

# Patients Need Rest; Hospitals Should Help

By AUSTIN FRAKT

If part of a hospital stay is to recover from a procedure or illness, why is it so hard to get any rest?

There is more noise and light than is conducive for sleep. And nurses and others visit frequently to give medications, take vitals, draw blood or perform tests and checkups — in many cases waking patients to do so.

Some monitoring is necessary, of course. Medication must be given; some vital signs do need to be checked. And frequent monitoring is warranted for some patients — such as those in intensive care units. But others are best left mostly alone. Yet many hospitals don't distinguish between the two, disrupting everyone on a predefined schedule.

Peter Ubel understands the problem as both a physician and patient. When he spent a night in the hospital recovering from surgery in 2013, he was interrupted multiple times by blood draws, vital sign checks, other lab tests, as well as by the beeping of machines. “Not an hour went by without some kind of disruption,” said Dr. Ubel, a physician with Duke University. “It’s a terrible way to start recovery.”

It’s more than annoying — such disruptions can harm patients. Short sleep durations are associated with reduced immune function, delirium, hypertension and mood disorders. Hospital conditions, including sleep disruptions, may contribute to “posthospital syndrome” — the period of vulnerability to a host of health problems after hospitalization that are not related to the reason for that hospitalization.

“In addressing a patient’s acute illness, we may inadvertently be causing harm by ignoring the important restorative powers of a healing environment,” said Harlan Krumholz, a Yale University physician who has been calling attention to posthospital syndrome for several years. “The key to a successful recovery after illness may be a less stressful, more supportive, more humane experience during the hospitalization.”

It’s an environment that, all too often, seems set up for everyone else’s convenience but the patient’s. To help patients deal with the stresses of hospitalization, sedatives are often prescribed. These medications, including opioids, carry their own risks, such as addiction.

“Instead, we could make the environment more conducive to rest and reduce the use of sedatives,” Dr. Ubel said.

Solutions aren’t hard to fathom. Dr. Ubel listed some in 2013. Hospital workers could coordinate so that one disruption serves multiple needs: a blood draw and a vitals check at the same time instead of two hours apart. Or they could allow patients’ needs to guide schedules. If a patient is at low risk and can go six or eight hours without a vitals check, for example, perhaps don’t do that check once every four hours.

Small changes in hospital routines like these can go a long way. A clinical trial to test them found that they significantly reduced the proportion of patients reporting hospital-related sleep disruptions, and they cut sedative use in half. These small changes can even increase pa-

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tients’ ratings of hospitals, which are now part of Medicare quality measures. The key insight seems to be to prioritize patients over tests and other interruptions that can be deferred.

Some hospitals are trying to allow patients to get more rest. Yale-New Haven Hospital has empowered nurses to change medication schedules to minimize sleep disruptions and to tick off other tasks before patients go to bed.

Another example: To reduce noise, Massachusetts General Hospital in Boston has gone so far as to install rubber floors in some areas.

The University of Michigan Health System has taken steps to reduce noise at night, including changing when floors are cleaned and installing sound-absorbing tiles.

“Since the 1960s, the noise level in hospitals has gone up,” said Mojtava Navvab, associate professor of architecture at the University of Michigan and an expert in reducing noise level in buildings. He helped design acoustical changes to the university’s hospital corridors. By adding acoustic tiles to hallway walls, “the sound level was three times lower,” he said.

Being sick and hospitalized is bad enough. Being subjected to sleep deprivation adds insult (or more injury) to injury.

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