

The ‘switch on–switch off model’: Strategies used by nurses to mentally prepare and disengage from work

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There is considerable research on the experience of nurses during both their work and non-work time. However, we know relatively little about the strategies nurses use immediately before and immediately after their shift. This crossover period, from one shift to another, has critical impact for patient outcomes. The aim of this qualitative study was to explore strategies nurses employ to mentally prepare for their shift (switch on), and mentally disengage after the end of it (switch off).

Eleven Greek hospital nurses were recruited for the study. Interviews were audio-taped and analysed using a content analysis approach.

Five themes were identified as strategies nurses use to mentally prepare and disengage from their shift: (i) personal care/grooming; (ii) religious rituals; (iii) nicotine/caffeine; (iv) social interaction; and (v) listening to music. Nurses reported using the same strategies before and after their shift, but for different purposes.

The authors propose a ‘switch on–switch off’ model to describe the process of mental preparation and mental disengagement from work. The switch-on/off approach represents an opportunity to increase nurses’ resilience and identify individual and organizational factors that contribute to patient outcomes. Key words: coping, nurse, qualitative, strategy, work stress.

INTRODUCTION

Nurses experience high levels of work-related stress, burn-out and associated health problems.¹ Factors associated with

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work-stress and burnout in nurses include; role ambiguity,² heavy workload and job dissatisfaction,³ inadequate staffing levels,⁴ lack of social support at work,⁵ and personality characteristics.⁶ Additionally, the consequences of work stress in nurses include absenteeism and turnover,⁷ patient dissatisfaction and treatment errors.⁸ Strategies used by nurses to deal with work-related stress can be grouped in

two categories: those used during work, e.g. short breaks,⁹ humour,¹⁰ smoking,¹¹ gossiping,¹² praying or meditation¹³ and those used during free time, e.g. exercising, outdoor activities,¹⁴ drinking,¹⁵ social support seeking¹⁶ and the sharing of experiences.¹⁷

The need to mentally prepare (switch on) for the stressful hospital environment is a necessity for nurses working shifts. However, despite a lot of evidence concerning mental preparation strategies and sports performance¹⁸ very little is known in regard to mental preparation and performance in high intensity professions such as medicine or nursing. For example studies have shown that 'psyching up' strategies, such as perceiving a situation as challenging or focusing on personal capacities, enhance sports performance.¹⁹ Job performance has recently been studied in relation to the nursing profession, and several contributing factors, such as stress and motivation, have been identified.²⁰ It is therefore relevant to explore whether the cognitive processes employed in preparing to start work can also affect job performance, burnout and well-being in nurses.

Similarly, psychological detachment from work (switch off) is an everyday need,²¹ but simply being away from the working environment is not always enough for successful recovery.²² The ability to psychologically disconnect from work before continuing with after-work activities is essential for health and well-being. However, psychological disengagement does not occur automatically by the ending of a work shift²³. Not surprisingly, shift work is associated with poor psychological detachment and inadequate recovery from work.²⁴ In terms of identifying effective strategies to promote recovery from work in nurses, studies have so far focused on the role of small breaks during work and free time. Recovery between small breaks from work is not always sufficient and effective, because there is accumulation of stress which can negatively affect psychosomatic health.²⁵ In addition, nurses often miss opportunities for breaks during work in order to deal with patient needs.²⁶ Even when there is time for a break, it is often too small and ineffective and cannot offer sufficient recovery.²⁷

In terms of free time, nurses' days off are not always consecutive and do not always coincide with weekends. This means limited participation in shared leisure activities and opportunity for recovery.²⁸ Also, after the end of a shift nurses often have to deal with duties related to their roles as partners and parents²⁹ which can make it difficult, if not impossible, to engage in activities that can contribute to effective disconnection from work.³⁰

Given the high numbers of nurses reported as suffering from work stress and burnout, and the associated consequences for both the individuals and patient safety, it is essential to identify effective ways to reduce stress among nursing staff. One of the ways to achieve that is to explore the strategies nurses already employ in order to reduce their stress and perform in their daily tasks. However, despite evidence on strategies used during work or free time, there is relatively little information on the strategies nurses employ immediately before (switch on) or immediately after work (switch off).

METHODS

Aim/s

The aim of the study was to explore types of strategies nurses employ to mentally prepare for their shift (switch on) and mentally disengage after the end of it (switch off).

Design

The switch on/switch off phenomenon emerged as a concept worthy of investigation via anecdotal reports from nurses and observations of work practices within hospitals. Therefore, as a new concept it is appropriate to approach the subject with an inductive, descriptive qualitative design utilizing semi-structured interviews.³¹ In the first phase of investigating a new concept, it is appropriate to use a research approach that allows exploration of the phenomenon in detail. This preliminary work is necessary before one can reify the construct using a quantitative approach.

