Why nurses need to unwind from work

Failing to find time to unwind once work is over can cause long-term ill health in nurses. The economic climate has led to an increase in redundancies, and it is common for the remaining workers to take on additional responsibilities. This can result in extra stress, which they take home with them when they finish their shift.

For example, a reduction in nurse numbers on a shift may result in greater stress on the remaining staff because they still have to care for the same number of patients. Using agency staff may also lead to increased stress because permanent team members need to manage their own workload while supporting the agency staff. Ultimately, this increase in stress, if unremitting, can lead to ill health, which can have a huge economic and social impact – as an example, in 2005, the cost of staff absence to the UK economy rose to more than £13bn (Berry, 2006).

Work-related “recovery”

A critical factor underlying the relationship between work and ill health is inadequate psychological and physical recovery. The Employment of Britain Survey interviewed over 3,000 workers in 1992 and discovered that 70% of them found it difficult to unwind after work (Gallie et al, 1998).

People invest mental and physical resources to deal with work-related demands, and are tired when they leave work because these resources have been depleted. This can only be resolved by successfully unwinding (Sluiter et al, 2003).

In this article...

- Why workers are currently more vulnerable to stress
- The effects of not unwinding after work
- Barriers to recovering after work

The National Institute of Occupational Safety and Health (2002) found a strong relationship between employee wellbeing and the changing nature of work, suggesting the stress employees experience at work is increasing, which could adversely affect their health. The NIOSH has called for new research, tools and methods to evaluate the impact of the changing demands of work on employees’ health and safety.

Work-related stress has been defined as an emotional and psychophysiological reaction to aversive and harmful aspects of work, work environments and work organisations (Levi and Levi, 2000). It is characterised by high levels of stimulation and distress, and also often by feelings of “not coping”.

Schnall et al (2000) suggested a higher incidence of cardiovascular disease was associated with increased psychological work demands, while Kaminski (2001) found evidence that the increasingly high demand for flexibility and efficiency is linked to an increase in workers’ vulnerability to stress.

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Nurses have demanding roles in fast-paced and varied work environments. It is well known that employees in these types of environments are at a greater risk of developing poor health and wellbeing (Devereux, 2003).

The working world is continually evolving. It has become more demanding, and complex, characterised by drawn-out decision making, increased uncertainty and high levels of responsibility. There is also a greater demand for staff to be more flexible. Many researchers have suggested a relationship between work-related stress and these changes in how work is organised.

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With increased pressures in the workplace, more people are at risk of poor health. Individuals frequently take stress home with them and ruminate on problems, which can prevent them from recovering from work.

More research is needed to identify and understand which factors can enhance or prevent nurses from effectively unwinding after a shift.
The incidence of breast, colorectal, prostrate and endometrial tumours also correlates with the number of years people have worked night shifts (Kantermann et al, 2010). These health problems in shift workers are well known, but the reasons for them are poorly understood. In addition to these, shift workers may experience psychosocial problems and their work makes it difficult to maintain stable social lives.

The difference between those who develop ill health while working shifts and those who do not may lie in what people do when they are not at work. Despite its potential negative effects, we should not assume that shift work is intolerable for everyone. Many people enjoy it and do not experience health difficulties. Why is this? People’s natural sleep–wake patterns vary hugely. We each have a chronotype, which reflects at what time of the day our physical functions – such as hormone level, body temperature, cognitive faculties, eating and sleeping – are active, change or reach a certain level. Our chronotype is largely governed by genetics through the circadian (biological) clock. The distribution of chronotypes in the population ranges from extreme “early types” (who prefer to get up early and go to bed early) to extreme “late types” (who would rather get up late and go to bed late); most people fall somewhere in between.

Consequences of inadequate recovery

Healthcare settings and schools are known to be particularly demanding environments. People who work in them often find it difficult to unwind after the working day (Gorter, 2005), but working in demanding environments does not automatically mean that health and wellbeing will be compromised. People seem able to cope with the stress of work as long as they can achieve a consistent level of recovery between periods of work activity (Sluiter et al, 2003).

