Can you see me? Experiences of night shift nurses in Australian regional hospitals: A qualitative case study

DONA POWELL
dona.powell@ncahs.health.nsw.gov.au

After Hours Nurse Manager
Grafton Base Hospital
AUSTRALIA
Focuses on the experiences of nurses working night shift:

- their relationships with other night nurses;
- their relationship with non-night staff;
  and
- general work satisfaction issues.
This paper identifies the:

- Method
- Key findings
- Interpretative meaning of findings

Grafton Base Hospital
NSW, AUSTRALIA
Nurses working at night

As with all nurses face:

- Staff shortages
- Ageing workforce
- ↑ complexity of patients
- Advances in technology & knowledge

Nurses working at night

- Work in a difficult environment
- Suffer from constant fatigue
- Have fewer staff available
- ↓ access to support, expert advice or assistance

Results in ineffective and inefficient practices

Methodology

Constructivist Framework

- *Meaning* constructed rather than discovered
- Permits a deeper understanding
- Fewer constraints than more rigid research designs.

Study inclusion criteria

- Registered or enrolled nurse;
- Working in medical or surgical ward;
- >3 years post qualification;
- Permanent or temporary position, and
- Worked > half their shifts in last 3 months on nights

Participants immersed in night work culture and routine
Promotional Activities

- Presentations to Nurse Managers
- Individual meetings
  - with DONS, senior nurses, NUMs
- Circulation of information

- Ward visits
- Key nurses
- Emails / phone calls

DON = Director of Nursing

NUM = Nursing Unit Manager
Data collection

- Primary interview
  - Four participants
- Diary collection
  - Ten participants
- Secondary interview
  - Three participants

↑ potential uptake of participants
Data collection

**Experiences, thoughts and feelings**

- Diary collection
  - 5 cues provided
  - 5 – 10 shifts

- Primary interview
  - Pilot interview
  - 5 key questions
  - Semi-structured & digitally recorded
  - Questions refocused as required

- Secondary interview
  - Clarification / expansion of diary entries
Data analysis

The unit of analysis was primarily the **complete thought**.

Data was analysed as:

- discrete entries within a single transcript  *
- whole transcripts
- across the different transcripts

**Codes rebuilt into interpretive themes**

**References:** Creswell, 2003; Patton, 2002; Guest et al. 2006; Burla et al. 2008; Liamputtong, 2009.
Dimensions across the themes

A NEED FOR RECOGNITION AND AUTONOMY

VALUE  + / -
for the work performed

Perception of work and position

CONTROL  + / - held, desired or perceived
Ability to make decisions and be in control
“A GOOD GROUP”

Work relationships

- Any shift or discipline
- Single most common thread
- +ve on same shift
- Less +ve on different shifts
- Poor support for NUMs

Relationships were neutral, positive or negative
“NOBODY HAS TOLD YOU”

The organizational environment

The situation, the system, and policy

Includes

- **Administration** – governance
  - Communication, leadership, equipment,

- **Physical Aspects** – workload & conditions
  - Litter, attitudes, darkness, temperature, demands
“Nobody has told you”

Administration

“I find casualty hang on to patients for ages and ages... then they’ll send them up... at 5 o’clock [AM], when you’re just about to start... ... I don’t know why they do that...” (Louise)
“Nobody has told you”

Administration

“when there is a change in policy.... [NUM] just tells the night girls one morning and says tell the others....and then ... nobody has told you ....”

(Louise).
“YOU MAKE YOUR OWN DECISIONS”

Work practices of participants:
What is done in the course of work or for work

Sub-Themes

- **Patient care:** the tasks
- **Caring:** the compassion and concern
- **Professionalism:** educational activities and certain behaviours
“You make your own decisions”  

Patient care

“You are more in control, I think, because you make your own decisions about things, you have to think outside the square more.”  (Louise)
“You make your own decisions”

Professionalism

“... I think if we were valued as much as day staff ... we would have more education opportunities.... sometimes I think day staff don’t realise how important night staff are ...” (Nicole)
“You make your own decisions”  
Professionalism

“there is more added responsibility but...your skills fall off...”  (Ellen)

“I don’t do much of that,[personal activities]  I often think I should, but often I’m too tired, ... so I just rather put my head on the desk and close my eyes...”  (Martha)
“LIVING THE LIFE OF A BAT”

The **personal impact** of working nights.

- **Sub-Themes:**
  - **Lifestyle**
    - socio-cultural adjustments
    - health
  - **Perceptions**
    - how night nurses think others see them
“Living the life of a bat”

Lifestyle

“[you are] physically exhausted, you come home ... and then you want to go for a walk and then you say oh no when I get up then when you get up you are so tired so you say oh no I won’t go for a walk you say I’ll do it tomorrow...” (Deena)
“LIVING THE LIFE OF A BAT”

Perceptions of others

“The comment the other morning was ... you’ll be able to do that on nights, ... it came across that we don’t do anything else.... [and] well outside the hospital... you don’t get a lot of support, people will say to you: have you had a nap today, if you sleep for 4 hrs “gee you’ve had a good sleep” .... they just don’t get it....”  (Ellen)
What does this all mean?

- There is a lack of cooperation and recognition from non-night staff. - Missed opportunities
- Professional development is compromised.
- Leadership is minimal. Affects satisfaction and patient care delivery
- Changeable work practices exist. Professional growth versus slippage in skills; spare capacity
What does this all mean?

- There is a major impact on personal lives of nurses. *Flexibility but never fully adapt*

- A sense of being undervalued is present.

- Night nurses seek more control – *with work environment and own practice*

- Further research is needed – *influence on nurse behavior and improve conditions*
Nurses working night shift

- are skilled and desire recognition;
- need and desire skilled leadership;
- must be provided with useful education opportunities.
Major themes and dimensions

CONTROL + / -
Decisions & autonomy

VALUE + / -
Perceptions of role & position

WORK RELATIONSHIPS
A good group
Interrelations with other workers

WORK ENVIRONMENT
Nobody has told you
Organisational Environment

WORK PRACTICES
You make your own decisions
What is done at work or for work

PERSONAL IMPACT
Living the life of a bat
Ability to function outside of work

Themes

Can you see me?
Acknowledge and thanks to the following people and organisations

- HETI-Rural Directorate
- The Night Shift Nurses
- Northern NSW Health District
  - Directors of Nursing
  - Key nurses
Selected references
(additional references available on request)

9. Guest G, Bunce A, Johnston L. How many interviews are enough?: An experiment with data saturation and variability. Field Methods [Internet]. 2006; 18(1):[59-82 pp.].
RECOMMENDATIONS for MANAGERS

• Review current policy: develop new policy as required.
• Consider how to build on the teamwork practiced by night staff.
• Consider strategies to improve communication and cooperation related to the night shift role.
• Explore professional development needs of night nurses: develop strategies comparable to what is offered to non-night shift nursing staff to meet these needs.
• Examine leadership options for night staff.
• Recognise the contribution of night shift nurses.
RECOMMENDATIONS for FURTHER RESEARCH

• Replication of this study
• Research into rotation of night nurses off night shift
• Investigation of strategies to enhance the relationship between night nurses and other nurses
• Research into effective professional development
• Exploration of ways to provide successful leadership at night.
• Explore implications and use of spare capacity