.

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31. Do patients in hospitals benefit from single rooms? A literature review.

Author(s): van de Glind I, de Roode S, Goossensen A

Citation: Health Policy, 01 December 2007, vol./is. 84/2(153-161), 01688510

Publication Date: 01 December 2007

Abstract: In the context of growing attention for 'healing environments' and 'evidence based design' an increasing number of hospitals have decided to provide single-bedded rooms. However it remains unclear to what extent these policy decisions are based on scientific evidence. The aim of this study is to review the literature on benefits of single patient rooms for patients. The following outcome measures were used: privacy and dignity, patient satisfaction with care, noise and quality of sleep, hospital infection rates, recovery rates, and patient safety issues. We selected 25 studies for review. Randomized controlled trials on this subject were scarce, but other empirical studies have been found. We found that single rooms have a moderate effect on patient satisfaction with care, noise and quality of sleep, and the experience of privacy and dignity. Conflicting results have been found on hospital infection rates. Some studies did not show significant differences, while others concluded that single rooms decrease the risk of hospital infections. Evidence on recovery rates and patient safety was lacking. Too few sound studies were found to evaluate the effects of single patient rooms thoroughly. Future research should build the body of knowledge on single-bedded rooms in order to explore their impact on well-being and healing on both patients and staff. Also consequences of single rooms to management of care should be explored. Research should support policy making by exploring, indicating and initiating improvements in patient housing and quality of care.

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32. Perceptions of how sleep is influenced by rest, activity and health in patients with coronary heart disease: a phenomenographical study.

Author(s): Johansson A, Windahl M, Svanborg E, Fredrichsen M, Swahn E, Uhlin PY, Edéll-Gustafsson U

Citation: Scandinavian Journal of Caring Sciences, 01 December 2007, vol./is. 21/4(467-475), 02839318

Publication Date: 01 December 2007

Abstract: OBJECTIVE: A framework is needed for identifying internal and external factors essential for the nursing management of psychological supportive health care and education for patients' self-care in sleep. In order to generate more knowledge from the patient's perspective, the aim of this study was to describe how patients with coronary artery disease (CAD) perceive that their sleep is influenced by rest, activity and health in outpatient care. DESIGN: Qualitative interviews were performed with 33 outpatients. METHOD: The data were analysed using a phenomenographic method. FINDINGS: Three descriptive categories of the phenomenon were described: my lifestyle is reflected in my sleep behaviour; handling the practices around tiredness and sleep; and feelings of negative and positive efficacy. Feelings of tiredness, fatigue and sleepiness were different pre-sleep stages, but were also related to the patient's adaptation and recovery. Creating one's own personal time and feelings of efficacy gave an inner sense of strength which is indicated as being particularly important in managing stress and the demands of everyday life in a satisfactory manner. CONCLUSION: From a contextual, holistic perspective on health, it is important to identify the patient's needs, symptoms and intentional or unintentional self-care management strategies regarding sleep and lifestyle. To promote a positive health outcome it is essential to identify sleeplessness behaviour and perceived self-efficacy for self-care in sleep.

Source: CINAHL

Full Text:
33. Concept analysis of “sleep promotion” in nursing -- as a base of conceptual model of sleep promotion to dementia elderly -- [sic] [Japanese].

Author(s): Harumi K

Citation: Journal of St. Luke's Society for Nursing Research, 01 June 2007, vol./is. 11/1(29-37), 13441922

Publication Date: 01 June 2007

Abstract: This study was designed to identify concept of "sleep promotion" by analyzing literature of Nursing. The main research questions of this study are:

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34. Sleep and kangaroo care: clinical practice in the newborn intensive care unit: where the baby sleeps...

Author(s): Smith KM

Citation: Journal of Perinatal & Neonatal Nursing, 01 April 2007, vol./is. 21/2(151-157), 08932190

Publication Date: 01 April 2007

Abstract: This article provides a review of a change in practice within a Level III neonatal intensive care unit setting. The use of skin-to-skin holding as a means to secure parents' attachment to their infant, and support their child's rest and recovery in the neonatal intensive care unit, has been recognized historically and supported by research in this practice. The importance of sleep to the infant's developmental outcome was recognized and the use of skin-to-skin holding as a means of increasing stable infant sleep and rest was implemented. The implementation was based on published research, current practice within the nursery, and staff and family discussions. Implementation of skin-to-skin holding earlier in the newborn's neonatal intensive care unit course was accomplished by increasing interactive education, support, and ongoing review of unit practices and outcomes. Education regarding sleep states and cues was a focus of the project and understanding infant sleep assisted the staff in recognizing levels of restful sleep or restless sleep in infants. The implications of sleep and infant success in achieving discharge to home allowed the staff to see not only their role in infant sleep but also the parents’ role in their newborn infant’s sleep and growth in the nursery.

Source: CINAHL

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35. Early postpartum sleep and fatigue for mothers after cesarean delivery compared with vaginal delivery: an exploratory study.

Author(s): Lee S, Lee KA

Citation: Journal of Perinatal & Neonatal Nursing, 01 April 2007, vol./is. 21/2(109-113), 08932190

Publication Date: 01 April 2007

Abstract: OBJECTIVE: The purpose of this study was to describe sleep and fatigue during the first week of postpartum recovery, and compare women after cesarean delivery...
with women after vaginal delivery while their infants were hospitalized in the intensive care unit (ICU). METHODS: This cross-sectional descriptive exploratory study involved 21 postpartum Chinese American mothers (6 after cesarean delivery and 15 after vaginal delivery). Three types of data were collected: (1) mothers’ demographic data; (2) objective sleep that included total sleep time (TST) and wake after sleep onset (WASO) measured using wrist actigraphy, and (3) subjective sleep quality (General Sleep Disturbance Scale) and fatigue severity (Numerical Rating Scale—Fatigue). RESULTS: All of the mothers experienced poor sleep while their 3- to 5-day-old infants were in the ICU. After cesarean birth, mothers averaged only about 4 hours TST with 34% WASO while still hospitalized, compared with 6.5 hours TST with 14% WASO for mothers after vaginal birth monitored in their home after hospital discharge. CONCLUSION: Sleep disturbances and fatigue need to be further investigated to better understand the relationship between type of delivery and maternal health outcomes. Despite infant care provided in ICUs, these new mothers could benefit from interventions to promote their own sleep, particularly when also recovering from cesarean delivery.

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36. Convalescence after colonic surgery with fast-track vs conventional care.

