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The Effects of the Night Shift on Nursing Staff of an Inpatient Hospice Facility

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Walden University

College of Health Sciences

This is to certify that the doctoral study by

Carolyn Horton

has been found to be complete and satisfactory in all respects,
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the review committee have been made.

Review Committee

Dr. Allison Terry, Committee Chairperson, Health Services Faculty

Dr. Corinne Wheeler, Committee Member, Health Services Faculty

Dr. Dana Leach, University Reviewer, Health Services Faculty

Chief Academic Officer

Eric Riedel, Ph.D.

Walden University

2015

Abstract

The Effects of the Night Shift on Nursing Staff of an Inpatient Hospice Facility

by

Carolyn Horton

MS, South University, 2011

BS, South University, 2009

Project Submitted in Partial Fulfillment
of the Requirements for the Degree of
Doctor of Nursing Practice

Walden University

October 2015

Abstract

The night shift environment in an inpatient hospice facility is unique in care and relegates challenging situations for the nursing staff. Using the Parse methodology, the purpose of this project was to explore the challenges faced by inpatient hospice facility night shift nursing staff in providing a continuum of care for dying patients and their families. Nine night shift hospice nurses participated in 45-60 minute interviews. The interviews were conducted in a hospice quiet room or a designated place of comfort for the participant, which allowed for dialogical engagement. The interviews were unstructured with open-ended questions about lived experiences. The interpretive phenomenological approach was used to understand positive outcomes and management involvement and developing positive morale. Descriptive coding was used to collect and analyze data. According to study findings, hospice night shift nursing staff were exposed to the stressors of dying patients, their families, a dissatisfied work environment, and their personal life. The core concepts addressed by the participants were feeling isolated and disrespected, staff development, and using coping strategies. Strong relationships through coping mechanisms were developed on the night shift, but the unmet issues of the staff were poorly regarded. The study perpetuates the need for further research in understanding the experiences of hospice night shift nursing staff and the changes needed to eliminate imminent night shift turnover.

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Dedication

This is dedicated to my family: John (my husband), my parents (Shirley and Warren), my son (Craig), and my dear classmate (Rosa Cooper). “Trust in the Lord with all thine heart”...Proverbs 3:5

Acknowledgments

I would like to thank those people who have provided guidance and support during this experience: Dr. Allison Terry, Ph.D., RN; Dr. Dana Leach, Ph.D., RN; Dr. Nancy Moss, Ph.D., RN; and Dr. Corrine Wheeler, Ph.D., RN.

Table of Contents

List of Figures	iv
Section 1: Nature of the Project	1
Introduction	1
Problem Statement	1
Purpose of the Study	2
Significance of the Study	2
Definition of Key Terms	2
Summary	3
Section 2: Review of Literature and Theoretical and Conceptual Framework	4
Introduction	4
A Review of the Literature	4
Theoretical Framework	8
Researcher's Role	9
Summary	10
Section 3: Methodology	11
Introduction	11
Setting	11
Population Sample Participants	11
Data Collection Techniques	12
Protection of Human Participants	13
Instruments and Materials	13

Data Analysis	14
Evaluation Plan	14
Summary	14
Section 4: Findings, Discussion, and Implications	15
Definition of Key Terms	15
Limitations	15
Population: Sample Participants	16
Protection of Human Subjects	16
Instruments and Materials	17
Data Collection Techniques	17
Data Analysis	18
Results and Discussion	19
Isolation and Disrespect	20
Staff Development	21
Coping Strategies	22
Implications	23
Project Strengths and Limitations	24
Recommendations for Coping Mechanisms	24
Analysis of Self	25
Summary	26
Section 5: Scholarly Product	27
Summary	27

References.....	30
Appendix A: Participant Invitation.....	34
Appendix B: Informed Consent.....	35
Appendix C: Demographic Data Collection Tool	37
Appendix D: Interview Questions	39
Appendix E: Demographic Details of Study Participants.....	40
Appendix F: Observation Protocol	41
Appendix G: Institution Review Board Approval	42

List of Figures

Figure G 1. Coping mechanisms for new nursing staff orientation 43

Section 1: Nature of the Project

Introduction

Caring for dying patients on the night shift is a conscious choice for some nurses. For others, it is the only shift availability in a hospice facility. Working the night shift in an inpatient hospice facility is different than in an intensive care, acute care, or life sustaining facilities (Ablett & Jones, 2006). There are numerous studies published about nurses working the night shift in intensive and acute care settings; however researchers have not examined the lived experiences of night shift nurses providing end-of-life care in an inpatient hospice facility (Nilson, Campbell, & Anderson, 2008). The purpose of this study was to investigate night shift nurses' lived experiences, job satisfaction, and personal coping mechanisms.

Problem Statement

Working at night in an inpatient hospice facility causes numerous health issues for nurses. Nurses who work in a hospice setting may experience decreased ability to provide optimum care to his or her family and his or her own personal needs, which affects their ability to provide maximum care to the patient and their family (Campbell et al., 2008). Employee meetings such as required in-services, staff meetings, and enhancement or wellness programs are not made accessible to the night shift. Therefore, nurses report feeling undervalued by their employer and overwhelmed with added challenges working the night shift (Waters, 2010).

Purpose of the Study

The purpose of the study was to explore how hospice night shift nursing staff perceives their experiences of caring for a dying patient when faced with difficult or adverse encounters with the patient, family, disruptive staff, and challenging physicians. The aims of the study were (a) to better understand positive outcomes and management involvement with night shift nursing staff and (b) to identify significant components that could help in developing positive morale for night shift nursing staff.

