

Study Summary: Survey of Canadian Critical Care Managers' Perceptions of Nurses Napping During Breaks on Night Shift



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Purpose: To increase our understanding of Canadian critical care unit managers' perceptions of and experiences with nurses napping during breaks on night shift

Methods: A descriptive, 28-item, web-based survey was developed by the research team based on the results of a qualitative study and a review of the literature. The questionnaire was reviewed by 3 experts in survey development, reviewed and piloted by 3 people with management experience, and revised based on their feedback. The Canadian Association of Critical Care Nurses (CACCN) sent out, on our behalf, a recruitment email message and two reminder messages inviting members to participate and containing the link to the survey. Statistical Package for the Social Sciences (SPSS) software was used for analysis of quantitative data and content analysis was used with responses to open-ended questions.

Sample: A total of 47 critical care managers responded to the survey. All were registered nurses, with 60% having more than 20 years of experience in critical care and 58% having six or more years of experience as a manager. The mean age was 49.5 years; 45% of the managers were baccalaureate educated and 28% had completed a graduate degree. Approximately 55% of respondents worked in tertiary hospitals and 45% in community hospitals and most (72%) managed a mixed ICU where nurses worked 12-hour shifts (85%).

Results: Most managers (98%) indicated that at least some nurses napped on night shift breaks, with 90% reporting their hospitals either did not have a written napping policy or they were unaware of such a policy. Only 11% indicated that they had a room near their unit designated for napping. Approximately 64% reported that staff members frequently or always combined breaks on night shift, with a mean break duration of 85 minutes. A total of 55% of managers somewhat or strongly approved of napping on night shift breaks, with 70% indicating napping had benefits and 70% indicating napping had drawbacks. Perceived benefits included increasing nurses' alertness post-nap, avoiding "that sick feeling" in the middle of the shift, and ensuring a safer drive home. Perceived drawbacks included difficulty waking up post-nap and problems associated with extended breaks. Approximately 40% identified they were aware of situations where nurses' tiredness had led to incidents or errors in patient care on night shift.

Implications: The results highlight a need for education and support for managers with regards to staff fatigue and fatigue management, guidelines for napping on breaks, and napping space. Additional research is needed to explore other hospital unit managers' perceptions of napping on night shift breaks and sleep inertia in hospital settings.

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