Author(s): Jakobsen DH, Sonne E, Andreasen J, Kehlet H

Citation: Colorectal Disease, October 2006, vol./is. 8/8(683-7), 1462-8910;1462-8910 (2006 Oct)

Publication Date: October 2006

Abstract: OBJECTIVE: To compare convalescence after colonic surgery with a fast-track rehabilitation programme vs conventional care. BACKGROUND: Introduction of a multimodal rehabilitation programme (fast-track) with focus on epidural anaesthesia, minimal invasive surgical techniques, optimal pain control, and early nutrition and mobilization together with detailed patient information have led to a shorter hospital stay after colonic surgery. There are not much data on convalescence after discharge. METHODS: A prospective, controlled, non-randomized interview-based assessment in 160 patients undergoing an elective, uncomplicated, open colonic resection or the Hartmann reversal procedure with a fast-track or a conventional care programme in two university hospitals. A structured interview-based assessment was performed preoperatively, and day 14 and 30 postoperatively. RESULTS: Patients undergoing colonic surgery with a fast-track programme regained functional capabilities earlier with less fatigue and need for sleep compared with patients having conventional care. Despite early discharge of the fast-track patients (mean 3.4 days vs 7.5 days), no differences were found according to the need for home care, social care and visit to general practitioners, although the fast-track group had an increased number of visits at the outpatient clinic for wound care. More patients in the fast-track group were re-admitted, but the overall mean total hospital stay was 4.2 days vs 8.3 days in the conventional group. CONCLUSION: A fast-track rehabilitation programme led to a shorter hospital stay, less fatigue and earlier resumption of normal activities, without the increased need for support after discharge compared with conventionally treated patients after uncomplicated colonic resection.

Source: MEDLINE

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37. Preoperative anxiety, postoperative pain, and behavioral recovery in young children undergoing surgery.
### Article 1:

**Author(s):** Kain ZN, Mayes LC, Caldwell-Andrews AA, Karas DE, McClain BC  
**Citation:** Pediatrics, 01 August 2006, vol./is. 118/2(651-658), 00314005  
**Publication Date:** 01 August 2006  
**Abstract:** OBJECTIVE: Findings from published studies suggest that the postoperative recovery process is more painful, slower, and more complicated in adult patients who had high levels of preoperative anxiety. To date, no similar investigation has ever been conducted in young children. METHODS: We recruited 241 children aged 5 to 12 years scheduled to undergo elective outpatient tonsillectomy and adenoidectomy. Before surgery, we assessed child and parental situational anxiety and temperament. After surgery, all subjects were admitted to a research unit in which postoperative pain and analgesic consumption were assessed every 3 hours. After 24 hours in the hospital, children were discharged and followed up at home for the next 14 days. Pain management at home was standardized. RESULTS: Parental assessment of pain in their child showed that anxious children experienced significantly more pain both during the hospital stay and over the first 3 days at home. During home recovery, anxious children also consumed, on average, significantly more codeine and acetaminophen compared with the children who were not anxious. Anxious children also had a higher incidence of emergence delirium compared with the children who were not anxious (9.7% vs 1.5%) and had a higher incidence of postoperative anxiety and sleep problems. CONCLUSIONS: Preoperative anxiety in young children undergoing surgery is associated with a more painful postoperative recovery and a higher incidence of sleep and other problems.  
**Source:** CINAHL  
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### Article 2:

**Author(s):** Opp MR  
**Citation:** Neurologic Clinics, 01 August 2006, vol./is. 24/3(493-506), 07338619  
**Publication Date:** 01 August 2006  
**Abstract:** Personal experience indicates we sleep differently when sick. Data reviewed demonstrate the extent to which sleep is altered during the course of infection of host organisms by several classes of pathogens. One important unanswered question is whether or not the alterations in sleep during infection are of functional relevance. That is, does the way we sleep when sick facilitate or impede recovery? One retrospective, preclinical study suggests that sleep changes during infection are of functional relevance. Toth and colleagues [102] analyzed sleep responses of rabbits to three different microbial infections. Those rabbits that exhibited robust increases in NREM sleep were more likely to survive than those that exhibited long periods of NREM sleep suppression. These tantalizing data suggest that the precise alterations in sleep through the course of infection are important determinants of morbidity and mortality. Data from healthy subjects demonstrate a role for at least two cytokines in the regulation of spontaneous, physiologic NREM sleep. A second critical yet unanswered question is whether or not cytokines mediate infection-induced alterations in sleep. The hypothesis that cytokines mediate infection-induced alterations in sleep is logical based on observations of the impact of infection on levels of cytokines in the peripheral immune system and in the brain. No attempts have been made to intervene with cytokine systems in brain during the course of infection to determine if there is an impact on infection-induced alterations in sleep. Although substantial progress has been made in elucidating the myriad mechanisms by which cytokines regulate and modulate sleep, much remains to be determined with respect to mechanistic and functional aspects of infection-induced alterations in sleep.
39. Sleep quality in hospitalized patients.

**Author(s):** Dogan O, Ertekin S, Dogan S

**Citation:** Journal of Clinical Nursing, 01 January 2005, vol./is. 14/1(107-113), 09621067

**Publication Date:** 01 January 2005

**Abstract:**
AIMS AND OBJECTIVES: The objective of this study was to evaluate and compare sleep quality of the hospitalized patients and matched healthy controls.

BACKGROUND: Although the functions of sleep are not clearly understood, it is generally accepted that it is necessary for the maintenance of good health. Hospitalized patients’ sleep may not be refreshing or restorative. The reasons for this can be categorized into three groups: environmental, physiological and psychological.

DESIGN AND METHODS: This research was conducted at the Cumhuriyet University Hospital in Turkey. One hundred and fifty hospitalized patients (psychiatry = 50; orthopaedic + general surgery + cardiovascular surgery + urology = 50; internal medicine + chest diseases + infectious diseases + physical therapy and rehabilitation = 50) and 50 healthy controls constituted the sample. The researchers administered to the patient and control groups Sociodemographic Information Form and the Pittsburgh Sleep Quality Index. We compared sociodemographic and illness variables with sleep characteristics. The following statistical analyses were used in order to evaluate the data: variance analysis, Tukey HSD test, Student’s t-test, Kruskall-Wallis test.

RESULTS: We found that patients in psychiatric ward experienced worse sleep quality than the other patients, worse in female patients than male patients, and worse sleep characteristics in patients than controls.

CONCLUSIONS: Health professionals must be educated about sleep and must provide intervention when needed. Relevance to clinical practice. The enhancing of sleep quality accelerates to the recovery from illness.

40. Patterns and predictors of sleep pattern disturbance after cardiac surgery.

**Author(s):** Redeker NS, Ruggiero J, Hedges C

**Citation:** Research in Nursing & Health, 01 August 2004, vol./is. 27/4(217-224), 01606891

**Publication Date:** 01 August 2004

**Abstract:** The purposes of this study were to examine changes in sleep patterns after cardiac surgery and the contributions of preoperative sleep to postoperative sleep. Seventy-two cardiac surgery patients wore wrist actigraphs for 3 days during the preoperative period (T1) and the 1st (T2), 4th (T3), and 8th (T4) postoperative weeks. They completed the Pittsburgh Sleep Quality Index at T1, T3, and T4. Sleep was most disturbed during the 1st postoperative week and improved at T3 and T4. Overall, sleep pattern disturbance was higher at T3 and T4 than at T1. Age, gender, preoperative New York Heart Association Functional Class, and preoperative sleep variables explained 20%-50% of the variance in sleep at T2, T3, and T4. Sleep disturbance is present preoperatively and continues during the postoperative period.
41. Sleep is related to physical function and emotional well-being after cardiac surgery.

