EXECUTIVE SUMMARY: Twelve-hour shifts have been deemed by many to cause undue stress and fatigue on those in the health care arena. Although there are many reports for and against this statement, the reality is we are losing many seasoned nurses because most health care facilities require 12-hour shifts and many older nurses prefer shorter shifts. Recent studies also show an increase in patient care errors when nurses work 12-hour shifts compared to 8-hour shifts. We believe health care facilities should be encouraged to provide a choice for varying shifts to accommodate those who, for numerous reasons, cannot work extended shifts.

RESOLVED:
That the Georgia Nurses Association will:
1. Encourage health care facilities to offer shorter shifts to those nurses who feel too fatigued after 12-hour shifts in order to keep them at the bedside. (Article for Georgia Nursing newsletter)
2. Educate health care facilities of the importance of limiting the amount of 12-hour shifts that can be worked consecutively. (Article for Georgia Nursing newsletter)
3. Educate health care facilities of the need for completely relieved breaks. (Article for Georgia Nursing newsletter)
4. Educate nurses about the acute and chronic health risks associated with fatigue and sleep deprivation documented with 12 hour shifts.
5. Educate nurses about the patient care errors associated with 12 hour shifts verses 8 or 10 hour shifts.

BACKGROUND: Twelve-hour shifts have become a topic of discussion among health care providers everywhere. The reality in today’s hospitals is that too few nurses take care of too many critically ill patients; nurses often describe their work as heavy, overwhelming, busy, and exhausting (Chen, Davis, S., Davis, K., Pan and Daraish, 2011). Walker (2009) stated “because of the lack of clinical staff, nurses often find they must work longer hours or additional days. This work schedule offers little time and incentive to rest or socialize away from work. They return tired and more apt to make mistakes. Morale suffers and nurses look elsewhere to work. The older workforce, in time, acquiesces to work in a less stressful environment or eventually retires” (Walker, p. 82). The American Nurses Association (ANA) took the position that “employers of registered nurses should ensure sufficient system resources to provide the individual registered nurse in all roles and settings with a work schedule that provides for adequate rest and recuperation between scheduled work” (2006).

There have been a number of studies performed, with both positive and negative results, regarding extended shifts in nursing. A study performed by Hoffman and Scott (2003) indicated that nurses working 12-hour shifts experienced significantly higher levels of stress than those working 8-hour shifts. Fatigue, coupled with adverse conditions, may be likely explanations for why stressors appeared to be compounded for the 12-hour shift nurses. The longer the nurse works, the more fatiguing the clinical environment may
become, especially in complex practice areas. “Workplaces need to make it a part of the cultural norm to take completely relieved breaks, which we define as a time when the nurse turns over responsibility for her/his patients for the duration of the break” (Geiger-Brown and Trinkoff, 2010b, p. 358).

Research has suggested that many older nurses are leaving acute care settings due to required 12-hour shifts (Drury, Francis, and Chapman, 2009). In a recent study regarding older nurses, participants identified difficulties associated with shift work; excessive tiredness, experiencing many aches and pains, sleep deprivation, and physical and emotional exhaustion with night shift nurses reporting a more difficult time in transitioning between night shifts and days off (Gabrielle, Jackson, and Mannix, 2009). Poissonnet and Veron (2000) found that fatigue in nurses (especially on night shifts) increased with age. Hoffman and Scott (2003) found that older nurses significantly favored shorter shifts. Twelve-hour shifts have even been referred to as “a way of getting rid of older nurses” (Pritchett, 2011, para 2.). This dissatisfaction of older nurses, feeling forced out, could lead to age discrimination lawsuits.

Geiger-Brown and Trinkoff (2010a) quote Scott et al (2007) as stating “Nurses working 12.5 hours or more had twice the odds of drowsy driving and of an MVC or near miss when compared with those working 8.5 hour shifts” (p.101). There is evidence that nurses are at risk for making more errors, experiencing more needle stick and musculoskeletal injuries, drowsy driving, sleep deprivation and fatigue with longer work shifts. In a population based sample of 393 staff nurses covering 5,317 shifts, Rogers, Hwang, Scott, Aiken and Dinges (2004) determined that nurses working 12 hours or more reported over three times the odds of making errors versus nurses working only 8 hours or less. The study was replicated in critical care areas by Scott, Rogers, Hwang and Zhang (2006) and nearly identical results were found.