Intermittent demands or stress followed by complete recovery builds physiological “toughness” (Winwood et al, 2007). It is prolonged or repeated stress exposure with sustained stimulation that results in detrimental health effects. If employees cannot adequately recover in periods between work, they will be operating with reduced resources and maintaining their work performance will require more effort. As a result, they will have an even greater need for recovery, resulting in “recovery debt” and fatigue (Geurts and Sonnentag, 2006).

Research suggests that 11-30% of workers in Europe are affected by chronic work-related fatigue (Akerstedt et al, 2002). Fatigue in nurses has been implicated in medication errors and can lead to decreased productivity, cognitive impairment and increased risk of work-related injuries (Kunert et al, 2007).

Insufficient recovery is also believed to be a significant factor in some health problems experienced by people who are chronically stressed. Prospective research studies have highlighted the importance of successful recovery – individuals who have not had sufficient recovery have been shown to be at increased risk of cardiovascular death in the following 25 years (Kivimäki et al, 2006). Inadequate recovery outside work has also been associated with other poor health outcomes including: sleep problems and fatigue (Nylen et al, 2007), increased risk of cardiovascular disease (Suadicani et al, 1993) and negative mood (Pravettoni et al, 2007).

The impact of shift work

Not only do nurses work in extremely demanding environments, but many also need to adapt to rotating shift patterns. Research has shown that shift work is particularly bad for health (Kantermann et al, 2010). While some of its effects are acute and short lived, such as disturbed sleep and digestive problems, others lead to long-term health problems that persist well into retirement. These include diabetes mellitus, increased body mass index/obesity, and elevated triglycerides and cholesterol levels.

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The difference between those who develop ill health while working shifts and those who do not may lie in what people do when they are not at work. Despite its potential negative effects, we should not assume that shift work is intolerable for everyone. Many people enjoy it and do not experience health difficulties. Why is this? People’s natural sleep–wake patterns vary hugely. We each have a chronotype, which reflects at what time of the day our physical functions – such as hormone level, body temperature, cognitive faculties, eating and sleeping – are active, change or reach a certain level. Our chronotype is largely governed by genetics through the circadian (biological) clock. The distribution of chronotypes in the population ranges from extreme “early types” (who prefer to get up early and go to bed early) to extreme “late types” (who would rather get up late and go to bed late); most people fall somewhere in between.

While social and workplace schedules can interfere with people’s sleep, short-term disturbance to preferred sleep–waking timing is not harmful.

5 key points

1. Work-related stress is a reaction to harmful aspects of work
2. Greater demands for flexibility and efficiency at work are linked to stress
3. Being away from the work environment does not necessarily result in recovery from work
4. Up to 30% of workers in Europe are affected by chronic work-related fatigue
5. Work-related fatigue among nurses can lead to medication errors and increase the risk of work-related injuries

Screen switched on: but switching off after work can be difficult for many nurses
For nurses and other shift workers, adequate recovery between shifts is imperative. So, what are the barriers to adequate recovery when not at work?

Work-related rumination

Something people may do when they are not at work that may interfere with their ability to unwind or recover adequately is ruminate on work-related issues and events. Some think about tasks they have left uncompleted, some ruminate about a problem that needs to be solved and others dwell on relationship issues with colleagues or negative events at work. This rumination may include upcoming events or expected demands and issues as well as those that have already happened.

Ruminating about work does not need to be a negative experience – it can often help people to develop solutions to problems that, in turn, make the next shift easier to manage. The problem with rumination – whether for positive or negative reasons – is that it prevents people from taking adequate time to recover between shifts. If people have not properly recovered, they must work harder to cope with the same level of demand in their next shift and, if this continues, they can develop fatigue and can experience other health problems.

Rumination may mean that work stress disrupts sleep (Cropley et al, 2006) – and sleep is one of the most important restorative processes we have.

Do we all ruminate?

Of the 3,000 workers interviewed for the 1992 Employment of Britain Survey, 72% reported worrying about their job at some time after work, 22% described themselves as regular worriers and 11% stated that, much of the time, they worried about their job after work (Gallie et al, 1998).