**Author(s):** Redeker NS, Rugiero JS, Hedges C

**Citation:** Nursing Research, 01 May 2004, vol./is. 53/3(154-162), 00296562

**Publication Date:** 01 May 2004

**Abstract:** BACKGROUND: Emotional well-being and physical function are important quality-of-life outcomes after cardiac surgery. Alterations in sleep patterns, including sleep deprivation and altered circadian patterning, also are common. The relations among sleep pattern alterations, physical function, and emotional well-being are not well understood. OBJECTIVE: This study aimed to examine the relations of sleep patterns to physical function and emotional well-being 4 and 8 weeks after cardiac surgery. METHODS: Cardiac surgery patients (n = 72) wore wrist actigraphs and completed sleep diaries for 3 days during postoperative weeks 4 and 8. They also completed the Epworth Sleepiness Scale, the Pittsburgh Sleep Quality Index, and the Medical Outcomes Survey Short Form 36 preoperatively and at postoperative weeks 4 and 8. Pearson correlations and hierarchical multiple regression analysis were used to analyze the data. RESULTS: Mean sleep efficiency was 71% at 4 weeks and 74% at 8 weeks, as measured with wrist actigraphy. According to participants' self-report, 64% experienced sleep disturbance at 4 weeks and 47% at 8 weeks. Sleep pattern variables, including sleep efficiency and self-reported sleep quality, explained 16% of the variance in physical function at 4 weeks. Self-reported sleep quality explained 8% of the variance in physical function at 8 weeks as well as 12% of the variance in emotional well-being at postoperative week 4 and 13% of the variance at postoperative week 8, after control was used for the contributions of baseline physical function, emotional well-being, age, and sex. CONCLUSIONS: The results suggest that sleep contributes to both physical functional and emotional well-being 4 and 8 weeks after cardiac surgery.

**Source:** CINAHL

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42. Sleep and rest in patients undergoing cardiac surgery.

**Author(s):** Njawe P

**Citation:** Nursing Standard, 03 December 2003, vol./is. 18/12(33-37), 00296570

**Publication Date:** 03 December 2003

**Abstract:** Sleep deficit is not uncommon in cardiac surgery patients, but research in this area is limited. This article examines the processes involved in sleep and how promoting these processes can optimise recovery in cardiac surgery patients. The two main parts of sleep, non-rapid eye movement and rapid eye movement, are believed to be responsible for the physical and psychological repair of the body. The combination of surgical injury, underlying disease and increased stress levels during hospitalisation for cardiac surgery increases the need for this repair. Nurses with a good understanding of sleep theories and the nursing process can use sleep and rest as an intervention to promote healing and prevent further injury after surgery.

**Source:** CINAHL

**Full Text:**

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Available in print at a ULHT/non-ULHT hospital library. Click and complete an online form.
43. The incidence of side effects and their relation with anesthetic techniques after ambulatory surgery.

Author(s): Türe H, Eti Z, Adil M, Yilmaz Göğüs ÖKF

Citation: Ambulatory Surgery, 01 December 2003, vol./is. 10/3(155-159), 09666532

Abstract: The aim of this study was to evaluate the incidence of side effects and their relation with anesthetic techniques in patient undergoing ambulatory surgery. 654 patients, ASA I-II, aged between 20 and 70 years scheduled for ambulatory surgery were enrolled into the study protocol. Patients were requested to record the existence of headache, sore throat, postoperative pain, nausea, vomiting, muscle weakness, lack of appetite, drowsiness, sleep disturbances, dizziness, dysuria, and lumbar pain during first week postoperatively. Postoperative pain was significantly higher after peripheral neural blockage. Muscle weakness, sore throat, lack of appetite, dysuria, sleep disturbances, headache, and dizziness were significantly higher after inhalational anesthesia (P<0.05). It was concluded that total intravenous anesthesia or neural blockade should be preferred for ambulatory surgery and an effective postoperative analgesic therapy should be planned before discharge.

Source: CINAHL

Full Text:
Available in print at Pilgrim Hospital Staff Library

44. Sleep and rest in patients undergoing cardiac surgery.

Author(s): Njawe, P

Citation: Nursing Standard, December 2003, vol./is. 18/12(33-7), 0029-6570 (2003 3 Dec)

Abstract: Processes involved in sleep and the effects of sleep or lack of sleep on recovery after cardiac surgery. 28 refs.

Source: BNI

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Available in print at Pilgrim Hospital Staff Library

Available in print at Lincoln County Hospital Professional Library

45. Sleep quality following general anaesthesia.

Author(s): Bromley, L M, Brandner, B, Blagrove, M

Citation: Anaesthesia, 01 November 2003, vol./is. 58/11(1123-1124), 00032409

Publication Date: 01 November 2003

Source: CINAHL

Full Text:
46. The relationships between fatigue, depression, and sleep disturbance after myocardial infarction.

Author(s): El-Mokadem NM

Citation: , 01 January 2003, vol./is. /(0-136),

Publication Date: 01 January 2003

Abstract: Recovery following myocardial infarction (MI) is associated with physiological and psychological symptoms. Knowledge about recovery symptoms during the first six weeks after MI is insufficient, particularly our understanding of fatigue, depression, and sleep disturbance. Thus, the purpose of this study was to examine the relationships between fatigue, depression, and sleep disturbance in MI patients during the first six weeks of recovery. Also, the changes in fatigue, depression, and sleep disturbance over time and whether or not physiological, psychological, and situational variables contribute to changes in these symptoms was determined.

Source: CINAHL

47. Sleep during hospitalization and recovery after cardiac surgery.

Author(s): Redeker NS, Hedges C

Citation: Journal of Cardiovascular Nursing, October 2002, vol./is. 17/1(56-68; quiz 82-3), 0889-4655;0889-4655 (2002 Oct)

Publication Date: October 2002

Abstract: Sleep disturbance is common in patients undergoing cardiac surgery and has been recognized for more than 30 years. Research findings suggest that sleep disturbance is a multifactorial process that has many correlates in these patients and persists from the presurgical period throughout recovery. A growing body of literature suggests the importance of sleep for function and well-being of these patients. The research literature is synthesized and implications for future research and practice are discussed.

