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

Idona (Dona) Powell
After Hours Nurse Manager
Grafton Base Hospital
Northern NSW Local Health Network
(Previously North Coast Area Health Service)
Email: idona.powell@ncahs.health.nsw.gov.au
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Abbreviations

AHNM	After Hours Nurse Manager
CPD	Continuing professional development
ED	Emergency Department
HREC	Health Research Ethics Committee
NCAHS	North Coast Area Health Service
NSW	New South Wales
NUM	Nursing Unit Manager

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ABSTRACT

Can you see me? The experiences of night shift nurses in regional public hospitals: a qualitative case study.

Nurses and nursing have been studied at length across many cultures but there is little published about the experiences of nurses who work solely or predominately night shift. In the growing nursing crisis, night time nursing demands urgent attention to ensure a continued committed workforce. This study investigated the experiences of night shift nurses with a focus on their relationships with other night time staff, non-night time staff and general work satisfaction issues.

METHOD AND STUDY DESIGN: Constructivist inquiry was used to frame this qualitative case study. Data were derived from interviews and participant diaries. The participants were 14 nurses working nights half or more of their total shifts in medical or surgical wards of regional public hospitals in northern New South Wales. Participants were recruited by invitation, visits to wards by the researcher and local promotion by key nurses at the individual sites. Thematic analysis of the data was undertaken.

FINDINGS: Symbolic interactionist perspective was used to discuss the findings. Major findings were:

- **Worker interrelations**—Positive relationships were more common and stronger with nurses on the same shift and less cooperative with nurses on different shifts;
- **Obstacles in the work environment**—Night shift nurses endured poorer working conditions in terms of physical and interpersonal interactions than their daytime counterparts;
- **Variable work practices**—Night shift provided opportunity for professional growth for some nurses but produced a slippage in skills for others.
- **Impact of night shift on personal life**—Night shift provided nurses with flexibility for family and social activities yet impeded these same activities, primarily through pervasive fatigue.
- **Ubiquitous feelings of being undervalued**— Night shift nurses embraced a deeply seated belief of having a vital role that was neither acknowledged nor valued by managers or non-night nursing staff.
- **Control over conditions and decisions**— The night nurses sought autonomy to make their own decisions in conjunction with skilled leadership and support.

CONCLUSION: Night shift nurses had strong positive relationships with co-workers, but experienced disconnectedness with staff from other shifts and the facility in which they worked. They consider their role was highly critical yet believed they were poorly regarded. Further research to provide a deeper understanding of night shift nurses' experiences, and studies to address changes is warranted.

IMPLICATIONS for MANAGERS: The key areas of interpersonal relationships, effective leadership, work environment, clinical competencies and recognition of the critical role of night time nurses must be used to inform future decisions that impact night time nursing staff.

KEY WORDS: case study, nursing, night shift, experiences, hospital

EXECUTIVE SUMMARY

Implications

This research suggests specific factors influence night shift nurses affecting patient care delivery, organisational effectiveness worker relationships and worker satisfaction. Managers and nursing staff, irrespective of their shift, should consider the following points to improve conditions encountered by this group of nurses.

Nurses on night shift endure a lack of cooperation and recognition from non-night shift staff. Poor cooperation negatively impacts on patient care and worker satisfaction manifesting in missed opportunities for patient care and interpersonal staff difficulties including serious conflict.

Nurses on night shift miss out on professional development. Fatigue, poor environmental conditions and lack of designated learning time deprive night shift nurses of educational opportunities manifesting in reduction of both knowledge and skills. The self-esteem of these nurses is also adversely affected by these conditions.

Leadership for night staff is minimal. Nurses desire to work autonomously while concurrently expressing concern over limited skilled leadership available at night. Ineffectual leadership negatively influences worker satisfaction, morale and patient care delivery while control over work activities has the potential to reduce frustrations and improve the nurses' outlook.

Further research is required. Strategies building on the positives established by night nurses as well as strategies to moderate or alleviate the negatives are needed. In addition studies in wider settings must be considered. More information follows below and in the full report.

Context

The Australian health care system is under constant stress from numerous factors with the most dominant being workforce shortages, aging workforce, increase in patient morbidity, more complex patient needs, rapidly advancing technology and exponential advances in knowledge all of which affect nurses. Much is written about nursing and nurses yet vast chasms remain in our knowledge pertaining to behaviours and experiences of night shift nurses. Night time nurses manage with fewer staff than other shifts; have reduced access to expert advice, decreased managerial involvement and negligible clinical leadership. The differences between day time and night time nursing is not always acknowledged promoting poor understanding between the shifts. Night time tasks are performed under conditions more difficult than day work creating a challenge that requires nurses to possess specific knowledge and skills. The extent that working nights influences nurses' behaviour, their interaction with other staff, patients and family members is unclear and needs further research. Such knowledge is needed to help sustain a healthy committed night shift workforce and an organisation that delivers effective and efficient patient care.

This study investigated the experiences of night shift nurses focusing on their relationships with other night shift nurses, non-night shift staff and general work satisfaction issues. The primary aim of the study was to explore the experiences of night shift nurses working in regional public hospitals as a catalyst to meaningful dialogue in this relatively unexplored area. More specifically the study intentions were to help managers and non-night shift staff better grasp the sense of what night shift is all about and lead to the development and implementation of strategies to create positive change, improve worker satisfaction, application and patient care delivery.

Approach

Constructivist inquiry^(1, 2) framed this study. The study design was qualitative with a case study approach conducted at three regional public hospitals of 85-100 beds located in the former North Coast Area Health Service. Data was obtained through demographic questionnaire, semi structured interview and diary entries over a six month period in 2010. Common themes were identified within the data.

The study participants were 14 nurses who worked night shift half or more of their shifts in a medical or surgical ward over the three months preceding the study. Participants were recruited by displaying study information in the wards, visits to the wards by the researcher and through key nurses on site

promoting the project. Nurses were asked five key questions in interviews or were requested to follow a set of cues when making diary entries over five to ten shifts.

Findings

Symbolic interactionist perspective^(1, 3-5) was used to discuss the findings. The major issues for nurses working nights were determined to be:

Worker interrelations have shown to be a key element in night nurses' job satisfaction— Cooperative relationships occurred more frequently on the same shift in the same ward than on opposing shifts or across departments. Same shift relationships tended to produce an environment that was cohesive and effective while considerable animosity often existed between nurses on different shifts.

Work environment presented a difficult path for the nurses to negotiate— Night shift nurses had poorer working conditions than their daytime counterparts including perceived poor leadership. The workload peaks and apparent indifference to the needs of other departments or wards was a major concern.

Work practices were changeable— Nurses struggled to meet patient needs on busy shifts and at high demand times of the shift while finding it difficult to stay vigilant on the slower shifts. Learning opportunities were suboptimal at night yet despite the conditions some nurses found opportunities for professional growth and development while other nurses acknowledged a lessening of their skills.

Working night shift had a major impact on the personal lives of nurses— Night shift afforded nurses a unique lifestyle giving them flexibility for family and social activities. At the same time night shift interfered with these opportunities principally through intractable fatigue. Nurses did not fully adapt to their nocturnal hours despite many years working at night.

A constant sense of being undervalued was present— Night shift nurses revealed a deeply seated belief that although their role was vital it was neither acknowledged nor valued by managers or non-night nursing staff. The undervalued position was emotionally hurtful and interfered with the night shift nurses' functioning and self-esteem.

Night nurses looked for more control over decision-making and certain variable conditions encountered at night— Improved autonomy to make decisions while simultaneously receiving skilled leadership and managerial support was desired by these nurses.

Recommendations for further research

Replication of this study in different geographical areas and facility settings This study has identified positives and negatives for night nurses within a narrow demographic profile in medium sized regional public hospitals. Results will be strengthened by replication in a variety of settings.

Day shift rotation for night nurses. Night shift nurses suffer a multitude of detrimental health effects, have suboptimal working relationships with non-night shift nurses and lack professional development opportunities. All three occurrences potentially realise negative outcomes in patient care delivery and organisational efficiency. Further understanding into the effect of leaving night shift and progressing to day shift is required so nurses may be supported in this transition.

Enhancement of night shift and day shift relationships. Improved working relationships have the potential to benefit the organisation, the patient and the nurse. Strategies to improve the relationships between night shift nurses and other nurses can be incorporated into routine nurse interactions.

Night shift professional development. This study revealed considerable problems with night nurses maintaining competencies and currency of knowledge and technology. It is critical to find appropriate means to include night nurses in meaningful educational activities to sustain a knowledgeable and competent workforce.

Provision of skilled leadership at night. Leadership was perceived to be lacking for night staff and ways need to be explored to connect night nurses with the entire hospital team. Successful leadership heightens organisational connectedness and commitment improving outcomes.

INTRODUCTION

Nurses are key players in health care delivery with night shift nurses having a special role in the provision of health care. Night shift nurses are responsible for patient care with little support⁽⁶⁻⁸⁾ in a difficult working environment under conditions of fatigue⁽⁹⁻¹³⁾ and other hardships directly related to working at night^(6-8, 10). Nurses, irrespective of their shift, are under constant stress from staff shortages, aging workforce, more complex patient needs, continued technological progress and exponential advances in knowledge^(10, 14-24). As a consequence of these and other factors, nurses experience a reduction in work satisfaction while the organisation suffers from ineffective and inefficient practices^(16, 25-33). As health care progresses into the twenty first century with rising financial costs and constraints on expenditure; increasing demands and expectations for high quality patient care; worker safety and welfare issues; and ever increasing technology, it is imperative that the linchpin of health care delivery, nurses, are appreciated and their potential maximised.

Nurses form a substantial proportion of the health care workforce with night shift nurses covering nearly 42%* of daily hours within 24 hour service facilities. Given the critical importance of night shift nurses, it is essential to understand factors that give meaning to their work and how both individual nurses and the organisation within which they work can benefit from their contribution to health care provision. This research has been developed to provide insight into the previously unexplored world of night nurses with the intent to identify avenues that suggest beneficial redesign.

The report includes a review of current literature, research methodology and method. The major themes are identified and implications discussed. Findings are anticipated to inform decisions undertaken by local executives including Directors of Nursing, Health Service Managers, Nursing Unit Managers (NUMs) and hospital based nurse educators.

