

Comfortable and Therapeutic Patient Care Environment: Creating

What Is Involved in Creating a Comfortable and Therapeutic Patient Care Environment?

- › Hospitalization can be a stressful and anxiety-provoking experience. In addition to feelings of concern and uncertainty about their health, an unfamiliar and unpleasant hospital environment can be detrimental to the patient's emotional and physical well-being
- *What and How:* Creating a comfortable and therapeutic patient care environment involves maintaining a comfortable room temperature; controlling environmental stimuli, including sound, light, and odor; implementing other strategies to promote sleep; promoting privacy; keeping the room and bed clean and comfortable; and encouraging visitation
- *Where:* The general strategies described in this *Nursing Practice & Skill* can be modified, as needed, and implemented in any inpatient care setting and in the home care setting
- *Who:* Registered nurses, as well as certified nursing assistants and unlicensed assistive personnel, are responsible for carrying out many of the tasks involved in creating a comfortable and therapeutic patient care environment

What Is the Desired Outcome of Creating a Comfortable and Therapeutic Patient Care Environment?

- › The desired outcome of creating a comfortable and therapeutic patient care environment is to reduce patient stressors and improve patient outcomes

Why Is Creating a Comfortable and Therapeutic Patient Care Environment Important?

- › The patient care environment plays an important role in the overall health experience and healing process
- › The patient care environment can contribute to patient stress, interfere with sleep, and impede recovery
- Patient stress prompts the release of stress hormones (e.g., cortisol, aldosterone), which can increase blood pressure and impair healing, including by dampening the immune response
- Factors that can contribute to sleep disruption in hospitalized patients include anxiety and stress, environmental factors (e.g., noise, bright lights), disruption of normal routines, pain, and medical treatments. Sleep deprivation affects physical and psychological healing and can result in immunosuppression, delayed healing, decreased pain tolerance, confusion, delirium, and elevations in blood pressure and heart rate

Facts and Figures

- › In a study of 93 general internal medicine inpatients in Canada, patients reported poor sleep quality and shorter mean nighttime sleep duration in the hospital compared with at home (5.5 vs. 7.0 hours per night). The most commonly cited reasons for poor sleep were

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noise (59%), nursing interruptions (30%), uncomfortable beds (18%), bright lights (16%), unfamiliar surroundings (14%), and pain (9%); (Dobing et al., 2016)

- › In a study of 61 patients and family members who experienced at least one 3-day hospital stay during the last 12 months, participants reported caring about privacy, having their belongings within reach, maintaining a connection with the outside world (including by allowing visitors to sit closely to the patient, having easy access to phones and other personal computing devices), and comfort (Patterson et al., 2017)
- › Cochrane reviewers evaluated 102 studies of the effects of environmental interventions on patient outcomes in the hospital and found that music appears to improve patient-reported outcomes, including anxiety. They found less evidence demonstrating the effects of music on physiological outcomes and medication use, and insufficient evidence to draw conclusions regarding the effects of other environmental interventions (Drahota et al., 2012)

What You Need to Know Before Creating a Comfortable and Therapeutic Patient Care Environment

- › Environmental stimuli—including noise, light, and odors—can go unnoticed by the nurse who is habituated to the hospital environment, but can be problematic for the patient
 - Noise is an important environmental stressor. Sources of noise in the hospital environment are numerous and include medical equipment, staff conversations, pagers and intercom systems, telephones, and opening and closing doors
 - Continuous light can disrupt normal circadian rhythms and disrupt sleep patterns, as well as contribute to disorientation and delirium
 - In addition to unpleasant odors commonplace in healthcare settings (e.g., blood, vomit, feces, infections), food odors can be unpleasant in patients who are nauseated
- › What constitutes a comfortable room temperature depends on the patient's age, their underlying illness, and their level of physical activity
 - Infants, older adults, and acutely ill patients often need warmer temperatures than other patients. However, patients with certain medical conditions can benefit from lower temperatures
- › Hospitalized patients generally spend a great deal of time in their room and in bed. It is important to make the room and bed comfortable and conducive to rest
 - Patients should be allowed/encouraged to add personal touches (e.g., family photographs)
- › It is important to provide the patient with privacy, particularly in a semiprivate room with a roommate
 - A roommate can be either a welcome source of conversation and social interaction or an unwelcome annoyance and invasion of privacy, depending on a number of factors, including interpersonal dynamics between the patients
 - When a roommate is present, it is very important to provide privacy during patient care activities
- › Social support, including emotional and instrumental support by family and friends, is crucial in a patient's recovery. Lack of social network and inadequate social support is associated with reduced overall well-being
 - Patients tend to be calmer and demonstrate decreases in blood pressure, pulse, and intracranial pressure when family members are present
 - Parental presence is important for hospitalized children. Adverse effects of hospitalization are more pronounced in children when they are separated from their parents
- › Preliminary steps that should be performed before initiating steps to create a comfortable and therapeutic patient care environment include the following:
 - Review the facility/unit-specific protocol for creating a comfortable and therapeutic patient care environment, if one is available
 - Review the treating clinician's orders and formulate a plan to cluster necessary nursing care and avoid disrupting patient sleep
 - Review the manufacturer's instructions for all equipment to be used and verify that the equipment is in good working order
 - Verify completion of facility informed consent documents
 - Typically, the general consent for treatment that is executed by patients at the outset of admission to a healthcare facility includes standard provisions that encompass activities involved in creating a comfortable and therapeutic patient care environment
 - Review the patient's medical history/medical record for
 - information on the reason for the patient's hospitalization and the severity of the condition
 - any allergies (e.g., to latex, medications, or other substances); use alternative materials, as appropriate
- › Gather supplies necessary to create a comfortable and therapeutic patient care environment, which can include the following:

- Nonsterile gloves; additional personal protective equipment (PPE; e.g., gown, mask, eye protection) can be needed if exposure to body fluids is anticipated
- Facility-approved pain assessment tool
- Prescribed analgesics
- Clean bed linens
- Linen hamper
- Light blanket
- Ear plugs
- Eye mask
- Portable music player with headphones

How to Create a Comfortable and Therapeutic Patient Care Environment

- › Perform hand hygiene and don PPE, as needed
- › Identify the patient according to facility protocol
- › Establish privacy by closing the door to the patient's room and/or drawing the curtain surrounding the patient's bed
- › Introduce yourself to the patient and family member(s), if present; explain your clinical role; assess the coping ability of the patient and family and for knowledge deficits and anxiety regarding their stay in the healthcare facility
 - Determine if the patient/family requires special considerations regarding communication (e.g., due to illiteracy, language barriers, or deafness); make arrangements to meet these needs if they are present
 - Use professional certified medical interpreters, either in person or via phone, when language barriers exist
 - Explain any procedures and their purpose; answer any questions and provide emotional support as needed
- › Frequently assess pain level using a facility-approved pain assessment tool; administer prescribed analgesics, as needed, and monitor for therapeutic response
- › Maintain a comfortable room temperature, usually 20–23 °C/68–73.4 °F, depending on patient age, illness, and activity level⁽⁸⁾
 - Be sure that infants, older adults, and acutely ill patients are appropriately dressed. Cover the patient with a lightweight blanket, if appropriate, to protect him/her from drafts⁽⁸⁾
- › Take steps to minimize noise in the patient care environment
 - Explain the source of unfamiliar sounds (e.g., noises from an IV pump), and reduce noise when possible⁽⁸⁾
 - Keep the door to the patient's room closed or nearly closed^(1,9)
 - Avoid shouting in the hallways or at the nursing station. Minimize staff conversations in the halls at nighttime and keep necessary conversations at low volumes^(1,9)
 - Keep the television or radio on low for soft background noise, if desired by the patient⁽¹⁾
 - Reduce the volume on phones and pagers⁽⁹⁾
 - Respond to alarms on equipment promptly⁽¹⁾
 - Turn off bedside oxygen and other equipment when not in use⁽⁹⁾
 - Wear rubber soled shoes. Avoid wearing clogs⁽⁹⁾
 - Provide the patient with ear plugs, if desired by the patient⁽⁷⁾
 - Provide therapeutic music, if desired by the patient^(4,5,12)
- › Take steps to maximize light during the day and minimize light at night
 - Open or close drapes, and regulate over-head and floor lights, to establish a light level that is appropriate for the time of day^(8,9)
 - Provide the patient with an eye mask at night, if desired by the patient⁽⁷⁾
 - Avoid turning on overhead lights when entering the patient's room at night, if possible⁽⁸⁾
- › Take steps to minimize odors in the patient care environment
 - Remove and empty bed pans, urinals, bedside commodes, and emesis basins promptly⁽¹⁾
 - Remove food trays promptly if the patient does not want to eat⁽¹⁾
 - Empty trash cans promptly⁽¹⁾

