

12 hour shifts: Nurse burnout, job satisfaction & intention to leave

Job satisfaction and burnout in the nursing workforce are global concerns. Not only do job satisfaction and burnout impact on 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? In this digest we report 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.

What is the problem?

There is a trend for healthcare employers to adopt longer shifts for workers, typically 2 shifts per day each lasting 12 hours. It appears that these shifts have become increasingly common in English hospital wards, with somewhere between a third and a half of all staff nurses now working shifts of 12 hours or more (1, 2). Long shifts allow nurses to work on fewer days each week and there are anecdotal reports of improved work life balance because of more consolidated time off work (3). They appeal to employers because of the potential efficiencies of having less overlaps between shifts and fewer handovers, potentially reducing number of staff needed (1).

Shift patterns may influence wellbeing and satisfaction among nurses (4) 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 (3, 5), but other evidence points to negative effects, for both nurses and patients (1, 6, 7). Furthermore, much of the research on 12 hour shifts is from the U.S, so it is not clear whether 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 RNs conducted for the RN4CAST study (8, 9), examined the association of ward nurses' shift length and their reports of burnout

(emotional exhaustion, depersonalisation and personal accomplishment), job satisfaction, and intention to leave the job due to dissatisfaction.

Data were collected in Belgium, England, Finland, Germany, Greece, Ireland, Netherlands, Norway, Poland, Spain, Switzerland and Sweden. The survey was mailed or directly distributed to registered nurses between June 2009 and June 2010. At least 30 hospitals were enlisted in each country and in each hospital a minimum of two medical/surgical nursing units were included. In total, 488 hospitals participated and 31,627 registered nurses were included in the sample for this study, including over 2900 nurses from 46 English hospitals.

Impact of 12 hour shifts on nurses

Longer shifts were associated with significantly worse outcomes, even after controlling for other factors such as staffing levels.

Nurses who worked shifts of ≥ 12 hours were more likely to report burnout and intention to leave the job, when compared to their peers working ≤ 8 h shifts.

For nurses working ≥ 12 hour shifts odds of reporting high emotional exhaustion, depersonalisation and low personal accomplishment were increased by 26%, 21% and 39% respectively, in comparison with nurses working ≤ 8 hours.

Nurses who worked shifts of 12 hours or longer were 40% more likely to report job dissatisfaction compared with nurses working ≤ 8 h shifts. They were also 29% more likely to say that they intended to leave their job due to dissatisfaction.

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Implications for policy and practice

In the context of austerity measures and financial constraints in public services in Europe, it is particularly important for policymakers and managers to have good evidence on which to base decisions on hospital nurse work hours to ensure that the well-being of workers and the quality of care is maintained and nurses are retained in practice.

Our results question the routine implementation of shifts longer than 8 hours, and suggest that moving to 12 hour shifts may exacerbate rather than ease nursing shortages, with an increase in burnout, job dissatisfaction, and intention to leave. Other evidence suggests adverse effects on patient care, with associations between long shifts and mortality, reduced patient satisfaction and nurse reports of patient safety (1, 10, 11).

What remains unclear is the extent to which other working pattern factors, such as the length and frequency of breaks during shifts, opportunity to rest between shifts, sleep patterns and total hours worked per week, may mitigate the adverse effects of working long shifts. The study does not directly explore whether increased intention to leave translates into increased turnover.

Conclusions

- This study adds to a growing body of evidence showing that the organisation of shift work in many hospitals may be putting both patients and staff at risk.
- Whilst working only three 12 hour shifts per week may suit many nurses, it appears to be at the expense of their psychological wellbeing.
- Longer shifts may have a cumulative negative effect on wellbeing that nurses may be unaware of, or do not attribute to shift work.
- It is sometimes assumed that increasing shift length will aid nurse retention because of expressed preferences from nurses. It may however have the opposite effect and contribute to a higher propensity for nurses to leave.
- Nurses may be choosing to sacrifice work satisfaction for benefits in other spheres of life. However, this type of choice is likely to compromise nurses' physical and psychological well-being: the stress of the long work days and the recovery time needed may counterbalance any perceived benefit.

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