Literature search

The literature review was commenced in 2009 as part of a submission for a research scholarship with Clinical Education and Teaching Institute-Rural Directorate, Rural Research Capacity Building Program. The Cumulative Index to Nursing and Allied Health Literature was the primary database used. The search was restricted to full text English articles. Due to the volume and significance of changes over time the search was confined to literature post 1998. As few papers were found specific to the experiences of nurses working night shift a broader approach was necessary. Articles were selected where study objectives involved determination or description of activities, impact and experiences of nurses in hospital settings, regardless of shift. Key search terms included various combinations of the following: night shift/duty/ work, experience, nurse/nursing, recognition/value and work practice.

LITERATURE REVIEW

The duties and working conditions of nurses are well covered in the literature^(10, 12, 26, 31) yet few empirical studies document the nature of care delivered at night, the ways in which night time roles differ from day time roles, the level of control and leadership experienced or the special educational needs of night nurses^(8, 34, 35). Similarly there is scant research on the behaviour and experiences of nurses working night shift^(7, 8). In the absence of literature on night shift nurses' experiences and the meaning of these experiences, much of this literature review pertains to elements influencing nurses' work commitment, productivity and job satisfaction, all of which are relevant to the experiences of night shift nurses.

The literature exposes a number of themes depicting issues important to and for nurses. The more prominent themes are *structural environment* such as physical layout^(18, 36, 37); *organisational environment* encompassing leadership, workload and learning opportunities^(6, 37-40); *interpersonal relationships* across shifts, disciplines and departments^(7, 18, 36, 37, 41, 42); *patient care* including both tasks and compassion⁽⁴¹⁻⁴⁶⁾; *professionalism* incorporating empowerment, autonomy^(14, 16, 21, 31, 43, 44, 47-49); and *professional development*^(6, 7, 34, 35, 43); *concepts of night work* or how night shift is perceived by night nurses and others^(7, 18, 40, 50); and *impact of night work* on individual nurses' health and wellbeing^(7, 10-13, 34, 37, 39, 40, 42, 50-52). These themes combine to influence job satisfaction and worker productivity. The

* Based on ten hour night shifts

themes are interrelated with the potential for any single theme to influence each of the other themes. As only the latter two themes directly concern night shift a continued reference to general themes is made when reflecting on the experiences of night shift nurses. This paper addresses all but the first theme.

The work environment is a composite of many of the above themes. Not surprisingly the work environment becomes more challenging and less satisfying when workloads are heavy, skill mix poor and nurses have reduced autonomy to practice^(7, 14, 18, 19, 21, 37, 44). Favourable work environments require teamwork, collaborative relations and skilled leadership^(18, 19, 21, 37, 53). Skilled leadership is necessary to nurture and facilitate nurses' feelings of appreciation⁽⁵⁴⁾, empowerment and work satisfaction⁽⁵³⁻⁵⁵⁾ in a tumultuous environment.

Clinical leadership in health care settings is an issue of international concern⁽⁵⁶⁾. Participants in an Australian study regarded the NUMs as ineffective and ignorant of problems nurses' deal with on the ward⁽⁵⁶⁾. This is a major concern as leadership behaviour contributes to and is a predictor of organisational commitment⁽⁵⁷⁾; empowerment^(14, 53, 56); intent to stay⁽¹⁸⁾; productivity^(56, 58); and staff morale⁽⁵⁶⁾. Leaders who involve staff in decision making contribute to their feelings of security and appreciation⁽⁵⁴⁾. Unfortunately leadership on night shift is severely lacking⁽⁵⁷⁾ effectively excluding night nurses from the wider organisational culture⁽¹⁸⁾.

In addition to successful leadership, positive social interaction and communication within organisations also result in higher levels of productivity, retention and job satisfaction^(16, 20, 59). Notably, interrelations between workers greatly influence the work environment and are rated second only to patient care in raising job satisfaction⁽³⁷⁾. Boosted by a strong worker interface nurses are more likely to feel empowered resulting in a positive effect on themselves and the work environment⁽⁴²⁾.

Autonomy accompanies empowerment giving the nurses control over their work, capacity to make decisions and prioritise tasks and to work without close supervision⁽¹⁶⁾. There is evidence that nurses with actual or perceived increase in autonomy also have improved problem solving skills^(16, 21, 31, 48, 49) which is a very important attribute for night shift staff to possess. Empowerment and autonomy of night staff, as distinct from nursing in general, have not been explored in the literature.

Despite the drive for autonomous work practices and empowerment, workplace dysfunctional conflict is common within and between departments and shifts^(9, 37). Nurses continue to attack junior, new and less experienced staff rather than provide support^(60, 61). The negative spinoffs of conflict affect the organisation and the individual and include burnout, poor team performance, decreased productivity, higher absenteeism and higher turnover^(9, 37, 62, 63). The main sources of conflict tend to be interpersonal and communication infringements. Although not exclusively, much of the conflict encountered by night staff is with staff on other shifts^(9, 39, 41). As most nurses dislike conflict they have been reported to go to some lengths to avoid it, even at the expense of collegiality, patient safety and morale⁽⁶⁰⁾.

Also hindering morale is the perception of not being valued or recognised by colleagues, employers and policy makers^(19, 64, 65). Nurses who are valued and given recognition by patients and families, and support and guidance from supervisors or managers once again demonstrate increased productivity, engagement and work satisfaction^(9, 21). Despite working conditions and level of recognition, nurses value what they do and sustain a strong drive to work hard, deliver quality patient care irrespective of the shift they work^(37, 58).

Although much is written about nursing and nurses, it is clear that vast gaps remain in knowledge pertaining to various characteristics of night shift. Nonetheless, two salient facts are known. Firstly night work is a challenge for most nurses⁽⁴⁰⁾ and secondly nursing at night is different from nursing during the day⁽⁸⁾. Night duty tasks are performed under conditions more difficult than day work and include working with soft voices, poor light and making decisions when very weary⁽⁷⁾. Night time nurses manage with fewer staff than other shifts, less access to specialist knowledge and services, decreased managerial involvement^(8, 10, 66) and poor clinical leadership⁽⁵⁷⁾. Plans made during the day often control what is done at night⁽⁶⁾ potentially diminishing autonomy and reducing the already low status of these nurses.

Although night work is demonstrably different to day work⁽⁸⁾, night staff have a tendency to regard their work as similar to day staff but without the necessary personnel to do their job successfully⁽⁷⁾.

Night time care demands specific knowledge and skills⁽⁶⁷⁾. Night nurses must rely on their own judgment, experience and knowledge when making decisions and caring for their patients as there is little clinical or managerial support available for them⁽⁷⁾. Of particular importance is the nurses' ability to assess the patient and situation to determine the need for more expert assessment⁽⁶⁷⁾ or intervention. Not surprisingly night staff express feelings of insecurity from working alone and a shared sense of disconnectedness from mainstream organisation and professional activities^(9, 14, 55, 57).

Night staff are comprised of nurses of all ages and experience levels ranging from novice to expert⁽³⁵⁾. Three categories of nurses who work nights are described⁽⁶⁶⁾. There are those who love to work nights; those who are required to work nights by the organisation; and those who have to work nights due to personal circumstances. Those who love to work nights have personalities well suited to nighttime work. These nurses prefer the isolation and perception of independent practice or may be attracted to the different pace of the night shift^(13, 34, 35). Some consider that the night environment is less stressful. Nurses who are required to work night shift tend to be junior, recently employed or merely adhering to the organisation's shift rotation policy⁽⁶⁶⁾. Those who work night shift because of personal circumstances do so because of personal conflict, child care needs or financial concerns^(34, 35).

A number of nurses who have to work nights find the flexibility of night shift favourable to their often busy daytime commitments and regard the shift positively^(9, 13, 52). Those who are satisfied with their working hours have meaningful leisure activities. While night time working hours give nurses a great deal of freedom during the day, the irregularity and pervasive fatigue denies them a range of activities or greatly diminishes motivation to be involved in daytime activities^(9, 11-13). Not unexpectedly a supportive family structure shields against maladaptive fatigue⁽⁶⁸⁾ while an unsupportive family environment contributes to family discord⁽¹²⁾.

Many misconceptions of night staff persist based on a lack of knowledge amongst other staff⁽⁷⁾. A general belief is that individuals have an extra day off after a night shift revealing a misunderstanding about the need for sleep following a night shift⁽⁷⁾. Another misconception is that the work is easier and night nurses are much less busy than day staff^(34, 50). Some even believe nurses sleep through their shift as do their patients, when in fact some patients feel worse at night, are more anxious and more demanding^(7, 50). Others believe the night nurses are less intelligent, less qualified and less committed and work nights simply to 'hold the fort' for day staff⁽⁹⁾. Because of the supposed greater availability of time at night and this supposed lesser importance of night staff, night nurses are allocated a number of service tasks⁽⁵⁸⁾ in addition to clinical care and management of their patients. Overall it is apparent that nurses who have not experienced night shift do not understand what it is like personally and professionally for the nurses who work nights^(7, 41).

Society also has a perception that working nights is undesirable^(9,34) and less important than other shifts⁽⁴⁰⁾. Even nursing students rate operating theatres, emergency departments, maternity and intensive care units as more interesting and requiring more skills and knowledge than night work^(7, 69) which is considered unattractive and of lesser value. Night nurses feel they are unappreciated, marginalized and lack recognition for their considerable responsibilities, and are held in low esteem by management and non-night shift staff^(7, 9, 34, 50, 70). In fact night nurses firmly believe inherent value is absent from their position leaving them unseen and unappreciated⁽⁷⁾.

While minimal information is available about the learning needs of nurses who work at night it is known that these nurses want to learn but have limited, if any, structured night time training, meager access to formal day education programs, are fatigued and suffer poorer conditions in which to learn^(6, 7, 35). In contrast dayshift nurses have a multitude of structured learning activities and opportunities with many having designated learning space where they would not be disturbed by patient demands. Despite the fact that night staff place a high regard on continuing professional development (CPD)⁽³⁵⁾, they articulate their inability to sustain motivation for self-directed learning in the suboptimal conditions along with insufficient time resulting in lessening of competencies and failure to keep up to date with current knowledge^(19, 43, 71). Successful CPD programs for nurses who work nights could be expected to generate positive organisational benefits as well as improved skills, attitude, performance and involvement for the individual^(6, 7, 34, 35). Managers possess a key role in ascertaining how to generate and perpetuate nurses' interest and create opportunity for ongoing education in the ever-

changing health environment⁽⁴³⁾. This role should include the often neglected night staff but evidence that it does is elusive.