Sample/participants

A purposive sampling procedure was used. Participants were recruited from a city general hospital in Greece. A poster describing the study was placed in the nursing stations of all hospital departments. Nurses interested in participating contacted the second author and received further information about the study. The inclusion criteria were nurses working rotating shifts with at least one year of work experience and a permanent employment status. Sampling continued until data saturation was obtained.³² The final sample consisted of 11 registered nurses: 7 women and 4 men, aged between 34 and 47 years, with an average of 14 years of experience

Data collection

Data were collected between March and April 2014. Audio-taped semi-structured interviews (25–30 min

duration) took place in a private location in the hospital after the end of the shift and were conducted by the first author.

Participants were asked to respond to the following questions:

- 'What do you do immediately before work (activities, behaviours) to mentally prepare for your shift?'
- 'What do you do immediately after work (activities, behaviours) to mentally disengage from work?'

The interviewer designated the term 'immediately before work' to refer to the time between leaving home and starting the shift, and the term 'immediately after work' as referring to the time between the end of the shift and arriving at home/engaging in any other activity.

Ethical considerations

Approval from the scientific committee of the hospital was obtained. After receiving information about the study interested nurses who met the inclusion criteria signed the consent form. Participation was voluntary, and participants were informed that confidentiality would be maintained. Participants were informed of their right to withdraw from the study at any time.

Data analysis

All audiotapes were transcribed verbatim. The Mayring qualitative content analysis model was used for the study. This proposes three distinct analytical procedures: summary, explication and structuring.³³ In the first step all texts are read carefully and repetitively by the principal researcher to obtain a sense of the whole phenomenon. Following this, a re-reading of all the transcripts is conducted, and individual transcripts are analysed to identify the main key points. The check list of key points that emerge are then clustered into groups and formed into meaningful categories. As the final stage the emergent themes are compared with those of the other participants. Themes are then labelled, and representative quotations in participants own words are chosen.

To reduce interpretation bias, two researchers separately completed data analysis and then collaborated to agree the themes that emerged. Researchers' transcripts, final report and general methodology were examined by two impartial peers who provided feedback to enhance reliability and limit the possibility of prior expectations influencing the conclusions.³⁴

RESULTS

Summary of major themes

The following five themes emerged concerning the strategies nurses use to prepare or disengage from work: (i) pampering/grooming; (ii) religious rituals; (iii) nicotine/caffeine; (iv) social interactions; and (v) listening to music. For each strategy a different mechanism was also identified through which preparation (switch on) or disengagement (switch off) was achieved (Table 1).

Theme 1: pampering/grooming

Nurses use particular strategies and behaviours related to personal care/grooming before they arrive at work and/or after they finish their shift: (i) use of fragrance/deodorant; (ii) use of face make-up; and (iii) showering.

Three male and six female nurses stated that the use of fragrance/deodorant increases their self-confidence, and gives them the feeling of self-affirmation. As Nurse #1 states: 'It helps me I do it for myself.... I want to smell good for me and for the others as well.' For Nurse #2 it is very important to use fragrance and deodorant before he comes to work: 'It lifts me up.. it's invigorating ..It's an energy impulse'. Aroma is stimulating for Nurse #3 'I always put fragrance before work ...but also after it...I feel refreshed'.

Half of the female nurses stated that wearing make-up can work as a self-care strategy and can boost self-appraisal, as noted by Nurse #1:'every day before coming to work I put lipstick. I do it for me...to feel attractive '. Nurse #4 commented on the importance of starting a new day at work, wearing your make-up: 'when I put my make-up on I really feel revived... otherwise, I might feel depressed'.

Table 1 Strategies and mechanisms for mental preparation and disengagement

Strategies	Mechanisms
1. Personal care/grooming	Self-pampering/self affirmation
2. Religious rituals	Prepare for the unpredictable
3. Nicotine/caffeine	Distraction, energy boost
4. Social Interaction	Informal debriefing, sharing, connecting with others
5. Listening to music	Energy boosting, relaxation, distraction

For three female nurses having a shower in the hospital before or after their shift can be very beneficial. An 'energy shower' can increase energy levels, as noted by Nurse #2: 'it helps me a lot to prepare myself with a shower before starting my shift.' and can work also as a mood booster, as reported by Nurse #5: 'I always have a shower before my shift ... it really makes me think more positively, and things that would normally bother me just bounce off... I need this sense of cleanliness'.

