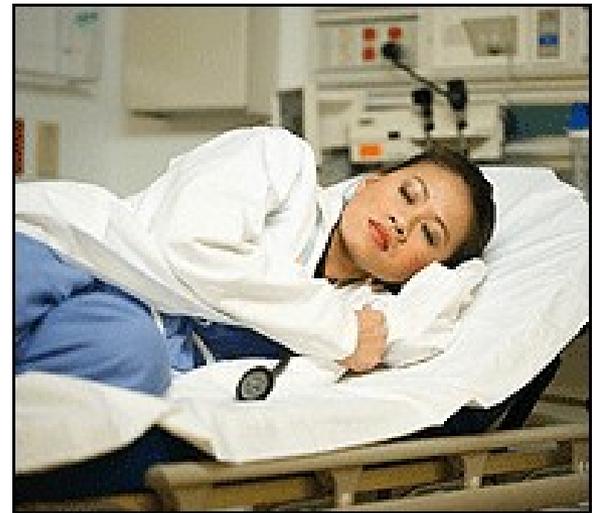


# Bringing it out from Under the Covers: An Exploration of Critical Care Nurses' Experience of Night Shift Fatigue and Workplace Napping

Dynamics 2013

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# Acknowledgement

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# Overview

- Identifying the Problem
- The Literature
- Research Paradigm & Method
- Findings
- Relevance



# How I came to this topic...

Of course I'm tired!  
I'm a nurse.



# Identifying the Problem

- Recognition of importance of patient safety

## **Fatigue**

- A subjective feeling of tiredness ... physically & mentally penetrative
- Ranges from tiredness to exhaustion
- Interferes with physical & cognitive ability to function to normal capacity
- Multidimensional in both its causes & manifestations
- Significantly interfere with functioning

CNA & RNAO, 2010

# The Literature

- Fatigue – physiologic, neuropsychologic & safety effects
- The critical care setting & safety
- Napping as a fatigue countermeasure
  - Quantitative & Qualitative evidence
- Organizational context
- Nursing within the hospital context



