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**Night working conditions in hospitals:
A study of a sample of nurses at the University Hospital of Bejaia**
ظروف العمل الليلي في المستشفيات:
دراسة لدى عينة من ممرضات المستشفى الجامعي لبياية

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Abstract:

The Covid 19 pandemic has, more than ever, highlighted the importance of healthcare professionals. Therefore, it seems necessary to ensure that the context of their activity is adapted to the needs of these night workers, given its impact on the quality of care.

The aim of this study is therefore to describe the reality of the work reproduced by the night-time working conditions of women working as hospital nurses.

To this end, semi-directed interviews were conducted with this population in one of the departments of the University Hospital of Beiaia.

The results obtained demonstrate the hardship experienced and its repercussions on the physical and psychological health and on family life. They add to the literature on the working conditions of night nurses in Algeria, and open the way to further questions.

Keywords: Working conditions; Femal nurses; Hospital environment; Night work.

المخلص:

أبرزت جائحة كوفيد 19، أكثر من أي وقت مضى، أهمية العاملين في مجال الرعاية الصحية بصفة عامة، وبصفة خاصة اللذين يقومون بالدوام الليلي. لذلك فإنه من الضروري السهر على ضمان تكييف نشاط هؤلاء العاملين مع احتياجاتهم النفسية والاجتماعية والمهنية، نظرًا لتأثيراته المباشرة وغير المباشرة على جودة حياتهم.

لذا هدفت هذه الدراسة إلى وصف الواقع الذي تعيشه الممرضات والذي تعكسه ظروف العمل الليلي في مجال الرعاية الصحية في المستشفيات. ولتحقيق هذه الغاية، أجريت مقابلات شبه مباشرة مع هذه الفئة في أحد أقسام مستشفى بجاية الجامعي.

أسفرت النتائج التي تم الوصول إليها إلى تبيان الصعوبات التي تعاني منها هذه الفئة وانعكاساتها على الصحة البدنية والنفسية وعلى الحياة الأسرية. بحيث تضاف هذه النتائج إلى الدراسات السابقة المتعلقة بظروف عمل الليلي للممرضات في الجزائر، وتفتح الطريق أمام المزيد من الأسئلة.

الكلمات المفتاحية: ظروف العمل؛ الممرضات؛ بيئة المستشفى؛ العمل الليلي.

1. INTRODUCTION

The end of 2019 was particularly significant for everyone on the planet. A virus called SARS COVID-19 emerged, plunging the whole world into fear and paranoia. While everyone was affected, healthcare workers were at the forefront, given their direct exposure to the virus and their essential role in delivering healthcare to patients who had been infected. More than ever, this period has highlighted the crucial importance of healthcare professionals. On the other hand, working as a career, especially in a hospital, is characterized by variable organisational constraints.

Based on the above data, nursing staff are a relevant population for ergonomics-related field studies, as they are exposed to increased occupational risks. Field surveys could provide a better understanding of the psychosocial difficulties that need to be tackled, and enable work organization to be adjusted to the realities of care workers. Studies into working conditions can also help to propose solutions for improving the working environment for nurses.

According to Kassbiand al (2020), the hospital environment is rich in exposure to hazards and nuisances that threaten the health of the care team, as well as a number of ergonomic constraints. They have to deal with emergency situations, work in teams, manage patients who are not always cooperative, even when it comes to their own health, and work atypical hours.

With this in mind, the main aim of this study is to describe the working conditions of female nursing staff working night shifts at Béjaïa University Hospital. In order to be specific, attention was focused on the physical, organisational and psychosocial working conditions. A description of these conditions would make it possible to link them to the principles of ergonomics.

In what follows, we shall first Put the issue into context through the first title, and then describe the methodology adopted to meet the objectives of the present research. Finally, the results obtained will be presented, analysed and discussed.

2. Night work for hospital nurses

According to Gamassou (2021), this type of work refers to a professional activity carried out during what are known as non-habitual working hours, i.e. at weekends, during breaks and also at night. Research into night work focuses mainly on rotating working hours, leaving a number of gaps in knowledge about permanent night workers, their working conditions and their health. This makes it a particularly interesting area for study.