Theme 2: religious rituals

Two male and one female nurse noted that certain religious rituals provided them with a feeling of control and power but, most significantly, gave them strength to deal with the unpredictable. For example Nurse #1 stated: 'blessing myself before entering the ward gives me power...I manage work difficulties'. Religion and spirituality can also offer comfort and strengthen them, helping them to deal with stressful situations. For example Nurse #6 stated: 'I say a prayer after work... it gives me time to relax'. Also Nurse #7 uses religion as reassurance: 'I feel safe at work when I put this little picture of God in my pocket at the beginning of my shift'

Theme 3: nicotine/caffeine

For all of the male and female nurses who smoke, smoking is essential before starting the shift in order to increase alertness and establish a pre-work mood, especially when combined with coffee and chatting with colleagues. According to Nurse #8: 'it's not that I don't have time to drink coffee at home or smoke in my car.... it's the need to do all these at work before shift... it really helps me' although some other nurses arrive earlier at work because they want to have a cigarette and drink coffee in their workplace. For example, Nurse #9 says: 'I want to drink my coffee and smoke a cigarette at work... It helps me enter smoothly into the working environment'. Cigarettes are also described as 'stress relieving devices'. Nurse #1 states: 'I always sit with my colleagues at the end of shift, and, believe me, the cigarette helps me disengage as I don't have time to do this at home...'

Theme 4: social interaction

Half of the male and all of the female nurses stated that socializing before work with colleagues is a way to progressively connect with the working atmosphere. Nurse #3 reports that: 'I come early to work to have a chat with my colleagues and learn all that has happened during the shift. It helps me prepare for my shift'. Nurses use humour mainly at the end of shift as an informal way of debriefing: 'just before leaving the hospital, what I like to do most is to narrate a funny thing that

occurred during shift and joke about it... this way I try to keep my mind away from work thoughts, at least till shift changes' states Nurse #2, suggesting that a little levity can work as an anti-stress mechanism.

Theme 5: listening to music

For five female and all of the male nurses who like listening to music, this can act both as an energy booster before work or as a relaxing mechanism after work. For Nurse #11, listening to music in the car before work is essential because 'it gives me a mood-boost about work'. Listening to music can distract the listener's attention and direct it towards inner thoughts and feelings. Nurse #2 states: 'Music can be a great pick-me-up for when I am feeling stressed...I can leave everything behind'. Loud music for Nurse #6 and Nurse #12 is very important and might induce an energetic state: 'listening to loud music in the car after finishing work lifts me up and distracts me from all working difficulties I have encountered'.

Same strategy, different use

Nurses reported using the same strategies before and after their shift, but for different purposes. For example, listening to music in the car was used both before and after work, but had different functions—at the beginning of shift, as an energy booster and at the end of it as a relaxation mechanism. Nevertheless, the volume of the music was in both cases very loud.

The use of prayer before and after work had different functions too. Before the shift it worked as a preparation for the unknown, as an empowerment tool and after work as a relaxation mechanism and as a way of disengaging from the work day.

The use of perfume/deodorant at the start of shift diffused energy to begin work with a good mood and positive spirit, although by the end of shift when the batteries were worn out it worked as an energy charger.

The use of nicotine also played a double role in the whole process, as it was used by nurses at the beginning of shift as a 'wake up call' but after work as a stress reliever that reinforced the unwinding process from work stress.

DISCUSSION

Our findings show that nurses use specific strategies to mentally prepare before their shift, as well as to mentally disengage after the end of shift. For some nurses, smelling a delightful aroma can be a pleasurable experience that can work as an energy booster as well as a stress-relief mechanism. Perfume use is linked directly with our emotions³⁵

and it is suggested that pleasant fragrances can improve the mood of men and women under real time conditions.³⁶ Our findings concur with studies showing that odour stimuli have significant influences on stress,³⁷ and research even suggests that fragrance is powerful enough to counteract stress in a performance task.³⁸

Another strategy used by nurses concerned personal care, or pampering. Physical appearance is closely related to body image, self-confidence and self-esteem.³⁹ Appearance plays an important role in positive psychological mood, especially for women, who are likely to get a self-esteem boost from positive interactions.⁴⁰ In the present study, our data suggested that participants believed that wearing make-up increases people's perceptions of a woman's likability, competence and trustworthiness. Nurses in our study described showering before work as energy booster. A possible explanation for this could be that showers have a way of waking people up, both physically and mentally.⁴¹ It seems that water can rejuvenate the body, getting rid of stress and producing a sense of well-being.⁴²

Spiritual rituals were also employed by nurses to prepare or disengage from work. Our findings are in line with results from studies⁴³ suggesting that spirituality can buffer stress and that nurses who use religious mechanisms and spirituality can better cope with work stress. Expressing oneself at a spiritual level might not only reduce stress but can also enhance work performance.⁴⁴ Individual spirituality might have a moderating influence on the relationship between stress and wellbeing.⁴⁵

Nurses in this study reported the need to drink coffee and smoke before and after work in order to prepare or disengage themselves mentally. This can be explained by the fact that both coffee and cigarettes are considered simultaneously as stimulants and anxiolytics. Nurses preference to drink coffee at the workplace, while chatting with colleagues instead of drinking it at home, functions as a pre-work transitional stage that might indeed be very helpful for the transition to the work atmosphere.