Source: MEDLINE

48. Sleep tendency as a measure of recovery after drugs used for ambulatory surgery.

Author(s): Lichtor JL, Alessi R, Lane BS

Citation: Anesthesiology, 01 April 2002, vol./is. 96/4(878-883), 00033022

Publication Date: 01 April 2002

Abstract: BACKGROUND: Although tests of psychomotor function indicate that drug effects after ambulatory anesthesia are short-lived, patients often feel washed out for long periods of time. Among the psychomotor tests that measure different motor and cognitive functions, none directly measures sleepiness or alertness. The authors hypothesized that sleepiness, measured by a sleep latency test, would be a more sensitive indicator of drug effects.
effect after an anesthetic than psychomotor tests. The second objective was to determine a sedation regimen that produced the least residual effect. METHODS: On four separate occasions, volunteers (N = 12) received an injection of propofol 2.5 mg/kg; propofol 2.0 mg/kg and fentanyl 2 microg/kg; propofol 2.0 mg/kg and midazolam 2 mg/70 kg; or midazolam 0.07 mg/kg and fentanyl 2 microg/kg. Dependent measures included the multiple sleep latency test (MSLT), Maddox Wing and digit symbol substitution tests, auditory and visual reaction times, and a divided attention task. RESULTS: The multiple sleep latency test demonstrated sleepiness up to 4 h after injection, and in some patients, sleepiness continued up to 8 h afterward. Psychomotor function was impaired only at 2 h after injection of the drug combination. CONCLUSION: The multiple sleep latency test may be a more sensitive measure of a drug's effect than other tests of psychomotor function. For up to 8 h after an injection of midazolam and fentanyl, patients must consider driving or operating heavy machinery unsafe activities.

Source: CINAHL

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Available in fulltext at the ULHT Library and Knowledge Services' eJournal collection 
Available in print at Lincoln County Hospital Professional Library

49. A survey on both sleep quality and sleep disturbing factors of hospitalized senile patients [Chinese].

Author(s): Liu Y
Citation: Chinese Nursing Research, 01 June 2001, vol./is. 15/3(146-148), 10096493
Publication Date: 01 June 2001

Abstract: To know the sleep quality of hospitalized senile patients and factors that disturbing their sleep, 100 senile hospitalized patients were selected. They were asked to fill up the questionnaire about their sleep quality and the factors. Results showed that senile hospitalized patients had poor sleep quality. Most of them thought that factors which disturbed their sleep including cough (40%), frequent urination (37%), dyspnea (25%), worrying about their illness (24%), noise from other patients or their accompanies (47%), bed or pillow (38%), ward temperature (26%), and so on 33.8% of the variation of the sleep quality may be explained by physiological, environmental, and psychosocial factors (F = 17.819, P < 0.001). Suggested that health workers should take measures to control all factors that disturbed the sleep of the aged patients, to enhance their sleep quality and to accelerate their recovery from illness. This abstract was translated into English by the publisher or author.

Source: CINAHL

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50. Silent night?... the measures taken by one trust to reduce night-time noise.

Author(s): Arblaster G, Carr S
Citation: Nursing Times, 12 October 2000, vol./is. 96/41(38-39), 09547762
Publication Date: 12 October 2000

Abstract: Evidence suggests that patients deprived of sleep in hospital wards can suffer an impeded recovery. Gillian Arblaster and Sarah Carr report on one trust's efforts to reduce night-time noise.

Source: CINAHL

Full Text:
Available in print at Grantham Hospital Staff Library
51. Improving patients’ postoperative sleep: a randomized control study comparing subcutaneous with intravenous patient-controlled analgesia.

Author(s): Dawson L, Brockbank K, Carr ECJ, Barrett RF

Citation: Journal of Advanced Nursing, 01 October 1999, vol./is. 30/4(875-881), 03092402

Publication Date: 01 October 1999

Abstract: One hundred female patients undergoing major reconstructive plastic or gynaecological surgery were randomized to either receive subcutaneous patient-controlled analgesia (PCA) (bolus dose 2.5 mg diamorphine in 1 ml with a 20-minute lockout) or intravenous PCA (bolus dose 0.5 mg diamorphine in 1 ml with a 5-minute lockout). Data were collected by questionnaire and interview to evaluate the intervention on pain scores, quality of sleep on the first postoperative night, postoperative nausea and vomiting (PONV) and overall patient acceptability. The subcutaneous PCA group experienced less ‘worse pain’ (P < 0.01) and less sleep disturbance due to pain (P < 0.001). Subcutaneous PCA would appear to offer patients a safe and effective means of analgesia and may offer significant advantages over the intravenous route of administration.

Source: CINAHL

Full Text:
Available in print at a ULHT/non-ULHT hospital library. For articles outside fulltext dates, click and complete an online form to request them.

52. The sleep of older people in hospital and nursing homes.

Author(s): Ersser S, Wiles A, Taylor H, Wade S, Walsh R, Bentley T

Citation: Journal of Clinical Nursing, July 1999, vol./is. 8/4(360-8), 0962-1067:0962-1067 (1999 Jul)

Publication Date: July 1999

Abstract: Disturbed sleep can affect personal wellbeing and impede the rehabilitation and recovery of older people from illness. This paper reports the findings of a pilot study which included examination of sleep quality and sleep patterns of older people in community hospital and nursing home settings. A marked proportion of older people reported sleeping well in nursing care settings, and those in nursing homes slept better than those in the community hospital. The main causes of sleep disturbance in both settings were: needing to go to the toilet, noise, pain, and discomfort; a similar pattern was seen across the different settings. No discernible difference was found in quality of sleep and whether patients felt rested or not between those patients on hypnotic medication and those who were not. The implications of the findings for practice and future research are discussed.

Source: MEDLINE

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53. Sleep and quality of life assessment in patients undergoing coronary artery
Objective: To examine sleep before and after coronary artery bypass grafting (CABG) as well as measuring of quality of life (QoL), and to see if changes in subjectively rated sleep can be shown objectively by polysomnographic recordings. Sample: A consecutive sample of 38 male patients, aged 45-68, underwent CABG. Twenty-two patients were graded in New York Heart Association (NYHA) classes III or IV, and 16 in class I-II before surgery. Methods: 24-hour polysomnographic recordings, using the Oxford Medilog 9000 recorder, were performed 2 days prior to surgery, on the first 2 post-operative days and 1 month after surgery. The Nottingham Health Profile instrument (NHP) was used to measure QoL before and after surgery. Results: Following surgery there was a profound decrease in sleep at night, and an increase in daytime sleep. During the second post-operative recording period nocturnal sleep duration was reduced to 253.6 +/- 94.1 minutes, with suppressed stages 3 and 4 sleep and lack, or slight recovery, of REM sleep. Even though there were evident changes in both the distribution and nature of sleep at night, daytime sleep increased and the total duration of sleep during the 24-hour period was not significantly changed. The total sleep time was 421.1 +/- 76.8 minutes before surgery, 483.2 +/- 201.2 in the first period, 433.2 +/- 201.4 minutes in the second 24-hour period post-operatively and 443.2 +/- 44.0 minutes at the 1-month follow-up. The NHP instrument demonstrated that 6 months after surgery the quality of life was significantly improved. Polysomnographically measured slow wave sleep was compared with the sleep section in the NHP instrument both before surgery and at 1 month post-operatively. Conclusions: In the immediate period following CABG, there is a change in distribution of sleep, with reduction in nocturnal sleep duration and an increase in daytime sleep, which had almost returned to pre-operative values 1 month after surgery. QoL scores were improved 6 months after surgery. This study demonstrates the importance of careful assessment of sleep and sleep disturbances for more individualized nursing care in order to promote sleep in the immediate post-operative period.

