

NURSING AND THE FIELD OF SLEEP HEALTH: AN OFT FORGOTTEN PARTNERSHIP—NEW OPPORTUNITIES AND RECOMMENDATIONS FOR ACTION FOR THE AMERICAN ASSOCIATION OF SLEEP TECHNOLOGISTS (AAST)

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The history of the field of sleep medicine has been well documented in several articles over the years. With the inaugural issue of the *Journal of Clinical Sleep Medicine*, Shepard et al (2005) crafted a beautiful review of this field. In the mid-1970's, sleep clinics began to appear in academic medical centers with community hospitals and standalone facilities opening shortly thereafter. The recognition of sleep medicine in 1995 as a medical sub-specialty was instrumental in substantiating the field and spurring growth. The field of sleep technology became a new profession as the need for qualified individuals to support growth of this new field emerged.

When I started my career in sleep as a registered nurse in 1985, very few other non-advanced practice nurses or doctoral prepared nurses were employed working in the field of sleep medicine/health. Fewer still worked in hospital or free standing sleep clinics in the United States (personal experience). Although through the years, there has been a robust scientific sleep nursing community mostly employed in the academic environment, the trickle-down effect into front-line nurses seems to not have gained much momentum. This may be due in part to the evolution of sleep laboratories, centers and clinics stemming from technology based neurodiagnostic and respiratory care areas in which nurses are not primarily employed and with whom they may not specifically identify. Although it is difficult to assess, even today, non-APRN's do not seem to be well employed in sleep health/sleep medicine facilities, however I do believe that this is changing, more now than before, but again, this is just a personal observation.

The American Association of Sleep Technologists (AAST) membership database renders the following information (personal communication). There are currently 69 active members who



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associate themselves as a nurse (RN/LPN, 1.3 percent of the membership) and 76 inactive nursing members. The majority of the active members are also registered polysomnographic technologists, hence these nurses may identify more strongly with the organization due to their affiliation with the field.

The reasons for the lack of nurses who have entered this field are not clear. Perhaps there is not a career pathway for nurses or the issue is that sleep health/medicine or education on sleep is rarely a part of the nursing curriculum. Indeed, some of the literature points to a lack of established undergraduate education about sleep and associated disorders as well as promotion of sleep in acute care practice (Lee, et.al, 2004; Ye & Smith, 2015). A recent article (Radtke, Oberman & Tyner, 2014) discussed how the nursing staff in their facility found that their facility was well versed in the importance of sleep and sleep promotion, however, in a medical and/or pediatric ward, 58 percent of those interviewed **did not** routinely discuss sleep. Spurr et al. (2008) in an assessment of the National Hospital Discharge Survey found that only 5.8 percent of patients identified with sleep apnea were provided continuous positive airway pressure (CPAP). So, clearly there is an educational and practice gap that nurses can fill in the acute care environment. Another recent article discussed the lack of communication between clinicians on sleep; although not limited to nurses, the findings revealed that knowledge and skills related to sleep in hospitalized patients were lacking, citing the following as barriers: "limited understanding of the importance of sleep, lack of a standardized tool for assessment, and inadequate communication" (Le, Keane, Johnson & Dykes, 2013).

In view of the fact that modules on sleep are often not a part of the curriculum, these data are not surprising. Nurses may not have a good appreciation of how to apply the nursing process to sleep related issues, thus such assessment is not conducted on a regular basis in the hospital setting where the majority of nurses are employed. (Nesbitt & Goode, 2014; Gellerstedt, Medin, Kumlin, & Rydell Karlsson, 2017).

Hospitals are now becoming more interested in creating environments to improve sleep. The Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) survey asks patients about noise in the hospital which relates to sleep quality. This score is an important measure on patient satisfaction. Furthermore, this has been identified as the lowest rated

score on the survey (Cipriano, 2014). This is an area in which the AAST might well provide guidance to staff nurses. For example, Massachusetts General Hospital in conjunction with the Massachusetts General Physicians Organization has drafted a best practice implementation guide to promote quietness on hospital units.

Another clinical arena in which nurses may be instrumental in the assessment and promotion of sleep health is in discharge planning. As care is moving from acute care to preventive and interdisciplinary care management, the nurse may become increasingly involved in the care of patients in these environments and thus improvement in this clinical care gap, e.g. assessment of sleep health is needed. There is less information on the provision of sleep assessment or counseling in the clinic environment than acute care (California Health Care Foundation, 2015). This is another area where AAST could offer guidance.

The 2006 Institute of Medicine report states “patient contacts with the health care system are missed opportunities to diagnose sleep problems...increasing awareness of healthcare providers also offers an opportunity to attract health care professionals into the field”. Thus providing nurses with the knowledge and tools they need to make sleep health assessments is warranted. In 2011 (Redeker & McEnany) published the first textbook, *Sleep Disorders and Sleep Promotion in Nursing*, specifically geared toward nurses. This textbook provides a robust overview and actionable tasks for nurses who work in a variety of settings. AAST may find information in this textbook to guide entry of sleep education into nursing programs.

