

THE EXPERIENCE OF NIGHT SHIFT REGISTERED NURSES IN AN ACUTE
CARE SETTING: A PHENOMENOLOGICAL STUDY

by

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A thesis submitted in partial fulfillment
of the requirements for the degree

of

Master

of

Nursing

MONTANA STATE UNIVERSITY
Bozeman, Montana

March, 2010

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ACKNOWLEDGEMENTS

This work is dedicated to: Doug for your unwavering love and support; Christina, Brooke, Dillon, and Hunter for all of your patience and understanding; and Mom and Dad for all of the times you told me that you were proud of me.

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ABSTRACT

The night shift environment in acute care nursing is a unique and poorly understood entity. Retention of experienced nurses on the night shift is vital to the provision of quality care and the nurturing of new nurses. The goal of this phenomenological study was to elicit a description of the lived experience of experienced night shift nurses with the goal of gleaning information that would improve the work environment on the night shift. Five experienced night shift RNs participated in self-directed interviews, responding to the question, "Can you please share your experiences as an RN working the night shift?" The interview data were analyzed using Giorgi's phenomenological method to arrive at a typical and essential structure of the experience. The results revealed negative and positive aspects of working a night shift schedule. Negative aspects of night shift nursing included a feeling of being misunderstood and undervalued professionally and personally. Inadequate resources, on the night shift, was also identified as a barrier to nurse satisfaction, and negatively influencing the provision of quality nursing care and quality orientation of new nurses. Negative physiologic influences of night shift centered around poor quality and quantity of sleep. While these negative influences were consistently presented by all participants, so were the positive aspects of night shift nursing. The participants of this study were strongly invested in the teamwork they experienced within their night shift work environment. Interdependent team spirit was found to have arisen in response to the lack of resources experienced by these nurses. This teamwork, along with the other positive aspects, such as autonomous practice and positive effects on personal time, were seen as incentives for these experienced nurses to continue nursing on the night shift. Nursing administration may be able to utilize the information gleaned from this study to optimize the night shift work environment, and subsequently, increase retention of the experienced nurse. Further research is needed to clarify: the needs of experienced nurses in varying clinical settings, the needs of inexperienced night shift nurses, and the representativeness of the data found in this study to larger numbers of nurses.

CHAPTER ONE

INTRODUCTION TO THE STUDY

Introduction

“I think most people who work night shift like working night shift, it’s just the other factors that stop you from working nights.”

The above quote suggests the question, “What are the factors that serve as barriers to working nights?” This study explores the lived experience of experienced, acute care, night shift nurses. Understanding the obstacles faced by experienced night shift nurses may offer avenues for change that will optimize the night shift work environment, promote the retention of these valuable nurses, and improve patient care.

Statement of the Problem

Lack of experience of nurses is prevalent on the night shift. Claffey (2006) states, “Most vacant nursing positions in hospitals, in fact, are on off shifts, and the newly minted RNs who frequently take these jobs must assume their new roles with minimal clinical and administrative support” (p. 1). Experienced nurses report feeling undervalued by their employer and overburdened with the number of inexperienced nurses that they feel responsible for overseeing (O’Dowd, 2004).

In addition, new graduates often report feeling “on their own” as experienced night shift nurses transfer to day shift positions, or leave bedside nursing altogether (Claffey, 2006). This leaves inexperienced RNs without the support they need to foster

their professional growth. Although management contributes to the support of new RNs, seasoned staff play a significant role in fostering their self-confidence as a productive member of the health care team (Smith, 2007).

Retention of experienced nurses on this shift is paramount to quality orientation of new staff that, most frequently, start their nursing career on the night shift. “The benefits of an excellent preceptor for the new nurse are astronomical.” (Floyd, 2003) Repeatedly orienting new staff has its rewards, but carries great responsibility and can lead to burnout of experienced RNs. Nurses called on to orient new staff are often not trained to do so, nor compensated for these additional duties (Floyd, 2003). Considering these dynamics and the current nursing shortage (Jones, 2005b), it would behoove the nursing profession to explore the relationship between these factors and the experiences of experienced nurses on the night shift. Duchscher (2001) stated the following:

...there is minimal qualitative evidence to inform what constitutes an optimal work environment for the acute-care, hospital-based practicing nurse and even less evidence to detail the factors that exhaust, alienate, and discourage those professionally competent and caring nurses we most need to attract and retain (p. 426).

Exploring the lived experiences of experienced acute care nurses who work the night shift is a starting point to understanding their professional needs and promoting their retention.

Significance of the Problem

The loss of experienced nurses on the night shift affects many areas. These areas include disruption of the work environment of nurses remaining on the night shift, costs

to hospitals, and patient care outcomes. “In today’s competitive health care environment, administrators must recognize the impact that nurse turnover has on the satisfaction and safety of nurses and other clinicians, the satisfaction of and retention of health care customers, and customer perceptions of quality of care” (Jones, 2004, p. 563).

When nurse turnover occurs, the work environment is disrupted. Losing a known and valued colleague causes stress to the social structure of the work environment (Jones, 2005b). This stress has been demonstrated to lead to additional nurses leaving. This is labeled “secondary nurse turnover” (Jones, 2005b, p.44) and is described as when “the work environment may be adversely affected by the turnover, and conditions may be created such that nurse turnover actually induces additional turnover” (Jones, 2005b, p. 44).

The cost of replacing experienced staff can be viewed from two perspectives; actual monetary costs and non-monetary costs. Actual monetary costs include: a) overtime for staff covering shortages, b) orientation of new staff, c) travel nurse wages, and d) productivity losses (Atencio, Cohen & Gorenberg, 2003; Jones, 2005a; O’Brien-Pallas et al., 2006). Non-monetary costs include: a) staff dissatisfaction (O’Brien-Pallas et al. 2006; Jones 2005a), b) decreased resources in terms of experienced co-workers for remaining night shift nurses, c) declines in patient and family satisfaction, and d) potential negative patient outcomes (Atencio et al., 2003; Jones, 2005b).

Monetary Costs

The ability to retain experienced nurses in an acute care setting on the night shift makes a significant impact on hospital costs. Estimates for replacing one experienced

nurse range from \$10,000 to \$60,000 and estimated costs of reduced productivity range from \$5,235 to \$16,102 per nurse lost. Cost savings to a 500 bed acute care setting are estimated to be as high as \$800,000 if nursing turnover were reduced from 13% to 10% (O'Brien-Pallas et al., 2006). In addition, turnover of experienced nurses "may have detrimental effects on the quality of care, patient and staff safety and the cost-effectiveness of care delivery (Jones, 2004, p. 567).

Non-Monetary Costs

The acuity of hospitalized patients is increasing (O'Brien-Pallas et al., 2006). This calls for an increased knowledge base among staff nurses to provide care for these patients. Experienced nurse turnover affects patient care quality and patient satisfaction (Jones, 2005b). As with any profession, nurses build on an initial knowledge base from their formal education with practical experience. Inexperienced nurses may lack the ability to recognize subtle changes in a patient's status until emergent intervention is required for physiologic stabilization. Early detection and intervention may improve patient outcomes, decrease transfers to higher levels of care, and/or reduce the occurrence of cardiac arrest (Thomas, VanOyen, Rasmussen, Dodd & Whildin, 2007).

Purpose of the Study

The purpose of this study is to explore the experiences of experienced night shift nurses with the goal of gleaning information that would improve the work environment on the night shift. This information may provide insight to factors that will increase

retention of experienced night shift nurses, ultimately improving nurse satisfaction, patient care and patient outcomes.

Research Question

The research question for this study is, “What are the experiences of experienced nurses working night shifts in an acute care setting?” Assessing this information will allow a better understanding of the positive and negative aspects of working the night shift in an acute care setting.

Conceptual / Theoretical Framework

Phenomenology

Phenomenology forms the theoretical framework for this study. “Phenomenology [is] the study of phenomena as experienced...precisely as it is experienced,” (Giorgi, 1989, p.41). It is a philosophy emphasizing how individual realities are constructed based on the individual experience of the phenomenon. The individual’s understanding of a phenomenon arises from the perceptions of the individual experiencing it.

Phenomenological research is qualitative in nature and can be approached from differing perspectives. Some phenomenological methods focus on the researcher’s interpretation of the experiences of participants (interpretive phenomenology), while others focus solely on description of the experiences (descriptive phenomenology) (Polit & Beck, 2008). Although differences in methods and foci exist, the primary goal of both these approaches is the same, to explore and understand “people’s everyday life

experiences” (Polit & Beck, 2008). The conscious experience of individuals experiencing the same situation, or event, and their perceptions of that event will differ based on their personal interpretation and life-experience influences. These perceptions are the information that phenomenological research allows us to investigate. “The goal of phenomenological analysis, more than anything else, is to clarify the meaning of all phenomena. It does not explain nor discover causes, but it clarifies,” (Giorgi, 2005, p. 77).

A phenomenological approach is an appropriate means to explore the lived experiences of experienced nurses working the night shift in an acute care setting. The use of open-ended questions, and allowing participants to describe their experiences fully, will offer an opportunity to describe the lived experience of each participant. Conversely, asking structured questions requires preconceived answers in order to formulate those questions. Considering the dearth of literature describing the experiences of experienced night shift nurses in acute care settings, qualitative investigation is an appropriate place to begin exploring this topic.

Giorgi’s Method

Based on phenomenological philosophy, Giorgi developed a method of investigating phenomena that entails a rigorous, scientific approach. This method provides guidelines for data collection and data analysis. Data collection is done by interviewing purposefully selected participants. Giorgi’s method calls for a conscious awareness, by the researcher/interviewer, that the researcher/interviewer cannot be completely objective, as his/her own experiences influence his/her perception of the data

presented. By awareness of what is already known about a phenomena, the process of bracketing, or setting aside what is already known, allows for study of an object as it is presented to consciousness, avoiding preconceived ideas (Giorgi, 2005).

Giorgi's method offers structured and methodical steps for data analysis. These steps, while consistent, are not rigid and allow for variance in procedure, adapting to the phenomenon being studied (Giorgi, 1995). A more detailed description of Giorgi's method of phenomenological inquiry will be presented in Chapter 3 of this thesis.

Definitions

For the purposes of this study, a nurse is defined as an RN providing bedside patient care. An acute care setting is a hospital that provides twenty-four hour per day inpatient nursing care. The night shift is limited to shift hours occurring between the hours of 2300 and 0730. Experience, in this study, is defined by Benner's (1984) application of the Dreyfuss model of skill acquisition. Benner described nursing competency and experience as progressing through five stages of proficiency: novice, advanced beginner, competent, proficient, and expert. Benner's work has been cited in many studies to define novice and experienced nurses. Orsolini-Hain & Malone (2007) apply Benner's five stages of nursing experience to numbers of years in nursing practice as follows: 1) novice – undergraduate nursing school, 2) advanced beginner – 1 to 6 months of practice, 3) competent – 2 to 3 years of practice, 4) proficient – 3 to 4 years of practice, and 5) expert – 5 or more years of practice. These choices in timeframe application are supported in work done by McGrath (2008), and Rischel, Larson, &

Jackson (2008). Experienced nurses, for the purpose of this study, are those nurses that are expert in their current area of nursing, having 5 or more years of experience in that area. New nurses are those that are novices or advanced beginners, having 6 months or less of practice in their current area of patient care.

Utilization of Benner's theory is discussed by Gobet & Chassy (2008) and the following weaknesses of Benner's theory are suggested: 1) research does not support the existence of the stages identified by Benner, perhaps due to the difficulty establishing such stages and providing quantitative support of their existence (longevity does not always equal expertise), 2) individuals can often not be placed in a single stage of expertise, as individual competencies vary within different areas of practice, and 3) not all learning occurs from explicit to implicit, and from abstract to concrete as is stated by Benner. These arguments may be valid when demonstration of a specific area of clinical expertise is necessary, however, in assessing the personal experiences of nurses in regard to their experiences working at night, they are not. Having dedicated time to the night shift environment is the key criteria of consequence for this study. Purposive sampling, along with defined selection criteria, and careful assessment of the professional backgrounds of the nurses chosen to participate in this study, will minimize the potential for inappropriate participant selection.

Terminology used in descriptive phenomenology can be confusing and often appear abstract to those unfamiliar to this research process. Appendix A provides definitions of these terms.

Summary

There is a paucity of research on the experiences of experienced nurses working night shift. This gap in the literature is significant in a time when the nursing profession is challenged with two significant problems. First, estimates show that the average age of practicing RNs and nurse educators will be greater than fifty years of age by the year 2010, resulting in large numbers of nurses retiring over the following decade (Cooper, 2003; Atencio et al., 2003). Second, although nursing school enrollment is rising, there is an inadequate number of nurse educators available to teach the increasing numbers of students (Mennick, 2007). These shortages in the nursing profession have the potential to significantly affect the current shortage of experienced nurses that work night shift. As experienced night shift nurses retire, and leave the nursing profession, it will be increasingly important to retain those experienced nurses that remain. Understanding the experiences of experienced night shift nurses may allow hospitals insight to the factors that will provide them an opportunity to promote retention of these valued staff members.

With the lack of research related to the experiences of experienced night shift nurses, there is a need to explore this topic. A qualitative research methodology would provide an appropriate approach to exploring the insights of these experienced nurses. Open-ended questions would allow nurses to express their experiences from their own perspective without being led to choose between predetermined responses (Polit and Beck, 2008). Assessing the lived experiences of experienced nurses, working the night shift in an acute care setting, may allow a better understanding of both the positive and negative aspects of their work environment.

CHAPTER TWO

REVIEW OF THE LITERATURE

Introduction

The review of the literature of this paper was based on the question, “What are the experiences of experienced nurses working night shift in an acute care setting?” The goal of this literature review is to determine the state of the science regarding this topic and determine if gaps in the literature exist.

Literature Search Method

The search terms included in this review of the literature will be key terms taken from the question, “What are the experiences of experienced nurses working night shift in an acute care setting?”. All searches in this literature review had the limitations of; being research articles from scholarly (peer reviewed) journals, being written in the English language. Searches were performed in the databases CINAHL and PubMed between the years of 1980 and 2008. The research question, “What are the experiences of experienced nurses working night shift in an acute care setting?”, provided primary key terms to initiate the search. These terms include: 1) night shift nurses, 2) experienced nurses, 3) experiences, and 4) acute care setting. These terms were searched independently and in all inclusive combinations. Based on the results found from these primary key words, the secondary key words of personnel retention, shift work, job satisfaction, nursing shortage and quality of working life were included in the search.

Search results were narrowed to manageable numbers by combining terms. Search result lists were printed and abstracts were analyzed. Inclusion or exclusion was determined by the relevance of the articles' subject matter to the research question, and articles were categorized by themes. Research articles were identified as qualitative or quantitative. The following information provides a summary of the literature search's results categorized by the themes identified.

Search Results

Themes

Eight themes were identified as applicable in the results of this literature review. These themes were given single word identifiers and are as follows:

- 1) physiologic effects of working night shifts, including sleep disturbances (physiologic),
- 2) suggestions for adaptation to working night shift (adaptation),
- 3) work performance as it differs among shifts, and is specific to night shift (performance),
- 4) patient safety in relation to shift work (safety),
- 5) nurses' perceptions of a quality work environment (environment),
- 6) strategies to promote retention of experienced nurses (retention),
- 7) value of experienced nurses (value), and
- 8) RN self-concept as viewed by experienced nurses (self-concept).

Table 1 identifies the themes found, related to the search terms. A legend follows Table 1, to assist in identifying key terms.

