Sleep-Wake Disturbances in People With Cancer
Part II: Evaluating the Evidence for Clinical Decision Making

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Purpose/Objectives: To evaluate the quality of evidence on sleep-wake disturbances in people with cancer as a basis for clinical decision making and to discuss implications of the evidence for oncology clinicians, educators, and researchers.

Data Sources: Published, peer-reviewed articles.

Data Synthesis: Members of the 2001 Oncology Nursing Society (ONS) Advanced Practice Nurse Retreat Evidence-Based Practice Sleep Working Group selected and evaluated data sources using criteria and processes outlined by ONS.

Conclusions: The development of nursing science related to sleep-wake disturbances among people with cancer and the application of research findings to clinical decision making are limited by the quantity and quality of published evidence.

Implications for Nursing: Clinicians are challenged to develop a plan of care that includes the assessment of sleep-wake disturbances and interventions to address them. Nurse educators are challenged to include sleep-wake content and skills to evaluate empirical data and interventions for sleep-wake disturbances in degree and continuing education curricula. Nurse researchers are challenged to specify consistent conceptual and operational definitions of key variables in sleep-wake models, use measurement instruments with evidence of reliability and validity, and design clinical trials to test interventions for sleep-wake disturbances among people with cancer.

Sleep-wake disturbances are common complaints among people with cancer. Reported prevalence rates range from 30%–88% across a variety of clinical populations and care settings. People with cancer perceive that sleep-wake disturbances are important aspects of the cancer experience. If sleep-wake disturbances persist, physical and psychosocial functioning, mood, symptom distress, quality of life, and survival may be affected (Beszterczey & Lipowski, 1977; Cimprich, 1999; Davidson, Waisberg, Brundage, & MacLean, 2001; Degner & Sloan, 1995; Engstrom, Strohl, Rose, Lewandowski, & Stefanek, 1999; Friedman et al., 2001; Given, Given, Azzouz, & Stommel, 2001; Krech & Walsh, 1991; Malone, Harris, & Luscombe, 1994; Portenoy et al., 1994; Krech & Walsh, 1991; Malone, Harris, & Luscombe, 1994; Portenoy et al., 1994).

Key Points . . .
➤ People with cancer experience a variety of sleep-wake disturbances that often occur concurrently with pain, fatigue, and depression.
➤ Preliminary results suggest that cognitive, behavioral, informational, and pharmacologic interventions may improve sleep-wake disturbances in people with cancer.
➤ In collaboration with other members of the healthcare team, nurse clinicians, educators, and researchers share responsibility for knowledge development related to sleep-wake disturbances in people with cancer.
➤ Oncology clinicians are challenged to use quality empirical data as the basis for decision making in clinical practice.