Significance of the Study

The results of this study may be significant for nurses who presently work in inpatient hospice facilities, those who aspire to work in an inpatient hospice facility, and those who may work in nursing managerial positions in an inpatient hospice facility. Nursing leadership can use the results of the study to inform nurses about the perceived challenges faced by inpatient night shift hospice nursing staff caring for dying patients and institute changes in policy and practice.

Definition of Key Terms

Night shift: The work force (nurses and ancillary staff) scheduled to work during the night time. The defined hours are from 1900 to 0715 or from 2300 to 0715.

Nurse: Registered nurse or licensed practical nurse providing bedside care to patient and supportive care to family and health care provider.

Nursing: Promotes health, prevents disease, and help patients cope with illness. Nurses' unique scope of practice promotes independence, to collaborate with all members of the health care team to provide the care needed by each patient as an individual.

Nurses are hands-on health professionals who provide focused and highly personalized care to the patient, family, and health care providers.

Patient acuity: The measurement of the intensity of care required for a patient accomplished by a registered nurse.

Qualitative study: A systematic, interactive, subjective approach used to describe life experiences and given them is meaning (Marshall & Rossman, 2006).

Summary

There are significant differences experienced by night shift nursing staff in an inpatient hospice facility compared to their counterparts working in intensive, acute, and long-term care facilities. Providing end-of-life care for the patient, family, close friends, and nursing staff adds to the underlying challenges of night shift nursing staff not receiving support from the administration for their work.

In the literature review, I will provide information on various research studies conducted on the challenges of night shift nursing staff in health care facilities and departments. I present findings on hospice care as it relates to home care and various terminal illnesses relating to oncological hospice care.

Section 2: Review of Literature and Theoretical and Conceptual Framework

Introduction

A literature review was conducted on the effects of the night shift on nurses. Most of the studies examined were in acute care settings with apparent stressed areas. To find sources for the literature review, I accessed Walden University's library and searched the following databases: Cumulative Index to Nursing and Allied Health Literature (CINAHL), Ovid, and ProQuest. Key words used in the databases included the following: *Hospice facilities*, *nurse's responsibility*, and *hospice nurse*. The studies used in the literature review related to nurses dealing with death daily and the underlying effects.

A Review of the Literature

In descriptions and evaluations of the effects of night shift on nurses, researchers have indicated negative impacts of their health and well-being (Abdalkader & Hayajneh, 2008). Recommendations have been provided to decrease stress for nurses working the night shift by promoting better working conditions and promoting safe and optimum patient care. In a convenience sample of 100 staff and practical nurses in an intensive care unit, Abdalkader and Hayajneh (2008) examined the knowledge and attitudes of the nurses toward night shift work. Abdalkader and Hayajneh indicated that there are physiological and psychological hazards that night shift workers are exposed to. Chung, Wolf, and Shapiro (2009) suggested that women have a greater difficulty adjusting to night shift work compared to men and much of their sleep problems account for this difficulty. Night shift work negatively impacts a woman's sleep and may lead to

reproductive disturbances, increased risk for breast cancer, and greater risk of metabolic and cardiovascular disorders (Chung et al., 2009).

Coffey, Skipper, and Jung (1988) found an association between job performance and type of shift worked, especially for staff working the night shift, who are most likely to suffer stress from the effects of disrupted circadian rhythms. Both the nurse's job performance and job-related stress are related to the type of shift they worked. While staff must provide the best hospice care for patients and their families, the increased demand of care by the nurse and staff cause increased levels of stress and a deeper level of emotional involvement for the patient (Hackett & Palmer, 2010). A coaching tool may encourage staff development on how to manage stress to increase effective patient care.

Emphasis is placed on the spiritual aspects of hospice nursing (Bailey, Moran, & Graham, 2009). In the caring role of hospice nursing, spiritual self-awareness is important to the nurse, and it should be evident in the care provided to the patient. Each nurse has an individual understanding of spirituality. Nurses should describe their experiences in providing spiritual care and how it affects them (Bailey et al., 2009). Nurses justify the ability to be active listeners, managing time of spiritual caring, and developing more learning of spiritual education.

There are numerous opportunities for the night shift nursing staff to learn. The night shift nursing staff has the ability to learn during reports and while making personal assessments of their perspective of the patient and prior contact with the physician (Campbell, Nilson, & Anderson, 2008). Gestalt psychology was deemed to be a helpful tool for understanding how previous knowledge and experience affect night shift staff's

learning abilities. Campbell et al. (2008) emphasized that nurses often perform their work alone under different working conditions than day shift nurses. The night shift nursing staff lacks access to continuing education learning which occurs during the daytime. Experienced night nurses have developed assessment skills needed to share with other staff. Continued information and education are provided to families, which enlightens their understanding of hospice care (Campbell et al., 2008). Family members should identify information they consider helpful in making a decision to consider hospice care sooner. Providing more information about hospice earlier in the stage of the patient's illness facilitates informed and timely decisions possibly considering hospice care. Fisher and Colyer (2009) explored the decision-making processes when patients are admitted into hospice with progressive terminal illnesses. The decision making of the hospice night shift nursing staff could affect the patients and their families.