Table 1. Themes Found by Search Term

Search terms	Theme by single word identifier and number of articles found	Total
NSN	adaptation(2), performance(2)	4
EN	safety(1), environment(1), retention(16), value(4), self-concept (4)	27
NSN + E	adaptation(1)	1
EN + E	value(4), self-concept(1)	5
E + ACS	environment(1)	1
SW	physiologic(37), environment(4)	42
SW + JS	physiologic(2), environment(1)	5
SW + QWL	environment(2)	2

Legend: NSN = night shift nurse, EN = experienced nurse, E = experiences, ACS = acute care setting, SW = shift work, PR = personnel retention, JS = job satisfaction, NS = nursing shortage, QWL = quality work life

Qualitative Versus Quantitative Findings

When assessing the state of the science with a literature review, it is important to have an understanding of the number of qualitative versus the number of quantitative research articles available in the area of interest (Polit & Beck, 2008). Deciding whether gaps exist in qualitative or quantitative research may guide the foundations of future research. Table 2 displays the disbursement of articles between qualitative research and quantitative research, as grouped by themes.

Table 2. Totals by Theme and Type of Research After Removal of Duplicates

Theme	Total articles	Qualitative	Quantitative	Qualitative and Quantitative
Physiological	15		15	
Adaptation	1	1		
Performance	4		4	
Safety	3		3	
Environment	6	4	2	
Retention	17	4	12	1
Value	13	5	8	
Self-concept	3	2	1	
Totals	62	16	45	1

This literature review assessed the current state of the science regarding the experiences of experienced night shift nurses working in an acute care setting. Search methods and results have been described in detail. A discussion of the results “should include an overall summary of the findings, the reviewer’s assessment about the strength and limitations of the body of evidence, what further research should be undertaken to improve the evidence base, and what the implications of the review are for clinicians and patients” (Polit & Beck, 2008, p 678). Discussion of the results of a literature review can be approached from various perspectives. The discussion of this literature review will present the results grouped by theme. The discussion will also include references to the type of research articles found, whether qualitative or quantitative.

Findings as Categorized by Theme

Physiologic

Physiologic effects of working a shift that opposes a “normal” sleep-wake cycle has high potential for negative physiologic effects (Kivimaki, Kuisma, Virtanen, & Elovainio, 2001). Research articles, evaluating physiologic effects of working night shift,

accounted for fifteen of the articles found in this literature review. No qualitative studies were found in the area of the physiologic impact of working night shifts. One might assume that researchers have formulated opinions about potential physiologic effects of working night shifts, and moved forward in implementing quantitative studies to validate, or nullify, their hypotheses. Obtaining qualitative data, from nurses that experience the physiologic effects of working at night, may reveal unexpected avenues.

Melatonin and Circadian Rhythms. The majority of the studies found, within this theme, reference the disruption of normal circadian rhythms and the decreased secretion of melatonin that occurs with this disruption. Circadian rhythms are natural sleep-wake cycles that occur in harmony with the light-dark cycles of daytime and nighttime, and normal changes in body temperature (cooling in the evening, warming in the morning). These cycles include biochemical, physiological or behavioral processes. “Under normal temporal work schedules, body functions such as sleeping, waking, and eating are aligned with the body’s preparedness for these activities” (Newey & Hood, 2004, p. 187). These cycles can be “reset” by changes in schedule (working nights) or changes in environmental cues (traveling across timelines to a changed light-dark cycle). “In many animal species and in humans, the pineal secretory product melatonin contributes to the synchronization of circadian rhythms to the 24-hour solar cycle by translating environmental changes in the light-dark cycle to an internal pacemaker” (Cavallo, Ris, Succop, & Jaskiewicz, 2005, p. 172). These authors cite previous research that demonstrated improved adjustments in sleep-wake cycles of persons experiencing jet lag, those that experience no light-dark cycles secondary to blindness, or those that have no

melatonin production due to pinealectomy, by taking oral melatonin supplements.

Melatonin supplementation of 3mg, taken orally after working night shift, was not found to improve the sleep quality or attention testing in night shift workers (Cavallo et al., 2005).

Ischemic Heart Disease. Conflicting results were found in the association between night shift work and ischemic heart disease. Fujino, Iso, Tamakoshi, Inaba, Koizumi, Kubo et al. (2006) did not find higher risk for this disease in persons working fixed night shifts, however, those rotating through varying shifts, including nights, were at significantly higher risk. This risk was found to be compounded by additional “coronary risk factors, such as hypertension, overweight, habitual alcohol consumption, and smoking” (Fujino et al., 2006, p. 128). These authors cite previous research studies whose results oppose their own results.

Breast Cancer. Similar conflict was noted in research by O’Leary, Schoenfeld, Stevens, Kabat, Henderson, Grimson et al. (2006) in the study of the effects of bright light at night and it’s correlation to increased risk for breast cancer. The association between light at night and cancer risk was hypothesized to be related to decreased melatonin production from light exposure, which result in an increase in circulating estrogen. Melatonin has also been demonstrated to have antiproliferative effects on cancer cells. The combined risk factors of elevated circulating estrogen levels and less protection from cancer cell proliferation may increase breast cancer risk (O’Leary et al., 2006). Although this study’s results showed a negative correlation between night shift

work and breast cancer, the authors cite two other studies with conflicting results. In one of the cited studies, an increase risk for breast cancer was found with increased duration of night shift work, while in the other, a different set of criteria was defined for night shift work.

Colorectal Cancer. Similarly to breast cancer, the decreased melatonin levels, from light exposure at night, impact antiproliferative effects on intestinal cancers. This association is supported in laboratory testing that demonstrate lower levels of serum melatonin in patients with colorectal cancers than is found in healthy patients (Schernhammer, Laden, Speizer, Willett, Hunter, Kawachi et al., 2003). These authors found evidence that “working a rotating night shift at least three nights per month for 15 or more years may increase the risk of colorectal cancer in women” (Schernhammer, 2003, p 825).

Prostate Cancer. Prostate cancer risk in relation to shift work was studied by Kubo, Ozasa, Mikami, Wakai, Fujino, Watanabe et al. (2006). Significantly higher risk was attributed to rotational shift work, however, “small and nonsignificant increase in risk” (Kubo et al., 2006, p. 549) was found in those working fixed night shifts.

Parkinson’s Disease. An association was found in the relation of sleep duration to the risk of developing Parkinson’s disease (Chen, Schernhammer, Schwarzschild, & Ascherio, 2006). Those persons sleeping longer periods (nine or more hours per day) had a higher risk than those with shorter sleep duration (six or less hours per day). As

most night shift workers tend to achieve less sleep, “data suggest that working night shifts may be protective against Parkinson’s disease” (Chen et al., 2006, p. 726).

Cardiac Autonomic Profiles. The association between night shift work and changes in cardiac autonomic profiles demonstrated “continuous weekly changes of time of maximum and minimum in the cardiac sympathetic and vagal autonomic control may play a role in the excessive rate of cardiovascular diseases in shift workers” (Furlan, Barbic, Piazza, Tinelli, Seghizzi, & Malliani, 2000, p. 1912). These changes in cardiac sympathetic modulation may account for some of the drowsiness that can occur in night shift workers, leading to decreased levels of job performance (Furlan et al., 2000).

Pregnancy and Birth Weight. Research by Zhu, Hjollund, & Olsen (2004) demonstrated minimal effects on fetal growth for workers of varying shifts, including fixed day, evening, and night shifts, and rotational shift work. These authors cite conflicting research results: “In some studies, shift work has been related to preterm birth, low birth weight, or intrauterine growth retardation, whereas other studies show no associations” (Zhu et al., 2004, p. 285). In their study, fixed night shift workers had a higher incidence of postterm birth, however, those results varied with occupation. Nursing was not specifically identified as an occupation, however, the category of “Manager/professionals” had the highest risk of postterm birth (Zhu et al., 2004, p. 288).

Depression. Skipper, Jung & Coffey (1990) studied the effects of shift work on mental depression. These researchers examined two opposing models in their study. The first model hypothesized that shift work induced physical health and mental depression

would affect social and professional relations. The second model hypothesized that shift work induced changes in social and professional relations which, in turn, would affect physical health and mental depression. The results of the research by Skipper et al. (1990) nullified both of these hypotheses, finding no correlation between shift work and mental depression. These authors note that, in part, this finding may be influenced by whether or not nurses are working night shifts by choice and are content with their given shift.

Health Habits and Their Sequelae. Poorer health habits of night shift workers may lead to subsequent health problems (Kivimaki, Kuisma, Virtanen, & Elovainio, 2001). Hypoglycemia, overweight, fatigue, diabetes, and tobacco use have all been linked to the poorer health habits of night shift workers. Hypoglycemia, in relation to shift work, was studied by Inoue, Kakehashi, Oomori, & Koizumi (2004). Risk factors were found for hypoglycemia, however, working at night was not among them. The risk factors identified were “variation(s) in blood glucose levels, lower body mass index, and not smoking” (Inoue et al., 2004, p. 87). Incidence of variations in blood glucose levels were found in night shift workers; however, these variations were attributed to poor dietary choices (foods high in carbohydrates and fats rather than proteins) over the duration of the shift. These types of dietary choices, in addition to “disruptions of social activities” (Kroenke, Spiegelman, Manson, Schernhammer, Colditz & Kawachi, 2006), such as a consistent exercise routine, can lead to fatigue and overweight. Kroenke et al., (2006) found that the “positive association between years in rotating night-shift work and diabetes was mediated entirely by weight” (p. 175). Night shift workers were also found to make poorer health choices in the area of tobacco use. Smoking and smokeless tobacco

use is more prevalent on night shifts (Kivimaki et al., 2001; Knutsson & Nilsson, 1998). Tobacco use has been shown in numerous studies to lead to lung disease, cardiovascular disease, and oral and lung cancers. Differences in smoking habits and body mass, when studied, were not found to be different between day shift workers and rotating shift workers at the beginning of their careers; however, those differences became evident “among those with a considerable exposure to their working schedule” (Kivimaki et al., 2001).

Stress. Physiologic and psychologic stress indicators are also elevated in those persons working night shift and rotational shift work (Kivimaki et al., 2001, Lac & Chamoux, 2004, Newey & Hood, 2004). Lac & Chamoux (2004) demonstrated potential decreases in stress levels and health problems, and increases in fitness and sleep quality when night shift workers worked more consecutive days followed by more consecutive days off (seven nights of work with five nights off, as compared to three nights of work with two nights off). However, in additional comparison of these groups, saliva cortisol circadian profiles (a stress indicator) were highest in night shift workers, particularly in those working the seven/five shift rotation schedule.

Additional stressors were assessed by Newey & Hood (2004) in relation to shift workers and their significant partner relationships. This study found that the degree of congruence between the shift worker and their partner impacts many areas; sleep/fatigue, health/stress, and social/family. The work of these authors found that the most significant factor in the shift worker’s abilities to adjust to shift work is “the degree of disruption that shift work imposes on the partner’s lifestyle” (Newey & Hood, 2004, p. 194).

Adaptation

Advice for “surviving” night shift work includes; steps to promote sleep (room darkening, white noise, family education, unplugging the telephone), food and exercise changes (avoid caffeine, avoid foods that cause large fluctuations in blood sugar, avoid alcohol prior to sleep, avoid exercise prior to sleep), staying awake at work (frequent short breaks, exercise when feeling fatigued, avoidance of dangerous stimulants), and driving home (carpooling, conversation with passengers, utilizing public transportation). Although there is much written in nursing literature about how to best adapt to working shifts that oppose “natural” circadian rhythms, only one article was found in this literature review that is research-based (Gallew & Mu, 2004). This qualitative study assessed the lived-experiences of night shift nurses and the adaptive strategies utilized by these nurses when working at night. Participants of this study were asked specific questions related to sleep obstacles, social involvements, domestic interactions, work performance, and suggestions for nurses entering the night shift environment (Gallew & Mu, 2004). Eleven night shift nurses were interviewed in this study whose “...shift work experience ranged from three months to twenty-two years and eight months with a mean of 11.77 years,” (Gallew & Mu, 2004, p. 25). The level of experience of these nurses were not delineated by age or number of years in nursing for this study.

The lived experiences of the night shift nurses assessed by Gallew & Mu (2004) were divided into two themes: 1) “Living by night, sleeping by day: The masquerade, and 2) Relationships and family lives: A kaleidoscope.” (Gallew & Mu, 2004, p. 25). Experiences included in the first lived experience theme, the “masquerade”, included

those that demonstrated night shift nurses actually continue to live by day, sacrificing sleep. These night shift nurses reported being unable to balance the demands of their lives and relationships with their physiologic need to sleep during daylight hours. This conflict often resulted in inadequate, interrupted, or poor quality sleep. The second lived experience theme, the “kaleidoscope”, encompassed experiences relating to partners and family members. These night shift nurses reported varying degrees of support for their unique schedule needs and expressed concerns about the impact that working nights had on their personal relationships. Support and understanding from family and friends were identified as significant factors in maintaining a night shift work schedule.

Gallew & Mu (2004) also identified two themes in their work that “describe the adaptive strategies of night shift nurses” (p. 23). The first adaptive theme identified was a “just do it” attitude when personal responsibilities and obligations often take precedence over sleep for those nurses that work at night. Meeting personal and professional obligations, while sacrificing sleep, left participants feeling fatigued in both arenas. The second adaptive theme identified in this study was “occupational strategies for night life”, which included four sub-themes; 1) “strategies for sleep”, 2) “scheduling time”, 3) “staying awake at work”, and 4) “what’s best for you”. The first sub-theme described sleep strategies identified by the participants of this study such as room darkening and use of white noise. Additional sleep strategies included: utilization of child care, giving oneself permission to sleep rather than attending to other personal obligations, and finding a sleep schedule that is optimal for each individual. The second sub-theme, scheduling time, provided advice focused on creative scheduling that allow for optimal

participation and minimal sleep interruption. Examples given of this included; scheduling appointments immediately after work and attending church services in the evening. The third sub-theme, staying awake at night, included advice such as drinking caffeinated beverages, snacking, and keeping busy. The final sub-theme of “finding what’s best for you” focused on developing a consistent routine based on personal circadian rhythms. Personal awareness of what each individual nurse needs to adapt to the night shift may offer the best solutions for balancing their personal life, professional life and health.

Performance

Four quantitative studies on the theme of job performance were found in this literature search. These studies varied in focus, with one comparing the job performance of nurses between varying shifts, another addressing the neuropsychological performance of night shift workers, and the last assessing the effects of sleep disruption, in relation to night shift rotation, on job performance.

Nurses rotating shifts were found to not only have the lowest rankings for administrative and personal perceptions of job performance, they were also ranked highest in degree of job-related stress (Coffey, Skipper, & Jung, 1988). Night shift nurses reported the least job-related stress and were ranked second, among day shift, evening shift, and rotating shifts, in perceptions of job performance (Coffey et al., 1988). Job performance and job-related stress were found to improve in all fixed shifts, as nurses “became better adjusted to their schedules”; however, “Since rotating shift workers are constantly required to change their schedules, they are never able to fully adjust their

body's circadian rhythms. This is reflected in lower job performance" (Coffey et al., 1988, p. 250).

Research by Rollinson, Rathlev, Moss, Killiany, Sassower, Auerbach et al. (2003) tested emergency room interns at the beginning of their night shift (10 p.m.) and again at an estimated time of maximum fatigue (3 a.m.) on their first shift of night work and again after their third and fourth consecutive night shifts. A significant decrease in visual memory capacity (18.5%) was found. Patient care providers rely heavily on recall of laboratory data, assessment findings, and other patient data to appropriately and successfully treat those in their care. A decrease in memory capacity may be detrimental in the performance of these care providers.