- Use sprays to neutralize odors⁽¹⁾
 - Avoid perfumed sprays that can cause reactions in patients with respiratory disorders⁽¹⁾
 - Check with patient first to verify that the patient is not allergic or sensitive to the deodorizer⁽⁸⁾
- › Implement other strategies to promote uninterrupted sleep in the patient care environment
 - Cluster nursing activities to provide uninterrupted periods of sleep. Avoid waking patients for nonessential tasks by scheduling assessments, treatments, and procedures for when the patient is awake⁽²⁾
 - Avoid bathing the patient at night for nursing convenience⁽²⁾
 - If possible, administer medications during waking hours⁽²⁾
 - When patient condition necessitates frequent monitoring, plan activities to allow extended periods of uninterrupted sleep⁽²⁾
 - If the patient is in a semiprivate room, close the curtain between patient beds at nighttime⁽⁹⁾
 - For more information, see *Nursing Practice & Skill ... Sleep in the Intensive Care Unit: Promoting*
- › Keep the patient's bed clean and comfortable
 - Follow facility protocols for routine bed linen changes⁽¹⁾
 - Frequently inspect the linens to be sure they are clean, dry, and free of wrinkles. More frequent inspections are needed if the patient is diaphoretic, incontinent, or has draining wounds^(1,9)
 - Change linen more frequently when soiled^(1,9)
 - Schedule linen changes for when the patient is out of bed (e.g., when showering, sitting in a chair eating, when out of the room for a procedure or test), when possible. Make the bed while occupied if the patient is unable to get out of bed^(1,8)
 - Make the bed tightly without wrinkles. Frequently straighten linen that is loose or wrinkled.^(1,8) (For more information on bed making, see *Nursing Practice & Skill ... Bedmaking, Occupied* and *Nursing Practice & Skill ... Bedmaking, Unoccupied*)
 - Position the bed, as appropriate to the patient's condition, to promote comfort. Teach the patient and family member to use the electronic bed controls⁽⁸⁾
- › Manage clutter on the patient's over-the-bed tables and bedside stands
 - Keep the water pitcher, drinking glass, and straw within the patient's reach⁽¹⁾
 - Do not remove personal items from patient's reach without asking first⁽¹⁾
 - Arrange items so that frequently used items are within reach. Place less frequently used items in bedside stand drawers⁽¹⁾
- › Promote privacy in the patient care environment
 - Close the curtain surrounding the patient's bed during patient care activities and when desired by the patient⁽¹⁾
 - Speak in a soft voice when discussing healthcare issues with the patient⁽¹⁾
 - If additional privacy is needed for discussion of sensitive topics, move the patient to a conference room or examination room⁽¹⁾
- › Encourage family visitation and family participation in patient care⁽¹²⁾
 - For more information, see the series of *Nursing Practice & Skill* papers on managing visitors to patients in various patient care settings
- › Dispose of used materials in proper receptacles and perform hand hygiene
- › Update the patient's plan of care, as appropriate, and document the following in the patient's medical record:
 - Patient assessment findings, including level of pain before and after administration of analgesics
 - Measures taken to create a comfortable and therapeutic patient care environment, including those to reduce noise, light, and odor; promote patient sleep; maintain a clean, comfortable, and uncluttered patient bed and room; promote patient privacy; and encourage visitation
 - Patient's response to measures taken to create a comfortable and therapeutic patient care environment
 - Any unexpected patient events or outcomes, interventions performed, and whether or not the treating clinician was notified
 - Patient/family member education, including topics presented, response to education provided/discussed, plan for follow-up education, and details regarding any barriers to communication and/or techniques that promoted successful communication

Other Tests, Treatments, or Procedures That May Be Necessary Before or After Creating a Comfortable and Therapeutic Patient Care Environment

- › Ongoing monitoring of noise, light, and odors in the patient care environment should be conducted

What to Expect After Creating a Comfortable and Therapeutic Patient Care Environment

- › The patient will experience pleasant/neutral odors and minimal environmental noise
- › The patient will be exposed to natural light during the day and minimal light at night
- › The patient's bed and room will remain clean and comfortable
- › The patient's privacy will be promoted
- › The patient will receive visits from family and friends
- › The patient will experience improved sleep and physical comfort
- › The patient will experience decreased signs and symptoms of stress

Red Flags

- › Never shake used bed linens during bed making. Doing so can cause pathogens to become airborne
- › Wrinkled bed linens can contribute to the development of pressure injuries (for more information, see *Quick Lesson About ... Pressure Injuries: an Overview Quick Lesson About ... Pressure Injuries: an Overview* and the series of *Quick Lessons, Evidence-Based Care Sheets, and Nursing Practice & Skills* on pressure injuries)
- › Sleep deprivation is associated with numerous adverse outcomes, including increased risk of delirium (see *Nursing Practice & Skill ... Delirium: Providing Care for the Patient with*)

What Do I Need to Tell the Patient/Patient's Family?

- › Educate the patient about the importance of sleep to physical health and psychological wellbeing. Inform the patient of steps taken to improve sleep
- › Discuss the importance of social support by family and friends in patient recovery. Encourage visitation

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