



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

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# CAN YOU SEE ME? THE STUDY.

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.

**References :** Crotty,1998; Berg, 2008; Creswell, 2003; Patton,2002.



# 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



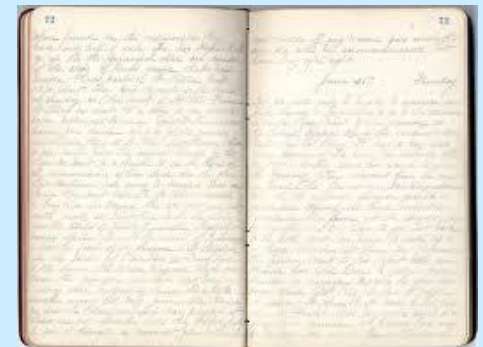
↑ **potential uptake of participants**



# 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

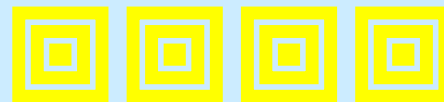
The unit of analysis was primarily the **complete thought**.



Data was analysed as:

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

**Codes rebuilt into interpretive themes**





# 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”

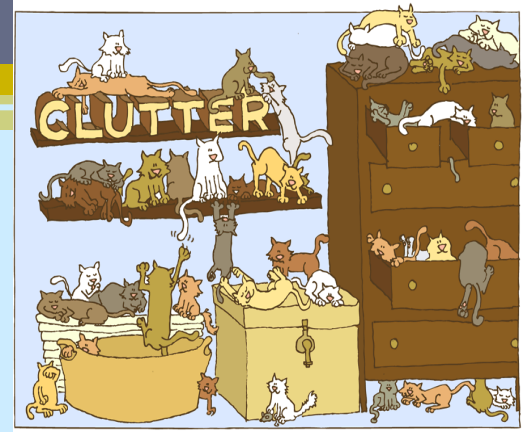


## Work relationships

- **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

Can you see me?

CONTROL + / -  
Decisions & autonomy

VALUE + / -  
Perceptions of  
role & position

## Dimensions

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



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- HETI-Rural Directorate
- The Night Shift Nurses
- Northern NSW Health District
  - **Directors of Nursing**
  - **Key nurses**





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# 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