Poor quality sleep, lack of sleep, and/or disruptions in circadian rhythms of night shift workers and rotating shift workers (including night shifts) were found to be "associated with frequent lapses in attention and increased reaction time, leading to increased error rates on performance tasks" (Gold, Rogacz, Bock, Tosteson, Baum, Speizer et al., 1992, p. 1013). The participants in this study demonstrated that nurses working rotating shifts and those working night shifts reported significantly fewer hours of sleep than did nurses working day and evening shifts. "...only 6.3% of night nurses, none of the rotators...obtained anchor sleep regularly throughout the month" (Gold et al., 1992, p. 1012). "Anchor sleep" in this study was defined as, "at least 4 hours of sleep obtained regularly during the same clock hours every night, both during work days and days off" (Gold et al., 1992, p. 1011). Further comparisons found that the elevated risk of falling asleep while driving to and from work was 3.9 times for rotating nurses, and 3.6

times for night shift nurses, greater than the risk for day and evening shift nurses (Gold et al., 1992, p. 1012). Research from Bonnefond, Muzet, Winter-Dill, Bailloeuil, Bitouze, & Bonneau (2001) identified the value of a short nap (less than one hour) on the vigilance level of night shift nursing.

Safety

Patient safety, in the acute care setting can be negatively influenced by lack of nursing experience, fatigue, poor mental health. The three research articles identified in this literature search to be relevant to the topic describe quantitative studies.

Intravenous medication errors were studied in a study by Seki & Yamazaki (2006), and although no significant difference was found between the three shifts identified (days, evenings, and nights), increased errors were noted when shifts were prolonged (staying late, or working overtime) and as workload increased (increased nurse to patient ratios). Another factor that was found to increase medication errors was lack of experience in the current area of employment, rather than lack of experience in general.

Blegen, Vaughn, & Goode (2001) studied the relationship of experience and education to quality of care received. In their study, it was found that, after “controlling for patient acuity, hours of nursing care, and staff mix, units with more experienced nurses had lower medication errors and lower patient fall rates” (Blegen et al., 2001, p. 34). These authors expressed concern that the need for experienced nurses is crucial and proceed to cite sources that report experienced nurses to become increasingly “disengaged, less satisfied, and less committed to the institution” (Blegen et al., 2001, p. 37) as their length of employment increases. With these combined concerns, a call was

made to hospital administrators to engage in processes that will promote retention of experienced nurses and prevent their disengagement from the nursing profession.

Additional patient safety concerns of inaccurate patient identification, incorrect operation of medical equipment, in addition to medication administration errors, were identified to occur more frequently when nurses were found to be “mentally in poor health” (Suzuki, Ohida, Kaneita, Yokoyama, Miyake, Harano et al., 2004, p. 448). Poor mental health was determined in this study by statistical analysis of a mental health and sleep quality survey. A positive correlation existed between those nurses found to be in “mentally poor health” and with inadequate quality and/or quantity of sleep, and those that experienced the occupational errors noted above. This study states, “The factor that has the strongest association with experience of medical errors...was night/irregular shift work” (Suzuki et al., 2004, p. 453).

Environment

The acute care work environment is a unique and dynamic entity. Numerous personal, interpersonal, organizational, and professional factors interact to create each individual’s perceived work environment. This literature review resulted in six articles that discuss the priorities of nurse’s in their work environment and the influences that those environments have on nursing. Of these six studies, four were qualitative and two were quantitative.

The quality of work environment has been studied previously and has been shown to affect nurse satisfaction, nurse retention, and subsequently, patient safety and outcomes (Ulrich, Buerhaus, Donelan, Norman, & Dittus, 2005). Additionally, work

environments can affect the quality of work performance demonstrated by nurses.

Uhrenfeldt & Hall (2007) studied the effects of work environment on the proficiency of nurses, finding that “poor working conditions cause proficient nurses to regress to non-proficient performance” (p387).

Although each nurse has unique goals in their professional work experience, the most frequent environmental factors that provided professional satisfaction were found to be; 1) the ability to provide quality patient care, 2) respectful and supportive work relationships, with peers and administrators, that recognize good work and encourage personal and professional growth, 3) adequate financial compensation (including benefits), and 4) a safe and health conscious work environment. (Dunn, Wilson, & Esterman, 2005; Hsu & Kernohan, 2006; Miller, 2006; and Ulrich, Buerhaus, Donelan, Norman, & Dittus, 2005). Although one might presume that the factors that decrease satisfaction would be opposite those that increase satisfaction, this was not found to be the case. Dunn et al. (2005) found that “nursing satisfaction and dissatisfaction reflect different phenomena” (p. 29). Obstacles to nursing satisfaction were found to include; 1) lack of time to provide high quality patient care, 2) declining numbers and experience of staff, 3) inadequate resources, 4) perceived differences between personal and organizational values, and 5) lack of separation between personal and professional time (Dunn et al., 2005; Hsu & Kernohan, 2006; Miller, 2006, and Ulrich et al. 2005).

Retention

In this literature review, articles found that address the issues surrounding nurse retention for all shifts, can be broadly separated into two areas of focus; general nurse

retention and retention of older nurses. Both of these areas are important to assess in relation to this thesis topic as older nurses are often the experienced nurses, however, experienced does not always mean older. Many nurses who graduated at a young age and focused their careers on a specific area within nursing can be considered experienced in their thirties. In the area of general retention, eight quantitative studies, two qualitative studies, and one study with quantitative and qualitative approaches were found. Studies focused on retention of older nurses had four quantitative and two qualitative results. Cumulatively, these totaled seventeen studies, with twelve quantitative studies, four qualitative studies, and one combination study. No studies were found that specifically addressed the retention of night shift nurses.

General Retention. Similar results were found throughout the studies that focused on nurse retention in general. Positive self-concept, peer cohesion, collegial support, autonomy, and remuneration were consistent factors cited to enhance nurse retention (Atencio, Cohen, & Gorenberg, 2003; Cartledge, 2001; Cowin, 2002; Cowin, Johnson, Craven, & Marsh, 2008; Domm, Donnelly, & Leurer, 2007; Mantler, Armstrong-Stassen, Horsburgh & Cameron, 2006; Haut, Sicoutris, Meredith, Sonnad, Reilly, Schwab et al., 2006; Hayhurst, Saylor, & Stuenkel, 2005; Oehler & Davidson, 1992). Other retention-promoting factors that were found in one or more studies were; managerial style, support, and communication, retention incentives, scheduling flexibility, clinical ladders, mentoring programs, and educational opportunities. Factors that were identified as disincentives to nurse retention in general were; work overload (including inadequate staffing, unsafe nurse-patient ratios, overtime, increased

paperwork, and administrative duties), perceived imbalances between recruitment and retention incentives, inadequate opportunities for professional development, and lack of recognition for experience, skills, and good work (Atencio et al., 2003; Cartledge, 2001; Domm et al., 2007; Hayhurst et al., 2005; Oehler et al., 1992).

Retention of Older Nurses. The most frequently noted factors that promote retention in of the older nurse were lessened workloads and creative, flexible scheduling (Cyr, 2005; McIntosh, Rambur, Palumbo, & Mongeon, 2003; Mion, Hazel, Cap, Fusilero, Podmor, & Szweda, 2006; O'Brien-Pallas, Duffield, & Alksnis, 2004; Rosenfeld, 2007; Young, Albert, Paschke, & Meyer, 2007). Numerous factors influence whether or not older nurses will continue to work. Access to rehabilitation programs, to assist older workers to recover from acute and chronic injuries associated with aging, in addition to cardiac and pulmonary rehabilitation programs may entice and enable older nurses to remain in the workforce (Cyr, 2005). Environmental and equipment challenges for older nurses often lead to retirement (Mion et al., 2006; O'Brian-Pallas et al., 2004). Environmental issues such as personal safety and parking issues, along with advances in the technologies associated with patient care can be included in these challenges. Older nurses today are often faced with personal challenges of being in the “sandwich generation”, caring for their own children, their parents, and often, grandchildren. Managerial understanding and support of these personal dynamics can allow for individualized schedules and provide much needed help in the areas of “...caregiving information and support services, employee benefits counseling, credit and retirement

advice...” (Rosenfeld, 2007, p. 127), in addition to caregiver support groups, social work resources, and legal counsel.

Value

The value of experienced nurses, regardless of which shift they work, is documented in the literature in varying aspects. Value can be found in the tacit knowledge and decision making abilities found when comparing novice nurses to those with experience. The value of retaining experienced nurses can also be seen in terms of replacement costs and patient satisfaction and safety. Thirteen articles were found in this literature search that pertained to the value of experienced nurses. Eight of these articles were quantitative studies and five were qualitative.

Tacit Knowledge. The art of nursing can be seen in the tacit knowledge displayed by experienced nurses (Murphy, Petryshen, & Read, 2004). This experience-guided work is often displayed in situations where objective patient assessment data does not call for concern, but the intuitive judgment of the experienced nurse calls for action in diligent patient observation, further assessments, and potential intervention. This dynamic is referred to as “Métier Artistry” by Stockhausen (2006); a reflective, insightful process that incorporates judgment, compassion, experience, and action. Experienced nurses that possess this skill are valuable in the education of novice nurses, acting as role models and providing an opportunity for interactive discussion of the process of their nursing artistry.

Decision Making. When comparing the decision making processes of experienced and novice nurses, studies have found that those with experience are more likely to utilize cognitive structuring and novices use more analytical processing (Tabak, Bar-Tal, & Cohen-Mansfield, 1996). The “simplified generalizations of previous experiences” provide a “knowledge base (that) is more organized, abstract, and structured” (Tabak, Bar-Tal, & Cohen-Mansfield, 1996, p. 534), resulting in better organization of information and quicker, more accurate decision making. This was supported in research assessing the decision making of novice and experienced nurses in the emergency department (ED) triage setting (Cioffi, 1998). Novice nurses were found to have less previous experience to draw on, tended to collect more irrelevant information, and were more hesitant and inaccurate in their decision making than were experienced nurses.

Moral and Ethical Guidance. The moral obligations inherent to the nursing profession were studied by Woods (1999) and Cronqvist, Theorell, Burns, & Lützén (2004). Woods found that experienced nurses utilize their past experiences to develop an understanding “of the essential ethical requirements of effective or skilled nursing practice” (1999, p. 426), stating that “experienced nursing responses to ethical problems are quite focused, and that that focus owes much to the development of practical rather than objective wisdom” (1999, p. 427). Mentoring of novice nurses in areas of moral concern, by experienced nurses, can provide much valuable insight.

Patient Advocate. The value of experienced nurses in the role of patient advocate was addressed by Jezewski (1996) when difficult decisions must be made regarding end-of-life issues, such as consenting to a “do-not-resuscitate” status. While these emotionally difficult decisions can be overwhelming for inexperienced nurses, nurses with more experience can be an effective and sensitive resource for patients and families. Acting as an “intermediary between patient, family and physician” (Jezewski, 1996, p. 117) can also be difficult for inexperienced nurses, especially when all parties involved are not in agreement. Experienced nurses can provide a valuable resource to their less experienced peers by role modeling, sharing previous experiences, and encouraging novice nurses to explore their own thoughts and feelings about the dying process.

Human Capital Losses. Loss of an experienced RN, whether by external turnover (leaving their employer), or by internal turnover (changing jobs within their existing employment organization), can have numerous consequences. Such a loss can be detrimental to the acute care setting in terms of “human capital losses, disruptions in the work environment, customer loyalty, and organizational performance” (Jones, 2005a, p. 563). Human capital losses, from an individual perspective, are considered to encompass the expertise that one possesses within their current position. Losses from internal turnover of RNs occurs because, even though the individual remains in an RN role, the specifics of each nursing arena require different skill sets and orientation to that area. This must occur not only for the RN vacating the position, but the RN that is hired to fill that vacancy.

Self-Concept

The self-concept of nurses has been found to vary as their professional careers progress. “Professional self-perception (identity) can guide or restrict the achievements, enjoyment, and satisfaction within our working life, and ultimately the value of the profession” (Cowin, Craven, Johnson, & Marsh, 2006, p 25). This professional self-concept has been demonstrated to influence the retention of nurses. Two qualitative studies and one quantitative study were found in this literature search that addressed the self-concept of experienced nurses.

Self-concept development in nursing is a dynamic, and not always progressive, process. Quantitative study by Cowin, Craven, Johnson, & Marsh (2006) revealed that novice nurses tend to experience lower self-concept scores than they did as nursing students. The transition from idealistic academic settings to the realities of the work environment can be a fragile time for new nurses. Experienced nurses were found to not only have a generally higher professional self-concept, the self-concepts of these nurses were found to be more consistent over time (Cowin et al., 2006). This process of professional nursing self-concept development is further described in qualitative research done by MacIntosh (2003). Experienced nurses described their journey to professionalism, resulting in the three themes of assuming adequacy, realizing practice, and developing a reputation (MacIntosh, 2003). The nurses participating in this study identified the development of self-concept of a professional nurse as a career-long and ever-changing process.

Qualitative research from Riley, Beal, & Lancaster (2007) focused on the self-concept of experienced nurses, in relation to scholarly nursing practice, and identified two inter-related themes from the participants of their study. The two categories identified were “Who I Am”, and “What I Do” (2007, p. 425). The category “Who I Am” centered on personal beliefs and values about the role attributes of nursing. Sub-themes within this category included, “active learner, innovative, passionate about nursing, available and confident” (Riley et al., 2007, p. 427). The category “What I Do” reflected the perspectives of the study participants in regard to the role process of their profession and how those perceptions have changed as their careers have evolved. Sub-themes within this category included, “being a leader, caring, sharing, knowledge of others, evolving, and reflecting” (Riley et al., 2007, p. 431). Both categories identified in this study were valued by the experienced nurse participants as “essential components of scholarly nursing practice” (Riley et al., 2007, p. 433).

Conclusions of the Literature Review

A global conclusion of this literature review is that the specific question, “What are the experiences of experienced nurses working night shift in an acute care setting?” has not been addressed in nursing research. Studies exist that provide potential answers to portions of this question, however, the foci of those studies are not similar to the research question posed for this thesis. Studies addressing physiologic effects of working night shift address numerous disease processes that may be impacted by shift work. Do these physiologic changes influence experienced nurse’s decisions to leave the night shift? A

paucity exists in studying adaptive strategies for night shift work. Do we need further study in this area to assist nurses adaptation to night shift? Will these adaptive strategies improve job performance and patient safety on the night shift? In assessing the acute care work environment, researchers have presented numerous changes that may improve nurse's satisfaction. Are there different priorities for nurse's that work at night? Much work has been done in the assessment of factors that act as incentives and disincentives in nurse retention. Do these assessments accurately portray the needs of night shift nurses? Although the data presented in these studies is useful, it is not specific to the needs of experienced nurses that work at night.

Summary

Shift work is a reality of acute patient care. Experience is a valuable asset for nurses providing bedside care in an acute care setting (Staukhausen, 2005). The night shift, in acute care settings, is where a majority of inexperienced, new graduates begin their careers (Claffey, 2006). Combining these factors demonstrates a need for an understanding of how hospitals can best provide a work environment that promotes retention of experienced nurses on the night shift. This literature review found no research that directly asked bedside nurses why they chose to leave, or stay on, the night shift. An appropriate beginning would be to interview the population in question, with a qualitative study, exploring the experiences of these experienced nurses.

