SLEEP, STRESS, & SUBSTANCE USE IN NEWLY LICENSED NURSES: FINDINGS FROM VIRTUAL FOCUS GROUPS

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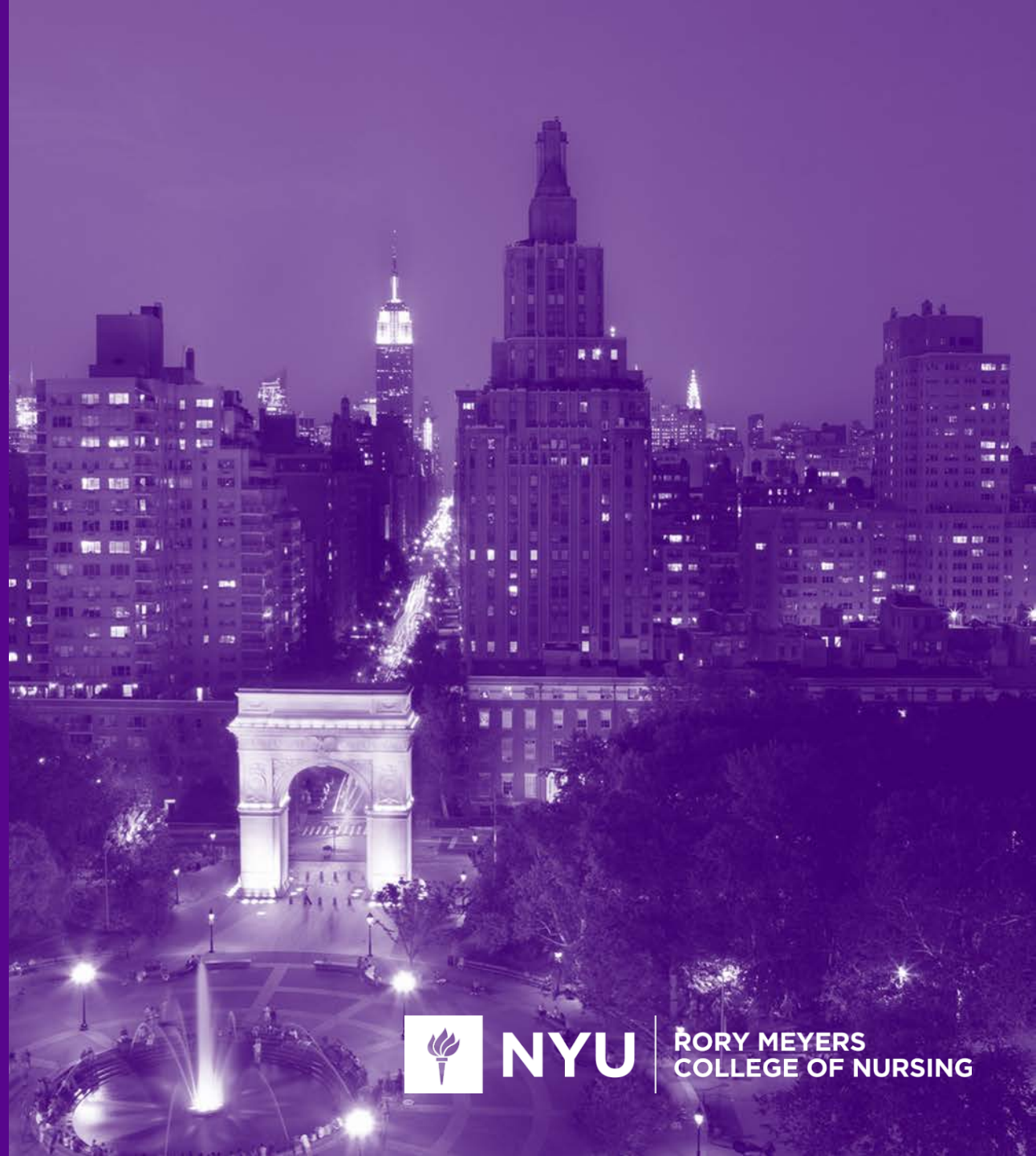