Source: CINAHL

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54. Sleep deprivation in a high-dependency unit.

Author(s): Hogg G

Citation: Professional Nurse, 01 July 1998, vol./is. 13/10(693-696), 02668130

Publication Date: 01 July 1998

Abstract: Sleep deprivation can impair a patient’s ability to recover, a serious problem in very sick patients in high-dependency units. Undertaking a sleep assessment can help nurses identify patients experiencing sleep problems and introduce measures to overcome them.

Source: CINAHL

Full Text:
Available in print at Grantham Hospital Staff Library

55. Does improved postoperative pain control improve sleep?... including commentary by Davis BD with author response.
56. Discharge information needs and symptom distress after abdominal aortic surgery.

Author(s): Galloway S, Rebeyka D, Saxe-Braithwaite M, Bubela N, McKibbon A

Citation: Canadian Journal of Cardiovascular Nursing, 01 August 1997, vol./is. 8/3(9-15), 08436096

Publication Date: 01 August 1997

Abstract: The purpose of this study was to describe the discharge information needs and symptom distress of people after abdominal aortic reconstructive surgery. Interviews (N = 51) were conducted prior to, and 4 weeks after, hospital discharge. People indicated that the most important information to help them manage their care after discharge related to the recognition, prevention and management of complications. Broken sleep and incisional pain were the most distressful of symptoms prior to hospital discharge, whereas fatigue and broken sleep were most distressful once home. These results may assist nurses to understand the discharge information needs and symptom distress of people recovering from aortic reconstructive surgery and the importance of discharge education to help people to manage their care once home.

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57. Sleep patterns in women after coronary artery bypass surgery.

Author(s): Redeker NS, Mason DJ, Wykpisz E, Glica B

Citation: Applied Nursing Research, 01 August 1996, vol./is. 9/3(115-122), 08971897

Publication Date: 01 August 1996

Abstract: Sleep patterns were examined over a 6-month time period after coronary artery bypass graft surgery (CABG) using a wrist-worn actigraph and the Sleep-Rest subscale of the Sickness Impact Profile. The sample included 22 women during the first postoperative week (T1), and 13 of these women during the first posthospitalization week (T2) and the sixth (T3) and twenty-fourth postoperative weeks (T4). Nighttime sleep became less fragmented and, over time, total sleep became more consolidated during nighttime hours, as shown by significant decreases in day, evening, and total sleep and increases in the percentage of total sleep occurring at night during T1. There were also increases in nighttime sleep and percentages of total sleep and the mean sleep interval and decreases in day sleep and evening sleep and nighttime awakenings during T1 through T4. Decreases in the Sleep-Rest subscale indicated perceived improvement in sleep consistent with changes in objective sleep measures over 6 months. These data can be used to help women anticipate changes in sleep patterns over the course of recovery. They suggest the importance of interventions to improve sleep during hospitalization and posthospitalization recovery. Copyright (c) 1996 by W.B. Saunders Company

Source: CINAHL

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Available in print at a non-ULHT hospital library. Click and complete an online form to request this article/an article from this journal if fulltext is not available.
58. Relationships among sleep dimensions and factors that impair sleep after cardiac surgery.

Author(s): Simpson T, Lee ER, Cameron C

Citation: Research in Nursing & Health, 01 June 1996, vol./is. 19/3(213-223), 01606891

Publication Date: 01 June 1996

Abstract: OBJECTIVE: In the current report, relationships among the dimensions of sleep and factors that impair sleep after cardiac surgery while patients were hospitalized are described. Two specific questions were addressed: (a) How did patients describe the length, disturbance, effectiveness, and nap supplementation of their sleep for one night on a telemetry unit after cardiac surgery; and (b) Which sleep-disturbing factors were associated with specific dimensions of sleep? DESIGN: Convenience sample. SETTING: A 300 bed teaching hospital in the Northwest region of the United States. POPULATION: A sample of 97 patients was selected consecutively from patients who underwent elective or emergent cardiac surgery. Participants consisted of 75 men and 22 women with an average age of 62 years (range = 35-86 years). Most patients had coronary artery bypass surgery. INTERVENTIONS: The Verran/Snyder-Halpern (VSH) Sleep scale was used to measure patients' perceptions of four dimensions of sleep problems. Patients were asked to rate their sleep for the night prior to their interview. The Factors Influencing Sleep Questionnaire was used to measure the amount and severity of factors that patients considered were disruptive of their sleep after transfer from the ICU. The data collector verbally administered the questionnaires within a few days before patients were anticipated to be discharged from the hospital. MAIN OUTCOME MEASURE(S): Cardiac surgical patients continue to have problems with multiple dimensions of sleep after transfer from the ICU and before they are sent home from the hospital. Patients described their sleep as brief in attempted length, with moderate disturbance and effectiveness, and few attempts to supplement sleep within a few days prior to discharge from the hospital. Results of the current study suggest that sleep problems occur over the course of recovery from cardiac surgery, thus underscoring the need for a comprehensive approach to manage sleep through the recovery period. RESULTS/CONCLUSIONS: Patients recovering from cardiac surgery report problems with sleep in several ways. Specific factors, such as an inability to lie comfortably, an inability to perform one's usual routine before sleep, an unfamiliar bed, and pain, could be managed more effectively by nurses to improve the quality of sleep after cardiac surgery. Nursing interventions could be tested to develop a program of sleep promotion that would be targeted specifically toward factors that patients report as impairing sleep after cardiac surgery. [CINAHL abstract]

Source: CINAHL

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59. The effects of music interventions on postoperative pain and sleep in coronary artery bypass graft (CABG) patients... including commentary by Miaskowski C.

Author(s): Zimmerman L, Nieveen J, Barnason S, Schmaderer M

Citation: Scholarly Inquiry for Nursing Practice, 01 June 1996, vol./is. 10/2(153-174), 08897182

Publication Date: 01 June 1996

Abstract: The purpose of this experimental study was to determine the effects of second and third day postoperative music interventions (music, music video) on pain and sleep in 96 postoperative patients having CABG surgery. The Verbal Rating Scale scores obtained before and after each 30-minute session showed that pain decreased over time for all three groups with no difference across groups. The McGill Pain Questionnaire (MPQ) was administered before session 1 and after session 2, and results indicated that Sensory, Affective, and Present Pain Intensity subscales showed no group difference for pain; however, pain decreased from Day 2 to Day 3 for all three groups. For the evaluative component of pain, those in the music group had significantly (F [2,93] = 4.74,
p < .05) lower scores on postoperative Day 2 than the rest period control group. Effects of
the intervention on sleep as measured by the Richard Sleep Questionnaire indicated that
the video group had significantly (F[2, 92] = 3.18, p < .05) better sleep scores than the
control group on the third morning. These findings lend some support for selected music
interventions.

