

Chapter 16

How Does 24–Hour Shift–Working Affect Intensive Care Unit Nurses? A Qualitative Descriptive Study


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ABSTRACT

The purpose of this study is to describe intensive care nurses' perceptions and experiences of shift working and reveal how to cope with its effects. Data were collected through an individual semi-structured interview guide and transcribed verbatim by using a qualitative descriptive design. Interviews were done with 11 Turkish intensive care unit nurses. As a result of the analyses, four main themes were obtained: 1) the effects of shift working on nurses' lifestyle, 2) the effects of shift-working on nurses' working life, 3) the effects of shift working on nurses' patient care practices, and 4) the strategies used by nurses to cope with the effects of shift-working. The positive and negative consequences of the multifaceted effects of shift-working perceived by nurses should be taken into consideration, and individuals or a group of nurses who have been searching for strategies to cope with and overcome these effects should be supported.

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INTRODUCTION

In the Turkish health system, the hospitals are categorized into three as state, university, and private hospitals. The total number of employed nurses is 303.201 (Annual Health Statistics, 2018). According to these numbers, we can calculate that there are 301 nurses per 100.000 people. This ratio is 1179 for the USA, 841 for EU, 938 for OECD countries (OECD Health Data, 2019). As it can be seen from these statistics, while the majority of nurses in healthcare services in Turkey work in shifts (Özvurmaz & Öncü, 2018), 21% - 30% of the total employment in Europe and the United States of America (USA) (Boivin & Boudreau, 2014; Parent-Thiron et al., 2015), and 40% of healthcare employment in European Union (EU) work in shifts. The shift-working can be classified as shift schedules that differs from traditional daytime work schedule such as fixed night shifts, early morning shifts, late afternoon/evening shifts and rotating shifts (West, 2008; Cheng & Drake, 2018).

In Turkey, most of the studies examining the effect of the shift-working on nurses have been conducted cross-sectionally. Based on the self-reports of nurses working in shifts, these studies mostly investigated the relationship among sleep quality, life quality (Bumin, Tatlı, Cemali, Kara, & Akyürek, 2019; Gök, Peköz, & Aslan, 2017; Karakaş, Gönültaş, & Okanlı, 2017), job performance and occupational accidents as well as the mental status of nurses (Selvi, Özdemir, Özdemir, Aydın, & Beşiroğlu, 2010; Sönmez et al., 2010). Another study found that work schedules and night shifts lead to increased family conflicts and decreased life/job satisfaction (Yıldırım & Aycan, 2008). Besides, few studies focused on ICU nurses have investigated the relationship between ICU nurses' job index, nursing work environment and burn-out (Kökçü & Terzi, 2018); also, they have investigated the relationship between burnout levels, sleep quality (Şentürk, 2014) and job satisfaction (Özden, Karagözoğlu, & Yıldırım, 2013). Therefore, in the context of Turkey, there is a gap in evaluating the effects of shift-working on ICU nurses from a holistic approach and identifying the strategies that they prefer to cope with these effects of shift-working. The study aims to define the experiences of ICU nurses working in 24-hour shifts in Turkey. Besides, the coping strategies that nurses apply to mitigate the negative effects of the shift-working is another aim of the current study.

BACKGROUND

Shift-working is an obligatory lifestyle for many nurses including the intensive care unit (ICU) nurses due to the 24-hour continuous patient care necessity in the hospitals (Jensen, Larsen, & Thomsen, 2018), and the current shift requirement causes several negative effects on nurses' health. Physiologically and mentally, the shift-working causes several short period symptoms like fatigue (Barker & Nussbaum, 2011); eating disorders (Dias & Dawson, 2020); circadian cycle disorders due to sleep loss and a decrease in sleep quality; and lower risk of alert (West, 2001; Crew, 2006); and also, it causes several long term problems such as frequent headaches and tension headaches (Bjorvatn, Pallesen, Moen, Waage, & Kristoffersen, 2018); an increase in obesity risk (Saulle, Bernardi, Chiarini, Backhaus, & La Torre, 2018); shift-working disorders such as shift-related insomnia, and/or excessive sleepiness (Vanttola, Puttonen, Karhula, Oksanen, & Harma, 2020); cardiovascular diseases (West et al., 2007; Knutsson & Boggild, 2000); weight loss (Nasrabadi, Seif, Latifi, Rasoolzadeh, & Emami, 2009); lower fertility and higher miscarriage rates (Costa, 2010). Psychologically, shift-working negatively affects the cognitive functions by increasing the level of global cognitive impairment (Kaliyaperumal, Elango, Alagesan,

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