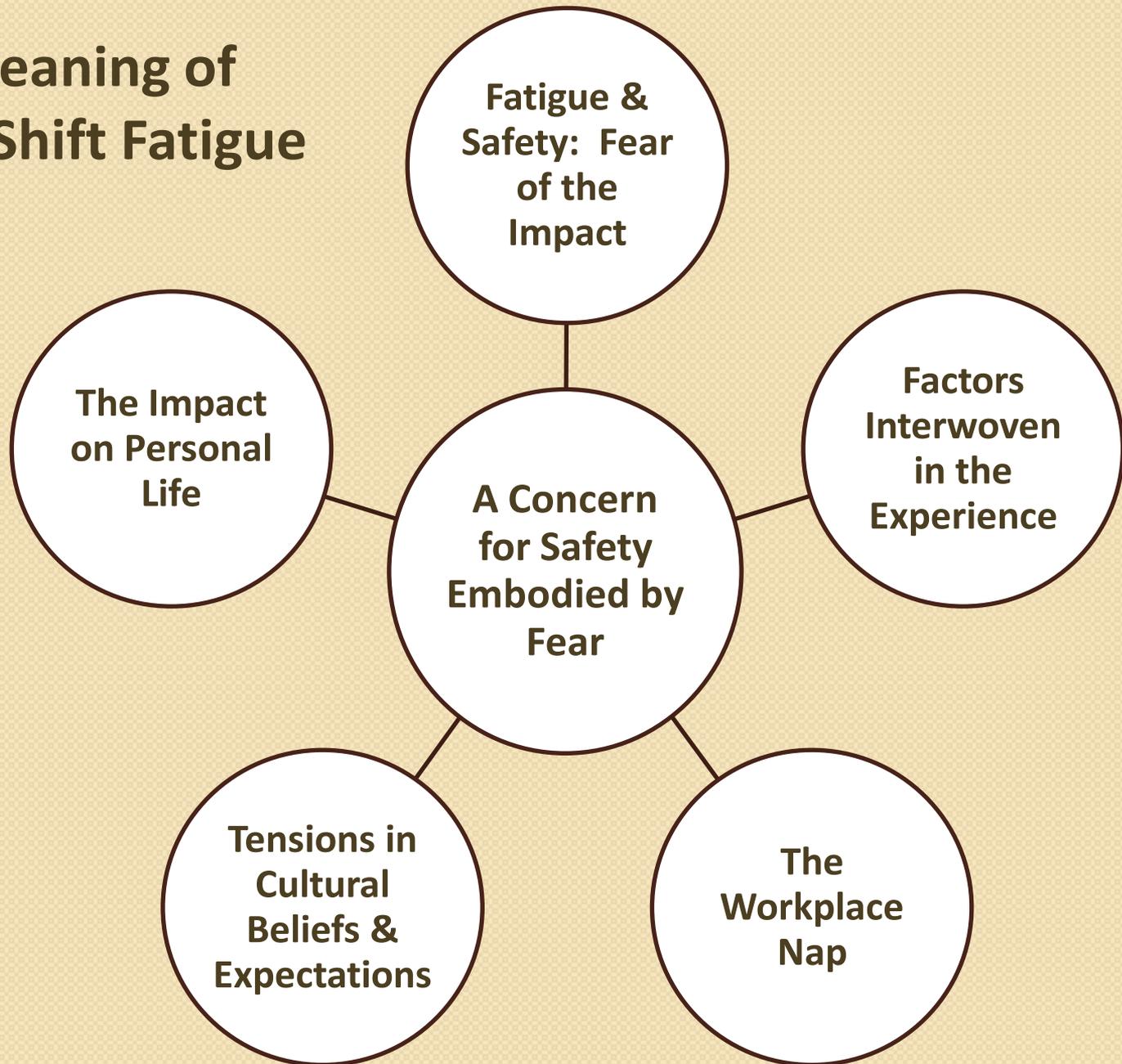
# Research Paradigm

Feminist Interpretive Phenomenology

## Study Method

- Setting
- Sample
- Data Collection
  - Individual Interviews & Follow-up Focus Group
- Data Analysis

# The Meaning of Night Shift Fatigue





# “The Battle to Stay Awake”

## THE FEAR OF THE IMPACT ON THE PATIENT

*“It absolutely ....terrifies me, that I'm going to make a mistake and a patient will be affected when I'm fatigued at work.”*

*“I fear the mental more than the physical. I mean if we make a mistake... I mean physically, you can not turn someone, and it's not going to kill them. But, if you make a mistake with a medication...or if you miss something on your assessment, those repercussions...”*



# “The Battle to Stay Awake”

## THE FEAR OF THE IMPACT ON THE PATIENT

### Impaired Communication

*“When you are tired, things like, educating your family, educating your patient, are going to go by the wayside. Because your head is just so....exhausted...that you're not going to spend the time, doing that kind of activity. You're not going to want to word search as your trying to explain things to them.”*



# “The Battle to Stay Awake”

## THE FEAR OF THE IMPACT ON THE PATIENT

### Impaired Ability to give Report

*“As tired as you may be, I find I can get through... until I'm about halfway through report. And then it's like ... ‘okay, did I just say this already or not?’. It's like control, you have handed over to somebody that is now sharper, and the mind starts to shutdown. You get halfway through and it's like, the responsibility is no longer yours, so you start doing the head bob.”*



# “The Battle to Stay Awake”

## THE FEAR OF THE DRIVE HOME

*“There are people at crosswalks, that you barely see and you just miss them. Or you go through the crosswalk and then see them afterwards. And sometimes you drive home, and think... 'how'd I get home?'.”*

## The Nurse: Age, Health & Personal Life Demands

*“I am more tired these days, whether it’s a twelve hour day, a twelve hour night. I’m more tired at work, and more tired in life.”*

## The Context: Increasing Workload & Responsibility

*“You have no support staff. You’re doing the ward clerk’s stuff. You’re doing the aide’s stuff. You’re already pulled to the max. You’re covering sometimes two patients in addition to your own... It’s not downtime. Nights are not downtime.”*

# Workplace Napping

"It makes a bad situation better"

*"Having ... at least 30 minutes of sleep time on a night shift, makes a world of a difference, as far as concentration, alertness, my ability to focus, and I feel like I provide better care really... It's just like you almost started the shift again. It really makes that much difference to me."*

*"That's what your body is absolutely craving."*

# The Workplace Nap

## The Personal / Organizational Imbalance

*“Oh my goodness...are you crazy? They didn't even tell you that you'd be doing shift work for crying out loud. I mean they did, but...there was no education as far as how you're going to handle this ... it was just like.... 'oh yeah, eventually you're going to do that', not, 'how are you going to handle that??' It wasn't even talked about!”*