A quantitative approach could validate the variables (Polit and Beck, 2008) viewed by experienced nurses as reasons to leave the night shift. However, this literature review

demonstrates a need to identify what the problems are initially. Open-ended questions would allow nurses to express their experiences from their own perspective without being led to choose between predetermined responses (Polit and Beck, 2008). Interviewing experienced night shift nurses will only present one part of the problem of retention. However, it is an important piece of the big picture of providing quality care to patients at night.

CHAPTER 3

METHODS

Introduction

Description and clarification of the phenomenon being studied are cornerstones of this phenomenological method. According to Giorgi, "...the goal of phenomenological analysis, more than anything else, is to clarify the meaning of all phenomena. It does not explain nor discover causes, but it clarifies," (2005, p. 77). Considering the absence of a strong literature base assessing the experiences of night shift nurses, phenomenological inquiry can provide a base for understanding the experiences of these nurses. Description of the lived experience of RNs working night shift is the goal of this study.

Research Design

A phenomenological approach was used for this research study. Phenomenology is "characterized by its emphasis on consciousness" (Giorgi, 1999, p. 11). Every phenomenon that is experienced transcends the simplistic act that it is, and is presented to the consciousness of the individual experiencing the phenomenon (DeCastro, 2003). The variances of perception of the phenomenon are based on numerous influences, such as "thoughts, images, memories, fantasies, and the flowing of experience with it's vague interconnecting bonds" (Giorgi, 2005, p. 76) . This individualization affects the perceived meaning of the act to the consciousness of the person experiencing the act. Phenomenological analysis is "a method for accessing and describing the essential

features and relationships of the objects or events (the phenomena) that are present to the consciousness” (Giorgi, 1999, p. 11)

Giorgi addresses the question of whether phenomenologic research can be considered scientific in nature. In addressing this question, Giorgi first defines what qualifies knowledge as being scientific. He suggests four qualifications. First, the knowledge gained must be “potentially systematic” (Giorgi, 2005, p. 78), in that the understanding of one portion of the knowledge can impact understanding of another piece of knowledge in “harmonious ways”. Secondly, a methodical approach should be used in obtaining the knowledge. Thirdly, the knowledge gained should be general enough to be applicable to situations other than the one in which it was gathered. Fourth, a final qualification for knowledge to be considered scientific is that it must be critically evaluated. This evaluation occurs in two different steps. The first step of evaluation is careful scrutiny of the procedures, analyses, and calculations that were incorporated in the study. The second step of evaluation is the subsequent publication of the study results which allows for members of the scientific community to appraise the study results. Studying human phenomena can be accomplished and meet all of these qualifications by utilizing Giorgi’s methods.

Giorgi’s Method

Giorgi’s procedural methods, or “general steps” (Giorgi, 1995, p.10), for conducting research and analyzing research data, provide a rigorous model for researchers to utilize, while also allowing for utilization of the researcher’s insight to

adjust the methods as needed to conform to the phenomenon being studied. Giorgi (1995) refers to the method as a “praxis”, or “an enlightened doing”, calling on researchers to adapt to the situation at hand: “...following the steps without insight based upon intuition in the phenomenological sense would not do justice to the phenomenological perspective” (Giorgi, 1995, p. 10). Basic steps that outline phenomenological research include; 1) determining the research question, 2) generating data from the participants through open-ended, in-depth interviews, 3) analyzing data, and 4) presentation of results (De Castro, 2003). Polit & Beck (2008, p. 520) outline four basic steps in Giorgi’s methods of data analysis. These include; 1) reading all of the interview material to get a “sense of the whole”, 2) identifying “meaning units”, or commonalities, within the descriptive data, 3) determining and describing the relevance of each of these meaning units, and 4) bringing together the experiences of the participants in a statement that is consistent with the interview material.

Concepts

Concepts essential to the phenomenological approach to qualitative research include: phenomenon, reduction, bracketing, searching for essences, free imaginative variation, intentionality, triangulation, and naive description. The following definitions of these terms are specific to Giorgi’s method.

Phenomenon is defined by Giorgi as “that which shows itself precisely as it shows itself to an experiencing consciousness,” (1995, p. 8). A common example of this is when people say, “The way I see it is...”. This shows that we understand that there may be

other perceptions of a situation, or that our perception is only one of many, but nonetheless, it is our perception, (Giorgi, 1995).

Reduction is a process that Giorgi defined as requiring the researcher to put aside any past knowledge of a phenomenon and to be “present to what is given precisely as it is given,” (Giorgi, 1989a, p.45). It calls for the researcher to take “the meaning of any experience exactly as it appears or is presented into consciousness,” (DeCastro, 2003, p. 50).

Bracketing is one means by which reduction takes place. The researcher utilizes the process of *bracketing* to avoid interjection of personal biases into the data. In bracketing, the researcher strives toward awareness of personal perceptions, and disallows any preconceived ideas or prejudices to influence the description of the data (Giorgi, 1988).

Searching for essences of a phenomenon requires the researcher to identify “invariant and unchangeable characteristics of the particular phenomenon under study,” (DeCastro, 2003, p. 50). Giorgi (1985) describes this process further by asking the researcher to identify what it is about a phenomenon that allows it to be identified as such; what characteristics must be present, or common?

The process of *free imaginative variation* calls for the researcher to explore previously unconsidered components of a phenomenon which may subsequently allow for new insights as to its essential elements, or essences. Giorgi describes this process as the researcher committing to “varying perspectives which could lead to unexpected intuitions...” (1995, pg. 11).

The term *intentionality* refers to the conscious reality that is perceived by each individual in relation to an object or situation. It suggests a relationship exists between objects and the consciousness of that object. It is “the intentional act by which every human being is related to the world and objects. The intentionality is placed into the human consciousness, which, in turn, means that consciousness is always consciousness of something,” (DeCastro, 2003, pg. 50).

The term *triangulation* refers to the use of “multiple referents” to obtain sufficient variation in an attempt to find the essential elements of the phenomenon (Polit & Beck, 2008, p. 543). These referents can be multiple data sources, multiple source sites, multiple evaluation times, multiple data collection methods, and/or multiple types of participants (Polit & Beck, 2008). Giorgi states that the use of three or more subjects to describe a phenomenon is adequate to provide sufficient data variety to give meaningful results (Giorgi, 1989b).

Participants in phenomenologic research may utilize numerous methods of expression to communicate their experiences. Methods used may include language, gestures, and facial expressions. “Description is the articulation of the objects of experience or consciousness by means of language,” (Giorgi, 1995, p. 9). The language used by participants is termed by Giorgi as *naïve description*. The description is naïve “with respect to the researcher’s research interest as well as in a way that is concrete and prepsychological,” (Giorgi, 1995, pg. 23). This description should be accepted by the researcher as it is presented by the participant, with as little preconception, reflection, or judgment, as possible.

Ethical Considerations

Human Rights Protection

Education regarding human rights in research was addressed by the interviewer by completing the on-line course, Human Participant Protections Education for Research Teams. This on-line course is presented by the National Cancer Institute and the U.S. National Institutes of Health.

Institutional Review

Application for Montana State University Institutional Review Board was completed and approval was granted. Approval was then requested from the Institutional Review Board of the hospital employing the participants. Hospital IRB approval was granted, as was administrative approval.

Confidentiality

Participant confidentiality was a priority in this study. Interviews took place in a location that provided privacy and was individually agreeable to each participant. Audio tapes were kept in a locked file until transcribed. Audio-taped interviews were destroyed after they had been transcribed and the transcriptions were entered into a password protected computer. Interviews were coded for identification. These codes and demographic data are currently kept in a locked file, separate from transcriptions. No personal and identifiable data was used for publication. Any quotations used for publication were presented to participants for approval prior to use. The results of the data analysis, as displayed in Chapter 4, were shared with participants for approval prior

to publication. All transcriptions, consents, demographic data, and key codes will be destroyed after 7 years. This information, regarding data management, was presented to all interview participants prior to the interview.

Informed Consent

At the time of interview, a written informed consent was presented and discussed. After all questions were addressed each participant signed the informed consent. This consent form can be found under Appendix B. The consent form included reference to the study purpose, participant criteria, study agenda, interview length, study risks and benefits, cost and payment for participation, study funding, and non-compensation. The voluntary nature of the participants' involvement in this study was reinforced. Contact information was given to participants for the researcher, thesis chair, and MSU IRB chair.

Procedures for Data Collection

Population and Sample

A purposeful sampling technique was used to recruit five experienced night shift RNs for interviews. Selection criteria were defined based on the definitions presented in Chapter One. These criteria included: 1) current licensure in the state of Montana as a registered nurse, 2) currently working as a registered nurse in an acute care hospital, providing bedside care, and 3) 5 or more years of experience in their current area of practice with the majority of hours, in the past 5 years, worked between 2300 and 0730. Recruitment was limited to acute care areas of the hospital that provide twenty-four hour per day nursing care.

Recruitment

A description of this study and its purpose was posted in staff lounges on the nursing units of a 516 bed, level two trauma center in central Montana. Interviewer contact information was also provided and those RNs willing to participate were asked to contact the interviewer. At the time of their initial contact with the interviewer, each participant's questions were answered and criteria for selection assessed. If criteria were met and the RN was agreeable to participate, a mutually agreed upon time and place was determined for an interview.

Data Collection

The data collected for analysis in this study were: interviews, interviewer notes, and demographic data. Prior to the interview, the participants completed a demographic data tool. This tool can be found under Appendix C. Interview questions were open-ended and explored the RNs' experiences of working night shift in an acute care setting. Open-ended questions "allow respondents to respond in their own words, in narrative fashion," (Polit & Beck, 2008, p. 414). This is of value in newly explored areas of research because predetermined questions "may have neglected or overlooked potentially important responses," (Polit & Beck, 2008, p. 415). The interview question initially presented to participants was, "Will you tell me about your experience as a night shift RN?" Participants were prompted to expand and/or clarify their responses as the interview progressed. The length of each interview varied, depending on the responses of each participant. Interviews were audio-taped, and participant responses were transcribed.

Interviewer notes included the interviewer's perceptions of non-verbal communication, such as emotional reactions and body language.

Planned Data Analysis

Giorgi's method of data analysis calls for six levels of data analysis, as described by Jenni (1990). These levels are divided into individual and combined protocols. The individual protocols address data analysis for each individual interview. Combined protocols address the interviews as a group; what commonalities they present.

Level One (Individual Protocols)

The first step in the analysis of interview data is to read "the entire description in order to get a sense of the whole," (Giorgi, 1989a, p. 48). This is done by familiarizing oneself with the information presented in the interviews, and by verbatim transcription of the raw data. Once transcription has been completed, the researcher may continue to 'absorb' the data by rereading the transcribed interviews while listening to the audio taping.

Level Two (Individual Protocols)

In the second step of data analysis, the researcher continues to read and reread the transcriptions, marking individual meaning units as they present themselves to the reader. These meaning units are spontaneous shifting points of focus, where the interview data moves from one idea to another (Giorgi, 2005).

Level Three (Individual Protocols)

In the third step of data analysis, the everyday language used by the participant is restated in psychological language. Meaning units that are relevant to the phenomenon being studied are grouped by theme. Meaning units that do not add to the understanding of the phenomenon are discarded. The result of this step is groupings of meaning units, transformed into psychological language, and all pertaining to the phenomenon being studied (Giorgi, 2005).

Level Four (Individual Protocols)

The final step in analysis of individual interview data is to describe the experience according to the meaning units discovered in the third level of analysis. Each meaning unit is part of the whole of the phenomenon being studied, and at this level, they are synthesized to generate a coherent structure of the individually experienced phenomenon, while eliminating the redundancies that may be found in the original description (Giorgi, 2005). The resulting description is called a situated structure.

Level Five (Combined Protocols)

In the fifth step of analysis, data from all participants are reflected on and similar themes are combined, revealing a typical structure. Individual variations may be identified that are unrelated to the typical structure. These may be eliminated. Other variations that are pertinent to the structure may also be identified. The result of this step is a description of the typical structure (Giorgi, 2005).

Level Six (Combined Protocols)

In the sixth and final step of data analysis, the researcher reflects on the typical structure identified in level five. This description is refined, eliminating any individual variations and focusing on only the aspects that are common to all participants. This allows the general structure to be revealed and provides a final description of the phenomenon, which is called the essential structure (Giorgi, 2005).

Evaluation of Trustworthiness

Traditional standards and criteria for evaluation of conventional quantitative research are not appropriate for the evaluation of phenomenological study. Guba and Lincoln (1989) suggest instead, other criteria to measure the trustworthiness of qualitative studies. These criteria parallel the traditional standards of internal validity, external validity, reliability, and objectivity, and include credibility, transferability, dependability, and confirmability. These criteria take into consideration the nature of constructivist inquiry and can be appropriately applied to phenomenological study.

Credibility

Credibility evaluates the degree of consistency between the constructed realities of the study participants and the representative realities ascribed to the participants by the researcher. It is identified by Guba and Lincoln (1989) as a parallel to internal validity in the evaluation of quantitative research. Techniques identified by Guba and Lincoln (1989) that can increase credibility are: prolonged engagement, persistent observation, peer debriefing, negative case analysis, progressive subjectivity, and member checks.

- Prolonged engagement is utilized by the researcher, with the participants at the site of the study, to promote a connection and diminish misconceptions.
- Persistent observation allows identification of, and detailed focus on, the elements judged essential to the issue being studied.
- Peer debriefing is the process of discussing in depth, with a peer having no vested interest in the study, the findings, conclusions, and tentative analysis of the study. This process provides a confidential, professional resource to aid the researcher in clarification of observations and understanding of the study data.
- Negative case analysis is a method of refining the working hypothesis, with a goal of identifying a hypothesis that represents a reasonable percentage of known cases.
- Progressive subjectivity provides a method of keeping in check the preconceived expectations of the researcher. Recording the researcher's suppositions of the study results prior to participant interviews, allows for post-interview comparisons. Findings that are too similar to the researcher's original expectations must be considered suspect, and further evaluated.
- Member checks utilize the groups, from whom the original constructions were obtained, to "test hypotheses, data, preliminary categories, and interpretations" (Guba and Lincoln, 1989, p. 238). This process provides

interviewees an opportunity to evaluate the data provided, and to correct, or expand on, this information.

In this study, the techniques of prolonged engagement, persistent observation, peer debriefing, and negative case analysis were used to establish credibility. Prolonged engagement consisted of travel to the participants' homes, conversations prior to and after the defined interview times, and tours of two participant's homes, and the hometown of one participant. Persistent observation was the in-depth interview process utilized, an understanding of the hospital environment in which the participants work, personal notes, immersion in the interview data, and careful data analysis, using Giorgi's phenomenological method. Peer debriefing consisted of in-depth conversations with the researcher's thesis advisor to discuss the data analysis. Giorgi's free imaginative variation was utilized to provide negative case analysis.

Transferability

Transferability describes the degree to which the context and results of the study are clearly and completely presented, and can be appropriately applied to other situations or further study. Transferability is identified by Guba and Lincoln (1989) as a parallel to external validity, or generalizability, in the evaluation of quantitative research. In order to provide a clear and complete data base, it is recommended that the researcher "provide an extensive and careful description of the time, the place, the context, the culture in which those hypotheses were found to be salient," (Guba and Lincoln, 1989, p. 242). This is called "thick description" and facilitates transferability evaluation on the part of the

receiver. The responsibility for the evaluation of the transferability of the data is on the receiver of the information.

In this study, demographic data was collected from the participants, in terms of age, education, family situation, and shift experience, along with specific descriptors of the hospital in which they work. This helps provide a clear description of the study culture and aids the reader in determining transferability.

