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# The Vital Connection Between Sleep Quality, Mental Health, and Clinical Outcomes

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Dear Editor,

We read with great interest the recent articles published in the Journal of Nursing and Midwifery Sciences. Of the 15 articles published in this journal with the word "sleep" in the title, four were published in 2026, highlighting growing interest in sleep health among various vulnerable populations (1-5). From a psychiatric perspective, we commend the journal for prioritizing sleep quality, a multidimensional construct that serves as both a physiological vital sign and a fundamental pillar of psychological resilience and overall clinical prognosis.

Sleep disorders are transdiagnostic phenomena closely linked to psychiatric and other medical conditions. Emerging evidence demonstrates that targeted nonpharmacological and nursing interventions can significantly alter the course of recovery. For instance, mindfulness-based counseling has been shown to reduce psychological distress and improve sleep quality among pregnant women recovering from COVID-19 (1). Similarly, complementary interventions such as foot reflexology have shown benefits for female students in demanding academic and clinical environments (2).

Furthermore, sleep health has direct implications for high-acuity and chronic care settings. The association between sleep health, perceived stress, and mental vigilance among coronary care unit nurses highlights an occupational vulnerability that directly compromises patient safety and staff well-being (3). In chronic conditions such as chronic obstructive pulmonary disease and end-stage renal disease, nurse-led combined pulmonary rehabilitation and the management of uremia-induced sleep disorders are vital. Integrating sleep optimization into hemodialysis and pulmonary care significantly enhances patients' health-related quality of life (4, 5, 6).

Understanding the cognitive and behavioral factors that influence sleep problems is essential for accurately assessing sleep disorders and designing targeted interventions in clinical and research settings. Validated psychometric instruments can complement clinical assessments by identifying these potentially modifiable factors. In research conducted in Iran, validated instruments such as the Persian version of the Sleep Hygiene Index (7) and the Dysfunctional Beliefs and Attitudes about Sleep-10 scale for clinical populations (8) have provided researchers and clinicians with reliable measures for examining maladaptive sleep-related behaviors and cognitions associated with insomnia.

These instruments should complement, rather than replace, clinical assessment and the diagnosis of sleep disorders. Future studies should look beyond sleep quality alone by identifying the factors underlying these disorders and, where appropriate, using objective sleep measures. Closer collaboration among nursing researchers, psychiatrists, and sleep specialists, together with integrated multidisciplinary approaches to sleep health, may lead to more targeted interventions and outcomes of greater clinical significance.

## Footnotes

**AI Use Disclosure:** The authors utilized GPT-6 and GPT 6-1 (OpenAI) to improve the readability and clarity of the

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manuscript. After the use of these tools, the authors reviewed and edited the content as needed and take full responsibility for the content of the publication.

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