For Cheyrouz and Barthe (2022), organizing working time is not simply a matter of changing the time system, it also involves reviewing working conditions. Work-related constraints can influence how workers perceive the effects of working atypical hours. Moreover, authors such as Ide

(2017) and Benallah and Domin (2017) agree that this type of work is particularly demanding, both physically and mentally, and can lead to burnout, making it an undeniably arduous factor.

Finally, the scope of working conditions is broad. In line with Ghram (2019), it seems important to highlight the fact that working conditions can be divided into several categories, including physical organisational and psychosocial conditions. The first category refers to conditions relating to the physical environment in which nurses carry out their activity, for example exposure to toxic substances, noise, lighting levels, effort and postural constraints. Organisational conditions include the way in which the activity is carried out and organised, the pace of the work and its duration. Finally, psychosocial conditions refer to feelings, interactions and the social environment in which the job is performed (vertical and horizontal relationships, etc.).

Working conditions are said to be ergonomic when their design aims to adapt to the capacities and needs of workers, while promoting health, quality and performance at work. Ergonomics, which focuses on the worker's environment, is primarily concerned with preventing the occupational risks that workers may incur when faced with constraints that threaten their health and well-being

3. Methods

Initially, in order to establish a climate of trust and better cooperation in the research, preliminary interviews were conducted with the managers of the

university hospital (maternity ward and gynecology and gynecological emergency departments) with the aim of describing and finding out how night work is organized within this institution. Also, to obtain access authorisations to the departments where it will be possible to talk to the female nursing staff who work exclusively at night.

With a view to achieving the objectives of this research, the qualitative method was chosen to understand and describe the working conditions of the study population. To this end, semi-directed research interviews were conducted with night shift nurses. The choice of this research technique is based on the desire, in this case, to gather in-depth data on the working environment of night nurses and to obtain detailed information from them, thanks to the flexibility and adaptability that the semi-structured interview technique affords, concerning the organisational environment in which their night work is carried out.

To ensure that the interviews were organised in a coherent and structured way, an interview guide was drawn up. This began by looking at the socio-professional data of the interviewees, followed by two areas organised around seven questions each. The first deals with information about physical and organisational working conditions, while the second deals with information about psychosocial working conditions.

Ten midwives working at night gave their verbal consent to take part in the survey. This sample included six midwives and four nurses from the night shift of the gynecological emergency department selected according to the objectives of our research. It should be noted that our entire

sample was made up of women of varying ages, from 21 to 44, and with varying levels of professional experience, ranging from one year to fifteen years. Half (50%) of the participants were married with children, while 10% were divorced with a dependent child and 40% were single.

The survey took place between 28 November 2023 and 15 January 2024. Given that we could not access the field during the night - as the participants only work nights - it was possible to carry out the interviews between the hours of 4.30 and 6.30 p.m. respectively, i.e. at the times corresponding to the arrival of the night workers at their place of work.

To meet the objectives of this study, the interviews were analysed using a thematic content analysis. This technique made it possible to rigorously and methodically examine and interpret the verbal data collected from the study population.

4. RESULTS AND DISCUSSION

4.1. Results

In what follows, we will transcribe the verbatim data collected using the interview guide. Each axis has been broken down by theme to identify

Physical and organisational conditions of night work:

An analysis of the content of the responses in this first area revealed the recurrence of the themes presented below, namely the choice of working hours, the pace of work, the layout of the rest area, physical demands and safety at work.

a) choice of working hours

During the interviews, the female nurses working at night stated that they had voluntarily chosen to work at night, saying for example *'it was my own choice to join the night shift ...'* or *'I voluntarily wanted to work at night ...'* regarding the reasons for this voluntary choice, they all stated that it was linked to their life outside work. Married care workers said *'it allows me to be free during the day and to look after my home and my children'* or *'my children have the impression that I'm not working because I'm at home all the time to look after them, which is a great advantage for me ...'*. Other single women also chose to work at night in order to be freer during the day, saying *'the advantage is that I can have time for myself during the day'* or *'I can go out during the day and do what I want ...'*.

