Nursing Practice
Discussion
Night nursing

Napping on breaks during a night shift can boost nurses’ health and patient safety

Benefits of napping on night shifts

In this article...

› Dangers of tiredness for nurses and patients
› Advantages of night napping
› Strategies to reduce fatigue at work

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Many nurses deliver care when they are fatigued and sleep deprived, which may place them and patients at risk. A qualitative study found restorative napping on breaks during night shifts helped to improve energy, mood, decision-making and vigilance. This article looks at the benefits night napping can offer nurses doing shift work.

Nurses perform a critical role in patient care. Typically, they are the team members spending the most time with patients and families, are the first to detect and assess changes in health status and the first to react to change and to communicate the need for intervention and team support. They are also the team members who deliver the majority of the ongoing pharmacological, physical and emotional treatment interventions.

Sleep health promotion
Delivering good nursing care demands vigilance, complex cognitive functioning, advanced technical skill and dexterity, and emotional readiness and engagement.

When nurses are rested and alert, patient care is usually a manageable challenge. However, many nurses deliver care when they are fatigued and sleep deprived, which may place both them and the patients in their care at risk. That is why sleep health promotion for nurses should be a priority in both the profession and healthcare organisations.

Most adults appear to need seven to eight hours of sleep per night, with fewer than seven and more than nine or more hours associated with increased morbidity and mortality (Bonnet and Arand, 2011).

For people such as night shift workers, who sleep during the day, the amount of sleep obtained is frequently below recommended levels and its quality is poorer than in those who are able to sleep at night (Gold et al, 1992).

For nurses, shift work, patient care demands, individual sleep characteristics, domestic responsibilities and environmental factors all combine to challenge sleep health.

One US study of medical surgical nurses reported that, before a sleep health intervention, nurses reported obtaining 6.81 hours of sleep on average during work days and, in those specifically working night shifts, that duration averaged 6.32 hours. Subjective sleep quality was clinically impaired in 85% of nurses (Scott et al, 2010).

With reports of sleep disturbance, through insufficient and/or impaired quality of sleep, it is not surprising that nurses are tired. In a study by the Canadian Nurses Association and the Registered Nurses’ Association of Ontario, 55.5% of...
nurses reported experiencing fatigue during work from almost always to all the time (CNA and RNAO, 2010).

One critical care nurse, in a 2010 study by Fallis et al, said: “It’s a combination of the more nights you do, the more exhausted I feel, the more exhausted I get. And there’s this tiredness that cannot be sorted by sleeping a day or so. No matter how much rest you get, there’s just this exhausting thing about night shifts that you can’t sort.”

The fatigue that can result from sleep disturbance can lead to cognitive, motor and mood impairments, reduced vigilance and increases in errors and injuries (Fallis et al, 2010; Scott et al, 2010). Nurses have also reported significant risk for motor vehicle collisions after working night shifts (Fallis et al, 2010; Scott et al, 2010).

The solution to addressing this health concern is multifactorial. Nurses and healthcare organisations need to work toward effective sleep health solutions to support staff health and reduce nurse and patient safety risks. Box 1 offers highlights of recommendations taken from the CNA and RNAO study report (2010).

**Restorative napping**

Restorative napping, defined as a purposeful, brief sleep period, has long been considered effective in reducing fatigue and improving performance and vigilance in non-healthcare work environments (Mednick et al, 2008).

Napping is also receiving attention as a strategy to combat fatigue within the healthcare field (Arora et al, 2006; Smith-Coggins et al, 2006). In a qualitative study exploring napping on breaks during night shifts, 10 out of 13 critical care nurses who napped regularly during breaks reported several benefits to napping, including improved energy, mood and decision-making, and vigilance (Fallis et al, 2010).

Despite the benefits of napping, it is not universally adopted by nurses working night shifts. Lack of adequate nap facilities, patient care demands, understaffing, interruptions, perceived lack of management support, fear of sleep inertia (Fallis et al, 2011) and feelings of guilt have been reported as barriers (Scott et al, 2010). Box 2 lists organisational strategies to enable staff to take naps.

**Conclusion**

The sleep health of nurses must be a priority to optimise nurses’ health and safety, and the wellbeing of the patients in their care. Action at the individual and organisational level supporting good sleep health practices and policies will promote healthier, more effective and safer nurses.

References


For information and advice, visit the National Sleep Foundation website: www.sleepfoundation.org