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Agenda

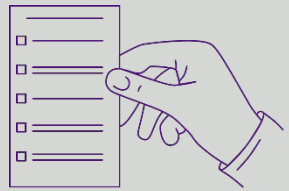
I

Sleep, work stress, and substance use

II

Sleep, shift work, and work stress – impact on nurse and patient outcomes

III



Summary and recommendations

Methods

Design

Qualitative descriptive

Work, Stress, & Health framework

Sample

Recruited participants from previous study → RN Work Project

Group 1, n = 21 | Group 2, n = 20

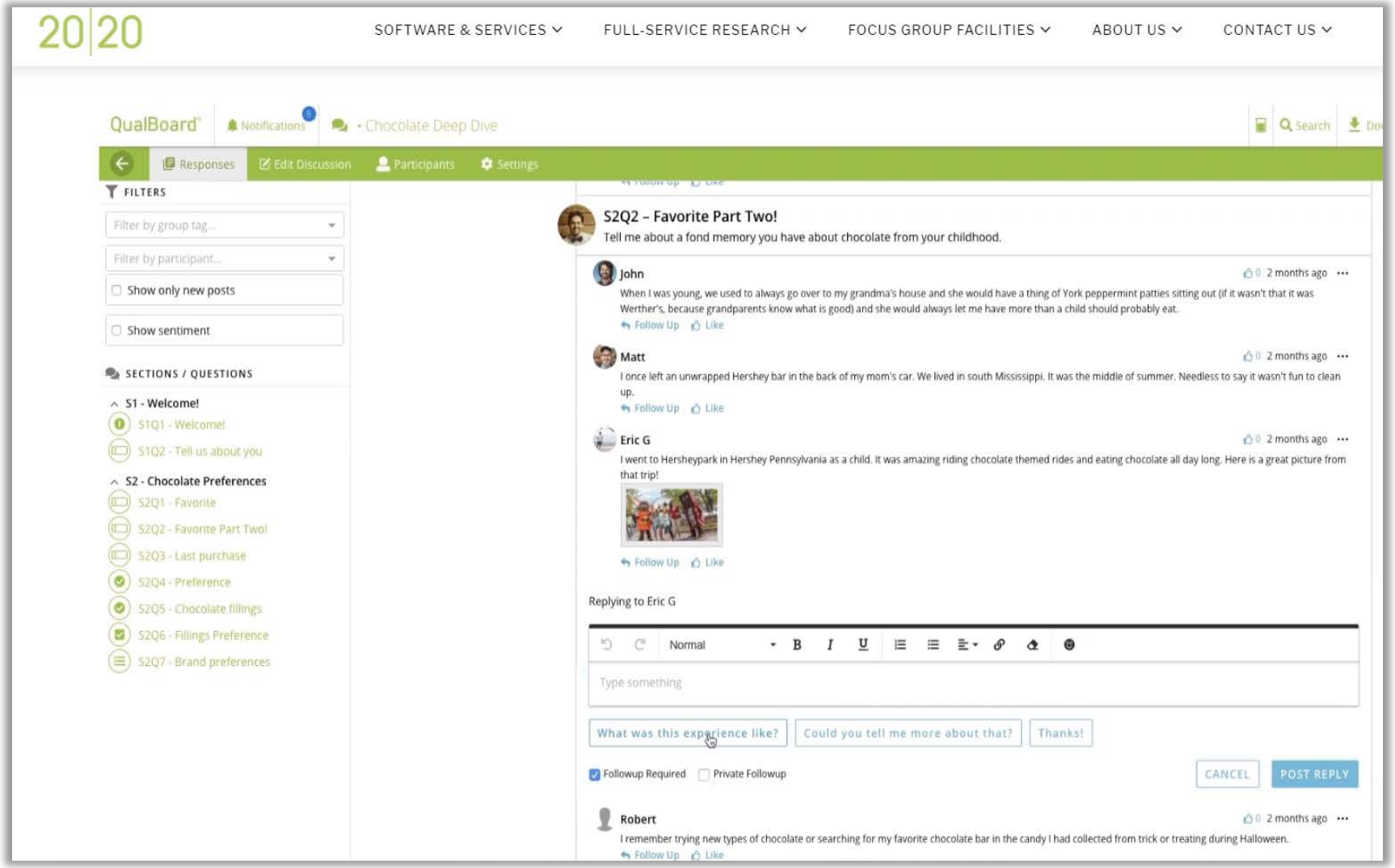
Data

Two asynchronous, virtual focus groups conducted in early 2019 using QualBoard by *20/20 Research*