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60. Patients’ perceptions of environmental factors that disturb sleep after
cardiac surgery.
Author(s): Simpson T, Lee ER, Cameron C
Citation: American Journal of Critical Care, 01 May 1996, vol./is. 5/3(173-181), 10623264
Publication Date: 01 May 1996
Abstract: BACKGROUND. Effective management of sleep disturbances after cardiac
surgery requires insight into patients perceptions of which factors disturb sleep in the
intensive care unit and after transfer from the intensive care unit. OBJECTIVE. To
describe patients perceptions of environmental factors that disturbed sleep after cardiac
surgery. SAMPLE. A convenience sample of 102 patients was surveyed in a 300-
bed, acute-care teaching hospital. METHOD. Patients were interviewed several days before
discharge from the hospital and rated the extent to which specific factors disturbed their
sleep while in the intensive care unit and after transfer. RESULTS. The group mean for
the extent of disturbance scores, averaged across all 35 environmental factors studied,
was low during and after stay in the intensive care unit. However, selected items such as
pain, and inability to get comfortable and perform a familiar nighttime routine, were
moderately disturbing to many patients across phases of recovery. Patients varied widely
in the number of factors, ranging from 0 to 33 factors, that disturbed sleep at least to
some extent. Patients added factors that were not included in the original monitoring
instrument. CONCLUSIONS. Patients attribute disturbed sleep to specific factors after
cardiac surgery. The number of factors that disturb sleep varies among patients. Nurses
can modify many of the factors that disturb sleep to promote an environment that will
facilitate improved sleep, thereby enhancing the acute phase of recovery from cardiac
surgery.

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request this article/an article from this journal if fulltext is not available. [6]

61. Individual factors that influence sleep after cardiac surgery.
Author(s): Simpson T, Lee ER
Citation: American Journal of Critical Care, 01 May 1996, vol./is. 5/3(182-189), 10623264
Publication Date: 01 May 1996
Abstract: BACKGROUND. Up to 50% of patients who undergo cardiac surgery report
problems with sleep after cardiac surgery. Knowledge about which individual factors are
associated with sleep problems after cardiac surgery would help nurses identify patients
who are at greatest risk for sleep problems during hospitalization. OBJECTIVE. To
color patients perceptions of sleep before and during hospitalization for cardiac
surgery and identify and analyze individual factors in relation to patients perceptions of
sleep. METHOD. A sample of 102 patients who underwent elective or emergent cardiac
surgery were studied at a 300-bed teaching hospital in the northwestern United States. A
few days before their anticipated discharge from the hospital, consenting patients
completed questions about their sleep before hospitalization and the night before their
interview. RESULTS. Patients reported that they slept fewer hours in the hospital than at
home. No differences were found in patients perceived depth and sufficiency of sleep, or
refreshment before and after surgery. Patients who slept poorly at home did not report any worse sleep after surgery than patients who slept well at home. Women's perceptions about the sufficiency, refreshment, and quality of sleep were consistent before and after surgery, but no relationships were found among men's ratings. The length of sleep at home was positively related to the length of sleep after surgery in older patients. CONCLUSIONS. Sleep length is related to patients perceptions of sleep after cardiac surgery. Gender and age are also related to qualitative aspects of sleep before and after surgery and can be instrumental in an individualized assessment of sleep patterns anticipated after cardiac surgery.

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62. The effect of ward design on the well-being of post-operative patients.

Author(s): Pattison HM, Robertson CE

Citation: Journal of Advanced Nursing, 01 April 1996, vol./is. 23/4(820-826), 03092402

Publication Date: 01 April 1996

Abstract: Changes in the design of hospital wards have usually been determined by architects and members of the nursing and medical professions; the views and preferences of patients have seldom been sought directly. The Hospital Anxiety and Depression scale and the Disturbance Due to Hospital Noise questionnaire were administered to 64 female patients on bay and Nightingale wards together with a questionnaire designed for this study. Perceptions of social and physical factors of ward design were examined, and their relationship to psychological well-being and sleep patterns. The results show that the bay ward seemed to offer a more favourable environment for patients but some of the disadvantages of bay wards are balanced by better staffing levels and better and more modern facilities. Visibility to nurses was lower on the bay ward. The Nightingale ward was perceived as significantly noisier than the bay ward and noise levels were significantly correlated to anxiety scores. Paradoxically the increase in noise levels appeared to improve the perceived level of privacy on the Nightingale ward. Seventy-five per cent of patients were found to prefer the bay ward design, and since neither design appears to have major disadvantages their continued introduction should be encouraged. However, recommendations are made concerning the optimizing of patients' well-being within the bay ward setting.

Source: CINAHL

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63. Sleep promotion.

Author(s): Richards KC

Citation: Critical Care Nursing Clinics of North America, March 1996, vol./is. 8/1(39-52), 0899-5885;0899-5885 (1996 Mar)

Publication Date: March 1996

Abstract: The aging process introduces many changes that affect the whole person, including sleep. Age-related changes in the nervous system, acute and chronic illnesses, medications, primary sleep disorders, and factors associated with hospitalization in the critical care unit are elements identified with sleep disturbance in the elderly patient hospitalized in the critical care unit. One of the most important challenges for critical care
nurses is to promote a healing environment for elderly patients where they can obtain the sleep necessary for recovery. Potentially effective nursing interventions for sleep promotion are those caring interventions that focus on the body-mind connection, such as back massage, relaxing music, imagery, and muscle relaxation. Investigations of the effectiveness of nursing interventions for sleep promotion are needed.

Source: MEDLINE

Full Text:

Available in print at a non-ULHT hospital library. Click and complete an online form to request this article/an article from this journal if fulltext is not available.'
66. Effect of standard rest periods on convalescent preterm infants.

Author(s): Holditch-Davis D, Barham LN, O'Hale A, Tucker B

Citation: JOGNN: Journal of Obstetric, Gynecologic & Neonatal Nursing, 01 June 1995, vol./is. 24/5(424-432), 08842175

Publication Date: 01 June 1995

Abstract: Objective: To examine the effects of standardized rest periods on the sleep-wake states of preterm infants who were convalescing. Design: A randomized experimental study conducted from time of infants’ entry into intermediate care until their discharge from the hospital. Because subjects' time in this study varied, data were analyzed cross-sectionally using the observation made between 5-11 days of the study and longitudinally over 3 weeks using a subset of subjects. Setting: The intermediate care nursery of a tertiary care hospital. Subjects: Forty-six preterm infants (23 matched pairs). A subset of 12 pairs, in which infants in the experimental and the control groups were in the study for 3 weeks, was analyzed longitudinally. Interventions: Four standardized rest periods each day. Main outcome measures: Infants were observed once a week between noon and 8 p.m. Three sleep-wake states -- quiet awake, active, and sleep -- were measured as percentages of the naps and total observation. Results: Within 5 days, infants in the experimental group exhibited more sleep (F[1,44] = 2.37, p < 0.05) and less active states (F[1,44] = 3.06, p < 0.01) during nap time. Infants receiving the intervention for 3 weeks had more sleep (F[1,22] = 4.63, p < 0.05) and less quiet waking states (F[1,22] = 13.85, p < 0.01) during naps. State patterns over the entire observation did not differ between the groups at 5 days, but by 3 weeks, infants in the experimental group had less quiet waking (F[1,22] = 17.44, p < 0.001) and longer uninterrupted sleep bouts (F[1,22] = 5.19, p < 0.05). Conclusions: A simple modification of nursing care had an impact on the sleeping and waking states of preterm infants.

