

Patient Safety Tip of the Week

November 4, 2025

Power Napping

One of our most frequent topics over the years has been the role of healthcare worker fatigue in patient safety. So, we were surprised to see we had not done a column on this important topic for over 2 years!

Fortunately, AACN (American Association of Critical-Care Nurses) just did an excellent podcast on nursing fatigue ([AACN 2025](#)). Our many columns on fatigue in nurses (and other healthcare workers) have discussed the impact of fatigue on both patient safety and the personal safety of nurses. The podcast participants cited numerous examples of nurses falling asleep at traffic lights on their way home, waking up several lanes over on the road on the way home, missing their exits, or having actual car accidents. Though they note such most often happens to nurses working night shifts and often new grads, they note that no nurse is immune to fatigue and its impacts on patients and the nurses themselves.

They discuss the impact of 12-hour shifts and back-to-back shifts as contributors. Many nurses don't take breaks because they are so concerned about their patients or their workloads prevent them from taking breaks. But they acknowledge that it's not just the work environment that contributes to fatigue. Family responsibilities often prevent nurses from getting the healthful sleep they need.

The podcast goes on to focus on the role of power naps and changing the culture to understand that naps may be very appropriate. It's been over 10 years since the American Nurses Association (ANA) position statement recommended naps as a strategy to combat fatigue. Yet few hospitals have implemented formal programs to carry out that strategy.

Barriers to implementation of napping programs have included:

- Inadequate space for quiet, secure, undisturbed naps.
- Lack administration support
- Individual nurse preference
- Unit culture may make naps seem impossible, undesirable, or unprofessional

- Concerns for patients
- Fear that patients or families will look negatively upon nurses taking naps

They discuss 2 important studies that had successful implementation of napping programs. Geiger-Brown and colleagues published on one hospital's successful initiative to implement napping for night shift nurses ([Geiger-Brown 2021](#)). A pre-implementation survey showed:

- among nurses who drove, 91.3% of nurses had frequent drowsy driving experiences (at least once per week)
- more than half of nurses nodded off or fell asleep at least once per month while at work (other than sanctioned naps)
- two-thirds feared making an error because of sleepiness
- more than half felt sleepy during change of shift report or charting
- nearly all participants had observed a coworker fall asleep while at work (other than sanctioned naps) and felt concern about a coworker who appeared to be impaired by fatigue

The napping initiative recommended that nurses be allowed to take a brief (30 minutes or less) planned nap at a unit-designated specific location, before 4:00 AM., and only when staffing and acuity permitted this to be done safely. The team developed a tool kit that included napping guidelines, a checklist of steps to consider when implementing napping on the night shift, the ANA Position Statement on Addressing Nurse Fatigue to Promote Safety and Health, a list of frequently asked questions, a link to the NIOSH educational modules for nurses on shift work and long work hours, and a statement about measuring the processes and outcomes of implementing napping on the night shift. Team members reviewed the tool kit materials with unit nurses and assisted units to implement the napping initiative.

Three-fourths of the units that were eligible to nap successfully implemented and sustained napping. Subjective reactions to the napping initiative were mixed. On the positive side, 82% of participants felt refreshed by the brief nap. More than two thirds of nurses felt that napping benefited their nursing practice. Many reported being able to communicate more clearly and efficiently during shift changes, no longer asleep when charting, feeling more refreshed and able to focus, more energized, more confident to accomplish tasks without error, less stressed, able to think more quickly, and able to wind down and regroup.

On the negative side, some nurses felt drowsier on arising, had headaches, had long sleep latency, or were not able to think clearly upon awakening if they had been exhausted at the beginning of the nap. Other nurses reported that the nap opportunity was too short. Some preferred to use the time to eat rather than sleep. Some also reported that the sleeping accommodations were uncomfortable. Of those who were dissatisfied with the space, complaints were of excessive noise, physical discomfort (sitting up in a chair), lack of a door lock, others using the room for other purposes, and interruptions while napping. Some would also nap only if they felt comfortable handing off to someone else or if the unit was too busy. One-fourth worried about or had sleep inertia symptoms.

Sleep inertia is a temporary state of grogginess, disorientation, and impaired cognitive function that occurs immediately after waking up.

But perhaps the biggest concern was that the data showed that drowsy driving was a clear risk and was reduced by only 5% when measured subjectively post-implementation. Drowsy driving was one of the main reasons for implementing the napping program.

The second study was from Mission Hospital in Mission Viejo, California ([Drake 2021](#)). A survey done there showed that 23% of 420 hospital nurses reported high levels of fatigue, including high levels of acute fatigue after working long shifts, low levels of recovery between shifts, and high levels of chronic fatigue. Moreover, nurses with high levels of fatigue reported poorer health and wellness scores and poorer hospital safety culture scores.