# Unobtainable Perfection

*“Higher strung type A, high expectations, expect perfection, type of thing, from yourself, from others.*

*ICU has this unsaid expectation of perfection... It's in how people act. Outwards, of themselves, they expect perfection... And they expect perfection from others.*

*Which, really in the end, I think is in the patient's best interests”.*

*“People put a lot of pressure on themselves, as well as others... But maybe over time, that might negatively influence you also. And make you feel like, well, nothing is ever good enough. Because nothing is ever perfect. That's a reality. Nothing with the human condition [is perfect].”*



## Tensions in Cultural Beliefs & Expectations Nurses – Culture of Sacrifice

*“It’s what women do”*

*“I don’t know if it’s the personalities that draw people into nursing, but they’re very giving of themselves. And almost put themselves last. I would say, as a whole, women are expected to do more; to do more around the house. They expect it of themselves. And our society expects it of them.”*



## Tensions in Cultural Beliefs & Expectations Management – “The Elephant in the Room”

*“It’s almost like a secret. You know, ‘don’t let the public know’; ‘don’t let your managers know’. The managers probably know it’s going on. It’s an elephant in the room; nobody will talk about it. If you don’t talk about it in front of them, they won’t have an issue with it...”*



# Tensions in Cultural Beliefs & Expectations Public

*“There are times, even during the day, that a patient's family thinks you should not take your eyes off your patient or walk away from your desk. Some of them don't even think we should have breaks half the time, I swear. So I can't imagine what they would think if we started saying, ‘Oh we've been napping on night shift. To get through the night and to make sure your loved one is safe’.”*

## “The Night Shift Hangover”

*“It’s like you’re drugged... You get to the point, it’s not fair to you, it’s not fair to them [friends], because they’re like ‘what’s wrong with you?’ and I’m like ‘I just don’t know’. It’s just, you’re not yourself.”*

*“Fatigue makes you stupid. Makes you fat. Makes you eat more. Less patient with home, which gets worse with the years. It does certainly affect your home life.”*



# Striking a Balance

## The Impact of Fatigue & Personal Needs

*“You start organizing your life around how you know you’re going to feel, because it’s not that you don’t enjoy [socializing], you may be physically there but you’re mentally nowhere near there and everything is just extra work. It just becomes extra effort to go to anything.”*

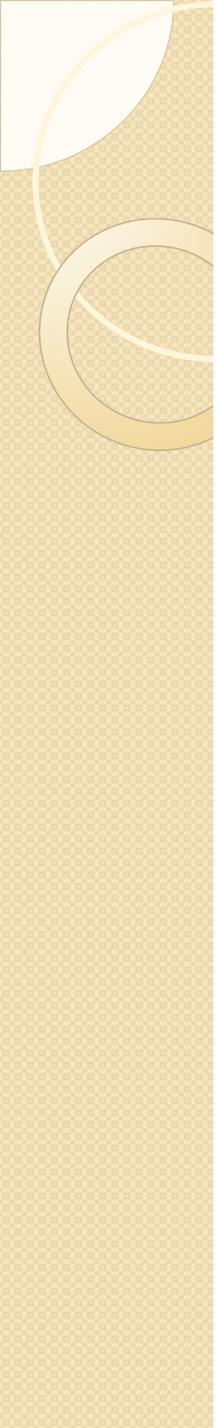
# Relevance of the Findings

*“I don’t know what the solution is. Night shift is part of nursing. I get that. But there has to be some things that can be done that can help nurses. There really has to be.”*

- Patient Safety is a value central to Nursing

**Fear for Safety is a Signal for Change**

- 
- Share the responsibility for fatigue management & the culture of safety among individuals, professions & organizations
  - Recognize the threat of fatigue & our ethical responsibility
  - Cease to ignore the wealth of evidence
  - Consciously support a cultural shift
  - Involve frontline staff & support actions within work groups that define their culture of safety

- 
- Ensure policies & decisions reflect the evidence about fatigue
  - Recognize & consciously work to change oppressive constraints, including the tendency to increase nurses' responsibility without increasing autonomy & influence within organizations

Questions?

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*"You're in a hospital, Nurse Hill. If you collapse from exhaustion, the emergency room is just down the hall."*