Data analysis

Content analysis using ATLAS.ti

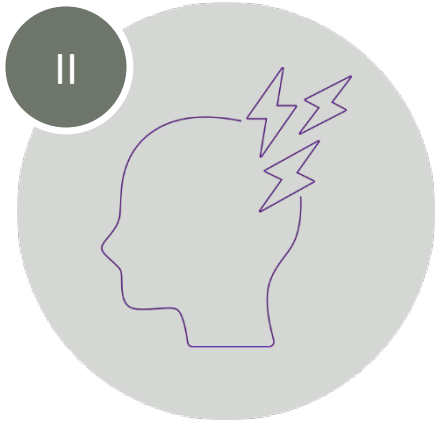
Methods


20|20
SOFTWARE & SERVICES
FULL-SERVICE RESEARCH
FOCUS GROUP FACILITIES
ABOUT US
CONTACT US
QualBoard
Notifications
Chocolate Deep Dive
Search
Responses
Edit Discussion
Participants
Settings
FILTERS
Filter by group tag...
Filter by participant...
Show only new posts
Show sentiment
SECTIONS / QUESTIONS
S1 - Welcome!
S1Q1 - Welcome!
S1Q2 - Tell us about you
S2 - Chocolate Preferences
S2Q1 - Favorite
S2Q2 - Favorite Part Two!
S2Q3 - Last purchase
S2Q4 - Preference
S2Q5 - Chocolate fillings
S2Q6 - Fillings Preference
S2Q7 - Brand preferences
S2Q2 – Favorite Part Two!
Tell me about a fond memory you have about chocolate from your childhood.
John
2 months ago
When I was young, we used to always go over to my grandma's house and she would have a thing of York peppermint patties sitting out (if it wasn't that it was Werther's, because grandparents know what is good) and she would always let me have more than a child should probably eat.
Follow Up
Like
Matt
2 months ago
I once left an unwrapped Hershey bar in the back of my mom's car. We lived in south Mississippi. It was the middle of summer. Needless to say it wasn't fun to clean up.
Follow Up
Like
Eric G
2 months ago
I went to Hersheypark in Hershey Pennsylvania as a child. It was amazing riding chocolate themed rides and eating chocolate all day long. Here is a great picture from that trip!
Follow Up
Like
Replying to Eric G
Normal
Type something
What was this experience like?
Could you tell me more about that?
Thanks!
Followup Required
Private Followup
CANCEL
POST REPLY
Robert
2 months ago
I remember trying new types of chocolate or searching for my favorite chocolate bar in the candy I had collected from trick or treating during Halloween.
Follow Up
Like

Sociodemographic Characteristics	N (%)
Age	
18-29	8 (42.1)
30-39	9 (47.4)
≥40-49	2 (10.5)
Gender	
Female	17 (89.5)
Ethnicity/Race	
African American/Black	2 (10.5)
Asian	2 (10.5)
Latino/a or Hispanic	1 (5.3)
White	13 (68.4)
Mixed race	1 (5.3)
Marital status	
Never married/single	6 (31.6)
Married/partnered	11 (57.9)
Divorced/widowed/separated	2 (10.5)
Highest nursing degree	
Associate's degree	5 (26.3)
Bachelor's degree	13 (68.4)
Master's degree	1 (5.3)

