



# Registered Nurses' Experiences Taking Restorative Breaks on Night Shift: A Qualitative Analysis

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Before we  
begin:

- No disclosure to report
- This study received financial support from the Washington State University foundation.

Objectives:

- Define restorative/restful breaks
- Provide a better understanding of why breaks are not taken on night shift
- Share exemplars for nurses' experiences of taking and not taking breaks on night shift
- Discuss ways in which nurse can be better supported in taking breaks.

# Background

- Shift workers are at high risk for this misalignment, with night shift workers being at the highest risk.
- Health consequences to shift workers are numerous and include increased risk for cardiovascular disease, obesity, and psychiatric conditions
- While in the workplace, night shift nurses experience greater difficulties with performance and sleepiness as the shift progresses.
- Increased risk of medication errors has also been reported for 12-hour nurses compared to 8-hour nurses

# Background

- Hospital-based nurses across the world commonly work 8- or 12-hour shifts in order to provide patient care over 24-hours of time.
- For the purpose of this article, breaks will be defined as a 30-minute lunch/dinner during an 8-hour shift; shorter and 15-minute shorter breaks taken for every four hours worked
- Currently, rest breaks are not part of any federal regulations and less than half of states in the United States have legislations to provide rest breaks for workers
- One study reported despite having break policies in place, nearly one-third of nurses report not taking on-shift breaks of at least 30 minutes and over 75% of nurses report not having a quiet place to take a break

# Purpose

Previous research has highlighted that *restorative breaks* improve performance, reduce fatigue, and are an accepted fatigue countermeasure in many industries outside of healthcare .

The purpose of this study was to investigate barriers and facilitators to taking breaks for nightshift nurses, and to better understand ways to optimize the restorative nature of breaks.