In addition to the low social position of night nurses, lack of support and minimal development opportunities there are real concerns that working nights constitutes a health hazard^(12, 13, 40, 72). This area is one that has been extensively studied^(13, 52, 63). Work at night is physically and mentally demanding impacting upon the quality of performance^(10, 40). Health problems for night nurses extrapolated from the literature are listed in Table 1. These detrimental effects combine to place night time nurses in a risky situation. Nurses who work permanent nights may adapt to their situation and have a greater ability to overcome fatigue than their day shift counterparts^(9, 63). However this argument is contradicted by the National Sleep Foundation⁽⁷³⁾ who found no evidence that night shift employees 'get used to' the shift overcoming performance problems linked to circadian variations in alertness. Regardless it is clear that recovery from night shift work related fatigue is slower than fatigue from day or evening shift staff⁽⁶⁸⁾.

Table 1 Selected health problems affecting nurses who work night shift.

Disturbed:	Increased problems with:	Shorter life expectancy and more physical diseases such as:	Nurses:	Increased:
<ul style="list-style-type: none"> • sleep • appetite • energy levels • exercise regimes • concentration • social life 	<ul style="list-style-type: none"> • irritability • reduced performance • motivation • ability to think clearly and quickly • familial discord 	<ul style="list-style-type: none"> • heart disease • gastrointestinal diseases/disturbances • cancer • diabetes • reproductive disorders 	<ul style="list-style-type: none"> • are not as alert • struggle to stay awake during the second half of the shift • have poorer dietary habits 	<ul style="list-style-type: none"> • absenteeism • accidents • errors • injuries

A positive outcome of working nights is the special relationship among night staff, particularly with those working in the same nursing unit⁽¹³⁾. Night staff consistently show appreciation for and work in concert with their night shift coworkers^(7, 50). Their colleagues have an important role both as conversation partners and role models in various behaviours including eating behaviours⁽¹³⁾.

This positive relationship does not carry over to the interactions night nurses have with nurses on other units or other shifts which is weak at best⁽³⁷⁾. In many instances, it is clear that a sense of a nursing team is not predisposed to extend across departments⁽⁹⁾ or shifts⁽³⁷⁾. Not only is there a sense of isolation as units work independently of each other but a lack of cohesion between staff leading to dysfunctional antagonism^(9, 41). There are also feelings of neglect and omission from the information loop^(35, 41). Effective communication is needed to mitigate some of this antagonism and generate mutual appreciation and promote cooperation⁽⁷⁾.

Nurses working at night will always be key players in health care delivery in acute hospitals⁽²⁰⁾. Apart from the detrimental effects on their health little is known about their behaviours or experiences^(7, 8, 10, 14, 46, 57). Given increasing nursing shortages, issues with recruitment and retention and especially the negative perception of night shift and those who work this shift, every effort needs to be made to enlighten health care workers about the role and experiences of night time nurses. It is important to provide night nurses with the recognition they deserve but hitherto have not received and to recognise potential for improvements to the working environment that will benefit the nurse, the organisation and the patient. In the growing nursing crisis, night time nursing demands urgent attention to ensure a continued committed workforce.

STUDY AIMS

This study investigated the experiences of night shift nurses with a focus on their relationships with other night shift nurses and non-night shift staff as well as general work satisfaction issues. The primary aim of the study was to learn about the experiences of night shift nurses working in regional public hospitals as a catalyst to meaningful dialogue on night shift nurses' experiences. More specifically the study intentions were to help managers and non-night shift staff better grasp the sense of what night shift is about. Through understanding what it is like to work nights, the good and the bad; the challenges and the routine; development and implementation of strategies to create positive change, improve worker satisfaction, application and patient care delivery are all possible.

METHOD

STUDY DESIGN

Constructivist inquiry^(1, 2) was used to frame this qualitative case study^(2, 74-76). A case study approach permitted a deeper understanding and more insight into the experiences, thoughts and feelings of night shift nurses without the constraints of a more rigid research design. This approach allowed the researcher to focus on understanding the context, content and to make some sense of the night time nurses' experiences^(74, 76, 77).

PARTICPANTS and SETTING

The inclusion criteria^(76, 78-80) was determined to attract participants who could contribute significantly on their experiences as a night shift nurse. Participants were registered, endorsed enrolled or enrolled nurses with a minimum of three years nursing experience, currently working in a medical or surgical unit with permanent or temporary employment. Participants needed to have worked half or more of their shifts in the preceding three months on night shift. These selection criteria produced participants who were thoroughly immersed in the night work routine and culture.

The setting was three public hospitals spread across the then North Coast Area Health Service (NCAHS) in NSW. The hospitals had a bed capacity of around 100 beds each at the time of the study. The towns were coastal or near coastal with town population ranging from around 10,000 to 24,000⁽⁸¹⁻⁸³⁾. The towns were mostly populated by white Europeans with an Aboriginal population ranging from 1.9% to 9.8% compared with a NSW and Australian averages of 2% and 2.3% respectively⁽⁸⁴⁾. All hospitals were within ninety minutes by road of a major regional hospital. All three hospitals provided a range of inpatient medical, surgical, high dependency, maternity and emergency services and had a single medical officer based in the emergency department over night. In the hospitals selected, nurses made decisions with minimal medical support. These hospitals were selected because they were comparable in terms of size, function, were from different networks within an Area Health Service therefore giving a range of management cultures. Pragmatic consideration of proximity of each site to the researcher was an additional factor.

DATA COLLECTION

Three Directors of Nursing were approached for approval to include their hospitals in the study. All three readily agreed to participate and were emailed a one page project summary, the ethics approval and given the option to discuss the project. The study was promoted within participating hospitals by the researcher meeting with nursing executive, senior nursing staff and attending relevant staff meetings. Study information (Appendix A) and a nomination form (Appendix B) were distributed to eligible wards. Night shift after hours nurse managers and key nursing staff from each site were instrumental in promoting the study.

Data were collected via primary interview, diary collection and secondary interview. The two options, interview and diary, were included to increase the uptake potential with participants. Due to the researcher's position as after hours nurse manager at Hospital One, participants at this facility did not have the option of a primary interview. Those from Hospitals Two and Three who selected a diary were phoned prior to mailing the diary to ensure they understood the study intent and process. Following this contact, participants were sent an exercise book (diary), consent form (Appendix C), demographic questionnaire (Appendix D), instructions (including the five cue questions) (Appendix E) with a cover letter of thanks and a copy of the information sheet that had been distributed at the hospital (Appendix A). These participants were contacted seven to ten days post mailing of the diary to ensure the diaries had been received. At this time the researcher explained the diary cues (Appendix F) and gained verbal consent from the participant. The written consent was returned with the diary. Participants were instructed to record their night shift experiences, thoughts, and feelings⁽⁷⁶⁾ over a period of five to ten, not necessarily consecutive, shifts. Participants were encouraged to ask questions about any aspect of the study. Demographic details were also attended at this time. Secondary interviews were conducted to seek clarification of aspects of diary entries^(76, 85).

Interviews using open ended questions were semi structured and digitally recorded with the participants' consent^(75, 76, 85). In addition to the five semi-structured questions, questions were refocused^(76, 85, 86) during primary and secondary interviews to gain more clarity on topics such as communication, feelings of isolation or connectedness and affect on their personal life. Field notes

were also made during interviews⁽⁷⁶⁾. A semi structured interview method was selected as the data produced in this manner is more systematic and comprehensive than either unstructured or fully structured interviews^(76, 85). Interview questions and format were tested in a pilot interview^(76, 85) and indicated no adjustments were necessary. No data from the pilot interview were used. Interview questions (Appendix E) were constructed to encourage candid comments.

At the end of each interview session, the researcher encouraged participants to talk about anything they considered meaningful^(76, 85, 86). Interviews were held at a venue of the participants' choice including public coffee shops, a hospital meeting room, nurse's own home and via telephone for secondary interviews. Data collection occurred between May and November 2010. Data were collected to exhaustion of willing participants at the time. Numbers were allocated to all participants to maintain confidentiality.

All data was collected by the researcher. The researcher has a Masters in Health Science Management and has worked as a manager at the point of care delivery for more than 20 years. The researcher employed constant reflexivity^(75, 78, 87-89) including recording a diary of her own night shift experiences. The researcher's current employment as an after hours nurse manager increased her ability to have a substantial understanding of the participants and their physical world⁽⁷⁵⁾.

DATA ANALYSIS

The aim of the data analysis was to draw meaning from the discourse. The data was analysed by the researcher moving between discrete entries within transcripts, whole transcriptions and across the different transcriptions⁽⁷⁸⁾. Analysis began with specific observations progressing towards the emergence of a general pattern^(76, 79, 80, 85). The unit of analysis was primarily the complete thought, ranging from one word to several sentences⁽⁸⁸⁾. Unique thoughts within the data were coded and then rebuilt into larger interpretive themes^(75, 76, 80, 88, 90, 91). The themes were developed insitu from the data and generated from pertinent literature external to the study⁽⁹¹⁾. The validity, reliability and overall rigour of the analysis was strengthened by the researcher's mentor, supervisor and a fellow researcher all independently reviewing the data^(80, 87, 90) followed by discussion and agreement on key themes.

All data, interviews and diaries, were transcribed verbatim by the researcher. For clarity direct quotes from diaries used the full term rather than abbreviations adopted by participants. Prior to analysis each recording was listened to at a reduced speed, rewinding repeatedly to ensure accurate transcription. Once fully transcribed, recordings were replayed at 80–90% normal speed in toto to allow the researcher to grasp a sense of the whole and ensure accuracy. Similarly diary transcripts were reread in toto⁽⁹¹⁾. One interview participant accepted the option to review their transcript⁽⁸⁷⁾. No data was changed or retracted as a result.

ETHICAL APPROVAL and CONSIDERATIONS

The Study was approved in December 2009 by the NCAHS HREC (approval number 480N; reference number HREC/09/NCC/56) with Site Specific Assessments approvals received in March 2010 (SSA reference number SSA/10/NCC/5). Normal ethical considerations such as informed consent, no deception, right to withdraw without consequence and confidentiality were maintained⁽²⁾.

CONFLICT OF INTEREST

No conflict of interest is declared.

FINDINGS

The results and discussion have been deliberately integrated into this single section to enable participants' dialogue and meaning within the dialogue to remain pivotal⁽⁷⁹⁾. The interview situations were characterised by openness and trust, with the nurses' demonstrating an eagerness to talk about their experiences. In presenting the findings the researcher endeavoured to capture both the positive aspects and the barriers encountered by nurses working night shift.

