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 & Cluyt, 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...