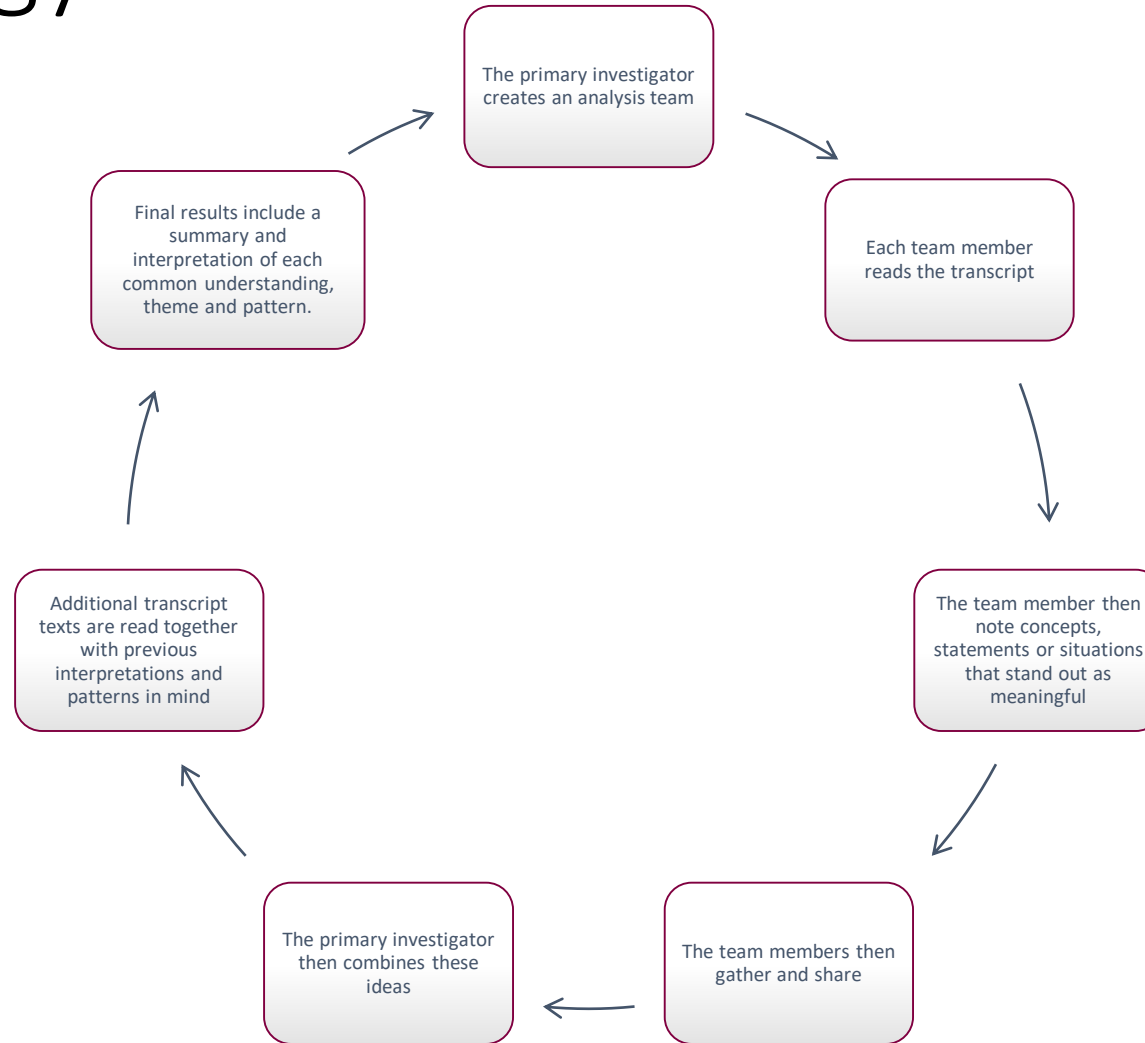
# Specific Aim

The specific aim of this study was to describe, interpret, and, therefore better understand the lived experience of nurses taking breaks on night shift in the hospital environment and the meaning of this phenomenon as it relates to their workplace.

# Methodology

- Philosophical hermeneutics was used as the methodology
- Researchers from this perspective seek to gain knowledge by interpreting the everyday experience of those being studied in an effort to better understand their world and to identify what shows itself as meaningful
- The primary investigator is the sole interviewer; interviews are only interviewed once; participants assign themselves pseudonyms to protect their identity
- Group analysis of the interview transcripts by the investigators leads to final themes and patterns

# Methodology





# Participants

16 registered nurse night shift workers were interviewed on a one-on-one basis regarding their experiences with breaks and meaningful rest periods during working hours (Female = 14; Male = 2, Age Range 25-69)

## **Inclusion criteria:**

- Registered nurses who work night shift at a Pacific Northwest community hospital
- Provide care to patients in the hospital setting
- Speak fluent English
- Willing to be digitally voice-recorded

# Results

## Theme 1 Primary purpose of breaks: Eating

- *“So, I mean, I know we’re supposed to get a thirty-minute lunchbreak and, um, depending on the volume of nurses – if we have enough nurses to cover and how acute the patients are. If you can afford to step away, you’re given a lunchbreak. Other than that, you just, ah, don’t typically get it. And breaks are not something we actually even consider or talk about” (Participant T I. 18-23)*
- “[...] there’s been times where I haven’t eaten, drank any water, or gone to the bathroom, and it was four am. I think those are the days where I don’t want to come back” (Participant B, I. 128-132).

# Results

## Theme 2 Ability to take breaks depended on unit-level structures

- “If we have a really critical baby, nights tend to go by really fast, sometimes I find myself thinking I haven’t even had a glass of water” (Participant S, l. 63-67).
- “[...] we had a demise recently, and it just wasn’t an appropriate situation to have another nurse who hadn’t been with that patient to go sit in the room with her (Participant C, l.109-111)
- *“Nights that I just have super sick patients or you know two of ‘em, and it’s like where I feel it the most is just physically. It usually hits me around there or four, and I’ll feel like nauseous and I’ll feel like my brain function is depleted.” (Participant J l.126-130)*
- “We don’t have a formal assigned buddy [...] if I do choose to take a thirty-minute break, then that means I would have to stay over for my shift” (Participant X, l. 55-60).

# Results

## Theme 3 Breaks are perceived as a luxury

- I'm there if we had an emergency. If there was code. If there was something, then at least I'm there if needed. Because on nights if we don't have the resources, you don't have that extra staff that can show up. We are it (Participant D, l. 275-279).
- We all sit at the nurses' station where we can still see our patients and hear the alarms and watch the monitors [...] we really don't take those breaks; [...] they'll (nurses) go and get food and then they'll sit at the nurses' station where they can watch their alarms, watch their monitors" (Participant M, l. 40-44; 172-174).

# Discussion

- The main themes from the data suggests that night shift nurses do not use their breaks to the fullest extent for restoring or improving their health.
- Nightshift is completely different than dayshift and, therefore, needs different solutions for breaks (charge nurses, shifts, resources)
- Night shift nurses lack a reliable structure and additional staff that support breaks during dayshift. For example, some nurses feel like a buddy system would be helpful, others not.

# Discussion

- A high priority to nurses is providing adequate relief staff and environments that assure patient's needs are attended to during breaks.
- The next step of this work is to encourage a change in culture regarding breaks, empower nurses to participate in restorative breaks, improve the overall health of night shift nurses, and ultimately decrease error and improve patient outcomes.
- Innovative ideas include: yoga, dark rooms for naps, meditation, tai chi, or other relaxation activities

# Thank you!

Upcoming publication in *Workplace Health and Safety*