Dependability

Dependability refers to “the stability of the data over time,” (Guba and Lincoln, 1989, p. 242) and is considered parallel to reliability in the evaluation of quantitative research. Instability of research data can occur due to researcher boredom, exhaustion, or stress. Changes that occur because of methodological decisions by the researcher, or reconstruction maturation (a growth in understanding of the phenomenon), are not considered threats to dependability. Dependability can be optimized by ensuring that the process of analysis is clearly defined, well documented, and auditable.

In this study, dependability was optimized by systemically following the methods of Giorgi in the analysis of the study data. This analysis was clearly documented, in a linear, step by step process, to allow for ease of following the progression of each meaning unit. To protect the individual identities of the study participants, indentifying information from the interview is not presented in this thesis.

Confirmability

Confirmability is achieved when “the data, interpretations, and outcomes of inquiries are rooted in contexts and persons apart from the evaluator and are not simply figments of the evaluator’s imagination,” (Guba and Lincoln, 1989, p. 243).

Confirmability is identified by Guba and Lincoln (1989) as a parallel to objectivity in the evaluation of quantitative research. Confirmability assures that the study findings stem from the original data. To demonstrate confirmability, all of the data, facts, figures, and constructions must be traceable to the original sources.

To ensure confirmability in this study, individual interviews were transcribed verbatim with personal notes added, reflecting the emotion and rhythm of the data. Meaning units were identified and analyzed in a format that demonstrated the origin of the data. Original interviews, their transcriptions, and demographic data of the participants will remain in confidence with the researcher up until the point that it is destroyed. The process by which the Typical Structure and the Essential Structure were derived followed Giorgi’s methods for phenomenological analysis.

Summary

In this phenomenologic study of the experiences of experienced night shift nurses, the method of Giorgi was (1989a, 1989b, 1995, 1999, 2005) utilized to collect and analyze data. The participants involved were interviewed with the intent of understanding their lived experience as RNs working night shift. This was accomplished by allowing participants to share their experiences without a defined agenda, allowing them to

proceed at their own pace, and to share the experiences they saw as important to share.

The standards for rigor were based, not on the standards and criteria for quantitative evaluation, but instead, on criteria more appropriate to phenomenological study. The procedures for this evaluation are based on the works of Guba and Lincoln (1989).

Providing a description of the phenomenon identified in this study may provide insights that allow for further study, with various research methods.

CHAPTER 4

RESEARCH RESULTS

Introduction

Giorgi's method of phenomenological analysis outlines a six step process. These steps are discussed in Chapter 3. The first four steps of this data analysis method are based on the individual interview data. These individual data contain confidential information that would compromise the identities of the participants, and, therefore, are not presented in this thesis. The fifth and sixth steps of data analysis utilize combined data from all participants to reveal the typical and essential structures of the study results. These structures, a synthesis of all participant data that were found relevant to the research question, will be presented as one character. This composite individual was named Faye, by the researcher. This chapter will present the demographic data results of the participant sample, followed by the typical and essential structures that were identified.

Sample

Five participants were interviewed in this study. The participants were volunteers who responded to recruitment postings. All participants met the selection criteria of the study outlined in Chapter 3. Participants ranged in age from 35 to 54 years of age. Four women and one man participated in this study. Educational backgrounds included baccalaureate and associate degrees. All participants were married, and all have

dependents at home with the exception of one female nurse. Night shift work experience, as an RN, ranged from eight to twenty-five years. Participants work in varying departments within the same hospital with varying degrees of patient acuity. All participants work a “stretch” of consecutive night shifts, alternating with a “stretch” of days off. Total work week hours ranged from thirty to forty hours. All participants have some degree of working alternative shifts (days and/or weekends). Two participants continue to work alternative “extra” shifts beyond their scheduled night shifts. Specific demographic data were not reported in this study to protect participant confidentiality.

Typical Structure

Faye has experienced numerous areas of her day-to-day living that have been influenced by working night shift. Faye works twelve hour night shifts with a week-on, week-off schedule. She appreciates having extended periods of time off without using her benefit time. Faye has found, however, that working night shift limited her social interaction with people who work a “normal” schedule.

“Cuz most people work eight to five, Monday through Friday, you know, and then they want to go do things after work. And they’re like, ‘Hey, do you want to come and go out with us? ‘No, I’m going in to work at seven, but thanks.’ You know? It’s hard to do things with other people that don’t work the ... night shift.”

Faye believes that working 12 hour night shifts have afforded her the more time with her husband and children than working 12 hour day shifts. Faye’s night shift schedule, combined with her husband’s day shift schedule, also allows them to provide care for her dependent grandparents in their home.

Faye also finds her exercise regime to be more consistent when working night shift. She is more likely to exercise when she gets up in the afternoon for a night shift, than in the morning when she gets up for a day shift or after a day shift is over.

As her family dynamics change, and mature, Faye struggles with leaving her grown children and grandchildren to go to work at 7 p.m., rather than enjoying the evenings with them. As Faye's family schedules and needs evolve, she wonders if she will continue to work the night shift. For now, she continues to see it as a good fit for her life.

Faye identifies sleep as another area of her life that is influenced by night shift work. Faye chooses to work a week on, week off schedule at night because she feels that it is the night shift schedule most conducive to consistent sleep-wake cycles. She believes that this is because she stays in a night shift sleep schedule for one week, alternating with a day shift sleep schedule for the next. She sees this as being superior to alternating her sleep schedule every few days. However, Faye still finds that this contradiction to a normal circadian rhythm has led to a lack of sleep and decreased alertness during her shift.

“...it's just not a normal way of functioning. It's backwards. ... If I get five or six hours of sleep, that's a good day. And that doesn't happen very often. Then, you know, you try to stay up all night and your brain is telling you that you really should be in bed. But you're taking care of people that are critically ill and need you to be on your toes for twelve hours. It's, you know, a contradiction, what's normal, and what you're actually doing. It wears on you.”

Faye has difficulty alternating between a day shift schedule when she is off work and a night shift schedule when she is working, experiencing exhaustion mid-shift for the

first two nights of her stretch of work. Faye also has difficulty returning to a “normal” level of function until two days after the last night shift of her stretch. In returning to a day shift schedule from a night shift one, Faye finds it best to not sleep, or sleep only a few hours, on her first day off. Faye finds she can “flip” from a night shift to day shift schedule better if she does this. If she sleeps on her first day off, she finds that she is unable to sleep at night and is tired the following day.

When Faye’s children were young, she sacrificed sleep during the day to keep her children home with her. She notes that this has changed over the generations, with mothers of young children now utilizing daycare and family to watch their children while they sleep during the day.

Faye has concerns of potential physiologic complications of working night shift. She feels that the risks of these complications are outweighed by the benefits of the night shift work environment. Faye’s inability to sleep well, however, may impact her longevity on night shift.

“You know, when you’re sleeping four hours a day, on average, for a week, it gets hard. ... I’m not sure if I can keep being sleep deprived and be safe. Or happy for that matter.”

Faye has found, throughout her career as a night shift nurse, areas of her work that she feels are misunderstood by “normal” people. Her daytime sleeping is one of these areas. She feels her need for sleep needs to be explained to people, or it may be misunderstood as a character flaw.

Another area of misunderstanding, is that Faye believes that the work she does, as a night shift nurse, is undervalued. Throughout her career, Faye has also found great frustration with the perception that “nothing happens at night”.

“...do you ever get the feeling that night shift just keeps the lights on and that’s it? Like Motel 6. They don’t save any lives, they don’t do anything important? ... I do get tired of that. I really do. That we don’t do anything. We get that all of the time.”

She has experienced indirect and direct assumptions about the lack of work that is done on night shift. This assessment of her position leaves her feeling that she needs to defend the work that she does as a nurse on night shift. Faye feels that her work, and that of her coworkers, makes a difference in patient outcomes. Faye wishes this dynamic would change and that she could sense some degree of appreciation for the work that she does at night.

“And... (sighs) it’s hard... to go through your career trying to, ... defending yourself, trying to make people understand that you do make a difference to patients.”

Faye sees an inconsistency between the perception that night shifts are less work, and the lack of willingness of day shift nurses to work at night. She also feels that many of the unique challenges of the night shift are underestimated or forgotten by her dayshift counterparts. These challenges include: 1) physical and emotional fatigue, 2) lack of resources, and 3) responsibility, as an experienced nurse, for the patients and new nurses on her shift.

Faye feels that she must maintain her own sense of worth, and that of her night shift coworkers, by leaving her shifts with a belief that she has done the best job she can do for her patients and coworkers, as she does not get this validation elsewhere. Despite

ownership of her shift choice and an appreciation for her job, Faye would like to feel that her nursing work is recognized and valued by those who work day shift.

“It’s not the shift that is negative, it’s the feeling of being of no value that bothers me.”

“... it’s the forgotten shift. You know, we’re still employees, we’re still part of the people that take care of patients.”

She believes that living the night shift experience is the only way to truly understand it.

Faye identifies that night shift has fewer resources. Resources that are seen as lacking include; administration, physicians, ancillary staff, nursing staff, and other various services. Faye sees both positive and negative aspects of this issue.

Faye sees less administrative presence on night shift as a positive aspect, although this may contribute to the night shift being under-recognized by administration. Faye asserts that management does not address night shift inadequacies because they do not see them occur. Faye also finds frustration accessing hospital services and fulfilling educational requirements, due to scheduling that is poorly suited to night shift employees.

Inadequate staffing of nurses is seen, by Faye, as a primary source of night shift nursing dissatisfaction. She often has significant concerns about patient safety in this regard. When inadequately staffed, night shift nurses are often required to make difficult decisions regarding utilizing on-call staff. When no on-call staff is available, nurses are left to work short-handed, or take new nurses off of orientation to cover patient care needs.

Less ancillary staff, such as secretaries, nursing assistants, and therapies, requires that those non-nursing responsibilities be taken on by nurses. Inadequate staffing at night compounds this problem. As an experienced nurse, Faye feels responsible for, not only

her own nursing responsibilities, but also for the care provided to patients assigned to inexperienced coworkers, and the overall productivity of her nursing unit.

“And I don’t think people that work days understand that. What it’s like to always be the person that has their own patient load, but you still have to know what is going on with every other patient in the unit, to make sure nothing is getting missed.”

Another unsatisfying aspect of night shift nursing for Faye, in relation to lack of resources, is lack of access to physicians, and delaying non-urgent patient care issues until physicians are awake. Faye describes how she handles patient concerns that she does not judge to be emergent. She communicates these concerns to the oncoming day shift, asking them to pass the information on to physicians. Although Faye sees this as appropriate, she finds it unsatisfying to feel that she has not personally completed every aspect of her patient’s care that has presented itself during her shift.

A positive aspect of having fewer resources at night, is that with less ancillary services on night shift, Faye feels that she has more one-on-one patient care time; uninterrupted by other therapies, procedures, and visitors.

“...at night, it’s just you and your patient. ... I think I get a better feel for them. I know what’s going on with them because you don’t have to sort through all of the other chaos.”

Faye does not feel that night shift is adequately compensated financially and that improved financial compensation may result in increased night shift retention. With inadequate financial reimbursement for working night shift, and inadequate resources at night, Faye questions her value as an employee.

As an experienced nurse, Faye has acted as a mentor to numerous new nurses. Faye sees the night shift as a starting place for nurses and has recognized a consistent

trend of new nurse turnover on night shift throughout her career. Faye does see a variance in the degree of nurse turnover, and subsequent percentage of new nurses on staff, within different nursing units in her hospital on night shift. She sees the highest percentage of new nurses on the general nursing units.

As a new nurse, Faye experienced a structured, supportive, six month orientation process. She recalls having insecurities as a new nurse, but overcame them with the support of her mentors. Faye feared being incompetent and struggled with wondering if she should already know the things that she didn't know.

Now, as an experienced nurse, Faye recognizes her own transitions from a well-supported new nurse, to a team member and resource, to a mentor for new nurses and overseer of the flow of the unit. Faye has also seen these generational changes in other staff. She sees this process as a natural progression, as attrition of more experienced coworkers forced Faye into the role of the more experienced nurse on her shift.

“It almost seems like your own patient care shifts. It's more focused on... watching your other staff and making sure that's all flowing right.”

Over the years, Faye has watched the orientation process that she experienced decline to an unstructured and inconsistent process, resulting in much frustration for her as a mentor. She finds frustration in having no consistent starting point at which to train new nurses, and inadequate staffing resources to train them. She sees this frustration mirrored in the new nurses that she mentors.

“... it's frustrating and I'm sure that frustration shows through to them. And you try to be supportive and nurturing, but it gets old, you know? And it's not their fault, but it's not our fault either. We're just there together, being frustrated.”

Faye has concerns about the experiences of new nurses with inadequate orientation. New nurses are frequently pulled off of orientation to be utilized as staff nurses when staffing inadequacies exist. Premature discontinuation of the orientation process, because of short-staffing and the need to use new nurses as staff, is seen by Faye as limiting their learning opportunities. This situation places much of the responsibility for learning on the orientee, in an environment that may be intimidating to them, because of their inexperience. One-on-one staffing for orientees is seen as essential to Faye, in order to teach the intricate thought processes that occur in the mind of an experienced nurse. However, because of staffing inadequacies, opportunities for such learning is limited at night.

With inconsistent orientation processes, and inadequate night shift staffing, Faye finds the responsibility that she has, as an experienced nurse on her unit, to be arduous. As an experienced nurse, Faye feels the combined pressure of being a resource to numerous coworkers, while being responsible for her own patients. Faye feels held responsible for the actions of the new nurses that she works with. Faye expresses frustration over a perceived lack of understanding and support, on the part of her day shift coworkers, regarding the degree of responsibility that she has as an experienced night shift nurse.

“And then if something does get missed, I’m the one that hears about it. I get the nurses on days telling me, “Did you know so-and-so didn’t do this, or forgot that, or missed this change in their patient.” No one seems to remember, you know, or want to remember, what it was like to be new.”

Faye feels a responsibility to support new nurses on her unit, and that the experiences of new nurses are greatly affected by the degree of support they receive. She wonders if inadequate orientation processes may lead to new nurse attrition in her unit.

“And I wonder sometimes, if that’s why we have people leave so soon after they start. My manager says that it’s just a generational thing. That younger nurses just don’t stay anywhere for too long. Lack of loyalty, generation X and... and all that. But is it that, or are we just not taking care of them like we should and they don’t want to put up with that?”

“You know, one of our best new nurses told me...well, after being there about a year, she told me that she cried everyday before she came to work when she started. Man. I tell ya... I would have never guessed. But she stuck it out. So, how many don’t stick it out? I don’t know. Makes you wonder though. I wouldn’t have if I was crying before every shift.”

Despite the orientation challenges she faces, Faye continues to mentor new nurses, and instill the value of teamwork that she learned from her mentors.

As an experienced nurse, Faye enjoys the autonomy of working night shift and the challenges of a more independent practice, despite the additional pressures that it brings.

“...so you do a lot of your own, having to figure out what’s going on and what’s going to solve the problem, and you try the things you can try, within your scope to try to fix the problem.”

She sees this independence as utilizing coworkers, as appropriate, to problem solve and organize her patient care prior to calling physicians, and as an alternative to utilizing management at night.

As an experienced RN, Faye feels a responsibility to practice independently and use good judgment. She utilizes critical thinking skills to organize and conceptualize her

patient care, and present a clear and complete picture of her patient, when waking physicians at night. She feels that this judgment comes with experience.

