

Sleep Disturbance, Chronic Stress, and Depression in Hospice Nurses: Testing the Feasibility of an Intervention

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Although hospice nurses are trained to assist others in bereavement, they often neglect their own chronic bereavement, leaving them vulnerable to compassion fatigue (Wenzel, Shaha, Klimmek, & Krumm, 2011). Compassion fatigue is chronic stress resulting from caring for someone who is suffering (Sabo, 2006). Chronic stress, such as the bereavement experienced by hospice nurses, has been linked to complaints of insomnia (Singareddy et al., 2012).

During sleep, complex physical and biochemical changes occur in the brain and the body. Hormones are released and cells are nourished and restored (Frank, 2005). Integrative functions, repair, reorganization, and the formation of new connections occur within the neuronal system to support memory and learning. Sleep also mediates stress, anxiety, and tension, and allows the individual to regain energy for concentration, coping, and interest in daily activities (Minarik, 2009; Vandekerckhove & Cluydts, 2010). Quality sleep provides energy to accomplish the tasks of daily living, whereas poor sleep, such as the insomnia experienced by the bereaved, does not restore energy (Frank, 2005).

In a qualitative study of the bereavement process, Steeves (2002) reported that family caregiver sleep quality fluctuated with the rhythm of bereavement. In a quantitative study of 105 bereaved individuals, participants reported poor sleep quality and efficiency; worse sleep was associated with greater depression (Germain, Caroff, Buysse, & Shear, 2005). Monk, Germain, and Buysse (2009) compared sleep in bereaved spouses, age-matched good sleepers, and age-matched people with insomnia and found that bereaved spouses reported significantly more sleep difficulties than good sleepers but better sleep than people with insomnia. Other researchers have found that depression level and number of losses are predictive of negative sleep changes (e.g., increased

Purpose/Objectives: To test the feasibility of a cognitive-behavioral therapy for an insomnia (CBT-I) intervention in chronically bereaved hospice nurses.

Design: Five-week descriptive correlational.

Setting: Nonprofit hospice in central Texas.

Sample: 9 agency nurses providing direct patient and family care.

Methods: Direct care nurses were invited to participate. Two intervention group sessions occurred at the hospice agency and included identification of dysfunctional thoughts and beliefs about sleep, stimulus control, sleep hygiene, and relaxation techniques to promote sleep. Measurements were taken at baseline and three and five weeks postintervention.

Main Research Variables: Sleep quality, depressive symptoms, and narrative reflections on the impact of sleep quality on self-care.

Findings: Participants reported moderate-to-severe sleep disturbances and moderate depressive symptoms. The CBT-I intervention was well accepted by the participants, and on-site delivery increased participation.

Conclusions: Additional longitudinal study is needed to investigate the effectiveness of CBT-I interventions to improve self-care among hospice nurses who are at high risk for compassion fatigue and, subsequently, leaving hospice care.

Implications for Nursing: Hospice nurses are exposed to chronic bereavement that can result in sleep disturbances, which can negatively affect every aspect of hospice nurses' lives. Cognitive-behavioral sleep interventions show promise in teaching hospice nurses how to care for themselves by getting quality sleep.

Knowledge Translation: Identifying the risks for sleep disturbances and depressive symptoms in hospice nurses will allow for effective, individualized interventions to help promote health and well-being. If hospice nurses achieve quality sleep, they may remain in the profession without suffering from chronic bereavement, which can result in compassion fatigue. A CBT-I intervention delivered at the agency and in a group format was feasible and acceptable by study participants.