

CONTINUING EDUCATION

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

Jane Clark, PhD, RN, AOCN®, APRN-BC, Mary Cunningham, MS, RN, AOCN®,
Susan McMillan, PhD, ARNP, FAAN, Catherine Vena, MSN, RN,
and Kathy Parker, PhD, RN, CS, APN, FAAN

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;

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.



Jane Clark, PhD, RN, AOCN®, APRN-BC, is an oncology nursing consultant and was a clinical coordinator in oncology services at Emory University Hospital in Atlanta, GA; Mary Cunningham, MS, RN, AOCN®, is a clinical nurse specialist in pain and palliative care in the Ellis Fischel Cancer Center at University of Missouri Health Care in Columbia; Susan McMillan, PhD, ARNP, FAAN, is the Lyall and Beatrice Thompson professor of oncology quality-of-life nursing at the University of South Florida in Tampa; Catherine Vena, MSN, RN, is a PhD candidate in the College of Nursing at Emory University and Kathy Parker, PhD, RN, CS, APN, FAAN, is the Edith F. Honeycutt professor, both in the Nell Hodgson Woodruff School of Nursing at Emory University. (Submitted February 2003. Accepted for publication October 30, 2003.)

Digital Object Identifier: 10.1188/04.ONF.747-771