While and Roberts (1999) examined the impact of shift work on the nurse's quality of care and performance outcomes on patient care in various settings, such as medical, surgical, gynecology, oncology, and cardiology to explore the relationship between duration of night shift and clinical performance. The limitation to this study is that While and Roberts did not reference the change in nursing performance during 12-hour shifts compared to an 8-hour shift. Shift patterns had an effect on the nursing staff related to the number of days per week worked and number of hours worked per day: 8, 10.5, or 12 hours. While and Roberts attempted to improve and enhance the effective management of a nurse's shift. Nursing recruiters emphasize flexible scheduling and stable work patterns (Greene, 2007). The potential barriers to flexibility include the

number of hours or days the nurse exceeds in a week, which impacts the quality of care, stress, and a lack of continuity of care with a diverse workforce. Hospice management needs to be aware of the need for staff to balance work and home life. In the project, I suggested the importance of preferred and flexible shift patterns. The introduction of shift patterns led to a reduction in absenteeism, overtime, and sickness. The benefits also included improved patient care, recruitment, and an increase in retention.

Mercer and Feeney (2009) described the experiences of death by two groups of nurses in an inpatient hospice facility. The participants were comprised of a sample size of all females with two diversified cultures: four Filipino nurses and four White British nurses. The interpretative phenomenological analysis design was used. Two themes were identified: death is an emotional response and death is a wall to human intervention. Finch and Lewis (2003) claimed that the combination of stressors and exposure is important in assessing health and risk associated with the environment.

The experiences of health care professionals in management roles at various levels in child and adult hospice care facilities have been explored. Researchers have emphasized the need to manage error on management teams on a professional and personal level, the challenge of managing error in the hospice setting, and how blame was placed in these settings (Sirriyeh, Armitage, Lawton, & Gardner, 2010). The role management commits to regarding night shift is limited and is noted mostly during conflict, error, or complaint. Management is rarely involved or present when the accolades for health care have been presented to the night shift (Sirriyeh et al., 2010).

The physiological and psychological effects of working the night shift on nursing staff in an inpatient hospice facility is linked to poor performance, fatigue, and exposure to stress. In order to ensure that night shift nurses productive, healthy work environments, I conducted a qualitative study and interviewed the participants to explore their lived experiences. Open-ended questions allowed the nurses to express their experiences from their own perspective without being led to choose between predetermined responses (Polit & Beck, 2008).

Theoretical Framework

The use of a qualitative phenomenology provided the theoretical framework for this research project. Burns and Grove (2009) defined phenomenology as the ability to describe experiences (or phenomena) as they are lived. Capturing the lived experience of the participants and using effective terms was the goal of this study. Phenomenology involves the use of intuiting for the researcher. Intuiting is the process of actually looking at the phenomenon. The researcher becomes absorbed with the experiences studied (Burns & Grove, 2009). In essence, the participant is the primary focus of the study. Total awareness and energy are directed toward the participant and the experiences being relayed. For more meaningful and exact recall of information provided by the participant, having direct contact with the participant during the interview allows for the researcher to witness verbal and nonverbal communication and reactions to the environment.

For this research study, I used Colaizzi (1978) method involving the observation and analysis of the participant within his or her own environment. This approach places

the participant in a familiar environment lending credence and validity to the study. Formulating each significant statement during the study is achieved when the investigator returns to each participant and asks him or her about the findings. In interviewing hospice nursing staff in an environment of familiarity, the participants provided their responses (verbal and nonverbal) to the questions provided in Appendix D.

Researcher's Role

As the researcher for this study, I had been a hospice nurse for 12 years with 34 additional years of nursing experience. For the past 4 years, I taught as an adjunct instructor during the academic year and worked full time at an inpatient hospice facility and palliative care. I had experience in both traditional and accelerated nursing programs. I presently teach in an university with an accelerated registered nurse to baccalaureate degree program, master's degree, and recently accredited doctoral nursing program.

My nursing experiences were indicative of the overall importance of educating and informing new and experienced nurses on the successes of using coping mechanisms by incorporating the use of a manual at orientations and seminars. I have witnessed the inability of nurses to cope with situations that are not easily resolved, such as unchanged working circumstances and personal issues. The manual will provide coping mechanisms for the participant to use as it applies to the situation for a positive outcome. The participants of the project determined the effectiveness of using coping mechanisms with the encounters in which night shift nursing staff are exposed to. The project included the

importance of using coping mechanisms to defend the decisions made, which are comparable to the needs of each individual participant.

Summary

The theoretical framework of phenomenology used in qualitative research provides support for the research studies noted in the literary review. Researchers have emphasized the physical, psychological, and job dissatisfaction related to working the night shift.

In Section 3, I present the Colaizzi methodology used in the observation work environment and the Parse method of open dialogue of lived experiences, which were used to conduct the research study.

Section 3: Methodology

Introduction

The method for this study was the Parse methodology. The Parse method involves dialogical engagement, in which the investigator and respondent participate in an unstructured discussion with open-ended questions about a lived experience. The experience is described as an I-Thou intersubjective being with the participant during the discussion (Burns & Grove, 2009). The aims of the interpretive phenomenological were used (a) to better understand positive outcomes and management involvement with night shift nursing staff and (b) to identify significant components that could help in developing positive morale for night shift nursing staff.

Setting

The participants worked in an inpatient hospice facility located in a serene, tree-covered, inconspicuous thoroughfare in a Southeastern city of the United States. The facility's maximum inpatient occupancy was 28. The approximate number of full-time employees was 50. This was the only local inpatient hospice facility that offers community bereavement programs with special services provided for children in understanding and dealing with the grieving process.