The data were interpreted within a constructionist framework^(1, 2) allowing the nurses' engagement with their night shift world to bring into being their own unique reality. Drilling down further, a symbolic interactionism theoretical perspective^(1, 3-5) was used to understand how the nurses made sense of their experiences. Symbolic interactionism recognises that the nurses acted and reacted to

their night time environment based on the meaning it had for them at the time. Their actions were based on the meaning they derived from the situation following interpretation of the social interactions they had with other staff, patients and visitors. Ultimately the shared meaning attributed to events and behaviours encountered by night shift nurses allowed for a clearer understanding of their world^(1, 5).

Seventeen nurses agreed to take part in the study. Three nurses did not submit any data. Two of these nurses stated they had lost their completed diary, the third nurse decided she no longer wished to participate. Of the 14 participants, ten worked exclusively night shift. There were four interviews, ten diaries and three secondary interviews with diary participants to clarify already submitted data. Only the researcher and participant were present at interviews. Primary interviews ranged from 40 to 96 minutes; secondary interviews from 24 to 50 minutes. In all cases there was non-study related chatter at commencement and conclusion of interviews to build rapport and provide closure^(76, 85). Diaries ranged from 752 to 3595 words in length. Participants worked in one ward only throughout the study period. All participants were female and none identified as being from Aboriginal or Torres Strait Islander or culturally and linguistically diverse backgrounds. In the data analysis no distinction was made between any demographic features to ensure confidentiality and anonymity of participants. Pseudonyms are used in this report. The demographic details of participants are displayed in Appendix G.

After reviewing the literature, data considered not specific or paramount to the experiences of night shift were omitted. The remaining data are believed to be consistently meaningful to participants. As some ideas overlapped the themes derived are not mutually exclusive, with resultant blurring of the division created between them^(90, 91). Reaction by night shift nurses to the apparent value or lack of value, of the work they performed and the notion of control held, desired or perceived were two dimensions⁽⁸⁸⁾ found interwoven throughout the major themes. The key themes, subthemes and dimensions are depicted in Figure 1.

A GOOD GROUP

'A Good Group' encompasses the participant's relationships with other employees regardless of the shift, department or discipline. '**'A Good Group'** includes level and type of support given and received by the participants. Relationships were neutral, positive or negative. Even a neutral response demonstrated the critical nature of the relationship amongst night shift staff.

The person you are working with has a huge impact on the night you have. You need to be confident in your co-workers abilities, know that they can make decisions, keep you informed ... (Lucy)

Participants' discourse universally exhibited a special relationship and elevated regard for their night time colleagues adding to their job satisfaction and commitment to night nursing. "*I enjoy night duty because of the people I work with*" (Ellen). Also evident is an intimacy not commonly found on other shifts^(7, 13). This intimacy lends itself to loyalty and supportiveness that may be protective against some of the detrimental influences of night shift^(13, 63, 73).

So yeah you talk about things, everyone knows about everyone's family and kids, the naughty kids.... probably no different to what I would share with my close friends anyway. Although some people share more (laughs) than you would share with them. (Martha)

However, it is not just the intimacy of the relationship that is important but the nurses' confidence in their co-worker. Having confidence in your co-worker is another protective factor against some of the stressors of night shift^(7, 13, 44, 59, 63).

She is capable and confident, she knows her work backwards and everyone is as safe as they can be. (Chrissy)

The relationship with other staff played an important role in the perceived control in decision making held by participants. Higher levels of control are likely to be accompanied by increased autonomy, self-regard and acceptance of responsibility^(21, 48, 49).

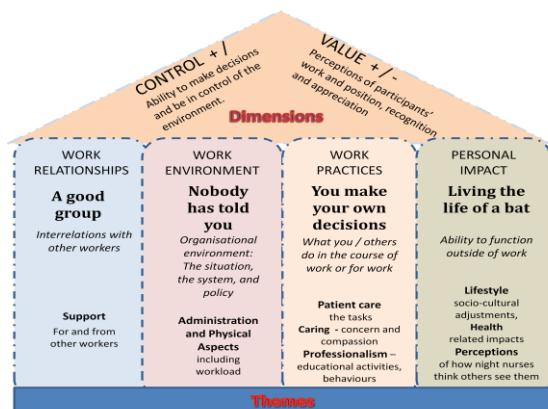


Figure 1: Major themes and dimensions derived from interviews and diaries

...when you are working with good people you get your work done, you feel in control... I guess a bad night is when you don't feel in control ... or you don't like who you are working with. (Martha)

This positive interaction with co-workers was not present with all staff. Examples of interpersonal conflict also arose and at times the discourse indicated bullying. Poignantly "Some staff...look down on you and you feel intimidated..."(Pam). There were several reports of nurses secluding themselves to avoid conflict situations which concur with the literature^(37, 60-62). When the in-charge of shift refused to assist and guide a less experienced nurse she declared:

I was spoken to in an abrupt manner, constantly criticised.... I felt helpless and undervalued... [and] ...When I sat down to eat a buzzer went and she [co-worker] made no attempt to answer it. (Tanya)

Contrary to the above comments team work was highlighted as vital to a successful shift by most participants. "There is a good relationship between most of the night staff – no bitching" (Nicole). In addition to teamwork with co-workers, several participants indicated helpful relationships with the staff coming on or going off shift.

...if I can't get it done they'll get it done,... [and] I'm happy if they're busy on the afternoon shift and they say we haven't done that, it's not an issue, I think it is the way you approach it. (Ellen)

Again support and sense of teamwork across shifts did not pertain to all staff. Most participants were disparaging about nurses who they felt unjustifiably left 'their' work for the next shift.

Not so good-having to do catch up work when you take over someone from previous shift who is not organised and has left a lot of work unfinished. (Pam)

Night staff interpreted the behaviour of non-night staff as unsupportive and without insight or understanding of their situation. Teamwork, respect and recognition by non-night staff were noted to be missing. As regularly inferred in the literature lack of cooperation was a recurrent problem between shifts^(7-9, 41).

Predominantly morning staff will walk on the ward and plant themselves at the desk... (Lucy)

...they [evening staff] know that we like them to give the medications, some people just choose not to do it.....the morning [staff] constantly come late, and they chatter between themselves when you are trying to give handover. (Louise)

Non-essential interactions with staff on night shift in different wards were acknowledged to occur only occasionally. This was generally of a social nature rather than to assist with patient care. Limited relationships also existed with staff on day work exacerbating feelings of isolation and lack of connectedness to the hospital^(7, 9, 14, 55, 57).

... I sort of feel out of it when all the other domestic people come on [in the morning] because I have always done night shift - I don't ... know them by name or anything, I'm the night person you are sort of thinking you feel a bit inferior or something. (Martha)

Thirteen of the participants spoke or wrote positively about night supervisors or after hours nurse manager's (AHNM) usefulness and importance. Supervisors' behaviours were regarded as supportive rather than instructive. This is congruent with available literature^(54, 57, 62).

Good support again from supervisor ...I do believe our supervisors have a great understanding of nights and staff. (Deena)

[Supervisor] will have their finger on the pulseis always really friendly and makes you feel relaxed....if anything is going to go wrong, you can rely on [supervisor] 100%. (Louise)

There was only an occasional disapproving observation about supervisors.

There are some supervisors that you feel are just...worried that you're going to do something wrong on their shift and they'll be responsible. (Louise)

While support for the AHNM was nearly universal, the support for the NUMs varied from unambiguous appreciation to distain.

I look forward to seeing her...if I want to give her any feedback or say anything, I've got that opportunity.... (Nadine)

More commonly the remarks were negative. Neither a positive presence nor leadership by the NUM was evident to night staff. Participants felt it not worth their while to even bother trying to talk to the NUM. "She is unappreciative, she is unsupportive" (Judith). According to the data, and as purported in the literature, leadership on night shift is important but often missing or poor^(9, 35). Part of the concern with inadequate leadership was the perception of poor recognition and low respect inherent in night work which is symbolic of the lack of worth placed on this shift by managers and other nurses.

Probably one of the greatest negatives will be criticism from staff [including the NUM] coming on morning shift continually questioning your actions...or just generally making you feel worthless with thoughtless comments....(Lucy)

'A Good Group' clearly revealed consistency with the literature finding that solid, cooperative relationships occurred more frequently on the same shift in the same ward generating an environment that was cohesive and effective^(7, 13). The relationship with co-workers was the single most common thread throughout the data. There was less evidence of support for staff on opposing shifts or on different nights and indeed an adversarial relationship was often present with these groups creating a dysfunctional and unpleasant environment. This sense that the team did not extend across hospital units is also in accord with the literature⁽³⁷⁾. Participants tended to project that when things did not go well during their shift this was due to circumstances beyond their control, yet considered that problems encountered by non-night staff was likely a consequence of the skill levels and attitudes held by these nurses.

NOBODY HAS TOLD YOU

'Nobody has told you' concerns the organisational environment enveloping the night shift nurse. Within this theme are the subsidiary themes of administration and physical aspects where administration includes governance, and physical environment incorporates the nurses' workload and conditions. For nurses in this study issues revolved around the workload, particularly at handover, and lack of understanding of the interaction and interdependence of other departments with their own ward. There was also concern about the level of leadership, broken equipment, ineffectual communication and poor application of some non-night staff. Interestingly, despite all the negative comments relating to the organisational environment there was a common view by permanent night staff that:

You don't have to put up with all that rubbish that you have in the daytime and you can just get on with your work. (Louise)

While there is a great deal written about the impact of governance^(18, 30, 59, 92, 93) this emerges as only a notional concern for participants in this study. This may stem from the fact that not only are night nurses removed from many non-clinical decision making processes but are unaware of a gamut of decisions filtering through to the wards. What was important were difficulties encountered due to lack of resources. Considerable frustration was expressed at administration's perceived poor recognition for the needs of night staff along with constant changes to policy and practice requirements: "*They keep changing the goal posts to suit themselves.*" (Louise). Although shortage of equipment was not an exclusive problem of night shift, the problem was accentuated at night, possibly because of the view night staff have of themselves being forgotten or ignored.

We had a post operative patient in a lot of pain. A PCA [patient controlled analgesia] was supposed to be commenced but we did not have the equipment!I felt unsupported by the hospital for the lack of equipment. I was embarrassed and frustrated. (Nadine)

Contrary to governance issues, the physical environment in which the nurses worked had a more apparent impact. Despite few opportunities to leave the work area due to no relief staff and clinical demands, participants still expressed feelings of neglect because they had no suitable area set aside to take breaks. "*We don't have an area where we can go and that's a bad thing*" (Louise). External influences on work environment such as the ambient temperature within the ward were mentioned by several participants.

