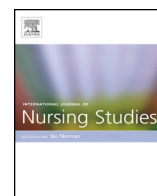




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Review

Impact of 12 h shift patterns in nursing: A scoping review

Ruth Harris^{a,*}, Sarah Sims^a, Jenny Parr^b, Nigel Davies^a^a United Kingston University and St. George's, University of London, United Kingdom^b Waitemata District Health Board, New Zealand

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ABSTRACT

Objectives: To provide a comprehensive scoping review of evidence of the impact and effectiveness of 12 h shifts in the international nursing literature, supplemented by a review of evidence in other, non-nursing related industries.

Data sources: A search of the academic literature was undertaken in electronic databases (AMED, MEDLINE, CINAHL, PsychInfo, Scopus, HMIC, the Cochrane Library, Business Source Premier, Econ Lit, ASSIA and Social Policy and Practice).

Review methods: A total of 158 potentially relevant nursing research papers and reviews were published between 1973 and 2014. Two reviewers independently reviewed the articles, leaving 85 primary research studies and 10 review papers in the nursing field to be included in the scoping review. Thirty-one relevant primary research papers and reviews were also identified in the non-nursing related industries literature.

Results: Research into 12 h nursing shifts fell within five broad themes: 'risks to patients', 'patient experience', 'risks to staff', 'staff experience' and 'impact on the organisation of work'. There was inconclusive evidence of the effects of 12 h shift patterns in all five themes, with some studies demonstrating positive impacts and others negative or no impacts. This also mirrors the evidence in other, non-nursing related industries. The quality of research reviewed is generally weak and most studies focus on the risks, experience and work/life balance for staff, with few addressing the impact on patient outcomes and experience of care or work productivity.

Conclusions: There is insufficient evidence to justify the widespread implementation or withdrawal of 12 h shifts in nursing. It is not clearly understood where there are real benefits and where there are real and unacceptable risks to patients and staff. More research focusing on the impact of 12 h nursing shifts on patient safety and experience of care and on the long term impact on staff and work organisation is required.

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What is already known about the topic?

- 12 h shifts have been widely implemented in North America and the UK to address resource (human and financial) pressures.

- Evaluations have focused on staff acceptability rather than patient measures.
- There is increasing concern about the impact of 12 h shifts on safety for both nurses and patients

What this paper adds

- The most comprehensive scoping review to date of the evidence for 12 h shifts in nursing.
- The evidence for the impact of 12 h nursing shifts on nurses' safety and wellbeing, patient experience and safety, and the organisation of work is inconclusive.

* Corresponding author at: Faculty of Health, Social Care and Education, Sir Frank Lampl Building, Kingston University, Kingston Hill, Surrey KT2 7LB, United Kingdom. Tel.: +44 020 8417 5500.

E-mail address: Ruth.Harris@sgul.kingston.ac.uk (R. Harris).

- The majority of research focuses on the experience and work-life balance for nurses, with considerably less research about patient safety and experience.
- The quality of research is generally weak and few studies include an analysis of costs or cost-effectiveness.
- This uncertainty mirrors the evidence of the impact of 12 h shifts in non-nursing occupations.

1. Introduction

Twelve-hour shifts or “long-days” have become an increasingly standard shift option for nursing over recent years across the USA, UK and to a lesser extent in Europe and Australia/New Zealand. This paper presents a scoping review of the literature to illuminate the themes associated with the actual or perceived benefits and disadvantages of this shift pattern.

Shift work dominates nursing work, with recent surveys showing that large proportions of the nursing workforce work 12 h shifts. In the UK, a Royal College of Nursing member survey showed that, of the respondents working shifts (76% of nurses), 45% worked a 12 h shift system (Royal College of Nursing, 2008). Similarly, a recent study in the USA reported that 70% of nurses worked 12 h shifts or longer (Stimpfel and Aiken, 2013). Across Europe, the RN4Cast study has shown that in medical and surgical units, while 50% of nurses work shifts greater than 8 h, this mostly occurs in the 8–10 h range with only 16% working 12 h or more (Griffiths, 2014).