Analysing the effects of rumination is not a new idea; research in this area has been dominated by clinical or health psychology. Rumination is thought to be implicated in the aetiology of a number of psychological disorders, including depression and anxiety, and is associated with increased physical symptom reporting, negative self-evaluations and diminished feelings of control and helplessness. Laboratory studies have also shown prolonged physiological stimulation and delayed recovery in people who ruminate (Roger and Jamieson, 1988).

In the clinical context, rumination is thought of as a trait; it may also be true that people who ruminate about work are displaying a general tendency for rumination.

However, not everyone ruminates and those who do, do not do so all the time. This suggests that some rumination is driven by certain situations. It may be that people who are experiencing high levels of stress at work are more likely to ruminate when they leave work, and an association between work-related stress and rumination has been found (Cropley and Millward Purvis, 2003).

Is rumination harmful?

Literature on the subject tends to regard rumination as a negative process; likewise, the majority of research focuses on repetitive thinking about negative experiences. However, not all rumination is harmful.

The difference between positive and negative rumination may depend on its focus and purpose. Rumination is thought to be problematic when it prolongs the psychological and physiological response to work demands. This is because recovery cannot occur in the presence of this constant psychophysiological response. But ruminating about the positive aspects of a job or about something done well at work can be a rewarding experience, increasing feelings of wellbeing. Even if you are reflecting on negative aspects of your job, if your focus is on solving a problem, and a solution presents itself, this could be a positive experience.

What can be problematic is emotion-focused (or affective) rumination – that is, becoming stuck in a repetitive cycle of thinking about things that went wrong at work, such as an argument with a colleague or something that happened when dealing with a difficult patient. With this type of rumination, people remain in a high state of psychological and physiological stimulation, even though they are no longer at work, which can be problematic.

Even though the positive and/or problem-solving reflection may appear beneficial in the short term, if staff ruminate about work when they need recovery, they could develop long-term health problems. This is because such thoughts continue to drain their energy resources and interfere with sleep and other recovery processes, when they should be giving themselves time to recharge.

To ruminate or not to ruminate?

So, why is it that some people ruminate and others do not?

It may be that high and low ruminators see their work in different ways. Recently, we conducted interviews with high and low ruminators about how they unwind after work, and found qualitative differences in the way these two groups viewed work (Cropley and Millward, 2009).

It appears that, for people who ruminate a lot, their sense of identity is entwined with their role at work, the boundary between work and home is blurred and work-related thinking consumes a lot of their time. Low ruminators, on the other hand, have clearly established boundaries and regard their work and home lives as different domains. This is not to suggest that low ruminators are any less committed to their work than high ruminators – they simply see a much clearer distinction between home and work and actively work to maintain this when not at work.

The nature of an individual’s role may help or inhibit switching off after work. Recent research with surgical nurses showed low levels of rumination when they were not at work (Mackintosh, 2007). Mackintosh suggested this may be because these nurses were able to hand over to the oncoming shift, who they knew would complete any unfinished work. However, because of the lack of research in this area, we conducted interviews to determine the extent to which nurses were able to switch off or not. We are inviting nurses to participate in our research. Log on to the link below to complete our web-based survey, which should take approximately 20 minutes. There are no difficult or highly personal questions, and you can get a personalised report showing how you compare with nurses in general if you wish.

This research is important to us and will help us to develop interventions designed to aid the unwinding process. Please enter the URL below into your browser to complete the questionnaire.

We thank you in advance for completing the survey.

If you have any questions or comments, or if you would prefer to complete a paper copy of the questionnaire, contact Dawn Querstret: dqg00007@surrey.ac.uk or tinyurl.com/survey-work-and-health

Box 1. Work and health survey

We are inviting nurses to participate in our research. Log on to the link below to complete our web-based survey, which should take approximately 20 minutes. There are no difficult or highly personal questions, and you can get a personalised report showing how you compare with nurses in general if you wish.

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we do not know if these findings apply to other nurse specialties.

The importance of research

With an ever-changing working world, it is essential to identify and understand the factors that enhance or prevent nurses from effectively unwinding from work. Nurses represent a unique sub-population of the workforce and are under-represented in research looking at recovery from work. Given the health implications of inadequate recovery between shifts for both nurses and patients, it is important we understand the factors that interfere with recovery.

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