It is getting colder which adds to the 'hardness' (staying awake, feeling lethargic and sometimes achey) of night shift. (Nadine) –internal brackets are participant's

I'm feeling very cold and still unwell.... The air conditioner won't change from blowing cold air all night. (Sheila at 4am)

Participants interpreted these suboptimal conditions as further evidence of being out of sight to management thus missing out on funding necessary to improve conditions at night.

More often participants focused their thoughts on the busy work setting. However, the disorderly condition of the ward made an impact on several participants. When a work station was littered with leftovers from activities of the evening shift and prescribed work was not completed the perception was that the evening staff lacked interest in and respect for the night nurses' role. This situation was poorly tolerated. When the ward was tidy it made a positive impression:

The afternoon staff have the desk tided tonight of clutter. No ½ drunk drink bottles ... or empty cups of coffee left for us to tidy up that can sometimes be about. (Sheila)

Workload is a multifaceted construct^(19, 21, 26, 42, 50) perceived differently depending on the nurses' attitude, timing of the event (especially handover time), complexity of the patient, number of patients and staff skill mix.

Usually I don't mind the type of patient but if I don't feel well ... I take umbrage at...being left with patients others wish to avoid ...[and I feel] put upon... transfer [of new patients] should avoid handover. (Chrissy)

Again in regard to timing, a number of participants demonstrated a limited grasp of the bigger picture.

I find casualty hang on to patients for ages and ages ...then they'll send them up just at 5 o'clock, when you're just about to start to do all your antibiotics ... I don't know why they do that..... (Louise)

The nurses' need for control surfaced repeatedly. The level of busyness and lack of control were graphically described on an exceedingly busy night.

The ward was out of control.....Buzzers going off before we are able to do a round and check on everyone...The cup of tea I'd made at the start of the shift was still sitting on the desk stone cold – there was no time to eat or drink or even PU [pass urine] myself! (Nicole)

Sarah acknowledged that busy nights were hard to deal with but "...you manage to somehow get though." While participants complained that evening staff did not offer assistance and left unfinished work for the night staff, night staff reported they seldom stayed on to help morning staff. These actions can be interpreted that night staff are deserving of assistance because of the circumstances they encounter, but the staff on the other shifts are unsupportive, or perhaps lazy.

A direct relation was evident between how the nurses felt about their work and the amount of control perceived. "*when....you get your work done you feel in control.*" (Martha). In contrast to being overwhelmingly busy and out of control busy nights were not without some benefits. "*Constant work load ... made night go fast.*" (Pam). Participants made a number of self-evaluations expressing confidence in their own ability to manage the situation. "*Being busy does not concern me in the least. I can prioritise and organise.*" (Tanya). While the bulk of data pointed to negative perceptions, there were a few positive comments. Sheila wrote "*the ward is quiet. I feel happy and relaxed [and in control].*" Busy shifts impeded patient care and nurses showed concern for the patients rather than themselves.

I like 'quiet' it means time for my patients' and certainty that the 'jobs' are going to get done. ...[yet] night shift sometimes is more difficult when it is 'quiet'- [it] can make for a long shift. (Nadine)

While a number of participants focused on the uneven distribution of the workload across their shift they did not offer any suggestions for change signifying an attitude of acceptance for night time work practices.

There is so much to do before am staff arrive and manic to get everything done on time. (Pam)

Several participants felt supervisors had too much control over their workload creating an atmosphere of frustration with 'this is not what we are here for' feelings emerging. This also revealed a lack of understanding of the bigger picture by night time nurses.

...supervisors who do these soft admissions, who allow them [patients] to come into hospital like once we had a man who had flown in from [town], ... was drinking in the pub all day and then came to the hospital in a taxi and had no where to stay and they admitted him for the night. (Louise)

Participants rarely spontaneously acknowledged medical staff in the data perhaps indicating a perception of both isolation and autonomy. For the most part comments directed at the doctors were positive. However one participant commented in relation to the workload "*the only time I get annoyed is when ...doctors... admit people and it's not necessary.*" (Judith). The comments about the supervisors and the medical staff go some way towards supporting the view in the literature that nurses are dissatisfied with their limited control with decision making and their low status in hospital health care provision^(16, 21, 44). Participants felt they did not have adequate control over admissions nor the safety of patients with many noting the increased demand placed on them when patients with dementia were unsettled.

When we have a lot of dementia patients wandering around, I find that really hard and you know if they are wandering around and you think they are going to fall over or you are trying to do something else, you're both tied up doing something else you know changing someone, doing pressure area care and you have someone you know who is wandering around, that can make you feel really stressed... (Ellen)

Not only were the demands of caring for patients with dementia a major concern, but once again so were the feelings that day staff had a low regard and limited understanding of night staff responsibilities. In reference to caring for patients with dementia "*the day people say 'oh...you have nothing else to do'..." (Judith).*

Several participants expressed concern that patient care was not as good as it could be for their patients because other nurses' lacked application and compassion. "There are quite a few slack nurses –and it makes me angry." (Nicole). There was further expression that management was once again letting them down by not addressing the poor performance of some nurses.

Communication was particularly important for night staff who have less opportunity than day staff to keep abreast of change^(7, 35). Opinion was split regarding the adequacy of communication. Nadine felt there were provisions in place for the communication system to work well. Referring to information disseminating from ward meetings she said "...there is no excuse not to read the minutes" A negative attitude to communication was more often expressed with a resignation that raising issues would not make any difference.

...communication is very poor... they have ward meetings through the day but we never goif you have any issues you write it on the white boardif you don't have any issues there is no point ... (Ellen)

This desire not to participate supports the pervasive feelings of both lack of connectedness and lack of desire to be connected held by most night shift nurses^(7, 9, 14, 55, 57). Communication issues flowed over to use of equipment and transfer of information.

Night staff don't get told about it [new equipment]... We sort of blunder around in the dark, literally, until we just turn it off and say it has to be looked at in the morning. (Ellen)

.... when there is a change in policy.... she [NUM] just tells the night girls one morning and says tell the others....and then ... nobody has told you I suppose I miss a lot of stuff.... (Louise)

In addition when night staff related concerns to day staff for follow up, participants believed their assessments were not heard or given credence. This is apparent when Deena noted "Very disappointed again in some day staff when issues arise...well it falls on deaf ears."

'**Nobody has told you**' theme demonstrated that the night time work environment is littered with obstacles, both physical and metaphorical with night nurses suffering poorer working conditions than their daytime counterparts^(6, 7). These conditions translated into a perception of diminished respect and value for the night time nurses by other hospital staff, including management. Participants overcame some of these difficulties with their resilience, self-reliance, belief in their own abilities and persistence.

YOU MAKE YOUR OWN DECISIONS

'**You make your own decisions**' revolves around personal work practices of the participants. As illustrated in figure 1 the subsidiary themes are *patient care*: the actual tasks nurses faced on their shift; *caring*: the compassion and concerns for patients' emotional and physical states^(16, 44-46); and *professionalism*. In the context of this study professionalism hones in on educational activities and behaviours exhibited by nurses. Considerable overlap exists between the subthemes in this category.

In relation to patient care, participants indicated their desire to be well informed about patients' condition and care needs and to be in control of the situation. Application of high order time management skills were also considered essential to deliver adequate care to the patients. Regardless of skills or the need to be well informed, the struggle to meet patient needs on busy shifts or stay alert on slower nights impinged on care delivery and participants' perception of control.

When you have had a few days off and you come on to a heavy [busy] ward, it really takes a bit of time to get your head around it. (Lucy)

I'm the type I like to get report, do what I need to do, in case it gets busy.... (Judith)

At times participants were frustrated by staff who did not display what they considered good practice.

I've got people I work with who... sit in the office for ¾ hr after the report. And they will just keep talking and that just pisses me off ... I don't mind...helping people when they're busy but ... (Judith)

While not all the participants spoke or wrote about their concerns for the patients' emotional and physical state most noted personal satisfaction in being able to find extra time for their patients expressing feelings of being in a privileged position.

I would like to sit with them and hold their hand longer than I do and perhaps brush their hair if they want or just talk to them. (Sheila)

As noted earlier, receiving patients at handover was articulated by a number of participants as problematic. Concerns ranged from increased workload at an already busy time and a lack of teamwork to patient safety issues.

...biggest problems are admissions from Emergency. ... staff in Emergency try to clear the floor of patients before the end of their shift which happens to coincide with handover on other wards..... my concern is I may miss some vital information during [ward] handover due to the distraction of a new admission. (Lucy)

Yet there was also an occasional strong comment indicating the nurses' lack of compassion and frustration with their situation.

That would be my only thing about nights about whether it's good or a bad night, when we get some dick head [patient] that doesn't need to be admitted. (Judith)

Concern for education and learning opportunities arose throughout the data.

I don't think there is enough education for night staff. ... I think if we were valued as much as day staff by management we would have more education opportunities.... [and] sometimes I think day staff don't realise how important night staff are ... or we would have better access to education. (Nicole)

Previously in '*Nobody told has you*' concern arose about nurses being uninformed in regard to use of new equipment. Similarly this same issue caused some nurses to feel inadequate and blame themselves for their lack of skills when attempting to use unfamiliar equipment or make difficult decisions about patient care.

This also enhanced my anxiety levels and nerves as I have not used this equipment often enough to feel confident, I was the point of resource, as most senior person on duty for shift [and] we have to make a lot of decisions that you double question yourself anyway regarding patients needing reviews. (Alice)

Ellen recognised a conundrum on night shift and said "*there is more added responsibility but...your skills fall off...*" Despite potential for deskilling, participants also saw an opportunity for professional growth.

...[night shift] makes you a good nurse though, it makes you a ...good decision maker and really responsible, and that's certainly developed me and I really love that... (Nadine)

It was apparent that while participants were busy with patient related matters much of their shift, there were also periods when they had the capacity to do other things. Commonly participants showed professional maturity by attempting to take charge of their own CPD. However, the night shift was universally declared a very difficult learning environment due to many factors.

When it's not very busy ...I find things to do like get online to do some [educational] exercises ...I can only do it for short time as I get too tired and my eyes strain because of the darkened desk lights..[or] got interrupted too many times and couldn't concentrate. (Pam)

The inequitable access to education was also voiced: "*there is no education unless we want to come in on our days off...*" (Ellen). While few saw the day time education activities in a positive light "*they are always offering education things [during the day] ...*" (Martha), no participants reported taking advantage of the afternoon in-services. While enjoying the autonomy of working nights, participants did not identify the potential for learning through a gamut of unrecognised and unstructured educational opportunities⁽⁶⁾.