Population Sample Participants

The target population consisted of nine night shift nursing staff members in an inpatient hospice facility. The population was representative of eight females and one male of diverse culture and ethnicity.

Data Collection Techniques

Data collection techniques used in this qualitative study consisted of using an observation and interview process. A participant invitation document, Appendix A, was distributed to the nursing staff to initiate interest about the study. A brief discussion regarding the study was conducted. At the time of the interview, a written informed consent was presented and discussed with each participant to ascertain his or her understanding of the research project. Any questions from the participants were addressed and the consent was signed. This consent form can be found under Appendix B. The participants' involvement in the study was voluntary. Contact information was given to the participants by me.

Prior to the interview, each participant completed a demographic data tool. This tool can be found under Appendix C. The semistructured, open-ended interview questions allowed me to explore the night shift nurses' experiences working in an inpatient hospice facility. The face-to-face interviews and the responses of the participants were transcribed. The availability of the participants to conduct the interviews was at night during the hours of 0045 to 0200. Each participant declined to be recorded with direct contact and interaction with me. Due to certain sensitive areas of dialogue in the interviews, some participants requested that the information not be disclosed.

To participate in the interviews, each participant had to commit to approximately 45 minutes in the hospice facility quiet room or the participant's designated meeting of choice.

The tools for the questions used in the interview can be found under Appendix C.

Protection of Human Participants

To ensure accurate information and expedite my approval to conduct research in the facility with staff, the vice president of nursing and the director of the hospice facility were contacted. There was an exempt institutional review board review. Each participant of this study was provided with a consent form, the reason for the study, when and where the interviews will be conducted, and information about the voluntary basis of the study. Each participant was allowed access to information provided during the interview. Each interview was coded to insure confidentiality. The information was collected and secured in a safety deposit box in a banking institution with access provided only me with the approval of the Walden Institution Review Board (IRB). Approval was sought and obtained prior to implementation of the project.

Instruments and Materials

Unstructured interviews were conducted with each individual using open-ended questions. The questions are located in Appendix C. These questions were used to garner each interviewer's perspective of the effects of night shift nursing. I developed the questions, and I used the opinion of an expert to verify the reliability and validity of the questions. I used information gathered from current journal articles and my 30 years of experience working on the night shift performing bed side nursing care. Parses' (1990) method was used to discover the feelings of each participant with the use of a tape recorder for transcribed dialogue for the extraction process.

Data Analysis

The data were organized using interpretive coding (Burns & Grove, 2009). I had the interviews transcribed word for word with nonverbal indications noted in the transcript. I listened to the recordings with notations of voice, tone, inflections, and pauses for additional notations in the transcript. A color code was assigned to each major category with an identification of the theme. Analysis of the interpretation was petitioned from an expert researcher.

Evaluation Plan

A module for new nursing staff was implemented during orientation to address coping strategies during unfavorable situations and how to respond to each as it relates to the environment. A pre-evaluation was provided to assess their use of coping strategies before implementation of the module. A post evaluation was given to assess their receptivity or negativity to the use of coping mechanisms and whether they are realistic to the situation.

Summary

The Parse methodology was instrumental in conducting dialogue with each participant. The participants were allowed to make decisions regarding setting, how information was collected, and the maintenance of anonymity.

The findings and implications of the research study are provided in Section 4.

Section 4: Findings, Discussion, and Implications

Definition of Key Terms

Night shift: The work force (nurses and ancillary staff) scheduled to work during the nighttime. The defined hours are from 1900 to 0715 or from 2300 to 0715.

Nurse: Registered nurse or licensed practical nurse providing bedside care to patient and supportive care to family and health care provider.

Nursing: A nurse promotes health, prevents disease, and help patients cope with illness. Their unique scope of practice promotes independence, to collaborate with all members of the health care team to provide the care needed by each patient as an individual. Nurses are hands-on health professionals who provide focused and highly personalized care to the patient, family, and health care providers.

Patient acuity: The measurement of the intensity of care required for a patient accomplished by a registered nurse.

Qualitative study: A systematic, interactive, subjective approach used to describe life experiences and given them meaning (Marshall & Rossman, 2006).

Limitations

The inherent weakness of qualitative research is reflexivity. I found it difficult to separate ideas and feelings related to night shift nursing staff. There was an inherent inability to conduct a second interview with the participants of this research study. Additionally, there was one male represented and a lack of differentiation of culture diversity, decreasing the generalizability of the sample. The sample size was small with subjective information. It may not lend credibility to the generalized population of night

shift nursing staff in a hospice facility. Night shift nurses in hospice facilities of varying populations may possibly have different concerns. The night shift ancillary staff refused to participate in the research study. The study was explained in detail describing the procedures for anonymity and the consent form. This altered the results of the study, which excluded information provided by the participants requesting information be omitted from the interview.

Population: Sample Participants

The target population was nine nurses, four registered nurses with varying years of experience and five licensed practical nurses who worked the night shift at the facility. The population was representative of the number of nursing staff comprising night shifts at hospitals and other long-term nursing facilities. These facilities are primarily staffed by females (United States Department of Labor, 2003). See Appendix D for demographic details of study participants. Figure G 1 does not identify male or female due to the small number of participants and negating the anonymity of the one male participant in the study.