On the other hand, areas with low nurse/patient ratios are probably the best locations for scheduling personnel on 12-hour shifts (Palmer, 1991). In a literature review by Stone, Yunling, Cowell, Amsterdam, Helfrich, Linn, et al (2006) it was concluded that longer shifts increased employee fatigue but also increased job performance, which was typically assessed using a survey instrument designed to measure nurses reasoning ability for critical thinking. The postulated reason for these findings may be that employees working a compressed work week are more motivated, therefore reducing possible detrimental effects. Stone, et al also found that, in a study of nurses in 13 New York City hospitals, nurses on 12-hour shifts reported less emotional exhaustion with no differences in patient outcomes. Josten, Ng-A-Tham and Thierry (2003) point out some favorable aspect of 12-hour shifts; more days and weekends off and patients see fewer different faces each day, which may improve continuity of care. A survey consisting of 99 nursing units reported nurses working 12 hours were on average more satisfied with their jobs, experienced less emotional exhaustion, were 10 times more likely to be satisfied with their schedules, were two times as likely to perceive 12-hour schedules as important, and 58% less likely to “call out”. In addition, there was no difference found in patient outcomes and no decrease in vacancy rates (Stone, et al. 2006).

Currently, most U.S. hospitals exclusively use 12-hour shifts (Geiger-Brown and Trinkoff, 2010a). Although many nurses like these schedules because of the compressed nature of the workweek (three 12-hour shifts vs. five 8-hour shifts), this schedule, as well as shift work in general, has been shown to lead to sleep deprivation. A factor that seems to moderate the effects is employee choice. Smith and Barton (1994) have suggested employee choice may play a significant role in the relationship between work schedules and employee health. Studies in which there was no choice found negative effects on all aspects measured. If there is room for choice, employees who expect extended shifts to
be too fatiguing will probably continue to work 8-hour shifts. Those not favoring extended shifts should be offered alternative schedules, and absenteeism records and indicators of quality of care should be monitored annually for possible negative effect of the extended shifts. Those who choose 12-hour shifts, but find it too fatiguing, can return to 8-hour shifts.

There are cost benefits of 12-hours shifts for nursing administrators. For example, the ease of scheduling two shifts for 24 hours instead of three, and the need to hire a fewer number of nurses (Lorenz, 2008). Cost savings of 12-hour shifts include a reduction in overtime (Ugrovics and Wright, 1990), as well as a shorter number of wage hours per week (36 hours for three 12-hour shifts, versus 40 hours for five 8-hour shifts). The dilemma of 12-hour shifts for administrators is the weighing of savings against the reduction in patient safety. Mature nurses have invaluable skills that improve the quality of care and therefore enhance patient safety (Hill, 2010). If these nurses are leaving due to the 12-hour shift schedule, the added expense of recruiting and training new employees and the risk of errors may outweigh the initial cost savings.

Montgomery and Geiger-Brown (2010) stated that moving away from 12-hour shifts will require a real change in hospital culture. No nurse executive likes to believe that their institution accepts a work culture where coming to work exhausted, sick or unprepared for the demands of patient care is tolerated. Yet, hospitals will allow nurses to “self-schedule” in ways that substantially increase fatigue risk or may ask nurses to accept “on call” or mandate overtime to cover open shifts so as not to use expensive supplemental staffing. “To reduce error producing fatigue, state regulatory bodies should prohibit voluntary overtime in excess of 60 hours per 7-day period” (IOM, 2004, p. 236). The peer culture may discourage a nurse from staying home when too fatigued to function. Because most sleep-deprived staff have little awareness of their neurobehavioral deficits, relying on nurses to self-regulate should take a backseat to administrators ensuring healthful work schedules that allow adequate sleep opportunity. Nurses must be able to admit that they are exhausted without being adversely judged, or they will be reluctant to disclose this reality.

CONCLUSION: There is a growing body of evidence that 12 hour nursing shifts have a number of consequences for employers, nursing staff and patients.

REFERENCES