67. Effect of standard rest periods on convalescent preterm infants. (Research in hospital observing awake and sleeping states)

Author(s): HOLDITCH DAVIS D

Citation: JOGNN, 1995, vol./is. 24/5(424-432) (Jun 1995)

Publication Date: 1995

Source: BNI

Abstract: Sleep deprivation and fragmentation occurring in the hospital setting may have a negative impact on the respiratory system by decreasing respiratory muscle function and ventilatory response to CO2. Sleep deprivation in a patient with respiratory failure...
may, therefore, impair recovery and weaning from mechanical ventilation. We postulate that light, sound, and interruption levels in a weaning unit are major factors resulting in sleep disorders and possibly circadian rhythm disruption. As an initial test of this hypothesis, we sampled interruption levels and continuously monitored light and sound levels for a minimum of seven consecutive days in a medical ICU, a multiple bed respiratory care unit (RCU) room, a single-bed RCU room, and a private room. Light levels in all areas maintained a day-night rhythm, with peak levels dependent on window orientation and shading. Peak sound levels were extremely high in all areas representing values significantly higher than those recommended by the Environmental Protection Agency as acceptable for a hospital environment. The number of sound peaks greater than 80 decibels, which may result in sleep arousals, was especially high in the intensive and respiratory care areas, but did show a day-night rhythm in all settings. Patient interruptions tended to be erratic, leaving little time for condensed sleep. We conclude that the potential for environmentally induced sleep disruption is high in all areas, but especially high in the intensive and respiratory care areas where the negative consequences may be the most severe.

Source: CINAHL

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69. Research connections. Enhancing sleep following coronary artery bypass graft surgery.
Author(s): Fitzsimmons L, Verderber A, Shively M
Citation: Journal of Cardiovascular Nursing, 01 January 1993, vol./is. 7/2(86-89), 08894655
Publication Date: 01 January 1993
Abstract: Sleep pattern disturbance is a recognized phenomenon during the postoperative period of hospitalized adult cardiac surgical patients. Sleep disturbances may decrease healing and tissue repair and delay recovery. The nursing research study reviewed and critiqued in this column investigated the effect of a specific intervention (taped ocean sounds) on sleep in hospitalized postoperative coronary artery bypass graft patients. Implications for clinical practice and further research are discussed.
Source: CINAHL

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70. Critique of The effects of ocean sounds on sleep after coronary artery bypass graft surgery [original article by Williamson J appears in AM J CRIT CARE 1992;1(1):91-7].
Author(s): Shah HS
Citation: Nursing Scan in Research, 01 January 1993, vol./is. 6/1(13-13), 08975647
Publication Date: 01 January 1993
Abstract: Synopsis: Sleep pattern disturbance is a well-known accompaniment to hospitalization, especially if it includes an intensive care unit (ICU) stay. The purpose of this experiment was to determine if exposure to taped water sounds (white noise) improved sleep in postoperative coronary artery bypass graft (CABG) patients when they moved to step-down units. Sixty subjects were systematically assigned to either the experimental (with noise) or control (with only usual ambient sounds) groups. Three consecutive nights of noise intervention were used in combination with a pre- and posttest of sleep measured on the Richards-Campbell Sleep Questionnaire. Results indicated that subjects exposed to white noise had deeper and better quality of sleep, fewer nighttime
awakenings, quicker return to sleep, and better overall sleep than the controls.

Source: CINAHL

71. After the big sleep... reasons for postoperative fatigue.

Author(s): Reid S

Citation: Nursing Times, 02 September 1992, vol./is. 88/36(28-28), 09547762

Publication Date: 02 September 1992

Source: CINAHL

72. The effects of ocean sounds on sleep after coronary artery bypass graft surgery.

Author(s): Williamson JW

Citation: American Journal of Critical Care, 01 July 1992, vol./is. 1/1(91-97), 10623264

Publication Date: 01 July 1992

Abstract: Objective: To investigate the influence of ocean sounds (white noise) on the night sleep pattern of postoperative coronary artery bypass graft (CABG) patients after transfer from an intensive care unit. Design: A before and after trial with an experimental and a control group was used in this intervention study. Setting: A large public hospital with primary, secondary, and tertiary care facilities. Patients: A consecutive sample of 60 first-time CABG patients was systematically assigned to the experimental or the control group. Intervention: For the experimental group, the sounds were played on the Marsona Sound Conditioner (Marpac Corporation, Wilmington, NC) for three consecutive nights posttransfer from the ICU. No control of environment, except for the elimination of white noise, was done for the control group. Main outcome measures: The Richards-Campbell Sleep Questionnaire, a visual analog scale, provided self-reported sleep scores on six variables. Analysis of covariance was used to test the difference between the posttest scores of the groups, with the pretest used as the covariate. Results: There were significant differences in sleep depth, awakening, return to sleep, quality of sleep, and total sleep scores; the group receiving ocean sounds reported higher scores, indicating better sleep. There was no difference in the falling asleep scores. Conclusions: The use of ocean sounds is a viable intervention to foster optimal sleep patterns in postoperative CABG patients after transfer from the ICU.

Source: CINAHL

73. Sleep patterns and stress in patients having coronary bypass.

Author(s): Knapp-Spooner C, Yarcheski A

Citation: Heart & Lung, 01 July 1992, vol./is. 21/4(342-349), 01479563

Publication Date: 01 July 1992

Abstract: This study examined the self-reported sleep patterns of adult patients undergoing coronary artery bypass graft (CABG) surgery and the relationship between their perceived illness-related stress and sleep disturbances. Twenty-four patients completed data at all three collection points: preadmission, and the third and sixth postoperative mornings. Patients responded to the Verran/Snyder-Halpern Sleep Scale...
and the Carr and Powers Stressor Scale for patients having CABG. By use of a within-subject, one-factor, repeated measures analysis of variance, statistically significant differences were found in each of the three sleep dimensions measured over time (disturbance, effectiveness, and supplementation). With the Pearson correlation, the hypothesis that sleep disturbances in patients having open-heart surgery are related to psychologic stress associated with illness was not supported. Additional analyses indicated that hospital and illness-related stress, duration of cardiopulmonary bypass, anesthesia time, and sleep medication were related to patients' sleep disturbance, effectiveness, or supplementation in different ways and at different times during the study periods.

