Helping inpatients get a good night’s sleep

Measures that minimise disturbance and improve rest on wards at night, but don’t mean extra workload

Lack of sleep can lower pain tolerance, delay healing, reduce immunity and cause confusion and delirium. As many as three quarters of hospital inpatients experience poor sleep, with adult patients sleeping up to 3.2 hours less than is normally recommended. However, there are things nurses can do to ensure both their practice and the environment promote sleep for patients.

What factors might prevent patients from sleeping well in hospital?

Noise in hospitals is often a significant barrier to sleep. ‘Sometimes it’s from other patients who are unwell, agitated and distressed,’ says Queen Elizabeth Hospital, King’s Lynn associate director of patient experience Linda Woods. ‘Also, staff can keep patients awake, for example if we have to clerk or move a patient in the middle of the night or take bloods.’

‘A patient may need medication or bloods overnight. Think about doing what you can at the same time, so you only disturb them once’

Irene Mabbott, learning and development manager (clinical skills), Sheffield Teaching Hospitals NHS Foundation Trust

Environmental causes of sleep disturbance include bright lights, doors banging, ward phones and pagers going off, and the bleeps of equipment. Sheffield Teaching Hospitals NHS Foundation Trust clinical skills learning and development manager Irene Mabbott says a patient’s physical and mental state can also affect how well they sleep. ‘Some physiological conditions like pain affect sleep, as can certain medications,’ she says. ‘Patients may be anxious, worrying about tests they’re having or that they’re seriously ill.’

What can nurses do to minimise these factors?

Assessing on admission a patient’s usual sleep habits is a good first step, using a detailed sleep history questionnaire. Ms Mabbott says: ‘If someone’s sleep routine includes doing puzzles or watching TV until 2am then dozing for the rest of the night in their chair downstairs, getting them into a hospital bed at 10pm is completely against what’s normal for them.’

Accommodating patient preferences where possible may promote sleep, but nurses should prioritise care needs – for example, helping a patient with a pressure sore into bed and enabling them to change position regularly.

Nursing staff can help to minimise environmental disturbance. ‘We can all be mindful of our entrance and exit, gently closing doors and not banging beds,’ says Ms Woods.

Ms Mabbott adds: ‘Consider how noisy your shoes are. If you have a bin with a lid that closes loudly, get it replaced. Consider these things from the patient experience perspective.’

When care interventions are necessary during the night, nurses can limit disturbance for patients by using angled bedside lamps instead of switching on overhead bay lights, pulling curtains around and speaking quietly.

‘A patient may need bloods, medication, X-rays or observations overnight,’ Ms Mabbott says. ‘Perhaps think about doing what you can at the same time, so you only disturb them once.’
How can teams embed good practice?
National programmes like #EndPJParalysis, which supports patients to get up, dressed and moving during the day if they are able to, can promote sleep hygiene as well improve overall well-being, and are relatively easy to implement. ‘Our frailty and long-stay wards are fabulous, doing things like bedside football, and we share good practice across divisions and at senior meetings,’ Ms Woods says.
Simple measures such as walking with a patient to the toilet rather than bringing a commode to them can also have an impact. Doing it repeatedly could help the patient to improve their mobility and confidence and boost their night-time sleep.

‘We can all be mindful of our entrance and exit, gently closing doors and not banging beds’
Linda Woods, associate director of patient experience, Queen Elizabeth Hospital, King’s Lynn

Ms Mabbott says when something works well, communicating that to others ensures good practice continues. ‘If you’re handing over in the morning, tell the day staff what you did, like propping a patient up or helping someone on to their side because that was more comfortable,’ she says.
Sleep deprivation in hospital can lead to reduced physical functioning when patients return home and higher mortality one year following discharge. But small measures can go a long way to improving experiences and outcomes.

Sleepy Eyes project: promoting patient rest without adding to nursing staff workload

Staff on a short-stay acute medical ward at Ashford and St Peter’s Hospitals NHS Foundation Trust in Surrey piloted a project to promote sleep in early 2023.
Project lead and clinical practice educator Jessica Akers observed night-time practices on the ward and gathered feedback from patients via questionnaires. Patients reported disrupted sleep due to noise and other disturbances, such as light, from three main sources: staff, other patients and the environment.

Bundle includes dimming lights and using eye masks and ear plugs
The Sleepy Eyes bundle entailed dimming lights between 11pm and 6am, ensuring call bells were within patients’ reach and answered within one minute, offering patients eye masks and ear plugs, encouraging use of earphones when listening to media devices, and limiting ward-to-ward patient transfers between 10pm and 6am.
‘Admissions to the unit would still have to happen to ensure flow through the emergency department and our assessment areas, but it gave staff a voice to challenge non-urgent patient moves in the middle of the night,’ says Ms Akers.

Before the changes, more than 80% of patients said they did not get enough sleep at night, according to data collected in the patient questionnaires. By May 2023, this had fallen to around 20%. Following its successful pilot, the Sleepy Eyes bundle was adopted across the trust.
‘I wanted to improve patients’ sleep without causing additional work for staff,’ Ms Akers adds. ‘Staff education is key. I went from ward to ward with a tea trolley to deliver the training, giving them five minutes to stop and have a drink and increasing interest and compliance.’