Protection of Human Subjects

To ensure accurate information and to expedite approval in conducting research in the facility with staff, the vice president of nursing and director of facility were contacted and each granted approval to conduct the research. There was an exempt institutional review board review. Each participant of this study was provided with a consent form, the reason for the study, when and where interviews will be conducted, and information on the voluntary basis of the study. Each subject was allowed access to information

provided during the interview. Each interview was coded to insure confidentiality. The information collected was secured in a safety deposit box in a banking institution with access only to me.

Instruments and Materials

Semistructured interviews were conducted with each individual using open-ended questions. The questions are located in Appendix D. This garnered each interviewer's perspective of night shift nursing. I developed the questions with extended research from case studies and the evidence base practice to verify the reliability and validity of the questions. I used information gathered from current journal articles, peer-reviewed research studies, and from my experience working on the night shift performing bed side nursing care. Parse's (1990) research method was used to discover the feelings of each participant with the use of face-to-face interviews for transcribed dialogue for the extraction process. An observation protocol, Appendix F, was implemented with the notations of the physical setting, questions to self, observations of nonverbal behavior, and investigator interpretations with descriptions of the participant.

Data Collection Techniques

Data collection techniques used in this qualitative study included observation and interview. At the time of the interview, a written informed consent was presented and discussed with each participant to ascertain their understanding of the research study. Any questions from the participants were addressed, and the consent was signed. This consent form can be found under Appendix B. The participants' involvement in the study was voluntary. This was reinforced to the participant, and each participant was

asked if they had questions or concerns regarding the study. Contact information was given to the participants by me.

Prior to the interview, each participant completed a demographic data tool. This tool can be found under Appendix B. The interview questions were open-ended, which allowed me to explore the night shift nurses' experiences working in an inpatient hospice facility. The face-to-face interviews and the responses of the participants were transcribed. The availability of the participants to conduct the interviews was at night during the hours of 0045 to 0200. Each participant declined to be recorded with direct contact and interaction with me. Due to certain sensitive areas of dialogue in the interviews, some participants requested that the information not be disclosed.

The interviews required each participant to commit to approximately 45 minutes in the hospice facility quiet room or the participants' designated meeting of choice in Savannah. The tools for the questions to be used in the interview can be found under Appendix C.

Data Analysis

The data were organized using descriptive coding. I had the interviews transcribed word for word with nonverbal indications noted in the transcript. I listened attentively to each participant with notations of voice, tone, body posture, hand gestures, and pauses for additional notations in the transcript. A color code was assigned to each major category with identification of the theme. Self-interpretation was used and compared to various peer-reviewed articles conducted on night shift nurses in hospitals

(acute and intensive, long-term care facilities). The interviews were read and reread for in-depth familiarity from each participant.

Results and Discussion

Of the nine nurses, four were registered nurses and five were licensed practical nurses. All were females except for one male. All participated readily. The male participant's responses were short with limited dialogue consisting of yes and no answers. It was difficult to elicit prolonged conversation with each question. The participant was reassured that his responses would remain anonymous. However, his responses remain limited in dialogue. The average age of the nursing staff was 57-years-old (range of 38-69 years). There was a mean of 13 years of nursing experience on the night shift (range of 3-50 years), and a mean of 26 years of nursing experience (range 3-50 years).

There was a unanimous theme which emerged from the transcribed data:

- Isolated and disrespected
- Staff development
- Coping strategies

As a result of this study and the job dissatisfaction the night shift nurses have experienced, two nurses have resigned, two nurses have changed their full-time position to as needed (PRN), and another works in another health care facility. One nurse has retired and agreed to work as needed and another has taken a leave of absence.

Isolation and Disrespect

Isolation and disrespect was identified as being present despite numerous in-services provided to boost morale in the organization. All of the nurses discussed their feelings and attitudes. Nurse 66 stated,

It's really disheartening to see promotional gifts and in-services provided for the day shift and we do not get anything. We receive left overs or receive nothing. There are very few times when things are left for the night shift.

Nurse 44 stated,

I am satisfied with the work we do as a team and the care we provide to the patients and the families. But in all that we do we receive so little in regards to compliments from management, promotionals provided on day shift, disrespect to the long hours we work with requirements to stay late for staff meetings and mandatory in-services. Being unavailable for our family at times is frustrating.

Nurse 55 claimed,

I would like for them to consider giving or providing small gifts to night shift like they do during the day shift. They treat night shift like stepchildren, they do not seem to care. The day shift is able to enjoy handouts of gifts and other amenities than the night shift and it's not fair. They don't take our suggestions seriously.

Bournes and Milton (2009) claimed that nurses feel disrespected, which relates to the manager discussing situations, giving choices, and flying off the handle. This makes the nurse not want to come to work. The body language shown could be demoralizing, crushing, and threatening. Nurses prefer environments that foster actions of support and

respectful relationships with coworkers and management (O'Brien-Pallas, Thomson, Alkins, & Bruce, 2001).

Staff Development

Nurses identified the need for more education in caring for pediatric patients placed under hospice care and admitted into the inpatient facility:

They need to provide more pediatric education. The present education that they provide is useless. We have limited equipment for terminally ill infants and have not been adequately educated on its function. It is annoying trying to figure out how equipment works in the presence of parents or family members.

Nurse 80 claimed, "We need more education in caring for pediatric patients. The anxiety of caring for these patients on the night shift is greatly increased due to the inefficiency of education and equipment provided in caring for these patients." Nurse 57 stated, "They should have more pediatric education. They should provide more equipment, education, and more in-services that are convenient for the night shift."