Source: CINAHL

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74. Helping postop patients sleep.

Author(s): Peden L

Citation: RN, 01 April 1992, vol./is. 55/4(24-25), 00337021

Publication Date: 01 April 1992

Source: CINAHL

Full Text:

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75. Post-operative patients' views of sleep, pain and recovery.

Author(s): Closs SJ

Citation: Journal of Clinical Nursing, 01 March 1992, vol./is. 1/2(83-88), 09621067

Publication Date: 01 March 1992

Abstract: One-hundred patients who had undergone abdominal surgery were interviewed about their experiences of pain and sleep. Pain was the most common cause of disturbed sleep and half of the patients felt that pain was worse during the night. More than one-third of the sample felt that tiredness affected post-operative pain, for the most part making it worse. One-third felt that sleep reduced pain intensity, three-quarters felt that sleep helped them to cope with their pain and almost all believed that sleep enhanced recovery from surgery. For the post-operative patient, therefore, pain and sleep cannot be considered separately. Methods for the effective assessment and control of pain at night (leading to associated improvements in sleep) require development by nurse researchers and practitioners.

Source: CINAHL

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76. Effects of brief naps on mood and sleep in sleep-deprived depressed patients.

Author(s): Gillin JC, Kripke DF, Janowsky DS, Risch SC

Citation: Psychiatry Research, March 1989, vol./is. 27/3(253-65), 0165-1781;0165-1781 (1989 Mar)

Publication Date: March 1989
Abstract: To determine the effects of brief naps on mood and electroencephalographic (EEG) sleep in sleep-deprived depressed patients, data from 19 hospitalized patients with depression were analyzed; all were kept awake from 0700h until the following day, when they were allowed 10-min naps at either 0830h or 1500h. Six of the patients showed a clinically significant improvement (greater than 40% change) on the Hamilton Rating Scale for Depression (HRSD) before the nap after all-night sleep deprivation, and the group as a whole showed a significant improvement on the HRSD, the Profile of Mood States, and the Brief Psychiatric Rating Scale subscale for depression. Naps did not alter mood in the responders, but did improve measured depression on the HRSD in the non-responders. Morning and afternoon naps did not differ significantly in their effects on mood or nap sleep. On the recovery sleep, patients who were classified as responders after the nap showed a significantly greater increase in delta (Stage 3 + 4) sleep compared with baseline than nonresponders.

Source: MEDLINE

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77. The influence of self-selected monotonous sounds on the night sleep pattern of postoperative open heart surgery patients.

Author(s): Williamson JW

Citation: Progress in Cardiovascular Nursing, 01 January 1989, vol./is. /0-112),

Publication Date: 01 January 1989

Abstract: A disturbed sleep pattern of patients after open heart surgery has been reported. Neuman's Health Care System Model was the conceptual framework for this study in which a particular nursing prevention, self selected monotonous sounds, was used to aid the patient in assimilation and accommodation to the environment, in an effort to strengthen the patient's resistant forces to intrapersonal, interpersonal, and extrapersonal stressors. The purpose of this study was to investigate the influence of self-selected monotonous sound (white noise) on the night sleep pattern of postoperative open heart surgery patients. Sixty men and women ages 29 to 69 years, having coronary artery bypass surgery for the first time, were randomly assigned to an experimental group or a control group. A two group pretest-posttest control group was the study design. The Richards-Campbell Sleep Questionnaire was used to depict scores of usual sleep at home and sleep after 3 nights posttransfer out of the intensive care unit. In the experimental group, sounds of the ocean or rain were played throughout the night for 3 nights, while patients in the control group experienced usual ambient sounds in their private progressive care rooms. ANCOVA was used to test the difference in the posttest scores of the two groups with the pretest as the covariate. Significant differences were found for sleep depth scores (p < .01), awakening scores (p < .01), and total sleep scores (p < .01), with the experimental group reporting higher scores, indicating better sleep. There was no difference in the falling asleep scores between the groups. There were no significant differences in the groups in relation to age, gender, time of cardiopulmonary bypass, aortic cross clamp time, or medications received for sleep, pain, or nausea. Using Neuman's model, it is concluded that monotonous sounds are a useful nursing intervention for the patient after coronary artery bypass surgery. (Scientific symbols modified where possible in accordance with CINAHL policy.)

Source: CINAHL

78. Arrhythmias and sleep pattern disturbances in cardiac patients.

Author(s): Landis CA

Citation: Progress in Cardiovascular Nursing, 01 July 1988, vol./is. 3/3(73-80), 08897204

Publication Date: 01 July 1988

Abstract: Sleep is important for maintaining and regaining health. Continuous uninterrupted periods of sleep are restorative and an adjunct to recovery from acute illness. For many patients with acute and chronic heart disease (CHD), sleep pattern
disturbances and cardiac arrhythmias during sleep are common. The author reviews the results from research on the incidence of cardiac arrhythmias during sleep and the nature of sleep pattern disturbances in patients with angina and after an acute myocardial infarction (AMI). Frequent arousals from sleep and an increase in the number of changes from one sleep stage to another produce fragmented patterns of sleep. This fragmentation of sleep, rather than sleep loss, may augment fatigue, daytime sleepiness, changes in psychologic mood, and increase the frequency of nighttime arrhythmias.

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79. Sleep promotion, hospital practice and recovery from illness.

Author(s): Cumming G

Citation: Medical Hypotheses, September 1984, vol./is. 15/1(31-7), 0306-9877;0306-9877 (1984 Sep)

Publication Date: September 1984

Abstract: Is sleep especially beneficial in times of illness? Despite the widespread use of hypnotics, the medical position on this question is equivocal, for hospital practices seem rarely designed to encourage maximum sleeping. Sleep promotion is defined as the arrangement of conditions so that patients can achieve as much sleep as possible. It is hypothesised that sleep promotion is of benefit, at least by improving patient well-being, possibly also be hastening healing processes. Some background to the hypothesis and some possible consequences of it are discussed. It is recommended that hospital procedures should be designed to encourage sleeping.

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R Snyder-Halpern - Critical Care Quarterly, 1985 - psycnet.apa.org
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K Treuer, TR Norman... - Journal of pineal ... 1996 - Wiley Online Library
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Effect of melatonin on sleep quality of COPD intensive care patients: a pilot study
L Shilo, Y Dagan, Y Smorjik... - Chronobiology ..., 2000 - informahealthcare.com
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Continuous spikes and waves during slow sleep: a 30 months follow-up study of neuropsychological recovery and EEG findings
M Boel, P Casaer - Neuropediatrics, 1989 - thieme-connect.com
... Once a month a sleep recording was made during twenty-two consecutive months and detailed neuropsychological studies were made over a period of 30 months. Intensive antiepileptic treatment resulted in the disappearance of the CSWS and in a recovery from intellectual ...

Biological and behavioral effects of one night's sleep deprivation in depressed patients and normals
RH Gerner, RM Post, C Gillin... - Journal of psychiatric ..., 1979 - Elsevier
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