Furthermore, while the respondents saw night work as advantageous for their lives outside work, they also said *'It's a choice I made for my children, but it's a sacrifice for my health ...'* or *'I imposed this rhythm on my body for the well-being of my family'*.

b) Pace of work

Regarding their description of a typical night's work, the respondents' answers were as follows: *"the shifts are not the same, each one is unique, sometimes they are calm and fluid and other times they are agitated"* or again *"we sometimes receive a lot of emergencies that we only have to manage with two midwives, which is not very much"*. The nurses, for their part, stated: *'I'm the only nurse on night duty, I have to run right and left on my own ...'* they expressed their desire for more night shifts *'there should be at least two nurses per night'* but also; *'when I worked during the day, even if it was busy there were several of*

us, during the night I'm the only nurse on the ward and sometimes it's difficult ...'.

In addition, the care workers carry out their night work according to an organisation they call the '1 in 3' system: *'we work one night and rest for two other nights, then start again at the end of the third'*. If the working nights are not consecutive, during a shift, the response to the organisation and management of working hours is not the same: *'Sometimes we have to manage a shift where it's 16 hours non-stop without eating or sleeping...'* or *'some shifts are hard, we don't even have time to rest, we have one emergency after another...'*. So, when it comes to organising breaks, the nurses say: *'it depends on the shift, generally we agree among ourselves that we'll take turns resting, but as I said before, there are nights when we don't even stop to scratch our heads...'* but also *'when possible, we try to take turns sleeping'*.

c)Layout of the rest area

The responses concerning the description of the rest area were similar, but fluctuated according to seniority; the care workers with a higher level of seniority had lived through a period when the rest area did not exist, they said: *'Before we didn't even have a place to rest, thank God now they've provided us with a space, even if I don't think it's enough',* or *"we've been asking for a space for a long time, it's better than nothing",* or *"it's a room you'd say, but you see it's not in good conditions..."*. But also *'I find it too small, the lockers are broken, it's dirty...'*.

Also, when it came to expressing any changes, they would like to see in working conditions, the responses concerned improving the layout of the rest room: *'We*

should have a bigger bed and more space to rest'.

d)Physical requirements

In addition, the interviews highlighted the fact that the nurses were exposed to postures described as painful. They said: *'I'm on my feet sometimes all night, sometimes I come home with my legs heavy'* but also *'I've had to give birth to a woman in an emergency and have to keep my head bent over for several minutes ... I often have a sore neck afterwards. My neck often hurts afterwards'*. On the subject of noise, the nurses said: *'When I worked during the day, we had the same machines, but at night it seems that they make even more noise',* and also: *'When a woman comes into emergencies and screams in pain, you feel like you're going deaf...'*.

What's more, the care workers with the most experience are the ones who perceive the impact of their work on their physical health. This can be seen from the following comments: *'For some time now I've had headaches, I've developed insomnia, sometimes I have to take sleeping pills to sleep and rest...'* or *'At the beginning it was fine, but over the years my body has become more and more tired, I live with headaches...'*. But also *'I've put on a lot of weight since I started working nights...'*. Also, the period of COVID 19 seems to have had a major impact on staff: *'after the pressure we endured during COVID, I suffered facial paralysis, and it wasn't long ago that I returned to work',* but also *'the most difficult thing is contagious diseases, which are really hard to deal with'*.

e) Safety at work

With regard to safety at work, the

respondents said: *'Patients are sometimes accompanied by their husbands, who are not pleasant and if you don't know how to deal with them, they quickly become violent'*, but also: *'We often have to deal with insolent companions...'*. They added: *'Fortunately, security has been stepped up, and now there's an officer to accompany the patients, which is better.'*

Psychosocial conditions of night work:

The analysis of the verbatims relating to the psychosocial conditions of night work highlighted the themes presented below, namely emotions at work and work relations.