Faye has a supportive and trusting relationship with her night shift coworkers. Faye identifies and values an interpersonal reliance on her night shift coworkers that she does not experience when she works day shifts. Faye identifies this interpersonal reliance as teamwork. This nightshift teamwork extends beyond her own unit to other nursing units, and other departments throughout the hospital. Faye feels a personal connection to her night shift coworkers and values the teamwork that they experience.

“There’s fewer people at night, house-wide. And, for me, that’s one to the things I love about it. You know, you know people by face, you know people by name,... you know where they work, you know what they do. So knowing each other, we have a bond... gosh, I don’t know what to call it. If somebody needs help, you go help them, whether they’re in your unit or not. You know, we take a personal responsibility to be there for each other, to get the job done. ... They aren’t just some nameless, faceless person on the phone. We have a responsibility to take care of each other. ...I appreciate those work relationships. I love it actually. It makes all the negative aspects of working at night not really matter that much.”

Faye observes a contrast between the teamwork found on night shift and that found on day shift. She has confirmed this observation in conversations with nurses on her unit who work day shift.

Faye sees a more global awareness of the goings-on of her floor, and a demonstration of joint responsibility for the work that needs to be done. Faye feels that night shift staff are more accessible, more aware, and more responsive to the needs of patients, other than their own, and more apt to volunteer to help their coworkers. This

teamwork is exemplified by coworkers anticipating and evaluating Faye's patient care needs, and carrying them out without being asked.

Faye believes that night shift teamwork results in improved patient care by increasing staff awareness of the intricacies of all patients in her unit. She was taught the value of teamwork as a new nurse, and continues to instill that value in the nurses she now mentors.

"... my coworkers when I started... that's the way things were handled, together, as a team. So, that's the way I have taught new people that have come into the unit.

Faye also believes that this reliance results in closer personal relationships that extend beyond the workplace.

The teamwork she experiences is one reason Faye remains on night shift. She feels that positive interpersonal relationships on her shift outweigh negative aspects of night shift and help her maintain a positive attitude.

"It's just we're so lucky that we all work together at night. It's such a good team. You know that you're not going to get left hanging, you know? I love that about nights. Less people, but more support, I think. That's really it in a nutshell. Yeah, if I had to describe night shift in a single sentence, that would be it."

Essential Structure

Much of Faye's perception of self is embedded in her work as a night shift RN. While Faye does not label herself as abnormal, she consistently refers to those who work during conventional daytime hours as "normal". Faye's perception of how others view her, how she schedules her life, and how she physically adapts are all affected by

working this aberrant shift. Working night shift, and subsequently sleeping during the day, causes Faye to worry that others will view her as lazy because she sleeps while others are awake and working. She struggles to meet professional and personal obligations because she works a night shift schedule, in a world that better accommodates those working during the daytime. She often sacrifices sleep to meet these obligations. This contradiction in schedules causes her to miss social events, miss family happenings, and limit her social interaction with those who do not work a similar shift.

Another central aspect of Faye's perception of self is her role as a family member: as a wife, mother, grandmother, and caregiver for dependent elder family members. This role is positively influenced by Faye's night shift schedule. Faye values her family time and believes her night shift schedule supports this priority by allowing her to: have extended periods of time off, provide 24 hour care to her grandparents at home, be home when her children return home from school, and be home with her family for dinner. These benefits of a night shift schedule are clearly recognized and valued by Faye.

Faye's perception of herself as a nurse is often challenged by concerns that her work as a night shift nurse is undervalued and seen as inconsequential to patient outcomes. She attains a sense of worth in her work by relying, not on the validation of others, but on a personal standard of quality nursing, and a personal sense of accomplishment when she does good work. Faye emphasizes that working night shift is a personal choice she is content with. She sees the sacrifices she makes outweighed by the benefits of working the night shift. Faye defines herself, not as an RN, but as a night shift RN.

Faye's takes pride in the independent nursing she practices, as a night shift RN. This independence is made possible by an interdependent support network that she experiences with her night shift coworkers throughout the hospital. Faye values this interdependence and believes it provides a milieu that supports an enjoyable work environment, strong personal ties to her coworkers, quality patient care, and a compassionate atmosphere in which to nurture new nurses. Because of the numerous resources she finds lacking on her shift, Faye is further reliant on her fellow nurses and ancillary staff at night to overcome these inadequacies. Faye repeatedly emphasizes the value she places on this teamwork. She strives to nurture it and instill its value in the new nurses she mentors. The teamwork she experiences encourages Faye to carry on her nursing career on the night shift, and to continue to provide quality nursing care to her patients.

Summary

In the analysis of these interviews, both the typical and essential structures offer insight to the lived experiences of experienced night shift nurses. It appears, based on the content of the interviews, night shift nursing can provide a work environment that offers not only interpersonal support, but a fundamental nursing experience. The experienced nurses interviewed feel a significant accountability and mutual appreciation for the success of their night work environment.

CHAPTER FIVE

DISCUSSION

Introduction

This phenomenological study describes the lived experience of five experienced night shift RNs in a 516 bed, central Montana level two trauma center. The purpose of this study is to explore the experiences of experienced night shift nurses with the goal of glean information that would improve the work environment on the night shift. Analysis of the data obtained revealed both a Typical Structure, describing a composite of the participant's experiences, and an Essential Structure, describing the broader commonalities found within the study data. Discussion of the results related to the relevant literature, evaluation of the study results, limitations of the study, and implications for the nursing profession will be presented in this discussion.

Discussion of the Results Related to the Relevant Literature

The literature review for this thesis revealed results that were categorized into eight themes. These themes were given single word identifiers and are as follows: physiologic, adaptation, performance, safety, environment, retention, value, and self-concept. These themes were reflected in the data gathered in this research study.

Physiologic

Physiologic effects of working night shift were well documented in the literature. Some of the subthemes included in this theme included: ischemic heart disease (Fujino, et al., 2006), breast cancer (O'Leary, et al., 2006), colorectal cancer (Schernhammer, et al., 2003), prostate cancer (Kubo, et al., 2006), Parkinson's disease (Chen, et al., 2006), cardiac autonomic profiles (Furlan, et al., 2000), pregnancy complications and low birth weight (Zhu, et al., 2004), depression (Skipper, Jung & Coffey, 1990). One participant discussed non-specific concerns regarding the potential physiologic sequelae that might accompany a night shift schedule, demonstrating that she does have an awareness of potential physiologic risks of her chosen shift. No participants shared experiences specifically related to any of the above disease entities that were identified in the literature review.

Additional physiologic effects of working night shift found in the literature review included: melatonin and circadian rhythm disruptions (Newey & Hood, 2004, Cavallo, Ris, Succop, & Jaskiewicz, 2005), negative health habits and their sequelae (Kivimaki, et al., 2001, Kroenke, et al., 2006, Knutsson & Nilsson, 1998), and stress (Kivumaki, et al., 2001, Lac & Chamoux, 2004, Newey & Hood, 2004). These physiologic subthemes, including sleep disturbances, were well represented in the interview data. Disruption of normal circadian rhythm is unavoidable when working a night shift schedule and this was supported by the interview participants. Participants shared their experiences of decreased quantity of sleep, diminished quality of sleep, and physical exhaustion during their shifts. Discussion of health habits revealed that, from the

point of view of one participant, consistent exercise was easier for her when working a night shift schedule than a day shift schedule. Stress was not directly identified by the RNs interviewed; however, numerous references to participant frustrations were made. One could assume that unresolved frustrations would lead to a consistent elevation of stress.

Adaptation

Few of the suggestions for adaptation to a night shift schedule, addressed in the literature review were directly discussed in the interviews of this study. Included in the literature were: 1) how participants best transferred their sleep/wake cycles from day shift to night shift, and back again to day shift by minimizing sleep to force a more abrupt “flip” back to the opposite schedule, and 2) utilization of childcare to provide time for sleep. Specific steps to promote sleep, food and exercise changes, techniques to remain alert on-shift, and while driving home in the morning were addressed in the literature, but not by these interview participants.

Research by Gallew & Mu (2004) assessing the lived experience of night shift nurses, and their adaptive strategies, revealed two relevant themes: 1) the “masquerade” of working at night and continuing to live a day shift schedule, and 2) the “kaleidoscope” of experiences relating to partners and family members. Night shift nurses interviewed for this research, demonstrated similar experiences to those interviewed by Gallew & Mu (2004). Sleep was often sacrificed by all of these nurses in order to accommodate personal, professional, and family obligations, resulting in inadequate, interrupted, and/or poor quality sleep. The impact of night shift work was also similar, between the literature

and this study, in relation to personal relationships. Support and understanding from family and friends were identified as important both by the literature, and the nurses interviewed, in order to continue with night shift work.

Work Performance and Safety

Work performance, and patient safety were defined as separate themes in the review of the literature; however, they were found to overlap in this study. Reduced work performance was identified in the literature as: decreased memory capacity, lapses in attention, and diminished reaction times. These issues were associated with poor quality/quantity of sleep, and/or circadian rhythm disruptions. In the literature, work performance was found to be lowest in those nurses that rotate shift work (Dunn, Wilson, & Esterman, 2005 Hsu & Kernohan, 2006, Miller, 2006, Ulrich, Buerhaus, Donelan, Norman, & Dittus, 2005), which occurred on occasion with some of the nurses interviewed for this study, but not consistently. Additionally, diminished work performance was found to occur in nurses that did not obtain “anchor sleep”, which was defined as “at least 4 hours of sleep obtained regularly during the same clock hours every night both during work days and days off” (Gold et al., 1992, p. 1011). None of the nurses interviewed obtain “anchor sleep”. Nurses interviewed for this study reported decreased mental alertness mid-shift, and on the first two shifts of their ‘stretch’ of shifts in relation to inadequate sleep and changing their sleep/wake cycles. They expressed concern about this diminished capacity and the subsequent risks to patient safety. Medication error risk factors, inaccurate patient identification, and incorrect operation of

medical equipment were discussed in the literature, but were not discussed by participants in this study.

Environment

Nurses' perceptions of a quality work environment, according to the literature reviewed, were most often influenced by whether that environment; 1) supported provision of quality patient care, 2) provided respectful and supportive work relationships with peers and administrators, 3) encouraged growth, 4) provided adequate financial compensation, and 5) was safe and health conscious (Dunn, Wilson, & Esterman, 2005; Hsu & Kernohan, 2006; Miller, 2006, and Ulrich, Buerhaus, Donelan, Norman, & Dittus, 2005). Each of these areas of influence will be addressed in relation to the results of this study.

The night shift nurses interviewed for this study echoed a desire to provide quality patient care; however, many obstacles to this goal were found, often based on inadequate resources. Participants in this study revealed a positive response to this challenge, by developing and utilizing a team approach to their patient care. This team approach was seen, by the nurses interviewed, as a significant factor in providing quality patient care on the night shift. An expectation was maintained, within individual units and hospital-wide, that those who were able to respond, would assist those in need of help. This was demonstrated by: experienced critical care nurses assisting novice nurses on other floors, adequately staffed nursing units aiding those who were understaffed, and patient admissions being approached as a group effort.

In the literature review, respectful and supportive work relationships were evaluated by comparing the degree of satisfaction nurses had in the relationships between themselves and other nurses, physicians, and administrators. Respectful and supportive work relationships amongst night shift staff were identified by the nurses in this study as well; however, they were portrayed from a much more personal perspective. Respectful and supportive work relationships were described as foundational characteristics of the night shift work environment. Descriptions of these relationships were universal among all nurses interviewed. The team spirit identified was described as evolving out of necessity, due to the limited resources on the night shift. Nurses interviewed described a need to rely on each other, when other resources were lacking. Hospital-wide, interdependent teamwork resulted in a self-sufficient night shift work environment. In supporting each other, these nurses realized more independent practice. This autonomous practice was very gratifying to the nurses interviewed. The supportive relationships developed with their coworkers were also greatly valued by the study participants. Trusting that “someone always has your back” was cited as an invaluable aspect of the night shift work environment, and provided strong motivation to continue working the night shift. Work relationships between physicians and these experienced RNs were described as collegial and mutually respectful. These nurses, however, did not feel valued by their hospital administration, referring to themselves as the ‘forgotten’ shift.

Personal and professional growth, amongst these experienced night shift nurses, is primarily self-driven, often out of necessity, rather than being encouraged administratively. Those interviewed have taken on the task of supporting the growth of

new nurses. They accomplish this by sharing their knowledge and expertise, in relation to patient care, critical thinking skills, and problem solving abilities.

Although financial compensation for working night shift was suggested as an incentive for retention of experienced nurses, it was not a focus area of dissatisfaction for the participants in this study. Safety concerns were based on nursing apprehension regarding patient safety, due to inadequate resources, rather than any concern for personal safety. Health consciousness in the work environment was not addressed by the nurses interviewed.

Retention

Review of the literature demonstrated research focused on strategies to promote retention of experienced nurses, but they were not specific to the retention of night shift nurses. These strategies were broadly separated into retention strategies applicable to nurses in general (Atencio, Cohen, & Gorenberg, 2003; Cartledge, 2001; Cowin, 2002; Cowin, Johnson, Craven, & Marsh, 2008; Domm, Donnelly, & Leurer, 2007; Mantler, Armstrong-Stassen, Horsburgh & Cameron, 2006; Haut, Sicoutris, Meredith, Sonnad, Reilly, Schwab et al., 2006; Hayhurst, Saylor, & Stuenkel, 2005; Oehler & Davidson, 1992), and strategies applicable to older nurses (Cyr, 2005; McIntosh, Rambur, Palumbo, & Mongeon, 2003; Mion, Hazel, Cap, Fusilero, Podmor, & Szweda, 2006; O'Brien-Pallas, Duffield, & Alksnis, 2004; Rosenfeld, 2007; Young, Albert, Paschke, & Meyer, 2007).

General retention strategies found in the literature were also identified as issues for the nurses interviewed in this study. Teamwork (as described above), autonomy, and

collegial support were identified, in both the literature and in this study, as reasons to remain on the shift that one is working. Managerial support, positive self-concept (as described below), adequate staffing, safe nurse-patient ratios, and financial remuneration were also cited in the literature as factors that enhance nurse retention. Inadequacies of these factors were addressed by the nurses interviewed in this study, and were described as sources of frustration for them.

Numerous issues that are relevant to the aging processes and the experiences of older nurses, were addressed in the literature. These issues included; diminished healing after injuries, acute and chronic disease processes, environmental and equipment challenges, and the personal challenges of caring for their own children, their parents, and often, grandchildren. None of the nurses interviewed for this study shared concerns or needs regarding injuries or disease processes. One nurse expressed her disenchantment with technology and caring for critically ill patients, but was satisfied to refocus her nursing on basic patient care, leaving the more unstable patients to technology-savvy younger nurses. The challenges of caring for a dependent, elder family member was not seen as restricted by a night shift schedule, but rather made possible because the primary caregivers worked opposing shifts, leaving one caregiver at home 24 hours per day.

Value

The value of experienced nurses, by administration and their professional peers, is modestly documented in the literature. The intuitive knowledge and decision-making abilities of experienced nurses have been shown to have value in patient satisfaction, patient safety, and the mentoring of new nurses (Murphy, Petryshen, & Read, 2004,

Stockhausen, 2006, Tabak, Bar-Tal, & Cohen-Mansfield, 1996, and Cioffi, 1998). The acknowledgement of the transitional thinking skills from novice to expert was well supported in the interview data obtained for this research. The experienced nurses interviewed clearly identified their own transitions and the responsibility they then felt to share their experience with the new nurses they mentor.

