Chronic fatigue after a night of work in Serbia (our experience)

BY LJILJANA GVOZDENOVIĆ, TATJANA BATAK, GORICA MALLIŠANOVİĆ

Working during the night, especially with geriatric patients, has a detrimental effect on the circadian rhythm. (1) This study was approved by the Ethics Committee and Commission for Examining Ethics. The sample was randomly formed and consisted of 1200 nurses. In order to meet ethical standards in research, subjects voluntarily signed the consent form to join the study. The study group consisted of 600 nurses working the night shift with geriatric patients. The control group consisted of 600 nurses working the eight-hour day shift. As a survey instrument, two questionnaires were used. The first questionnaire was originally made for the purpose of this study and collected demographic and sociological data about individual respondents (gender, age, years of service, working night shift, marital status, number of children, material and social satisfaction). A standardized questionnaire, Piper Fatigue Scale (PFS; α = 0.85), collected data on subjective assessment of the level of fatigue. The Piper Fatigue Scale consists of 22 questions and provides answers on a ten-point scoring scale, which best describe quality and intensity of fatigue felt in the past seven days. Obtaining a higher score indicates greater intensity of fatigue. Student’s t-test and Pearson’s chi square test were used to assess demographic and sociological data, whereas Pearson’s correlation coefficient was used to test the effect of night shift on the level of fatigue. In terms of demographic and sociological characteristics of each sample, females accounted for the majority of night shift subjects (p < 0.001) and most of the day shift subjects (p < 0.001). Generally, night shift respondents were younger in comparison to day shift respondents, and this difference is statistically significant (p < 0.001). Respondents were divided into 3 categories according to the length of service: I-category (0–10 years), II-category (11–21 years), and III-category (> 21 years). Night shift workers had fewer years of service
than day shift workers. This difference is statistically significant for all three
categories of service (p < 0.01). In relation to marital status, 180 (30%) night
shift and 370 (61.7%) day shift respondents were married (p < 0.001). 360 (60%)
night shift and 160 (26.7%) day shift workers were not married (p < 0.001). Sixty (10%)
shift and 70 (11.7%) non-shift workers were divorced, and there was no statistically
significant difference between them (p > 0.05). Day shift workers were more
satisfied with their social life than night shift workers and this difference is
statistically significant (p < 0.01). Day shift workers often perceived subjective
fatigue on a level of 1 – 6, while perception of fatigue for night shift workers was
on a level between 6 – 10. The biggest difference between the respondents was
recorded in the perception of fatigue at level 8 (p < 0.001). Involvement in work
shifts positively correlated with each of the 22 questionnaire items in PFS, with an
increased level of fatigue in nurses (Pearson correlation coefficient, p > 0.001). A
survey by the Canadian Nurses Association (CNA, 2010) states that 25.8% of nurses
resigned due to symptoms of fatigue in the workplace, 20.2% retired, and as many
as 25.6% of them changed their profession for the same reason. (2) Our findings
confirm the fact that during their professional careers nurses are excessively
exposed to stressful situations and hardworking patterns are integral parts of
their daily routine. (3-5) Demographics, working characteristics, and family
structure are associated with chronic fatigue between shifts in nursing personnel.
The modification of shift schedules according to individual needs and preferences
is necessary for the reduction of chronic fatigue and maintenance of personal
satisfaction.

Promotion and implementation of active rest breaks during working hours
between shifts could help reduce mental and physical fatigue of nurses.

References

1. Cordova PB, Phibbs CS, Bartel AP, Stone PW. Twenty-four/seven: a mixed-method
3. Barker LM, Nussbaum MA. Fatigue, performance and the work environment: a
4. Silva AA, Rotenberg L, Fischer FM. Nursing work hours: individual needs versus

Ljiljana Gvozdenović, Tatjana Batak, Gorica Mališanović
Clinical Center of Vojvodina, Faculty of Medicine, Novi Sad, Serbia
Corresponding author:
Ljiljana Gvozdenović
Clinical Center of Vojvodina
Hajduk Veljkova 1-7.
Novi Sad, Serbia
Phone: +38163-529-409
Fax: +38121-423-902
E-mail: profgvozdenovic2010@hotmail.com