a) Emotions at work

When it comes to how they feel during working hours, the nurses' answers vary. They say: *"I like my job, I feel good when I'm working..."* but also *"I help women give birth, which for me is the most beautiful thing about my job, and sometimes I completely forget the negative side"* or *"we have to manage a lot of pressure, sometimes we are faced with life-threatening emergencies, which is a lot of stress..."*. They also say, *'I haven't been feeling well for a while, there's a huge workload and the fatigue is building up, so it's obviously not like it was at the beginning...'*. Or *'I'm sometimes stressed, we have to deal with patients who are suffering and who are sometimes difficult, and even then, we have to remain patient, so it's not easy'*. After their working hours, the nurses say they feel exhausted: *'I just need to go to sleep, after my sleep it's fine, but I have to sleep ...'* or *'As soon as I sleep everything passes, I feel better'* but also *'the after-call is really difficult when I get home, I'm exhausted ...'*.

For some nurses, the emotions they feel after work do have an impact on their life outside work, as they say: *'I don't go out any more, I prefer to stay at home and rest...'* or also *'I'm sometimes in a bad mood, I lose my patience sometimes when I come home and my children ask for me, I try not to be unpleasant but sometimes I lose my patience...'*. But also *'before I was very calm, now I quickly lose my patience, fortunately they understand me at home'*. Nevertheless, some of them also say *'I try to keep work and home as separate as possible, what happens here stays here'*, but also *'I try to forget my shift completely, I feel total peace when I get home, I leave everything at work'*.

b) Relations at work

The respondents' relationship with patients is not always easy to manage, as they say: *"sometimes patients are difficult, they don't do what we ask, even though it's often an emergency, so we learn to be patient"* or *"patients are different, but sometimes some are hysterical and we try to manage them"*.

When it comes to relations with their colleagues, the answers are mostly unanimous: *'Thank God we have a good team, we try to help each other and things go very well between us'* or *'I'm happy to have a team like that, we try to help each other as much as we can and we ask each other's opinion every time we're faced with a delicate case'* but also *'There's a really good understanding within the team, I think that allows us all to withstand the inconveniences of the job'*. However, for two of them this has not always been the case, and the necessary measures have been taken by the administration to establish harmony, as they say: *'Fortunately, I've been*

changed team, I worked for a while with a younger team and there was too much conflict, the new generation is different from us...'

4.2. Discussion

The aim of this survey was to describe the working conditions of female nursing staff working night shifts in hospitals. The aim was to assess the physical, organisational and psychosocial conditions faced by the female nurses, with a view to concluding whether these could be described as ergonomic.

The results showed that female nurses working night shifts were confronted with unpleasant physical constraints, namely annoying noise and awkward, painful positions. These results are in line with those of Bensekhria and Benhassine (2016), who highlighted the arduous physical conditions faced by healthcare professionals.

It was also possible to highlight the repercussions on the workers' health, namely the presence of headaches, insomnia and weight gain. These results echo those of Appel et al (2020), Jemel et al (2020), Bacha-Aichouche (2022) and Chaib et al (2015).

It was also possible to identify, with regard to organisational working conditions, a burden as well as an intensity concerning the activity of these nurses. These results are in line with those of Benallah and Domin (2017), who focused on the intensity and workload of nurses.

We also looked at the psychosocial working conditions of night nurses. Like Cousin et al (2022), the results revealed the presence of stress and mood swings.

In addition, it was possible to highlight interpersonal relationships based on collaboration between members of the night shifts, mutual support and effective communication in the context of psychosocial working conditions.

Based on the presence of physically arduous working conditions, organisational constraints and psychosocial risks among female nursing staff working night shifts at Bejaia University Hospital, it is possible to conclude that non-ergonomic working conditions are threatening the health of female workers.

5. CONCLUSION

The aim of this study was to describe the reality of work, reproduced by the night working conditions of women working as nurses at the Béjaïa University Hospital. Semi-directed interviews with a population of 10 female nurses working night shifts in the gynecological emergency department revealed that the working conditions were physically arduous, with the presence of awkward postures and annoying noise. Organisational constraints, including workload and intensity, were also highlighted. Finally, psychosocial risks such as stress were identified. In conclusion, these results help us to understand the urgent need to implement ergonomic interventions in this population in order to improve working conditions and preserve their health.

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