Participants commented with an air of reluctant acceptance about the non-clinical jobs they were required to do such as ordering pharmacy, checking pathology results or putting stores away. A typical comment was:

So you might not actually have a lot going on but you've still got all those mundane things to do.... (Louise)

Most of the comments about the additional jobs were neutral. However it is evident that some participants felt they were treated as second class nurses:

Pharmacy: a job allocated to night duty – while I cannot begrudge this task, it does bother me that [day staff]... recheck the pharmacy [order] and make alterations... undermining my ability to do the task. (Lucy)

Professional behaviour was exhibited on many occasions. It was apparent that night shift nurses desired to be well organised and in control with a clear understanding of their patients' conditions and needs. Several participants came to work early to prepare themselves for the shift ahead. Others found it essential to their practice to be cognisant of what was in the patients' medical file.

I spent more time going through the notes and reading the patient histories so that I could be prepared [in control] ... in the morning. (Tanya)

It was great ...to be able to read all the notes and be able to have a full background [on each patient]. (Pam)

Consistent with the literature^(6, 14, 16, 21, 44) professional work practices such as being prepared and being seen to be prepared were highly valued by participants as was having the capacity to make informed decisions.

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

If not addressing professional development activities or other required tasks nurses tried to find relaxing activities to occupy their time.

To pass the time and to keep myself interested and awake I spent some of the time reading a book...[you] prompt yourself to remain vigilant... (Nadine)

On slower nights the nurses' activities ranged from focused and motivated to very much drifting without purposeful use of their time. Nurses at one site had breaks where staffing permitted them to leave the ward and take a nap. Free time was used differently by the participants.

Chatting would be the biggest thing [to occupy free time].... often when it is quiet I'll meander down to other areas to catch up with other people. (Judith)

I don't do much of that,[personal tasks] 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.... I usually don't end up doing much. (Martha)

While other participants did not openly disclose their idleness, the researcher is witness to many occasions when staff did not apply themselves to work related activities. This is not necessarily evidence of unprofessional behaviour but perhaps a manifestation of fatigue affecting concentrate or simply an opportunity to refocus while also serving as a burnout prevention strategy. In contrast, it is well known that ambulance officers are encouraged to relax at work to help them deal with the stressors of their occupation(W Gleeson 2011, pers. comm., 1 June). It is interesting how the nursing culture differs so markedly from other 24 hour health service providers.

'You make your own decisions' demonstrates that work practices vary considerably at night as they do during day shifts^(6, 8, 9). The unmitigated concern for patients' care expressed by several participants highlighted their frustration with underperforming nurses and the perceived unwillingness of management to address this problem. Yet these same nurses who saw fault in others did not acknowledge blemishes in their own practice.

LIVING THE LIFE OF A BAT

'Living the life of a bat' reflected on the personal impact working nights had on participants. The data revealed considerable agreement with what has already been noted in the literature review section⁽⁹¹⁾. Two subsidiary themes were determined. They are *Lifestyle* and *Perceptions* of how night nurses think others see them (Figure 1).

All participants recognised that night shift had a major impact on their lifestyle and caused them to adopt behaviours different to non-night shift workers. Most of the nurses felt night shift impacted negatively on their social life. Nadine noted feeling "*lonely, isolated and socially vulnerable while on night shift.*" According to Ellen "*you can't even go out for dinner [before work].*" The literature clearly supports the notion that social isolation is a negative feature of working nights^(9, 13, 34, 35). In contrast to this, one participant expressed her contentment with working nights. Judith reported "*I don't feel isolated... I love what I've got there.*"

In spite of the limitations and negative impact of working nights, participants still enjoyed the flexibility to manage work, family and social activities, avoid daytime work stressors and still build their career.

...I like to be fairly quiet, low key, I'm not into politics and bureaucracy, and all the gossip, I find a lot of the daytime hours there is a lot of that that goes on [gossip], I couldn't be bothered with that. [Night shift] really suits my home life for practical reasons. (Nadine)

Night duty provided me the chance to have a career and be a Mum. My children were the most important reason for working nights. (Sarah)

While content with the balance participants have created for themselves, they also considered themselves 'stuck' with little likelihood of change. Ellen described her situation as being in "*a very comfortable rut.*" While Sarah claimed she was "*...way too old to change.*"

Despite prompting from the researcher limited data emerged about the involvement or influence of family and friends. This is likely due to the study design but still may warrant further exploration. One nurse did note that her husband was supportive; two participants mentioned they avoided their partners after stressful shifts so as not to cause them worry, instead relying on adult children for debriefing. Occasionally friends were mentioned as 'sympathetic' to their situation. Several participants noted winding down over coffee with workmates after a difficult shift.

Health, sleep and fatigue were central tenets to participants with fatigue being raised as one of the most salient factors in the data.

I get tired, even when I am not at work... probably trying to stay awake [at work] is the hardest thing. (Martha)

While Nadine said “*A feeling like jetlag is usual.*” Nicole appreciated the morning rush “*...because it makes me wide awake and ready for the long drive home*”. Contrary to the literature^(7, 9-13, 40, 73) and other participants only one participant did not have an issue with fatigue claiming “*no I never get tired, I love it [working nights].*” Judith.

The participants explained an array of strategies they used to survive night shift. “*I still have a granny nap on my days off...*” (Lucy); or “*I bought a coffee from McDonalds to keep me going*” (Pam); and “*I eat a lot more on quiet nights. I've had 3 goes at the chocolate box.*” (Nicole).

While night work gave flexibility to daytime activities, it affected ones’ motivation to get on with things⁽¹³⁾.

[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 I get up you are so tired so [you] go no I won't go for a walk you say I'll do it tomorrow... (Deena)

Being up all night did not automatically mean that sleep would follow. “*A body gets what sleep it can but life's responsibilities often intervene.*” (Chrissy). Trying to get sleep required intricate planning and concerted effort.

it is a matter of focus and discipline like... doing the practical things putting a note up on the front door turning your phone down, keeping the house dark... it takes me a good 24 hours to get over it, every week! ...I don't believe you 'get used' to night shift. (Nadine)

The nurses identified that working nights was not a healthy option fighting against burnout and the body’s circadian rhythm.

You can't beat the body clockyou try to beat it but you can't beat... it is unhealthy for you ... everything functions in a prime time and we work in the bad time. (Deena)

Notwithstanding awareness of and encountering the ill effects of working nights most participants who worked permanent nights felt the benefits outweighed the negatives and continued to work night shift.

Perceptions of non-night staff were another major concern for nurses participating in this study believing an unfavourable world view exists about the shift and the work they do. The night nurses defined their situation by interpreting the beliefs of others and act accordingly⁽³⁻⁵⁾. Nadine said “*...there is a lot of ignorance around night shift.*” Ellen expressed the views of many when she said:

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 haven't you" they just don't get it...they say you've been asleep all day, just get up and do something. (Ellen)

In general night shift was regarded as being an undesirable shift^(7, 9, 34, 50, 69, 70). Night shift nurses believed they were tagged as inferior to day shift nurses, nurses who worked nights thought others saw them in a certain light classifying them as nurses who do not do much, have lesser skills and are second rate nurses. The data clearly indicated that night staff felt they were forgotten or not considered, generating the view that this shift was of lesser value than other shifts. This view is also evident in the literature^(7, 10, 34, 40) and is inferred from previously presented quotes and Tanya’s statement:

The day shift had extra staff and the evening shift had extra staff but the night shift did not have extra staff. I felt that we weren't considered important enough to consider that we needed extra staff. (Tanya)

There was a paradoxical revelation that on one hand nurses working nights were able to adapt to a suitable and functional lifestyle that comes with “*living the life of a bat*” (Lucy); they enjoyed their work and were content with their role and responsibilities. These nocturnal nurses felt they were doing an excellent job yet diametrically opposed to all of this, these same nurses sensed they were not valued by management or their peers for the work or sacrifices they made on a nightly basis. A disturbing report was noted by one participant when she said “*...recently one of our managers called the night staff their weakest link ...*” (Nadine). It was obvious that night staff at times felt invisible to management and other day workers as expressed in the literature⁽⁷⁾ and by Deena who said:

I personally feel that night staff are the least appreciated, quite unusual considering we work 10 hours out of the 24 hours and with the least amount of staff. ... I would like to say the night staff are a great team – sometimes we just need to be remembered. (Deena)

Recognition of the work done by night nurses did not tend to be acknowledged by management. Ellen explained “*on our shifts we look after each other...we always thank each other....*” While the data

undeniably pointed to night staff feeling undervalued and unappreciated there were obvious discrepancies.

They are very vocal in complaining when I go on holidays because they have to 'do' nights. (Sarah)

This arguably demonstrates an appreciation of the hours the nurses work, rather than the contribution they make. One participant noted improved recognition could be achieved by giving night staff more paid leave. She said this would also benefit night staff by making them "happier... and ...healthier" (Deena).

There is no doubt that working night shift impacts on the nurse's personal life differently than working day shift^(10, 13, 40, 50). Night shift provided nurses with flexibility for family and social activities yet at the same time impeded social interactions and other daily activities, primarily through fatigue. In line with the literature participants have adapted to their nocturnal work situation through various coping mechanisms⁽¹³⁾ although they profess "...to never get used to it." (Nadine).

The pervasive feeling of having a minor role in the delivery of patient care affected the nurses' work satisfaction and desire to contribute to the organisation inhibiting their drive for personal advancement. A strong sense of being devalued in a position that was poorly regarded by non-night staff was constant. Unexpectedly, other than reference to increased annual leave, even in the face of under-recognition for night work, remuneration was not mentioned.

SUMMARY OF FINDINGS

The dimensions of control and value permeated across the themes as important issues. Control was sought in relationships with different staff, the work environment including the workload, but most strongly with work practice and the ability to make independent decisions regarding aspects of patient care. Participants also felt a lack of control in how their role was understood within and outside the workplace. It was clear that, in general, participants felt neither family, friends, management nor peers placed sufficient value in their work or role. The nurses projected a need for autonomy and recognition. The findings demonstrated that delivery of patient care, perception of others, work satisfaction and overall contribution to the health facility was affected by the global picture held by night time nursing staff. When synthesized the data revealed both converging and divergent ideas (Table 2). Despite espoused disadvantages including a range of hardships, loneliness, struggles with fatigue and poorer working conditions, permanent night nurses regarded night shift as a better alternative to day shift which "... is just too hard" (Ellen).

