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Break habits of Registered Nurses working in the acute care setting during the COVID-19 pandemic



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BACKGROUND

- Registered Nurses (RNs) working in hospitals report burnout and stress
- Restorative breaks for RNs may mitigate burnout and enhance care
- Little evidence exists describing how RN's take breaks when working 12-hour shifts during COVID-19

PURPOSE

To describe break frequency of RN's working 12-hour shifts in hospital settings during the COVID-19 pandemic

REFERENCES

Provided upon request

METHODS

- Two cross-sectional studies on RNs conducted in the United States
- Self-report break frequency collected
- Breaks characterized as high (2 or more per shift) or low (1 or less per shift)
- Descriptive statistics conducted in excel

RESULTS

- N=121 RN's provided break data (Table 1)

Table 1. Demographics by Break Frequency

| | Low (n=81) | High (n=40) | P-value |
|---------------|------------|-------------|---------|
| Gender | | | |
| Female | 70 | 33 | 0.46 |
| Male | 10 | 7 | |
| Shift | | | |
| Day | 46 | 24 | 0.85 |
| Night | 33 | 16 | |
| Region | | | |
| PNW | 4 | 27 | 0.001 |
| SW | 77 | 13 | |

DISCUSSION

- Project provides evidence RN's may take sub-optimal breaks
- Restorative breaks are important to mitigate burnout and optimize RN ability to provide excellent care

IMPLICATIONS

- Assessing quality and quantity of RN break is critical for optimal care
- Continuing research is needed to support restorative RN breaks and monitor resulting outcomes

LIMITATIONS

- Differing break measures used
- Cross-sectional design does not allow inferences of causation