The moral and ethical guidance of new nurses is another area of value of the experienced RN, according to in the literature (Woods, 1999, and Cronqvist, Theorell, Burns, & Lützén, 2004). This was an area not addressed by the nurses interviewed in this study, although it most likely could be presumed in the process of mentoring new nurses.

The value of the experienced nurse in the role of patient advocate was also addressed in the literature (Jezewski, 1996), as was the human capital losses that occur when an experienced nurse leaves (Jones, 2005a). These areas of experienced nurse value were not specifically identified by the nurses interviewed in this study. However, these nurses described their roles as ‘unit overseers’ and mentors of new nurses. The nurses interviewed described how, in these roles, they felt a responsibility to utilize their intuitive knowledge and decision-making abilities to ensure the safety and care of all patients in their unit. It may be possible to consider that the roles of unit overseer and mentor intertwine with the role of patient advocate.

Self-Concept

Closely tied to the theme of value, is the theme of RN self-concept as viewed by the experienced nurse. Self-concept is described in the literature as a dynamic process in which an RN defines, for herself or himself, ‘who they are’ as a nurse, and ‘what they

do' as a nurse (Riley, Beal, & Lancaster, 2007), while assuming adequacy, realizing practice, and developing a reputation (MacIntosh, 2003). Self-concept can be a positive or negative entity. The nurses interviewed in this study experienced divergent self-concepts, professionally and personally, in relation to their role as a night shift RN.

While the research shows that professional self-concept is generally more positive in experienced nurses than in novice nurses (Cowin, Craven, Johnson, & Marsh, 2006, and MacIntosh, 2003), the experienced nurses in this study shared a common feeling of being undervalued by their hospital administration and their day shift peers. This negative influence, on their professional self-concept, conflicted with the positive influence they experience from the collaborative relationships amongst their night shift team. Considering this, the nurses interviewed supported a positive self-concept by meeting their own standards for quality nursing, and by recognizing the beneficial influence they bring to the collaborative work environment they experience at night.

The nurses interviewed in this study also described their personal self-concept as being vulnerable to the scrutiny of others, when their night shift schedule was not well understood. Needing to sleep during the day was one such area of misunderstanding. Study participants voiced concern that sleeping during 'normal' work hours would be misconstrued as a character flaw.

Evaluation of Study Results

Giorgi (1989a) identifies four limitations that researchers must keep in mind when evaluating a phenomenological study. These limitations are: 1) constitution of the

research situation, 2) constitution of the data, 3) constitution of the method, and 4) constitution of the interpretation and communicative procedures.

Constitution of the Research

Constitution of the research situation refers to the reality that, in order to gather data, a situation must be created in which to gather that data. That situation cannot flawlessly reflect the spontaneous lived experience that would occur naturally. The researcher must be aware of this potential and consider it in evaluation of the study.

In this study, participants were interviewed by a researcher known to them prior to the collection of data. Face-to-face interviews allow for sensitive probing of experiences as the interview unfolds, however, such interviews may alter the degree of candor offered by the participants. Unstructured interviews offer spontaneity, however, may exclude pertinent data that eludes the participant's thought processes at the time of dialogue.

Constitution of the Data

Constitution of the data refers the researcher taking into consideration that the data gathered, may not be the complete data. Giorgi states, "...what is called data inside a research situation is less than the totality of the research situation," (Giorgi, 1989a, p. 43). Utilizing memory to analyze the data affords the least accurate constitution of the data, with audio tape offering more consistent detail and voice intonation. Video tape offers benefits similar audio tape, but also includes body language for the researcher to consider. None of these methods, however, can capture every detail of the phenomenon.

The data collection method for this study was audio taped interviews. This allowed the researcher access to verbatim data, however, body language cues were not available after the interviews were completed. Audio taped interviews offered the participants a less self-conscious and uncomfortable method of data collection than video taping would have provided. This method also allowed participants to engage in other activities that increased their degree of comfort while talking. An example of this was that Bea prepared her family's dinner while being interviewed, stating that she would be uncomfortable sitting down and facing an audio recorder.

Constitution of the Method

Constitution of the method is a limitation based on the method of study chosen by the researcher. Methodology, in itself, can limit the data that is gathered. Numerous methods exist to research situations and will produce varying results. "...when a researcher chooses a method one is again accepting a set of constraints and one is setting up certain limits within which one must operate," (Giorgi, 1989a, p 43).

The phenomenological methodology utilized in this study was chosen to provide a basis for further inquiry, based on the responses of the participants. Given the paucity of research data found in the literature review for this study, an unstructured interview and open-ended questions were chosen for the method of inquiry. Quantitative surveys may have provided a more structured method of data collection, however, they may also miss some of the fundamental issues that phenomenological study may reveal.

Constitution of the Interpretation

Constitution of the interpretation refers to the inevitability that other interpretations of the data exist. All data must be considered to have the potential for varying interpretations. The constitution of communicative procedures considers that interpretation may be expressed in a specific way, based on whom it is intended to reach. Targeting research findings to a different audience may alter the presentation.

The interpretation of the interview data was completed by a researcher that is a night shift RN. Personal involvement in the phenomena may influence the interpretation of the interview data despite awareness of this limitation, and a conscious effort to remain true to the data presented. Confirmability was prioritized by continuous reference to the verbatim interview data. The presentation of this research study was completed as an academic endeavor in a graduate program, however, every attempt was made to provide clarity to all readers.

To achieve rigor in the analysis of data, Giorgi calls for researcher to be conscious of these limitations, and clear in presentation of the limitations of the study. Transparency of method and limitations offer the reader point of reference to determine transferability of the data.

Limitations of this Study

The participants in this study are all employed by the same hospital in a rural area of Montana. Issues may vary in other hospitals, based on the individual nature of hospital

environments. Night shift nurses in hospitals of varying size, in varying populations may also have different concerns than the nurses interviewed in this study.

Participants were not re-interviewed to assess if they felt there were areas that they had not covered that were of significance to them. Interviews were also not presented to participants for correction or addition after they were transcribed, however quotations and the typical and essential structures were shared with the participants for their approval.

Implications for Nursing

Education

As night shift is often a starting shift for new graduate nurses, nursing educators may serve their students well by providing a realistic representation of the night shift environment. These educators may also counsel new graduates to negotiate with employers for guaranteed orientation processes, including a fixed duration and consistency of preceptors. Teaching new graduate nurses to identify the resources available to them, on the night shift, may help them develop a supportive network.

Practice

Nursing practice can benefit from the retention of quality, experienced nurses on the night shift. Well-timed observation, assessment, and intervention in patient care issues, based on nursing experience, may result in improved patient outcomes. Experienced nurses can foster self-confidence in new nurses and support their professional growth.

Administration

Awareness of issues that positively affect night shift nursing staff may allow promotion of these issues to recruit and retain experienced RNs. The teamwork described by the participants of this study was identified as a significant satisfier in their professional careers and a reason for them to remain on the night shift. Administrative observation of this teamwork may offer insight as to how to bring this collegiality to all shifts and departments within the hospital. Increased personal time with family was also important to these nurses. Promotion of this benefit time could be administratively supported by providing mandatory meetings and educational requirements during times that are favorable to the night shift employee.

Awareness of issues that negatively affect night shift staff may offer nursing administration avenues for change that may improve night shift retention of experienced nurses. The nurses in this study described feeling unappreciated for the value that they bring to patient care in their hospital. Again, direct administrative observation of the work that is done by these nurses may change the degree of appreciation that they see for their work. Inadequate resources in the areas of nursing staff, ancillary staff, and supplies are another area of frustration for these nurses. These changes may provide hospitals a cost-savings if avenues for change off-set the cost of replacing experienced nurses. Avoiding turnover of experienced nurses can improve quality of care, patient and staff safety, and the cost-effectiveness of care delivery.

Orientation of new nurses is common on night shift. The experienced nurses in this study see a need for increased prioritization of this process, on the part of hospital

administration, to allow for quality orientation and support of new nurses. Prioritization of quality orientation processes may lead to increased staff retention, and, again, cost savings to the hospital.

Research

The process and results of this research study may perhaps open avenues for further nursing research. Evaluating the experiences of inexperienced night shift nurses, experienced nurses that work varying shifts, nurses in smaller, and larger, healthcare settings, those who have left bedside nursing for alternative schedules or different health care settings, and those who have left the nursing profession altogether, may offer insights that optimize night shift work.

Summary

This phenomenological study of the experiences of experienced nurses has presented a limited view of the full phenomenon. It may establish paths for further evaluation of the night shift nursing experience. Identification of this information may provide insight to factors that will increase retention of experienced night shift nurses, ultimately improving nurse satisfaction, nursing productivity, patient care, and patient outcomes.

REFERENCES

- Atencio, B., Cohen, J., & Gorenberg, B. (2003). Nurse retention: Is it worth it? [Electronic version]. *Nursing Economics*, 21(6), 262-268, 299.
- Benner, P. (1984). *From novice to expert: Excellence and power in clinical nursing practice*. Menlo Park: Addison-Wesley.
- Berger, A., & Hobbs, B. (2006). Impact of shift work on the health and safety of nurses and patients [Electronic version]. *Clinical Journal of Oncology Nursing*, 10(4), 465-471.
- Blegen, M., Vaughn, T., & Goode, C. (2001). Nurse experience and education: Effect on quality of care [Electronic version]. *The Journal of Nursing Administration*, 31(1), 33-39.
- Bonnefold, A., Muzet, A., Winter-Dill, A., Bailloeuil, C., Bitouze, F., & Bonneau, A. (2001). Innovative working schedule: Introducing one short nap during the night shift [Electronic version]. *Ergonomics*, 44(10), 937-945.
- Cartledge, S., (2001). Factors influencing the turnover of intensive care nurses [Electronic version]. *Intensive and Critical Care Nursing*, 17, 348-355.
- Cavallo, A., Ris, D., Succop, P., & Jaskiewicz. (2005). Melatonin treatment of pediatric residents for adaptation to night shift work [Electronic version]. *Ambulatory Pediatrics*, 5(3), 172-177.
- Chen, H., Schernhammer, E., Schwarzschild, M., & Ascherio, A. (2006). A prospective study of night shift work, sleep duration, and risk of Parkinson's disease [Electronic version]. *American Journal of Epidemiology*, 163(8), 726-730.
- Claffey, C. (2006). Out of darkness [Electronic version]. *Nursing Spectrum: Florida Edition*, 16(19), 6-8.
- Cioffi, J. (1998). Decision making by emergency nurses in triage assessments [Electronic version]. *Accident and Emergency Nursing*, 6, 184-191.
- Coffey, L., Skipper, J., & Jung, F. (1988). Nurses and shift work: Effects on job performance and job-related stress [Electronic version]. *Journal of Advanced Nursing*, 13, 245-254.
- Cooper, E. (2003). Pieces of the shortage puzzle: Aging and shift work [Electronic version]. *Nursing Economics*, 21(2), 75-79.

- Cowin, L. (2002). The effects of nurses' job satisfaction on retention: An Australian perspective [Electronic version]. *Journal of Nursing Administration*, 32(5), 283-291.
- Cowin, L., Craven, R., Johnson, M., & Marsh, H. (2006). A longitudinal study of student and experienced nurses' self-concept [Electronic version]. *Collegian*, 13(3), 25-31.
- Cowin, L., Johnson, M., Craven, R., & Marsh, H. (2008). Causal modeling of self-concept, job satisfaction, and retention of nurses [Electronic version]. *International Journal of Nursing Studies*, 45, 1449-1459.
- Cronqvist, A., Theorell, T., Burns, T., & Lützné, K. (2004). Caring about – caring for: Moral obligations and work responsibilities in intensive care nursing [Electronic version]. *Nursing Ethics*, 11(1), 63-76.
- Cyr, J. (2005). Retaining older nurses and delaying their retirement [Electronic version]. *The Journal of Nursing Administration*, 35(12), 563-567.
- De Castro, A. (2003). Introduction to Girogi's existential phenomenological research method. *Psicologia desde el Caribe. Universidad del Norte*, 11, 45-56. Retrieved October 12, 2008 from http://ciruelo.uninorte.edu.co/pdf/psicologia_caribe/11/3_Introduction%20to%20Giorges%20existential_Psicologia%20desde%20el%20Caribe.pdf
- Dommm, E., Donnelly, G., & Leurer, M. (2007). Experienced nurses recommended strategies for retention of nurses in health care organizations [Electronic version]. *The Kansas Nurse*, 82(4), 3-4.
- Duchscher, J. (2001). Out in the real world: Newly graduated nurses in acute-care speak out [Electronic version]. *Journal of Nursing Administration*, 31(9), 426-439.
- Dunn, S., Wilson, B., & Esterman, A. (2005). Perceptions of working as a nurse in an acute care setting [Electronic version]. *Journal of Nursing Management*, 13, 22-31.
- Figueiro, M. (2001). The effects of bright light on day and night shift nurses' performance and well-being in the NICU [Electronic version]. *Neonatal Intensive Care*, 14(1), 29-32.
- Floyd, J. (2003). How nurse preceptors influence new graduates [Electronic version]. *Critical Care Nurse*, 23(1), 26-28.

- Fujino, Y., Iso, H., Tamakoshi, A., Inaba, Y., Koizumi, A., Kubo, T., et al. (2006). A prospective cohort study of shift work and risk of ischemic heart disease in Japanese male workers [Electronic version]. *American Journal of Epidemiology*, 164(2), 128-135.
- Furlan, R., Barbic, F., Piazza, S., Tinelli, M., Seghizzi, P., & Malliani, A. (2000). Modifications of cardiac autonomic profile associated with a shift schedule of work [Electronic version]. *Circulation*, 102, 1912-1916.
- Gallew, H., & Mu, K., (2004). An occupational look at temporal adaptation: Night shift nurses [Electronic version]. *Journal of Occupational Science*, 11(1), 23-30.
- Giorgi, A. (1989a). One type of analysis of descriptive data: Procedures involved in following a scientific phenomenological method. *Methods*, 39-61. (need help for with this reference information- I have written what is on the page you sent me. Do you have the rest of the reference info. -publisher, city/state, etc.?)
- Giorgi, A. (1989b). Some theoretical and practical issues regarding the psychological phenomenological method. *Saybrook Review*, 7(2), 71-85.
- Giorgi, A. (1995). Saybrook Institute Course Guide: Introduction to the theory and practice of the descriptive phenomenological method. San Francisco: Saybrook Institute.
- Giorgi, A. (1999). A phenomenological perspective on some phenomenographic results on learning. *Phenomenological Psychology*, 30(2), 68-94.
- Giorgi, A. (2005). The phenomenological movement and research in the human sciences. *Nursing Science Quarterly*, 18(1), 75-82.
- Gobet, F. & Chassy, P. (2008). Towards an alternative to Benner's theory of expert intuition in nursing: A discussion paper. *International Journal of Nursing Studies*. 45 (129-139).
- Gold, D., Rogacz, S., Bock, N., Tosteson, T., Baum, T., Speizer, et al. (1992). Rotating shift work, sleep, and accidents related to sleepiness in hospital nurses [Electronic version]. *American Journal of Public Health*, 82(7), 1011-1014.
- Guba, E., & Lincoln, Y. (1989). *Fourth Generation Evaluation*. Newbury Park, CA: Sage.
- Harvey, B., (1986). The relationship of shift work to nurses' satisfaction and perceived work performance [Electronic version]. *Nursing Papers : Perspectives in Nursing*, 18(4), 5-13.