Powell (2011) stated that nurses on the night shift have markedly less access to professional staff development. Night shift nurses are apt to be less knowledgeable of current educational developments in hospice care. This lack of professional developmental lay lead nurses to become uninterested with ultimate feelings of isolation and unimportance to the organization.

There remains a lack of education provided to the nursing staff, especially for the provision of pediatric care. Each year the nursing staff is required to perform scheduled credentialing, which is a computer-generated and return demonstration of required

methods of care according to Joint Commission and state required regulations. New equipment or technology education is demonstrated by the charge nurse and/or receiving nurse of that patient. There becomes a failure in generating the correct information to the night shift.

Coping Strategies

The nurses acknowledged different ways they dealt with death and dying. Nurse 55 stated, “Well I like to plant, work in the yard. I like to plant flowers, grow fruit, shop at Home Depot. It helps me to chill out and relax. I also like to go to the beach.” Nurse 80 claimed, “I laugh a lot. I talk about it. I use laughter as a diversion especially working at night. I am also obsessed with exercising. Nurse 66 stated, “I like to read, watch NCIS, and watch CSI. Cooking and baking relieve my stress.”

Some nurses relate to having strong spiritual ties which helped them deal with death and dying. The stressors of life present numerous issues wherein many people use their religious beliefs and practices for help in overcoming adversity. The diversification in culture plays a significant role in religious coping (Holt, Clark, Debnam, & Roth, 2014). Nurse 57 stated, “Each time I come to work I pray to God for a clean heart and to be there for the patients and their families when they need me.” Nurse 91 stated, “Much, much prayer.” With prayer and supplication. “

Four of the nurses were in denial of dealing with death as it relates to close personal experiences. Nurse 55 stated, “I tend to be more reserved in dealing with death. It seems to take a long time before I actually realize that the person is dead. “ Nurse 9 shared, “I still have problems fixed on the death of my mother. I’m still dealing with that.

I feel like I need medications. I have some good days and some bad days. I dreamed I saw her with a smile. Nurse 19 stated,

The death of my mother has really bothered me and I have not resolved this issue.

I still deal with it in the best way I know how to deal with it is to be by myself.

Right now I do not have any particular way of coping. You might just say I don't cope.

Each person works through grief in his or her own way and in his or her own time. There is no specific time determining when a person completes grieving the loss of a loved one. The impact of families dealing with the death of a loved one has been researched extensively in numerous publications. Research regarding the grieving process for nurses and other health care providers is limited (Brunelli, 2011).

To address the difficulties of the night shift nurse's inability to resolve the grieving process of his or her close family members would suggest the need for grief counseling scheduled for the night shift nurses. The suggestion was presented to the director regarding this need and for debriefing of care provided for dying infants. A 15-minute debriefing was presented during the day shift and none for the night shift. No response for the request for counseling was answered. There is scarce research about how nurses cope with death. Nurses use a unique grieving process when patients die. The process used is important to their well-being.

Implications

The poignant theme of this study denoted the difficulty of hospice nurses to use coping mechanisms during times of confrontation, job dissatisfaction, and adverse

conditions relating to personal situations. All participants described their experiences working the night shift as being rewarding. Although, the participants who had worked in the area less than 2 to 5 years indicated the numerous challenges they were confronted with. All of the participants believed the use of coping mechanisms would be beneficial in helping them understand how to confront their feelings first instead of harboring feeling and/or keeping them to them self.

Project Strengths and Limitations

Several limitations existed in this study. The first limitation was the sample size. The sample size was appropriate for the research design; however, the sample size does not adequately represent a true number of nurses working the night shift in an inpatient hospice facility. The sample of participants chosen for this study was in closed proximity for me to access easily and readily due the distance some of the participants lived. The participants were representative of one inpatient hospice facility. All of participants were females except for one male who had less than a year of work experience in a hospice facility. The diversity in culture was limited: African American and European American nurses.

Recommendations for Coping Mechanisms

The participants indicated the need for coping mechanisms. The preponderate concepts that arose from this study were that nurses with less than 10 years of experience had difficulty coping versus those nurses with over 10 years of experience. Many of the participants stated that they did not discuss their inability to deal with certain situations and kept to themselves. It is difficult for the nursing staff to adequately and correctly gain

an understanding of how to cope and teach others if they are not using coping mechanisms.

To facilitate the nursing staff in the use of coping mechanisms, a manual and seminar for coping mechanisms was provided for nursing staff during orientation and during designated staff meetings. This manual will be used for hospitals, health care facilities, local industries, and other organizations. The contents can be altered or adjusted for use as it relates to the facility or organization. Presenting the use of coping mechanisms during orientation would decrease feelings of stress and intimidation during the first weeks of orientation. A pre and post evaluation was provided for each participant before and upon completion of the seminar.

The use of coping mechanisms can be effective by night shift nursing staff willing to use them. Use of these mechanisms would dissuade the individual from negatively responding to unfavorable circumstances. This will encourage the individual to adjust and adapt to the unexpected demands encountered on the night shift.

Analysis of Self

We envision a continuum of health professional education from admission into a health professional program to retirement that values, exemplifies, and assesses lifelong learning skills; emphasizes interprofessional and team-based education and practice; employs tested, outcomes-based continuing education methods; and link health professional education and delivery of care within the workplace.
(aacn.edu, 2010)

It is important that my mind remain curious and impetus to the changing modalities that nursing and education has to offer. I cannot remain stagnant in the lack of resources but seek out new ideas, collaborating with stakeholders and colleagues in securing resources to help nurses who have not been in school for a significant number of years and who may be fearful to return due to insecurities of transitioning back to writing, reading, and studying again. Composing the manual for coping mechanisms allowed me to make meaning of the mechanisms myself to prove their effectiveness.