Work Characteristics	
Current role in primary job	
Staff nurse	15 (78.9)
Charge nurse	1 (5.3)
Case manager	2 (10.5)
Other	1 (5.3)
Shift length	
8 hours	2 (10.5)
10 hours	1 (5.3)
12 hours	13 (68.4)
Other	2 (10.5)
N/A	1 (5.3)
Schedule	
Days	9 (47.4)
Evenings	3 (15.8)
Nights	5 (26.3)
Other	2 (10.5)
Years in current position	
<1	2 (10.5)
1-2	8 (42.1)
≥3	9 (47.4)

Part I: Sleep, work stress, and substance use



Work-Related Substance Use Among Early Career Nurse: Frequency of Substance Use Reported by Participants (*N* = 23)	
Stimulants	***n* (%[a])**
Caffeine	
Use one type	7 (30.4)
Use two types	13 (56.5)
Use three types	3 (13.0)
Stimulant other than caffeine[b]	
Do not use	14 (60.9)
Use one type	6 (26.1)
Use two types	3 (13.0)
Depressants	
Alcohol	
Do not use	15 (65.2)
Use	8 (34.8)
Depressant other than alcohol[c]	
Do not use	17 (73.9)
Use one type	4 (17.4)
Use two types	2 (8.7)

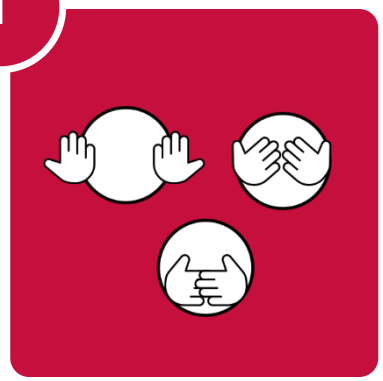
[a] *Percentages may not add up to 100 due to rounding.*

[b] *Stimulants other than caffeine examples include methylphenidate and armodafinil.*

[c] *Depressants other than alcohol examples include antihistamines and zolpidem tartrate.*

Three Themes

I

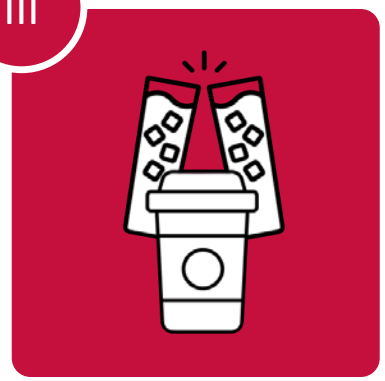


See no evil, speak no evil, hear no evil

II

It’s somewhere out there

III



Caffeine is king and alcohol is queen

See no evil, speak no evil, hear no evil

”

I have not heard any nurses I work with mention substance use

”

While it's not brought up in conversation, I would not surprise me how many people use marijuana, even in the nursing profession. If it helps people cope and enjoy themselves, I'm all for it! Just not at work.

It’s somewhere out there

”

I think it's a lot more prevalent than most people would like to admit.

”

I would go as far as to say that most nurses use some substance to get through the day, whether that's coffee, alcohol, sleep aids, recreational drugs, etc. I can't think of any nurse I know who is substance free.

Caffeine is king and alcohol is queen

”

I drink coffee, 3-4 cups a day. Most of my coworkers drink coffee in varying amounts. Some drink other caffeinated beverages such as pop or energy drinks. I have seen some people using herbal supplements as well.

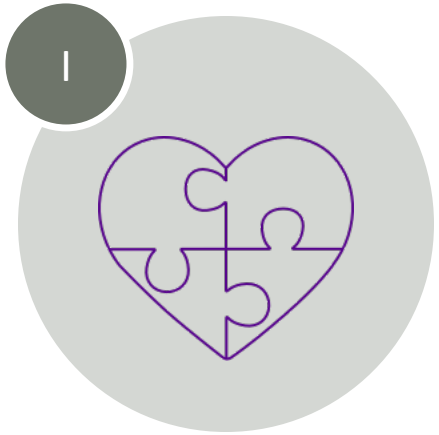
”

Seems like we all come in with coffee cups in our hands and most of my coworkers crack a redbull by lunch time.

”

I love my after shift beer and I'm not afraid to admit it! I run a hot bath, drink a beer or two, then I can actually get to sleep.

