#Nightshift: How Nurses and Patients Can Adapt to the Dark

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**Objectives**

- Explore the physical and physiological impact of nightshift on nurses and patients
- Provide resources to manage working nightshift as a nurse by identifying steps to improve work-life balance
- Discuss various approaches to support healthier environment for nightshift nurses and minimize risk to patients in the hospital environment
- Understand how patient care is impacted on nightshift

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**20 Years and Counting…**

I have forgotten what it is like to have a normal sleeping pattern!

**What is Nightshift??**

**Nightshift, a popular subject…**

Commodores- Nightshift
What is Nightshift?

- Estimated 15 million Americans work nightshift (Hall, 2015)
- Variety of shifts from on-call, evening to ‘deep’ nights
- For nursing, it is stereotypically where ‘new’ RN’s work in a hospital, interns and/or new to the hospital or ICU
- Called the ‘graveyard’ shift still today

Not knowing when to say "today" or "tomorrow" when it is after midnight!

Our Patients

Sleep Architecture

NREM (Nonrapid Eye Movement)
- N1 ‘light sleep’ entry into sleep from the waken state = 2-5% of sleep
- N2 ‘mid sleep’ 45-55% of sleep
- N3 ‘deep sleep’ 15-20% of sleep

REM (Rapid Eye Movement)
Occupies 20-25% of total sleep associated with being highly active including dreaming and perceptual learning

Sleep Disruptions in the ICU
- Ventilator Dysynchrony
- Medications
- Patient Care Interactions

Sleep Disruptions in the ICU
- Environmental Noise and Light
- Family Visitation
Critical Illness and Sleep
- Central Nervous System
- Immune System
- Hormonal or Metabolic Disturbances
- Respiratory System
- Digestive System
- CV System

What does lack of Sleep look like for our Patients?
- Loss of memory
- Delirium
- Hallucinations
- Balance and coordination issues
- Significant increased or decreased appetite
- Hypertension
- Irritability
- Decision-making capabilities
- Anxiety, flashbacks-PTSD
- Depression
- Hyperglycemia
- Hypoxemia

Patient Safety at Night
- Communication Norms
- Increase falls
- Harder to get a patient consult
- Busy time 3-11pm
- Nurse-Patient ratios/Staffing
- Patient transfers
- Timeliness of (procedures, medications, lab)

Patient Satisfaction
Patient Care Surveys
- Quietness of environment
- Coordination of Care
- Patient-Centered

Nightshift is like Jet Lag without the benefit of traveling to another time zone!

Nurses
Stereotypes of Nightshift Nurses

- Nothing gets done
- Don’t like visitors
- Don’t like feeding or walking patients
- You are a nurse who needs a slower pace
- You enjoy waking people at night
- You don’t like talking to physician’s
- You don’t like the sun
- You don’t want to talk to anyone of authority/leadership
- JACHO does not apply to you

Health Data for Nurses
The Ugly Truth

- Increased risk for cardiovascular disease
- Associated with increased BMI
- Increased risk of lung cancer
- Shorten lifespan
- Disturbances in circadian rhythm

The Business of Sleep

Fatigue

Maggie’s Law

- Illegal to knowingly drive while impaired by lack of sleep
- Establishes driving while fatigued as reckless under the vehicular homicide statute.
Fatigue
We are all accountable!

- Sustained Wakefulness
  >24hrs awake = 2-3 drinks or 0.1% ETOH level
- Good Sleep Hygiene
- Intervene when a peer suffering or address concerns over fatigue in your unit

Can working nights be in your favor?

- Wage differential
- Easier with some school schedules
- Unwanted family situations (ie. holidays, guests)
- Best for 'night owls' who function better at night
- Family reasons/ childcare
- Limited traffic into the city

Resources for Nurses

- NIOSH Training for Nurses
  CDC Course Numbers are WB2408 and WB2409
  [https://www.cdc.gov/niosh/occupational nurses-training-for-nurses/](https://www.cdc.gov/niosh/occupational nurses-training-for-nurses/)

- The brain benefits of deep sleep and how to get more of it.
  (Dan Gartenberg)

- One more reason to get a good nights sleep.
  (Jeff Lliff)

- The natural sleep cycle is nothing like we know now.
  (Jessa Gamble)

- Why do we sleep?
  (Russell Foster)

Napping, is it OK?

Viral Post-Nurse Napping
Things are a little different at night

- No Food
- Limited Admin for Higher Level Decision Needs
- Supplies
- Less Staff-Hands on Deck (ie. Unit Secretary)
- System Updates/Downtime procedures for EHR
- Lift Help-Transport Help minimal
- Social Work, Translators limited
- Physicians ‘on call’ unfamiliar with patient load
- Education typically during the day
- Meetings early AM (after 12hr shift)
- Committee work/Skill Check off during the day

Tricks of the Trade

- Blackout blinds
- Wax ear plugs
- Sonic boom alarm clocks
- No bluelight before sleeping
- No spicy food before bed
- Good book on your nightstand
- FIT trackers
- No caffeine after 3-4am
- Light meal when you wake up
- Exercise
- Get in your PJ's

Optimize at Night

- Advocate for change
- Seek out learning opportunities
- Find like-minded colleagues
- Stick with it
- Cast light on the world at night

Thank You & Sleep Well!

Any Questions??