In their strategic plan for 2017-2018 the AAST Board notes that the organization will need to evolve to attract and expand their constituency. This includes nurses. However, to encourage nursing engagement in this field, the AAST must create an organization and environment that nurses can identify with. According to an article by Matthews (2012), there are over one hundred nursing organizations, with the majority being specialty groups; the exceptions are the American Nurses Association and the International Council of Nurses which provides a broad scope of services to all nurses of all specialties. Nurses join organizations to have strength in numbers for advocacy of their profession, to network and to learn and be kept up to date regarding changes to health care policy.

Many nursing specialty organizations exist based on types of practice, level of education and specific health related objectives. To my knowledge, a specific specialty organization for nurses who work in sleep does not exist, therefore there is a gap in education which the AAST could potentially fill. Although the AAST is not a specialty nurse’s organization for sleep health, there is certainly room for the organization to provide the education and

support to fulfill the needs of front-line nurses. A review of the AASM and AAST websites (February 27, 2017), did not yield substantial support for the non-APRN.

For numbers of years, during the annual SLEEP meeting, there has been a nurse’s breakfast. This is a good place for nurses to network; however, the meeting seemingly has been directed towards advanced practice individuals although nurses without these credentials are also welcome to attend. The AAST might consider sponsorship of a similar group function and invite their nursing membership to attend.

There is opportunity for the AAST to encourage front-line nurses to become involved in the field of sleep health. Increasing awareness of the field, exhibiting at regional and national nursing meetings, coordinating educational efforts at local hospitals, and providing a sleep curriculum to nursing schools enabling a turn-key educational opportunity in sleep health for nurse educators are all strong possibilities for expanding the AAST constituency and developing educational offerings suitable to nursing needs.

Many projects can be imagined such as crafting job descriptions for nurses within the sleep clinic or the hospital environment (scope, tasks etc...) to assisting in the hiring of nurses in such roles and providing specific nursing related courses to include the nursing process, for example. Offering approved contact hours by becoming a Board of Registered Nursing (BRN) provider or other course accreditation bodies, would assist nurses to fulfill their state mandated continuing educational requirements. Currently, it is not clear that the AAST provides such contact hours (personal communication).

According to the Henry J.Kaiser Family Foundation (2016), there is approximately 4 million practicing nurses (RN/LPN) combined. The majority (61%) of the RN workforce are employed in a hospital based setting (United States Bureau of Labor Statistics, 2015) whereas only about 7% work in an office based practice. In my review of the AASM and AAST, the non-APRN practicing nurse has limited support from sleep professional organizations and suitable resources are notably absent from their respective websites.

In summary, nurses can play a vital role in the field of sleep health, but must have the support of professional organizations to feel like a part of a community, to assure advocacy and to have access to the tools required to enable success. However, as noted, nurses may not have an adequate understanding of the significance of sleep and its relationship to overall health and well-being. This lack of knowledge in practicing nurses, once they are in a working environment, may lead to a lack of knowledge necessary to promote the need for sleep and recognize sleep disorders. The gap in sleep knowledge, education and training in this area may provide a signal to new graduates that sleep health is not

important, thus sleep inquiry may become an afterthought in the nursing assessment. Although some of the literature points to adequate knowledge, promoting and administering aspects of sleep health, there continues to be barriers, particularly in the acute care environment.

The AAST has many opportunities to increase their nursing membership by creating opportunities for contact hours, providing guidance to facilities seeking to employ nurses in sleep health roles whether in an acute care environment or clinic based practice, and advocating for intraprofessional collegiality to better support all patients in need of better sleep. One such opportunity is to promote the Certificate in Clinical Sleep Health (CCSH) as a mechanism to establish competency in this field. As many specialties do, we work in somewhat of a silo, thus it is up to our sleep professional societies to spread the word and “make sleep inquiry” an always event.

There are millions of nurses who can benefit from more education in the field of sleep health. The AAST should become the “go to” organization for nurses in providing education, training and tools to improve patient care. The nurse can be a huge asset to the field of sleep medicine. Enhancing the nurse’s ability to query, assess and triage for an appropriate sleep diagnosis and ultimately, therapy, for the millions of patients who need and want to have improved sleep can only be a win for the field and our patients.

- How Can the AAST Support Nurses?
- Provide BRN accredited contact hours
- Exhibit at nursing conferences
- Provide speakers for nursing events
- Create a specific nursing “section” within the AAST to encourage nurses to join in a welcoming atmosphere
- Host a nurse’s breakfast
- Create job descriptions for nurses in acute and non-acute care environments
- Create a turn-key educational curriculum that can be easily implemented in nursing programs
- Encourage nursing programs to have a “sleep” clinical rotation
- Establish sleep tools which integrate the nursing process and diagnosis
- Promote the CCSH credential

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