This project would be effective in addressing the needs of the troops returning from war. One of the nurses evaluating the manual talked about the effect the manual had on him and how it would be good for the troops returning from war. He was a counselor for active duty soldiers and veterans. He claimed that the coping mechanisms described in the manual were realistic and easy to do. The important aspect of this manual is that it helps and possibly deters a person from acting out as it relates to a response.

Summary

Each participant was provided with information regarding their participation in the study. Emphasis was placed on the study being voluntary and how anonymity was maintained. The setting and mode of data collection were organized using interpretative coding. The usage of semistructured interviews and open-ended questions led to consistent dialogue with the participants.

In Section 5, I present a scholarly product and summary to substantiate the results conducted in the research study.

Section 5: Scholarly Product

This manual includes realistic coping mechanisms used when faced with unfavorable situations. The idea of the module is to provide realistic exercises to nurses monitor their ability to change or vacate the environment. This seminar was presented to five nurses. Prior to the seminar, a pre-evaluation was completed, and a postevaluation was done after the seminar was completed. The results are presented in Figure G1.

Looking at the picture temporarily defers your thoughts, issues, and situations. This has been the unanimous response of each nurse visualizing the picture of the puppy. For a moment, your mind was diverted to a moment of peacefulness, quietness, softness, and warmth emitted from the tranquil and serene environment of the puppy. For that moment, my mind was not on the project or what the manual was about. It was centered on the softness, warmth, and peacefulness of the puppy. It is for this purpose that coping mechanisms impact a delay in a person's reaction to an unfavorable, confrontational, or stressful situation. Implementing the use of coping mechanisms during the orientation process of new nursing staff, current employees of health care facilities, and employees of other organizations or industries can help to alleviate negative and irrational outcomes.

Summary

This project allows for an open format of communication with nursing staff working the night shift in an inpatient hospice facility. Much of the information received allowed the nursing staff to openly verbalize their satisfaction and dissatisfaction with their present working conditions. The findings of this project provide many implications for future nursing research. Using the phenomenological approach would require a more

diverse and larger population and more than one hospice facility with a larger patient capacity.

The nursing staff verbalized lived nursing experiences, which allowed them a time of growth in patient care in communicating with family members, understanding, and compassion. For others the experiences verbalized questions of vulnerability and if they would continue working in an inpatient hospice facility. For the vulnerable nursing staff, use of coping mechanisms proved to be a positive outcome for them in making a decision to remove them from a situation that they considered unfavorable. In this respect, coping mechanisms were effective.

The participants stressed the importance of providing hospice pediatric education. This area of concern was expressly verbalized by each participant in this research study. The failure to provide education in crucial areas of pediatric hospice care, wherein staff have repeatedly requested education, questions the credibility of the inpatient hospice facility.

The dissatisfaction the participants verbalized regarding the need for support from management was expressed by each participant. The participants addressed their inability to adapt to any coping mechanisms regarding the lack of support received for the night shift. For two of the participants, age, length of employment, and self-scheduling regarding family obligations were constraints to coping.

Based on the findings of the study, the experiences of the night shift nurses of an inpatient hospice facility were fragmented. The participants were fulfilled in providing care and disjointed in providing the expressed needs requested. Management must

understand the experiences of the night shift nursing staff and make every effort to ensure confidence, job satisfaction, and current education.

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Appendix A: Participant Invitation

Dear _____,

I would like to take this opportunity to invite you to participate in a study entitled: **The Effects of Night Shift on Nursing Staff in an Inpatient Hospice Facility.** The purpose of this study is to describe the experiences of night shift nursing staff, to identify significant components that could help in developing positive moral for night shift staff, and to identify how night shift affects health and family working in an inpatient hospice facility.

This is a voluntary opportunity in which you will be interviewed in person. The initial interview will last no more than one hour and not be conducted during regular work hours. With your permission and informed consent, the interview will be audio taped and transcribed. As a participant, you will receive a copy of the transcribed interview with the opportunity to clarify, change or add information.

_____, Please feel free to call or email me with questions or if you wish to participate in this study. If you do not wish to participate, I thank you for your consideration.

Sincerely,

Carolyn Horton RN, MSN
Walden University (Doctoral Student)
Cell: [REDACTED]
Email: [REDACTED]

Appendix B: Informed Consent

You are being invited to participate in this research study because you have worked exclusively on the night shift at an inpatient hospice facility. The information in this consent form is meant to help you decide whether or not to participate. If you have any questions, please feel free to ask the investigator at any time.

- The purpose of the study is to describe how hospice night shift staff perceives their experiences of caring for a dying patient when faced with difficult or adverse encounters with the patient, family, disruptive staff, and confrontational physicians.
- To better understand positive outcomes and management involvement with night shift staff.
- To identify significant components that could help in developing positive morale for night shift staff.
- To identify how night shift affects health and family working in an inpatient hospice facility

Data will be collected by way of in-person interviews lasting no longer than one hour. With permission, interviews will be audio-taped and subsequently transcribed. Field notes will also be taken by the investigator during the interviews.

There are no known risks or discomforts associated with this study. A benefit is a valued or desired outcome. There are no benefits in participating in this research study. You may choose not to participate in this study.