Part II: Sleep, shift work, and work stress – impact on nurse and patient outcomes

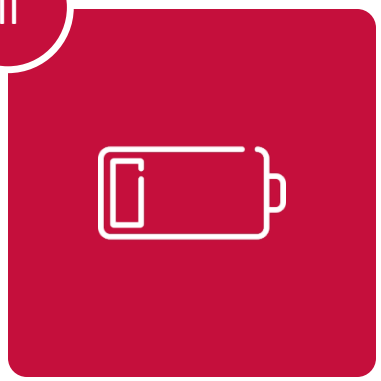


Three Themes

I

Our voice should matter

II



Tired but wired

III

We’re only human

Our voice should matter

”

I don't feel like we have a voice in staffing issues. The CNO and other administrators are fully aware of the stress that we are under due to poor staffing. They are reminded of it at least every month during nursing forums. The solution would seem to be just to hire more nurses, but we have been told that it is not in the budget. It adds a sense of hopelessness because the admins do not provide any solutions whatsoever.

Our voice should matter

I feel like I can say no to the overtime, but I know what it is like to be at work and no one volunteers to work! You are on a sinking ship and [no] one is willing to help out and that stinks!!

We must have a really good reason to not take extra work, or help a coworker, or take a file. Depending on my day and the work- money or bonusing doesn't usually make a difference- it doesn't make a crappy or stressful day any better.

Tired but wired

Your adrenaline pumps so much during a stressful shift that it's hard to wind down and go to sleep afterward. Sometimes I get no more than 4 hours sleep due to this.

As time has passed, I have found increasing difficulties sleeping after a difficult shift. I may be physically tired, but my mind is/can be so frazzled from the work day that I dwell on it while trying to sleep. I will try to meditate or deep breath to relax my mind, but sometimes it is not successful.

We’re only human

”

When I work several days in a row, I feel drained and almost hung over with exhaustion but I do get as much sleep as I am able to. It just feels constantly like I need more.

”

Working the 3 12s makes my sleeping erratic. I’m usually in various states of tired, feeling well rested is not the norm.

We’re only human

”

Stress and poor sleep definitely alters work performance for me and my coworkers. It causes an inability to focus, forgetfulness, disorganization, irritability, and a lot of other negatives. I notice that I'm not able to devote adequate time to my patients when I'm having to spend extra time scrambling to organize the next steps I need to take because I can't think clearly. Charting definitely becomes less detailed and is probably inaccurate by the time it gets filled in at the end of the day because there isn't time to chart as you go.

”

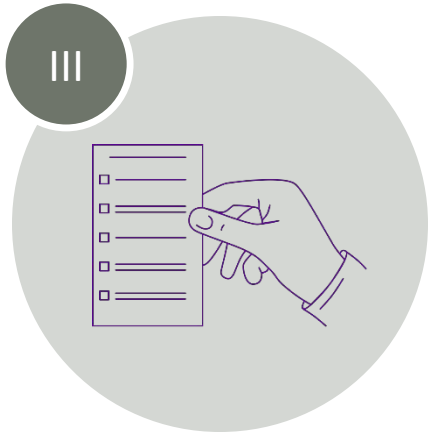
When I worked night shift I had trouble word finding toward the end of my shifts and during report I would always pray that I didn’t forget anything. My reports always felt like word vomit and I would always be apologizing because my mind wouldn’t follow a normal SBAR report it kept jumping around.

We’re only human

”

I’ve definitely forgotten things in report by the end of the day when I’m exhausted. Or felt like I was missing something that was happening with my patients due to fatigue. One time I was coming in on nights exhausted because I hadn’t slept well during the day and I didn’t reset the bed alarm for my patient when we left the room after bedside report. That patient fell out of bed 20 minutes later and had an injury that needed surgery. It was a horrible night and a reminder of how being tired can make me miss things.

Part III: Summary and recommendations



Action Items

Self-care

Scheduling including shift work, overtime

Sleep hygiene & education!

Seek help

THANK YOU

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