It is interesting to note that participant nurses perceive socializing with colleagues at work just before starting a shift as a way to gradually connect themselves with the working atmosphere and feel more prepared for the expected tasks. On the other hand, chatting with colleagues and moments of humour at the end of it can be a useful way to distract themselves from work stressors.⁴⁶

Music is an inexpensive technique that can act both as an energy booster and a relaxing mechanism. Listening to

music results in physiological arousal that can lead to an uplift in moods,⁴⁷ something that explains the finding that nurses listen to music in their car before work. In addition, the higher the activation is induced by music, the more it competes for attention.⁴⁸ As a result nurses also listen to music in the car immediately after work to distract themselves from work-related thoughts and stressors.

Differences among the same strategies used by nurses before and after work were identified, and this can be explained in the context of the 'switch on–switch off' model. Based on the research findings of this study, we have proposed a conceptual 'switch on–switch off' model that has two paths describing the process of mental preparation and mental disengagement from work (Fig. 1). If the switch on process is successful, an increase in performance and professionalism at work can be expected. Failure to switch on effectively might lead to increased levels of work stress, reduced performance and mistakes. On the other hand, effective switch off after work is related to good health and efficacious recovery. Continuous ineffective switch off might lead to burnout, absenteeism and high levels of stress and prolonged rumination.

The success of the 'switch on–switch off' process is even more important for the nursing profession if one considers the essential role of nursing handovers. The ritual of the nursing handover communicates important up-to-date information to the oncoming shift, but also serves as an opportunity for socialization,⁴⁹ debriefing,⁵⁰ sharing emotional matters⁵¹ and staff emotional catharsis.⁵² Because it often takes place in an office away from patients, it can be considered as an opportunity for the on-coming nurses to engage in certain activities that can serve as a switch on mechanism. The coming nurses ending their shift also benefit as they are given time for engaging in switch off activities that have a stress relieving effect.

Study limitations

Participants of this study were mainly women, and results cannot be generalized to male nurses. Also, the study did not explore the influence of work load or other organizational factors on the frequency of each switch on or switch off strategy. Future studies should include longitudinal designs from a variety of nursing departments to enrich our understanding of the switch on–switch off process. Future studies should also use quantitative designs with representative samples to explore the identified issues.

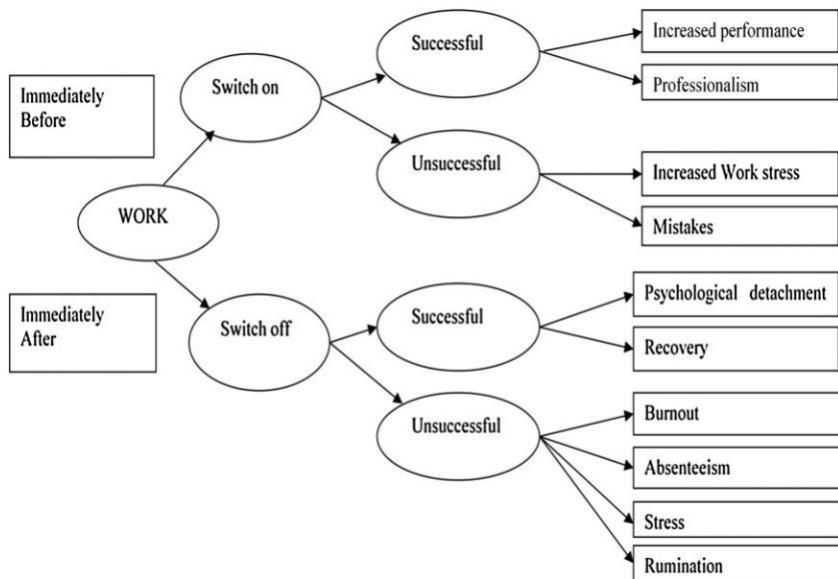


Figure 1. The 'Switch on – Switch off' Model.

CONCLUSION

This study was the first attempt to understand the switch on and switch off strategies nurses engage in to mentally prepare for their shift and to achieve psychological detachment at the end of it. The theoretical model proposed in the study can be used as a conceptual framework to further explore the process of preparation and disengagement from work, and also develop interventions in order to reduce work stress at an individual and organizational level.

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