The key drivers for introducing 12 h shifts have been seen as potential financial savings, a positive impact on recruitment and retention and improved continuity of care (National Nursing Research Unit, 2013; NHS Evidence, 2010). The motivation for change can initially be associated with nursing staff shortages in the 1990s, staff preference linked to greater employee friendly initiatives and more recently to austerity pressures. The financial saving has been assessed at around £3 m per year for an average sized UK district general hospital, based on one case study site (NHS Evidence, 2010). Concerns have been raised that longer shifts may have a negative impact on patients, workers themselves and the organisation of care (Hughes, 2008). Increasing concern has been raised in the past few years in respect of the impact on patient safety and that cost savings are the primary driver (Royal College of Nursing, 2012), with calls for review of the shift pattern in both the USA (Geiger-Brown and Trinkoff, 2010) and UK (Calkin, 2013). In New Zealand, collective agreements have been drawn up between employers and unions which recommend that 10 and 12 h shifts are not implemented as a standard rostering pattern primarily to protect nurses from harm resulting from shift work and the way work is organised (New Zealand Nurses Association, 2012).

The literature in both the USA and UK suggests that the term “12 h shift” is used colloquially to refer to a two shift system associated with an extended working day and compressed working week pattern, as opposed to a three shift, 8 h day, traditional shift system. However, the literature shows that the definition can vary and either include or exclude rest break periods although there are commonalities across different countries. A typical 12 h

shift pattern would be for a day shift to start at 07.30 and end at 20.00, with the corresponding night shift commencing at 19.30 and finishing at 08.00. Usually, a 1 h unpaid rest period would be scheduled, therefore equating to 11.5 h rostered work, which for a full time employee would require 13 shifts per month. Different approaches are adopted to either compress the shifts into short periods, thereby giving the nurse longer periods away from the workplace or to spread the extended shifts with the aim of preventing fatigue. For this review we have included all studies that are typical of these configurations.

2. Method

Using Arksey and O'Malley's (2005) methodological framework, a comprehensive scoping study was undertaken between October 2013 and February 2014 to review the literature on 12 h nursing shifts to date. This method was chosen as a technique to ‘map’ the literature in the field, examining the extent, range and nature of research activity and identifying any gaps in existing knowledge (Arksey and O'Malley, 2005). This is the first scoping review of its kind to be undertaken in this field.

The research question asked by the scoping review was: ‘What is the extent, range and nature of evidence available around the impact of 12 hour nursing shift patterns?’ The main literature search was undertaken between October and November 2013 and expert advice about generating relevant search terms and suitable databases was sought from Library and Information Sciences Specialists. A search of the academic literature was undertaken in the electronic databases AMED, MEDLINE, CINAHL, PsychInfo, Scopus, HMC and the Cochrane Library using the search strategy shown in Table 1. To ensure that the review of research in this field was as comprehensive as possible, no limits were put on the date of included research but the review was limited to English language publications.

Seven hundred and ninety records were retrieved from the database searches and the titles and abstracts were screened by SS. Ninety four papers were determined as potentially relevant (i.e. either directly or indirectly addressing nursing shifts lasting 12 h or more) and the full articles were accessed. Bibliographies of the 94 papers were checked to identify any additional articles that may have been missed in the database searches. A further 71 potentially relevant papers were identified and the full articles accessed. One possible reason for the large number of papers identified outside of the database searches was that a number used the hyphenated terms “12-hour shift” or “12-h shift” and these terms were not included in our search strategy. Unfortunately, 9 of the 165 potentially relevant papers identified were inaccessible to UK libraries, resulting

Table 1
Strategy for search.

In abstract only:
 “12 hour* shift*” OR “Twelve hour* shift*” OR “long shift*” OR
 “shift pattern*” OR
 “extended shift*” OR “extended day*” OR “long day*”
 AND
 “nursing”

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