There will be no compensation or fee paid to the subject participating in this study.

You are encouraged to ask questions or raise concerns at any time about the nature of the study or the methods I am using. Please contact me at any time at the e-mail address or telephone number listed below.

Our discussion will be audio taped to help me accurately capture your insights in your own words. The tapes will only be heard by the investigator for the purpose of this study and secured in a safety deposit box in a local banking institution. You are at liberty to refuse the tape recorded interview and information provided will be manually transcribed with nonverbal observations and notations.

You have the right to withdraw from the study at any time. In the event you choose to withdraw from the study all information you provide (including tapes) will be destroyed and omitted from the final study.

Insights gathered by you and other participants will be used in writing a qualitative study to be presented to stakeholder who will be read by my professor and presented by Walden University, NSG8701 DNP Project in Nursing.

You may ask any questions you have now. Or if you have questions later, you may contact the Carolyn Horton via [REDACTED]. If you want to talk privately about your rights as a participant, you can call Dr. Leilani Endicott She is the Walden University representative who can discuss this with you. Her phone number is (612) 312-1210. Walden University's approval number for this study is **04-14-15-0340504** and it expires on **April 13, 2016**.

The researcher will give you a copy of this form to keep.

By signing this consent form I certify that all my questions have been answered.

I _____ agree to participate in the project as described in the terms of the agreement.

(Print full name here)

(Signature)

(Date)

Appendix C: Demographic Data Collection Tool

Age:

Race:

Culture/Ethnicity:

Level of Education:

Marital Status:

Dependents at home:

Total number of years on night shift:

Total number of years on night shift as a RN:

Total number of years on night shift as a LPN or unit clerk:

Number of years in current hospice facility:

Current area of expertise:

General work schedule:

Other night shift experience:

Do you provide direct patient care?

Y N

Circle the response

If no, what is your position?

What is your highest educational level in nursing?

ADN Diploma BSN

Circle the response

Master's Doctoral

Are you certified at present by a national organization?

Y N

*Circle the response*Please indicate the average number of hours you work
(Including call back or overtime)

in a day_____

in a week_____

Please indicate the shifts to which you are assigned
Please circle response

- straight days
- straight evenings
- straight nights
- day/evening rotation
- day/night rotation
- evening/night rotation
- weekend night only
- other (please describe)

Are you certified at present by a national organization?
Circle the response

Y N

What is the first initial of your mother's first name?

What are the last two digits of your birth year?

What is the month of your birth?

What was the year of your graduation from your FIRST
RN Educational program or LPN Educational program?

Appendix D: Interview Questions

1. Tell me about your nursing experience working at night.
2. How did you choose to work at night in an inpatient hospice facility?
3. Since working a night in an inpatient hospice facility what physical and/or psychological difficulties have you experienced?
4. What differences have you noticed in your relationship with your spouse, significant other, and/or your children while working at night in an inpatient hospice facility?
5. What memorable situations have you experienced which have left a profound effect on you psychologically caring for dying patients consistently on the night shift?
6. How do you feel caring for dying patients consistently working on the night shift in an inpatient hospice facility?
7. What do you feel would enhance the care you provide to hospice patients and their families on the night shift?
8. Tell me about the support that is provided to you on the night shift.
9. What does it mean to you to be a hospice nurse working on the night shift?
10. Do you ever think about leaving the night shift at an inpatient hospice facility?

Appendix E: Demographic Details of Study Participants

Age Bracket	35-40 yrs.	41-50 yrs.	51-60 yrs.	61-70 yrs.
Number of Nurses	1	1	2	5
Shifts worked per week	3-4	3	3	3
Reasons for working night shift	Family reasons	Family reasons	Preferred shift	Preferred shift
Highest nursing degree earned	Certificate 5	Associate 3	Bachelors 1	Graduate
Years working as a nurse	3-5 yrs. 1	6-10 yrs. 4	11-20 yrs. 3	21 yrs. > 1
Years working night shift	2	3	3	1

Appendix F: Observation Protocol

ID: _____ DATE: _____

TIME: _____ PLACE: _____

	OBSERVATIONAL NOTES	INVESTIGATORS REFLECTIVE NOTES

Appendix G: Institution Review Board Approval

The Institutional Review Board (IRB) has approved your application for the study entitled, "The Effects of Night Shift on Nursing Staff of an Inpatient Hospice Facility."

Your approval # is 04-14-15-0340504. You will need to reference this number in your doctoral study and in any future funding or publication submissions.

Coping Mechanisms for New Nursing Staff Orientation							
Pre Evaluation							
		Strongly Agree	Agree	Undecided	Disagree	Strongly Disagree	
Coping mechanisms are effective		4	1				
I am aware of coping mechanisms		3	2				
I use coping mechanisms		3	2				
Coping mechanisms are important in my profession		5					
I have a good understanding of coping mechanisms		4	1				
I know how to handle frustration and anxiety		2	3				
I am a good listener		2	3				
Post Evaluation							
Coping mechanisms are effective for dealing with unfavorable situations		5					
I have a better understanding of coping mechanisms		3	2				
I would encourage employees in using coping mechanisms		5					
Coping mechanisms are not useful in my profession							5
The module should be used for all orientations and seminars		3	2				
The module was easy to read and resourceful		4	1				
The facilitator answered questions from the participants		3	2				

Figure G 1. Coping mechanisms for new nursing staff orientation