For the study, 19 unit nurses who worked full-time 12-hour night shifts for at least 6-months and didn't have a primary sleep disorder were asked to schedule planned naps during break times between 1 AM and 4 AM. All received NIOSH training on sleep hygiene and napping. The planned nap was a 30-minute scheduled rest period that included 20 minutes of rest or sleep followed by a 10-minute recovery period to awaken and return to work. Naps were encouraged, but if nurses didn't sleep, they were asked to rest quietly. A dedicated room for napping was located in the middle of the unit behind the nurses' station.

Before the study, 54% of participants reported never napping at work, and 46% reported napping only occasionally. During the study, nurses scheduled planned naps in 62% of the shifts worked. Follow-up surveys indicated planned naps were safe, feasible, and associated with decreased chronic fatigue and sleepiness. After the study ended many nurses used the designated nap room and other unit nurses began planned naps. Several nurses who had worked night shifts for many years without naps and had considered themselves successful at maintaining a good work-life balance felt empowered to engage in planned naps to improve their sleep health.

They discuss the difference between a typical nursing unit "break" room and a designated "nap" room. Ideally, the planned nap room should be convenient to the unit and away from noise and disruption. They also note the importance of completing NIOSH training and acquiring sleep hygiene education to ensure they understand the importance of adequate sleep to their health and patient safety.

The article goes on to discuss some strategies for implementation of a nap policy and tips to optimize the naps.

Though some might consider the results of these 2 studies to be modest, they are encouraging. It's clear that implementation of a nap policy is not easy. There are many barriers, and sustainability is an issue. But we share the enthusiasm of the podcast participants that power naps offer a common sense opportunity to combat the problem of fatigue that affects both patient care and nurse well-being.

Has your organization implemented a nap policy?

Some of our other columns on the role of fatigue in Patient Safety:

November 9, 2010	“12-Hour Nursing Shifts and Patient Safety”
April 26, 2011	“Sleeping Air Traffic Controllers: What About Healthcare?”
February 2011	“Update on 12-hour Nursing Shifts”
September 2011	“Shiftwork and Patient Safety”
November 2011	“Restricted Housestaff Work Hours and Patient Handoffs”
January 2012	“Joint Commission Sentinel Event Alert: Healthcare Worker Fatigue and Patient Safety”
January 3, 2012	“Unintended Consequences of Restricted Housestaff Hours”
June 2012	“June 2012 Surgeon Fatigue”
November 2012	“The Mid-Day Nap”
November 13, 2012	“The 12-Hour Nursing Shift: More Downsides”
July 29, 2014	“The 12-Hour Nursing Shift: Debate Continues”
October 2014	“Another Rap on the 12-Hour Nursing Shift”
December 2, 2014	“ANA Position Statement on Nurse Fatigue”
August 2015	“Surgical Resident Duty Reform and Postoperative Outcomes”
September 2015	“Surgery Previous Night Does Not Impact Attending Surgeon Next Day”
September 29, 2015	“More on the 12-Hour Nursing Shift”
September 6, 2016	“Napping Debate Rekindled”
April 18, 2017	“Alarm Response and Nurse Shift Duration”
July 11, 2017	“The 12-Hour Shift Takes More Hits”
February 13, 2018	“Interruptions in the ED”
April 2018	“Radiologists Get Fatigued, Too”
August 2018	“Burnout and Medical Errors”
September 4, 2018	“The 12-Hour Nursing Shift: Another Nail in the Coffin”
August 2020	“New Twist on Resident Work Hours and Patient Safety”
August 25, 2020	“The Off-Hours Effect in Radiology”
September 2020	“Daylight Savings Time Impacts Patient Safety?”
January 19, 2021	“Technology to Identify Fatigue?”
October 12, 2021	“FDA Approval of Concussion Tool – Why Not a Fatigue Detection Tool?”
February 2022	“Does Time of Day Matter?”
May 2, 2023	“ACGME Work Hour Guidelines Not Good Enough”
May 9, 2023	“Can Light Reduce Fatigue-Related Errors?”
September 2023	“Mandatory Overtime Restricted for NY Nurses”

References:

AACN Voices in Nursing Podcast. Ep. 021: Nurse Fatigue: Sleep, Safety and Smarter Solutions. October 01, 2025

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Geiger-Brown J, Harlow A, Bagshaw B, Sagherian K, Hinds PS. Going Beyond Position Statements: One Hospital's Successful Initiative to Implement Napping for Night Shift Nurses. Workplace Health Saf 2021; 69(10): 474-483

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Drake D, Malcuit M. To Nap or Not to Nap? American Nurse Journal 2021; October 13, 2021

<https://www.myamericannurse.com/to-nap-or-not-to-nap/>



<http://www.patientsafetysolutions.com/>

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