- Haut, E., Sicoutris, C., Meredith, D., Sonnad, S., Reilly, P., Schwab, W., et al. (2006). Improved nurse job satisfaction and job retention with the transition from a “mandatory consultation” model to a “semiclosed” surgical intensive care unit: A 1-year prospective evaluation [Electronic version]. *Critical Care Medicine*, 34(2), 387-395.
- Hayhurst, A., Saylor, C., & Stuenkel, D. (2005). Work environmental factors and retention in nursing [Electronic version]. *Journal of Nursing Care Quality*, 20(3), 283-288.
- Hsu, M., Kernohan, G., (2006). Dimensions of hospital nurses’ quality of working life [Electronic version]. *Journal of Advanced Nursing*, 54(1), 120-131.
- Imoue, K., Kakehashi, Y., Oomori, S., & Koizumi, A. (2004). Biochemical hypoglycemia in female nurses during clinical shift work [Electronic version]. *Research in Nursing & Health*, 27, 87-96.
- Jenni, C.C. (1990). *Men’s perceptions of their former wives in the joint custody family: A phenomenological analysis*. (Doctoral dissertation), Saybrook Graduate School and Research Center, San Francisco.
- Jezewski, M. (1996). Obtaining consent for do-not-resuscitate status: Advice from experienced nurses [Electronic version]. *Nursing Outlook*, 44(3), 114-119.
- Jones, C. B. (2004). The costs of nurse turnover: Part 1: An economic perspective [Electronic version]. *Journal of Nursing Administration*, 34(12), 562-570.
- Jones, C. B. (2005a). The costs of nurse turnover: Part 2: Application of the nursing turnover cost calculation methodology [Electronic version]. *Journal of Nursing Administration*, 35(1), 41-49.
- Jones, C. B. (2005b). Nurse turnover: Why is it such a tough problem to solve? [Electronic version]. *Nurse Leader*, 3(3), 43-47.
- Kivimaki, M., Kuisma, P., Virtanen, M., & Elovainio, M. (2001). Does shift work lead to poorer health habits? [Electronic version]. *Work & Stress*, 15(1), 3-13.
- Knutsson, A., & Nilsson, T. (1998) Tobacco use and exposure to environmental tobacco smoke in relation to certain work characteristics [Electronic version]. *Scandinavian Journal of Social Medicine*, 26(3), 183-189.

- Kroenke, C., Spiegelman, D., Manson, J., Schernhammer, E., Colditz, G., & Kawachi, I. (2007). Work characteristics and incidence of type 2 diabetes in women [Electronic version]. *American Journal of Epidemiology*, 165(2), 175-183.
- Kubo, T., Ozasa, K., Mikami, K., Wakai, K., Fujino, Y., Watanabe, Y., et al. (2006). Prospective cohort study of the risk of prostate cancer among rotating-shift workers: Findings from the Japan Collaborative Cohort Study [Electronic version]. *American Journal of Epidemiology*, 164(6), 549-555.
- Lac, G. & Chamoux, A. (2004). Biological and psychological responses to two rapid shiftwork schedules [Electronic version]. *Ergonomics*, 47(12), 1339-1349.
- MacIntosh, J. (2003). Reworking professional nursing identity [Electronic version]. *Western Journal of Nursing Research*, 25(6), 725-741.
- Maloom, M. (2004). *The works of Ernestine Wiedenbach*. Retrieved September 12, 2007 from <http://www.geocities.com/ninquiry2004/maryanne/page1.html>
- Mantler, J., Armstrong-Stassen, M., Horsburg, M., & Cameron, S. (2006). Reactions of hospital staff nurses to recruitment incentives [Electronic version]. *Western Journal of Nursing Research*, 28(1), 70-84.
- McGrath, M. (2008). The challenges of caring in a technological environment: critical care nurse's experiences. *Journal of Clinical Nursing*, 17, 1096 – 1104.
- McIntosh, B., Rambur, B., Palumbo, M., & Mongeon, J. (2003). The older nurse: Clues for retention [Electronic version]. *Nursing and Health Policy Review*, 2(2), 61-77.
- Mennick, F. (2007). In the news. Good news, bad news on the nursing shortage: Nursing school enrollment continues to rise, but who will teach them? [Electronic version]. *American Journal of Nursing*, 107(4), 22.
- Miller, J. (2006). Opportunities and obstacles for good work in nursing [Electronic version]. *Nursing Ethics*, 13(5), 471-487.
- Mion, L., Hazel, C., Cap, M., Fusilero, J., Podmore, M., & Szweda, C. (2006). Retaining and recruiting mature experienced nurses: A multicomponent organizational strategy [Electronic version]. *The Journal of Nursing Administration*, 36(3), 148-154.
- Murphy, M., Petryshen, P., & Read, N. (2004). Retaining and transferring nursing knowledge through a hospital internship program [Electronic version]. *Nursing Leadership*, 17(2), 60-68.

- Newey, C., & Hood, B. (2004). Determinants of shift-work adjustment for nursing staff: The critical experience of partners [Electronic version]. *Journal of Professional Nursing*, 20(3), 187-195.
- Oehler, J. & Davidson, M. (1992). Job stress and burnout in acute and nonacute pediatric nurses [Electronic version]. *American Journal of Critical Care*, 1(2), 81-90.
- Orsolini-Hain, L. & Malone, R. (2007). Examining the impending gap in clinical nursing expertise. *Policy, Politics, & Nursing Practice*. 8(3), 158-169.
- O'Brien-Pallas, L., Duffield, C., & Alksnis, C. (2004). Who will there be to nurse?: Retention of nurses nearing retirement [Electronic version]. *The Journal of Nursing Administration*, 34(6), 298-302.
- O'Brien-Pallas, L., Griffin, P., Shamian, J., Buchan, J., Duffield, C., Hughes, F., et al. (2006). The impact of nurse turnover on patient, nurse, and system outcomes: A pilot study and focus for a multicenter international study [Electronic version]. *Policy, Politics & Nursing Practice*, 7(3), 169-179.
- O'Dowd, A. (2004). Shift work is making nurses want to quit [Electronic version]. *Nursing Times*, 100(6), 2.
- O'Leary, E., Schoenfeld, E., Stevens, R., Kabat, G., Henderson, K., Grimson, R., et al. (2006). Shift work, light at night, and breast cancer on Long Island, New York [Electronic version]. *American Journal of Epidemiology*, 164(4), 358-366.
- Polit, D., & Beck, C. (2008). *Nursing research: Generating and assessing evidence for nursing practice* (8th ed.) Philadelphia, PA: Lippincott Williams & Wilkins.
- Riley, J., Beal, J., & Lancaster, D. (2007). Scholarly nursing practice from the perspectives of experienced nurses [Electronic version]. *Journal of Advanced Nursing*, 61(4), 425-435.
- Rischel, V., Larsen, K., & Jackson, K. (2008). Embodied dispositions or experience? Identifying new patterns of professional competence. *Journal of Advanced Nursing*. 61(5), 512-521.
- Rollinson, D., Rathlev, N., Moss, M., Killiany, R., Sassower, K., Auerbach, S., et al. (2003). The effects of consecutive shifts on neuropsychological performance of interns in the emergency department: A pilot study [Electronic version]. *Annals of Emergency Medicine*, 41(3), 400-406.

- Rosenfeld, P. (2007). Workplace practices for retaining older hospital nurses: Implications from a study of nurses with eldercare responsibilities [Electronic version]. *Policy, Politics, & Nursing Practice*, 8(2), 120-129.
- Schernhammer, E., Laden, F., Speizer, F., Willett, W., Hunter, D., Kawachi, I., et al. (2003). Night-shift work and risk of colorectal cancer in the Nurse's Health Study [Electronic version]. *Journal of the National Cancer Institute*, 95, 825-828.
- Scott, L., Rogers, A., Hwang, W., & Zhang, Y. (2006). Effects of critical care nurses' work hours on vigilance and patient's safety [Electronic version]. *American Journal of Critical Care*, 15(1), 30-37.
- Seki, Y., & Yamazaki, Y. (2006). Effects of working conditions on intravenous medication errors in a Japanese hospital [Electronic version]. *Journal of Nursing Management*, 14, 128-139.
- Skipper, J., Jung, F., & Coffey, L. (1990). Nurses and shiftwork: Effects on physical health and mental depression [Electronic version]. *Journal of Advanced Nursing*, 15, 835-842.
- Smith, M. (2007). From student to practicing nurse [Electronic version]. *American Journal of Nursing*, 10(7), 72A-72D.
- Stockhausen, L. (2006). Metier artistry: Revealing reflection-in-action in everyday practice [Electronic version]. *Nurse Education Today*, 26, 54-62.
- Suzuki, K., Ohida, T., Kaneita, Y., Yokoyama, E., Miyake, T., Harano, S., et al. (2004). Mental health status, shift work, and occupational accidents among hospital nurses in Japan [Electronic version]. *Journal of Occupational Health*, 46, 448-454.
- Tabak, N., Bar-Tal, Y., & Cohen-Mansfield, J. (1996). Clinical decision making of experienced and novice nurses [Electronic version], *Western Journal of Nursing Research*, 18(5), 534-548.
- Thomas, K., VanOyen, M., Rasmussen, D., Dodd, D., & Whildin, S. (2007). Rapid response team: Challenges, solutions, benefits [Electronic version], *Critical Care Nurse*, 27(1), 20-28.
- Uhrenfeldt, L., & Hall, E., (2007). Clinical wisdom among proficient nurses [Electronic version]. *Nursing Ethics*, 14(3), 387-398.
- Ullery, P. (2002). Making night shift easier on RN grads [Electronic version]. *Nursing Spectrum: Florida Edition*, 12(9), 9-11.

- Ulrich, B., Buerhaus, P., Donelan, K., Norman, L., & Dittus, R. (2005). How RNs view the work environment: Results of a national survey of registered nurses [Electronic version]. *Journal of Nursing Administration*, 35(9), 389-396.
- Watson, C. (2002). Understanding the factors that influence nurses' job satisfaction [Electronic version]. *Journal of Nursing Administration*, 32(5), 229-231.
- Woods, M. (1999). A nursing ethic: The moral voice of experienced nurses [Electronic version]. *Nursing Ethics*, 6(5), 423-433.
- Young, C., Albert, N., Paschke, S., & Meyer, K. (2007). The 'Parent Shift' program: Incentives for nurses, rewards for nursing teams [Electronic version]. *Nursing Economics*, 25(6), 339-344.
- Zhu, J., Hjollund, N., & Olsen, J. (2004). Shift work, duration of pregnancy, and birth weight: The National Birth Cohort of Denmark [Electronic version]. *American Journal of Obstetrics and Gynecology*, 191, 285-291

APPENDICES

APPENDIX A:

PHENOMENOLOGIC TERMINOLOGY

Phenomenologic Terminology

Bracket: To be open to the phenomenon as it is presented by holding back any preconceived beliefs or opinions about the phenomena being studied

Essential Structure: A description of “the most invariant meaning of identity that can be assigned to a phenomenon for a given context.”

Free imaginative variation: the process of exploring previously unconsidered components of a phenomenon which may subsequently allow for new insights as to its essential elements, or essences.

Intentionality: refers to the conscious reality that is perceived by each individual in relation to an object or situation. It suggests a relationship exists between objects and the consciousness of that object, or how human beings are related to the world and objects.

Naïve description: the language or expression used by participants to communicate their experiences. This may include language, gestures, and facial expressions.

Phenomenology: The systemic analysis of the phenomenon that presents itself to an experiencing consciousness precisely as it presents itself.

Purposive sampling: the process by which the researcher uses personal judgment to select interview participants that will provide the most information about the research topic

Reduction: The acceptance of the description of an experience simply as it presents itself without reflection or judgment of what it means.

Searching for essences: identifying which unchangeable characteristics of a phenomenon must be present for it to be labeled as such.

Triangulation: the use of multiple referents (data sources, source sites, evaluation times, collection methods, and/or participants) to obtain sufficient variations in an attempt to find the essential elements of the phenomenon. The selection of three or more subject will provide variation in their descriptions of the same phenomenon.

APPENDIX B:

SUBJECT CONSENT FORM

SUBJECT CONSENT FORM
FOR
PARTICIPATION IN HUMAN RESEARCH AT
MONTANA STATE UNIVERSITY

**Study Title: THE EXPERIENCE OF NIGHT SHIFT REGISTERED NURSES IN
AN ACUTE CARE SETTING: A PHENOMENOLOGICAL STUDY**

You are being asked to participate in a study that aims to describe the lived experiences of experienced registered nurses providing bedside care in an acute care setting during the night shift.

Study purpose

The purpose of this study is to gather information about the work experiences of night shift nurses. This information may help us better understand the needs of these nurses and offer insight to factors that would promote retention of experienced nurses on the night shift.

Participant criteria

Registered nurses who meet the following criteria: 1) current RN licensure in the state of Montana, 2) currently working as a registered nurse in an acute care hospital providing bedside patient care, 3) 5 or more years of experience in their current area of practice with at least the majority of hours worked, within the 5 years, being between 2300 and 0730.

Study agenda

If you choose to participate in this study, you will be asked to take part in an interview that will explore your experiences as an experienced night shift RN. This interview will be audio-tape recorded and transcribed into a computer.

Interview length

Interview will vary in length, depending on individual responses. Interviews will last approximately 30-90 minutes. Should the interviewer have questions following the interview, you may be contacted by the interviewer for clarification.

Study risks

There is minimal risk involved in this study. Every attempt will be made to ensure your comfort and maintain your privacy.

Study benefits

Participating in this study will provide no direct benefits to you. This study may allow insight to the unique needs of RNs working the night shift.

Cost of participation

There is no cost involved in participation in this study.

Payment for participation

There is no financial reimbursement for study participation.

Participant questions

You are encouraged to ask any questions you may have about this study. The following contact information may be used at any time during this study;

1. Valerie Anderson (interviewer) @ (406) 467-2262 or maxnmattie@hotmail.com, or
2. Patricia Holkup (thesis chair) @ (406) 243-2543 or pholkup@montana.edu.

Questions about rights of human subjects can be directed to Mark Quinn (chair, MSU Institutional Review Board) @ (406) 994-4707.

Confidentiality of Records

Confidentiality is a priority in this study. Interviews will take place in a location that provides privacy and is agreeable to the participant. Audio tapes will be kept in a locked file until transcribed. Audio-taped interviews will be destroyed after they have been transcribed and the transcriptions entered into a password protected computer. Interviews will be coded for identification. These codes and demographic data will be kept in a locked file, separate from transcriptions. No personal and identifiable data will be used for publication. Any quotations used for publication will be presented for your approval prior to use. All transcriptions, consents, demographic data, and key codes will be destroyed after 7 years.

Participation Obligation

Participation in this study is completely voluntary. You may withdraw from this study at any time. Any data gathered to that point will be destroyed.

Study Funding

This is an unfunded study that is being completed as a portion of the Montana State University Master's of Nursing program requirements.

Compensation

No compensation is available for this study. Participation is voluntary and interviews will be held at a location of your choice.

Authorization from Adult Participants

AUTHORIZATION: I have read the above and understand the discomforts, inconvenience and risk of this study. I, _____ (name of subject) agree to participate in this research. I understand that I may later refuse to participate, and that I may withdraw from the study at any time. I have received a copy of this consent form for my own records.

Signed:

Witness:

Investigator:

Date:

APPENDIX C:

DEMOGRAPHIC DATA COLLECTION TOOL

Demographic Data Collection Tool **

Age:

Sex:

Nursing degree:

Marital status:

Dependents at home:

Total number of years on night shift:

Total number of years on night shift as an RN:

Number of years in current nursing floor/unit:

Current area of expertise:

General work schedule:

Other shift experience:

** Individual demographic data results are not included in the presentation of this study to protect the identities of the participants.