Twelve-hour shifts: burnout or job satisfaction?

In this article...
- Why longer shifts may appeal to employers and nurses
- Ill effects of working longer shifts
- What policymakers should consider when setting shift length

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Abstract

Job satisfaction and burnout in the nursing workforce are global concerns. Not only do job satisfaction and burnout affect the quality and safety of care, but job satisfaction is also a factor in nurses’ decisions to stay or leave their jobs. Shift patterns may be an important aspect influencing wellbeing and satisfaction among nurses. Many hospitals worldwide are moving to 12-hour shifts in an effort to improve efficiency and cope with nursing shortages. But what is the effect of these work patterns on the wellbeing of nurses working on hospital wards? This article reports on the results of a study performed in 12 European countries exploring whether 12-hour shifts are associated with burnout, job satisfaction and intention to leave the job.

There is a trend for healthcare employers to adopt longer shifts for workers, typically two shifts per day, each lasting 12 hours. It appears that these shifts have become increasingly common in European hospital wards, with somewhere between a third and a half of all staff nurses now working shifts of 12 hours or more (Ball et al, 2015; Griffiths et al, 2014). Long shifts allow nurses to work fewer days each week and there are anecdotal reports of improved work-life balance because of more consolidated time off work (Dwyer et al, 2007; Griffiths et al, 2014). They appeal to employers because of the potential efficiencies of having fewer overlaps between shifts and fewer handovers, potentially reducing the number of staff needed (Griffiths et al, 2014).

Shift patterns may influence wellbeing and satisfaction among nurses (Andrews and Dziegielewski, 2005) but the impact of the move towards longer shifts is not clear. Some studies suggest that nurses prefer 12-hour shifts because of improved work-life balance (Dwyer et al, 2007; Stone et al, 2006), but other evidence points to negative effects, for both nurses and patients (Griffiths et al, 2014; Stimpel et al, 2012). Furthermore, much of the research on 12-hour shifts is from the US, so it is not clear whether the same findings can be replicated in Europe. Although nurse preference and nurse shortages are identified as part of the rationale for 12-hour shifts, we do not know definitively what effect long shifts have on nurses’ overall job satisfaction, risk of burnout or on their intention to stay in the job.

The study on 12-hour shifts
A cross-sectional study in acute hospitals in 12 EU countries, based on a survey of registered nurses conducted for the RN4CAST study (Dall’Ora et al, 2015; Sermeus et al, 2011), examined the association of ward nurses’ shift length and their reports of burnout (emotional exhaustion, depersonalisation and personal accomplishment), job satisfaction, and their intention to leave the job due to dissatisfaction.

Data was collected in Belgium, England, Finland, Germany, Greece, Ireland, the Netherlands, Norway, Poland, Spain, Switzerland and Sweden. The
Twelve-hour shifts could compromise nurses’ physical and psychological wellbeing