Table 2 Summary of major convergent and divergent ideas

CONVERGING MAJOR IDEAS	DIVERGING MAJOR IDEAS
<ul style="list-style-type: none">• Lack of control• Night shift is unique• Family reasons for working nights• Desire for better learning• More freedom, independence in the work• Positive relationship with co-workers• Poorly regarded	<ul style="list-style-type: none">• Fatigue (1 person disagreed)• Isolation (1 person disagreed)• Access to education opportunities (1 person disagreed)• Managerial support• Communication effectiveness

STUDY STRENGTHS

The study examined an area within nursing where there is limited research. A solid representation of night staff views can be assured as ten of the fourteen participants in this study had worked permanent night shift over many years. The researcher's background in health care management and delivery allowed understanding of the circumstances and language of night time nurses.

When undertaking this study and preparing the report, consideration was given to expert writings in qualitative research^(1, 75, 76, 79, 86, 87, 91, 94, 95). In particular the checklist for reporting qualitative studies, *Consolidated criteria for reporting qualitative research*⁽⁸⁹⁾ was used to ensure transparency, credibility and maximum rigour. Rigour was enhanced by having the researcher's mentor, supervisor and a fellow researcher independently review the data^(80, 87, 90) prior to agreement on the key themes. Throughout the study, the researcher was mindful of potential for personal bias by virtue of her position, knowledge and experiences. This was addressed by transparency with participants and

constant reflexivity of events throughout the length and breadth of the study. Overall a systematic approach was used⁽³⁷⁾ enhancing the opportunity for transferability of results.

STUDY LIMITATIONS

Limitations reside with the researcher and the research design. Researcher based limitations are due to the juxtaposition of researcher and participants. As a result participants may not have been as open as supposed when providing data. As well it is possible the depth of inquiry with participants may have been inadvertently limited despite attempts at total reflexivity by the researcher.

Design limitations were primarily a result of constraints in time and funding for this project. Participant numbers were small arising from a convenience sample in similar geographical areas and facility settings limiting the generalisability of findings. In addition nurses taking part in the study were predominately permanent night staff working nights from lifestyle choice rather than mandated by the hospital.

CONCLUSION

This small scale qualitative case study provides some insight into the world of night shift nurses highlighting areas of concern. As supported in the literature and in the study findings, nurses working night shift perceived themselves as second class nurses^(9, 34). This perception, although widespread, is spurious with night time nurses as deserving of recognition as any of their colleagues. Night shift nurses need to be seen and seen clearly despite the poor visibility associated with working at night.

In the context of the growing nursing workforce crisis in Australia and internationally, and the exponential changes in health care delivery, it is urgent that issues confronting night nurses are addressed. The process begins with the development of strategies to improve working conditions while simultaneously giving more attention to helping these same nurses stay healthy in a situation that is inherently unnatural⁽⁴⁰⁾. Provision of adequate resources and support for nurses' professional development is interconnected with the delivery of high quality nursing care⁽³⁹⁾. It is also evident that the quality of care, organisational effectiveness and efficiency, worker interrelations and satisfaction may be adversely affected by the poor recognition and conditions encountered by night staff. In the current situation understanding the needs of the night staff becomes more critical than ever to promote a healthy workforce and satisfying work environment. This research adds to the body of knowledge about night shift nurses that will assist ward staff, middle managers and clinical educators improve the work environment and potentially maintain a sustainable and effective workforce in regional hospitals.

Six major factors influencing night shift nurses' contribution and effectiveness were apparent in this unique study. Notably night nurses had an excellent relationship with their co-workers, but experienced disconnectedness with staff from other shifts and across the hospital. They considered their role crucial yet felt they were nearly invisible to other staff and management at times. They encountered many obstacles in their work environment inhibiting delivery of quality care and professional growth.

The findings from this study can be utilised to develop strategies to retain these valuable nurses, improve patient care delivery, the work environment and organisational effectiveness. The onus is on managers, including NUMs, to draw on the findings to create a more empowered workplace and provide skilled leadership to support higher quality care and improve job place satisfaction. Clinical nurse educators would also do well to take heed of the findings. It is hoped that this study will serve as a catalyst for further studies into the experiences of those nurses who work these difficult hours.

RECOMMENDATIONS

Recommendations are grouped into two categories: changes to be considered by managers, and areas that will benefit from further research.

RECOMMENDATIONS for MANAGERS

In general the key areas of interpersonal relationships, effective leadership, work environment, clinical competencies and recognition of the critical role of night time nurses must be taken on board by managers to inform future decisions that impact night time nursing staff. It is evident that the quality of patient care, worker interrelations and organisational effectiveness and efficiency are affected along with worker satisfaction by the poor recognition and conditions encountered by night staff. Specific findings, implications and recommended actions are presented in Table 3. In all cases the night shift nurses must also take responsibility for implementing change through cooperation with management.

TABLE 3 – RECOMMENDATIONS WITH RATIONALE

Finding	Implication	Recommendation
1.Work environment is not supportive of night nurses.	Policies do not exist or are not practiced that support night staff.	Managers review current policy and develop new policy and practices as required.
2.Strong positive relationships exist amongst night staff on the same ward	Positive relationships amongst night staff are beneficial to individuals, patients and the organisation.	Managers must consider how to build on the teamwork, cooperation and collegiality practiced by night staff.
3.Nurses on night shift endure a lack of cooperation and recognition from opposing shifts.	Missed opportunities for patient care and interpersonal staff difficulties manifest.	Managers consider strategies to improve communication and cooperation related to the night shift role, responsibilities and position.
4.Nurses on night shift have markedly less access to professional development.	Nurses become deskilled, lack current knowledge, lose interest, have reduced sense of worth and feel unimportant to the organisation.	Managers should explore professional development needs of night nurses, and develop strategies comparable to what is offered to non-night shift nursing staff to meet these needs.
5.Leadership for night staff is minimal.	Ineffectual leadership negatively influences worker satisfaction, staff morale and patient care ^{14, 18, 49, 57} .	Managers recognise that while night staff work with minimal supervision, they still need and desire leadership. Managers would do well to examine leadership options for night staff.
6.Night shift nurses do not feel valued for their contribution	The undervalued position is hurtful and harmful to the night nurses functioning and self-esteem affecting patient care.	Managers overtly recognise the contribution of night shift nurses.

RECOMMENDATIONS FOR FURTHER RESEARCH

The limitations of this work and the dearth of literature speak to the importance and need for future work in this area. Table 4 lists five areas and the rational for further research.

TABLE 4 –RECOMMENDATIONS FOR FURTHER RESEARCH

RECOMMENDED RESEARCH	RATIONALE
Replication of this study in different geographical regions of Australia and internationally, and diverse health care settings.	This study has identified positives and negatives for night nurses within a narrow demographic profile in medium sized regional hospitals only. There is a need to replicate the study in variable settings with a wider range of participants.
Research into rotation of night nurses off night shift and onto day or evening shifts.	It is clear night shift nurses suffer a multitude of detrimental health effects, have suboptimal working relationships with non-night shift nurses and lack professional development opportunities. All three potentially realise negative outcomes in patient care delivery and organisational efficiency.
Investigation of strategies to enhance the relationship between night nurses and other nurses.	The study revealed considerable animosity between nurses on different shifts which is detrimental to the organisation, patients and nurses.
Research into the provision of effective professional development for night nurses.	This study revealed considerable problems with night nurses maintaining their competencies and currency of knowledge and technology leading to diminished skills, lower self esteem and lack of interest.
Exploration of ways to provide successful leadership at night.	Leadership was perceived to be lacking for night staff. An exploration of strategies to bring night nurses into world of the whole hospital team is needed.

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APPENDICES

Appendix A	Participant Information sheet
Appendix B	Invitation to Participate
Appendix C	Consent forms (interview and diary)
Appendix D	Demographic Questionnaire
Appendix E	Interview Question Guide
Appendix F	Diary Instructions
Appendix G	Demography of participants

Experiences of nurses on night shift PARTICIPANT INFORMATION SHEET

Dear Nurse

You are invited to participate in a Research Project being conducted by Dona Powell – After Hours Nurse Manager – Grafton Base Hospital – North Coast Area Health Service and Research Candidate in the Rural Research Capacity Building Program of the Institute of Rural Clinical Services and Teaching.

Title of the Study

An exploratory study of the experiences of nurses on night shift in regional public hospitals.

Aim of the Study

This research aims to explore the experiences of nurses who work night shift. The Study is directed towards empowering night shift nurses to share their experiences. It aims to recognise the role and value of night duty nurses. In addition, this new insight will assist with identifying opportunities for organisational improvement and direction including improved work environment for night nurses.

Who will be invited to enter the Study?

RNs, EENs and ENs working in medical or surgical wards who have more than **three** years post qualification nursing experience in a **hospital setting**; nurses who work half or more of their shifts on night duty and have a **permanent** or **temporary** position at selected North Coast Area Health Service hospitals will be invited to participate in this Study.

_____ (*insert name of hospital*) hospital has been selected as part of the Study.

What will happen in the Study?

Nurses will elect to take part in the Study by returning a nomination form. Nurses who nominate to take part in the Study will be contacted by the researcher by phone or email as requested to organise a suitable time and venue for interview or diary collection. Participants will be asked to complete a one page demographic profile. The data collection will be either through an interview **OR** a diary.

A semi-structured interview will be conducted using five key questions. It is expected that the interview will take 45 to 90 minutes. The interview will occur at a time and place that is private and convenient to the participant and may be outside the hospital. Permission will be asked to digitally record the interviews with supplemental written notes by the researcher. When the interview has been transcribed participants will have the opportunity to review the transcription for accuracy and may edit or erase content.

A second group of participants will complete a diary of their night duty experiences over five to ten nights using the same five key questions to guide them. Participants will be asked to focus on their experiences, feelings and thoughts rather than tasks.

Diaries will be submitted via sealed double envelopes through internal mail or by Australia Post if preferred. The researcher will contact participants during the diary collection period to encourage completion and clarify any questions.

Participants will be asked to consent to their participation in the research project by completing the consent form at interview or when the diary is issued.

What are the possible benefits?

This project aims to contribute to research regarding nurses' night work experiences which have not previously been addressed. This will add value and recognition to the role and empower the participants to further contribute to improving the experiences of nurses who work night shift.

The results of the research will be reported to the HREC-NCAHS and the Executive Director of Nursing & Midwifery NCAHS. If the results of the Study offer a significant contribution to the body of nursing research and/or the development of nursing practice policy the research will be submitted to relevant departments and organisations including journals for publication to facilitate progressing issues that have arisen and be a channel for improvements for nurses working night shift.

