

Noise in the Acute Care Patient Setting

A Quality Improvement Initiative

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Introduction

Noise levels in hospital environments can negatively impact patient satisfaction and recovery. This is especially true in high acuity units such as the Progressive Care Unit (PCU) at Exeter Hospital. Patient satisfaction surveys from the PCU have consistently identified noise as a concern. This highlighted a need for a quality improvement initiative to determine whether structured intervention such as white noise implementation is indicated.

Methods

Data was collected through two methods- anonymous surveys and structured interviews with the PCU staff. Staff was provided with QR codes linked to a Qualtrics survey posted in several spots around the unit. PCU staff was also interviewed by research team if they chose to do so. The interviews and surveys focused on current noise levels and sources, perceived impact of noise on patient outcomes, and anticipated challenges in implementing interventions such as a white noise machine. Participants were also asked whether they believed interventions such as white noise machines would improve the patient experience on the unit.

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Results

Patients often complain about noise.
Noise is more of a problem at night.

A lack of sleep
complicates
treatment plans.

Sources of noise
include monitors,
staff, medical devices.

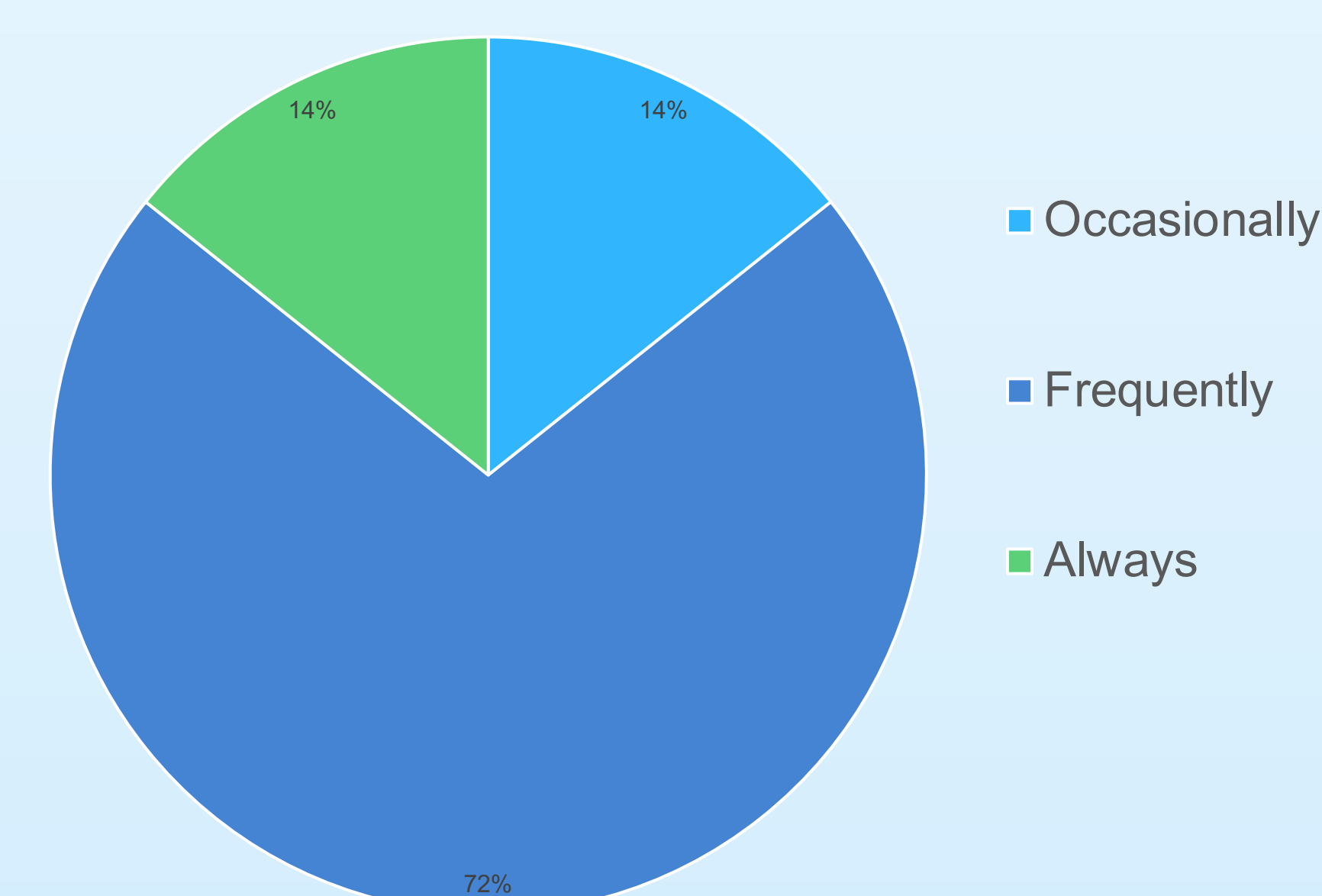
Staff are
enthusiastic
about potential
noise reduction.

Staff believe
noise reduction
will increase
patient
satisfaction &
improve
treatment.

Perceived
barriers
include cost,
maintenance,
& patient
education.

Staff Perceptions of How Often Noise Impacts Patient Rest:

How Often Does Noise Negatively Impact Patient Rest



According to survey results from staff, noise frequently interferes with patient rest in the PCU, highlighting a shared concern and need for targeted interventions.

Discussion

The findings of this quality improvement project indicate that noise is a persistent concern in the PCU, with staff frequently observing its negative impact on patient rest. Qualitative themes revealed patient sleep disturbances linked to unit noise, especially from telemetry alarms and general activity. Staff showed strong support for noise reduction strategies, with many endorsing white noise machines as an effective intervention strategy. Limitations include small sample size (n=17), a short study duration, and the absence of patient perspectives. The findings suggest staff are receptive to implementing noise reduction interventions.

Recommendations

Based on these findings, piloting white noise machines in select PCU rooms is recommended to evaluate their impact on patient rest and satisfaction.

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References