Privacy, Confidentiality and Disclosure of Information

Information collected is strictly confidential. Only the researcher will have access to the information provided by you. Confidentiality of the participants will be protected in the dissemination of the research results as analysis and reporting of the research data will be deidentified and undertaken in a group context. Individual participants will not be identified in any publication or report of this Study.

The Researcher's mentor is Matthew Long, Area Redesign / Chronic Care Program Manager NCAHS.

Consent to Participate

Participation in any research project is voluntary. If you do not wish to take part you are not under any obligation to consent. If you do decide to take part in the Study and later change your mind, you are free to withdraw from the project at any stage.

Complaints

This Study has been reviewed by the NCAHS Human Research Ethics Committee. Should you wish to discuss the project with someone not directly involved, in particular in relation to matters concerning your rights as a participant, or should you wish to make a confidential complaint, you can contact the NCAHS Human Research Ethics Committee through the Research Ethics Officer as follows:

Research Ethics Officer
NCAHS Human Research Ethics Committee
PO Box 126
Port Macquarie NSW 2444
Tel: (02) 65882941 Fax: (02) 65882942
Email: EthicsNCAHS@ncahs.health.nsw.gov.au

Contact details

If you wish to find out more about the Study either before during or after the Study, you can contact Dona Powell on 040968 0095 or dona.powell@ncahs.health.nsw.gov.au

Thank you for your interest in this research project.

APPENDIX B – Invitation to participate in the Study

INVITATION TO PARTICIPATE

in a study about the experiences of nurses on night shift

Are you:

- A registered nurse, endorsed enrolled nurse or enrolled nurse;
- working in medical or surgical wards;
- who has worked more than three years post qualification in a hospital setting;
- has spent more than 50% of your shifts, on average, in the last three months on night duty; and
- has a permanent or temporary position with the North Coast Area Health Service.

Then you are invited to participate in a research opportunity that will explore the experiences of nurses like yourself. This Study is directed towards empowering night shift nurses to share their experiences. It will give recognition to the role and value of the night duty nurse.

Details of this Research Project are found on the **PARTICIPANT INFORMATION SHEET** available in your ward or by contacting Dona Powell on 0409680095 or by email - dona.powell@ncahs.health.nsw.gov.au.

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I would like to participate in this study

NAME: _____

I work at (Ward & Hospital): _____

Please contact me on _____ (*insert best time and day/s)*
My phone number / email is / are _____

Please send your contact information to:

Dona Powell, AHNM, Grafton Base Hospital, 1 Arthur Street, Grafton 2460

Or email: dona.powell@ncahs.health.nsw.gov.au. or **phone:** 0409680095

This study is being conducted by: Dona Powell, AHNM, Grafton Base Hospital, and Research Candidate in the Rural Research Capacity Building Program of the Institute of Rural Clinical Services and Teaching. Mentored by: Matthew Long, Area Redesign/Chronic Care Program Manager NCAHS.

An exploratory study of the experiences of nurses on night shift in regional public hospitals.

Consent to Participate

I _____ (*insert name*) agree to participate in this research project, and know that participation will involve a face to face interview regarding my experiences on night shift in my workplace. I understand that the interview will be recorded on a digital voice recorder, and that I am able to request recording to cease at any time during the interview.

I have read and understood the Participant Information Sheet provided. I have been given the opportunity to ask any questions relating to the research and I have received satisfactory answers. I understand that I am free to withdraw my consent and discontinue the use of my information at any time without prejudice.

I understand that my responses will be treated with the confidentiality required by ethical research standards. I understand that I have the ability to review, edit or erase any of my information from audio recordings or written transcripts.

I also agree that research data gathered from the study may be published; used in future studies and that potentially identifiable information will not be used in any reports at any time.

..... Signature of Participant

..... (Please PRINT name)

..... Signature of Witness

..... (Please PRINT name)

..... Date

RESEARCHER ONLY: I# _____

A report will be produced by late 2011

If you would like a copy of the final Report from this study, please indicate with your name and address.

Principal Researcher is Dona Powell, Grafton Base Hospital, Ph: 0409680095

An exploratory study of the experiences of nurses on night shift in regional public hospitals.

Consent to Participate

I _____ (*insert name*) agree to participate in this research project, and know that participation will involve diary entries over five to ten night shifts about my experiences on night shift.

I have read and understood the Participant Information Sheet provided. I have been given the opportunity to ask any questions relating to the research and I have received satisfactory answers. I understand that I am free to withdraw my consent and discontinue the use of my information at any time without prejudice.

I understand that my responses will be treated with the confidentiality required by ethical research standards.

I also agree that research data gathered from the study may be published; used in future studies and that potentially identifiable information will not be used in any reports at any time.

..... Signature of Participant

..... (Please PRINT name)

..... Signature of Witness

..... (Please PRINT name)

..... Date

A report will be produced by late 2011

If you would like a copy of the final Report from this study, please indicate with your name and address. _____

RESEARCHER ONLY:DII#_____

Principal Researcher is Dona Powell, Grafton Base Hospital, Ph: 0409680095

EXPERIENCES OF NURSES ON NIGHT SHIFT IN REGIONAL PUBLIC HOSPITALS

Thank you for agreeing to participate in this research on the experiences of nurses on night duty.

Before you start completing your diary, I would like you to complete this short questionnaire to help with the overall understanding of the data that will be collected. Just circle or tick one answer for each question.

1. **What is your gender?** Male¹ Female²

2. **Do you identify as Aboriginal or Torres Strait Islander?**
Yes¹ No²

3. **What age bracket are you?**

not yet 40 years old ¹	40 – 59 years ²
60 – 69 years ³	70 years or more ⁴

4. **How many shifts do you usually work each month?**

0 – 6 ¹	7 – 12 ²	13 – 20 ³	20+ ⁴
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5. **How many of these shifts, on average, would be night shift?**

6. **I work nights because:**

- It is my preferred shift¹
- Primarily for family reasons²
- It is the roster and I have no choice³
- I have no preference to the shifts I work⁴
- Other⁵ Please specify: _____

7. **My highest nursing qualification is?**

Certificate ¹ ;	Diploma ² ;	Bachelor Degree ³ ;
Graduate Diploma ⁴ ;	Masters ⁵ ;	PhD ⁶ ;
Other ⁷ – Please specify _____		

8. **I am a/an** RN¹, EEN², EN³?

9. **How many years in total would you say you have been working since you first started nursing?**

3 – 9 years ¹	10 – 19 years ²
20 – 29 years ³	30 years or more ⁴

Okay thanks for this –now you can get started on your diary.

APPENDIX E - Interview questions

CORE QUESTIONS

1. If you can think about some of your good night shifts in recent months – can you tell me what was good about these shifts – what made them good – how did you feel on these shifts?
2. Now If you can think about some of your not so good night shifts in recent months – can you tell me what was not good about these shifts – what made them unpleasant for you – how did you feel on these shifts?
3. If you could think about a particularly busy night – what did you do differently / how do you manage on these busy nights?
4. Now think about some of the slower or quiet nights you have had recently. What do you do differently – how do you fill in the hours?
5. Now can you tell me about who or what you use or rely on for support during or before or after your shift? What helps you get through each shift?

PROMPTING QUESTIONS

Suppose I was starting a career in night duty and you were orientating me, what would you tell me about the rules I would need to follow??

Would you mind describing for me what night duty is like – what would I see. Suppose I was present on your night shift – like a fly on the wall – what would I see.

I am also hearing about feelings of isolation or loneliness either on the job or as a consequence of the job. Could you comment on this for me?

Other nurses have mentioned their interaction with other wards: Can you tell me about what it is like interacting with other wards within the hospital at night.

I hear repeatedly that nurses on night shift are tired all the time – what is it like for you?

I keep hearing how important your colleague is on nights – can you tell me about the impact (positive and not so positive) of the person you work with. How does the nurse you work with influence your work, your thoughts and feelings on a particular shift?

Is there anything that would make you feel more comfortable at night or safer?

Can you tell me how night shift impacts on your life outside of work? Does it affect you going about your daily routines?

Are there ever times when you feel you are not coping with the demands of the night shift? How do you feel, what thoughts go through your head.

AN EXPLORATORY STUDY OF EXPERIENCES OF NURSES ON NIGHT SHIFT IN
NSW REGIONAL PUBLIC HOSPITALS.

DIARY INSTRUCTIONS:

Over your next five to ten shifts please write in this diary what the shift was like for you. It is important that you focus on your experiences, feelings and thoughts rather than the tasks that occupied you for the shift. Below are five questions to guide you when making notes in your diary.

YOU MAY WANT TO RECORD:

- What were the good things for you about the shift?
- What were the not so good things about the shift?
- How did you feel or what thoughts did you have when it was a particularly **busy night**? How did you manage?
- How did you feel or what thoughts did you have when it was a particularly **slow or quiet night**? What did you do differently when it was quiet (if indeed you had any quiet nights)?
- What or who was most important to you about working nights, either in general or on any particular night.

Once you have finished your diary please place it in the envelopes provided and place in the internal mail or via Australia post if you prefer. The researcher may contact you during this period of diary collection. Should you have any questions or wish to change your mind about participating please call Dona Powell on 0409680095.

APPENDIX G

DEMOGRAPHIC DETAILS OF STUDY PARTICIPANTS N=14

Age bracket	<i>Not yet 40 yrs old</i>	<i>40 – 59 yrs</i>	<i>60 – 69 yrs</i>	<i>70 yrs or more</i>	Total
	1	10	3	0	14
Shifts worked per month	<i>0 – 6</i>	<i>7 – 12</i>	<i>13 – 20</i>	<i>20+</i>	
	1	7	6	0	14
Ave % of night shifts/month	<i>100%</i>	<i>75 – 9%</i>	<i>50 – 74%</i>		
	10	2	2		14
Reason for working nights*	<i>Preferred shift</i>	<i>Family reasons</i>	<i>No choice</i>	<i>No preference</i>	
	10	8	1	1	14
Highest nursing qualification	<i>Certificate</i>	<i>Diploma</i>	<i>Bachelor degree</i>	<i>Grad Dip</i>	
	11	1	1	1**	14
Years working as a nurse	<i>3 – 9 yrs</i>	<i>10 – 19 yrs</i>	<i>20 – 29 yrs</i>	<i>30 + yrs</i>	
	1		7	6	14
*6 participants gave two answers to this question ** master's qualification completed post interview					