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‘The Effects of Adequate Rest on Nurse Job Satisfaction, Burnout Prevention, and Physical Health in the Medical and Emergency Units at a Hospital in Western Jamaica’.

Channon Smith, Natasha Croome, Kabelo Murray

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‘The Effects of Adequate Rest on Nurse Job Satisfaction, Burnout Prevention, and Physical Health in the Medical and Emergency Units at a Hospital in Western Jamaica’.

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Abstract

Background: The demanding work environment of nurses in medical and emergency units often results in high stress, job dissatisfaction, and burnout. Adequate rest is crucial for maintaining nurses' physical health, mental clarity, and emotional resilience, yet it is often overlooked in these high-pressure settings. This qualitative study explores the perceptions of nurses at a hospital in Western Jamaica regarding the quality and duration of rest they receive and its impact on their professional, mental, physical, and personal well-being. The hospital was selected due to the unique challenges healthcare workers face in Jamaica, including limited resources, high patient loads, and frequent staff shortages, which may exacerbate rest-related issues.

Objective: This study aimed to explore the perceptions of registered nurses working in the emergency and medical units of the hospital in Western Jamaica regarding their rest experience and its implications for burnout, job satisfaction, and overall health.

Methods: The study employed a constructivist epistemological lens and utilized purposive sampling to select 12 registered nurses. The principal researcher conducted in-depth interviews with each participant via Zoom, using a semi-structured guide. Interviews lasted 25 to 45 minutes, were audio-recorded, and attended only by participants and the researcher. Thematic analysis was used to transcribe, code, and analyze the data, culminating in the development of a thematic map of findings.

Results: The findings indicated that nurses face significant challenges in obtaining adequate rest due to staff shortages, heavy workloads, irregular shifts, and limited management support. Three primary themes emerged: (1) non-compliance with rest policies, (2) resource limitations, and (3) management issues, each influencing job satisfaction, burnout, and overall health. Within non-compliance, nurses highlighted suboptimal nurse-to-patient ratios, absenteeism, and inadequate break time. For example, ratios as high as “30 to 2” or “60 to 3” were cited, affecting nurses’ ability to take breaks. Resource constraints included inadequate staffing, insufficient staff replacement, and the absence of suitable rest areas. Management concerns included weak policy enforcement, inadequate policy awareness, and limited support for rest breaks. These challenges collectively contributed to poor sleep quality, increased stress, and diminished job satisfaction.

Conclusions: The findings indicated that nurses face significant challenges in obtaining adequate rest due to staff shortages, heavy workloads, irregular shifts, and limited management support. Three primary themes emerged: (1) non-compliance with rest policies, (2) resource limitations, and (3) management issues, each influencing job satisfaction, burnout, and overall health. Within non-compliance, nurses highlighted suboptimal nurse-to-patient ratios, absenteeism, and inadequate break time. For example, ratios as high as “30 to 2” or “60 to 3” were cited, affecting nurses’ ability to take breaks. Resource constraints included inadequate staffing, insufficient staff replacement, and the absence of suitable rest areas. Management concerns included weak policy enforcement, inadequate policy awareness, and limited support for rest breaks. These challenges collectively contributed to poor sleep quality, increased stress, and diminished job satisfaction.nurse burnout; rest; job satisfaction; qualitative research; Jamaica; nurse-patient ratio; emergency nursing; staffing shortages; nurse well-being

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Date: September 14, 2025

Dr. Michelle L. Munro-Kramer
Editor-in-Chief
JMIR Nursing

Dear Dr. Munro-Kramer,

I am pleased to submit our manuscript entitled “The Effects of Adequate Rest on Nurse Job Satisfaction, Burnout Prevention, and Physical Health in the Medical and Emergency Units at a Hospital in Western Jamaica” for consideration as an Original Research Article in JMIR Nursing.

This qualitative study explores the role of rest in influencing nurse job satisfaction, burnout, and physical well-being in the resource-constrained setting of the hospital in Western Jamaica. Drawing on in-depth interviews with 12 registered nurses from the hospital’s medical and emergency units, the study uses thematic analysis to identify systemic barriers to adequate rest, such as high nurse-to-patient ratios, staff shortages, and weak managerial enforcement of rest policies. These findings are relevant for informing policy and improving healthcare delivery in low- and middle-income countries.

We believe this research offers valuable insight into understudied Caribbean healthcare systems and highlights the need for evidence-based interventions to support nurse retention and patient care. The work aligns with the mission of JMIR Nursing to publish innovative and impactful research focused on nursing practice and workforce issues globally.

There are no conflicts of interest to declare. I, Channon Smith, am the corresponding author and can be contacted at channon.smith22@alumni.imperial.ac.uk. Should the manuscript be accepted after peer review, Imperial College London has agreed to cover the Article Processing Fee (APF).

If the manuscript is not suitable for JMIR Nursing, we are open to an automatic transfer to another JMIR Publications journal where it may be a better fit.

This manuscript has not been previously published, submitted, or presented elsewhere in any format.

Thank you for your time and consideration. We appreciate the opportunity to contribute to JMIR Nursing and look forward to your feedback.

Sincerely,
Channon Smith, BScN, MSc (GMPH)
On behalf of co-authors: Natasha Croome and Kabelo Murray

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Article Type

This manuscript is submitted as an Original Paper, as it presents primary qualitative research and original findings.

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Article Title

‘The Effects of Adequate Rest on Nurse Job Satisfaction, Burnout Prevention, and Physical Health in the Medical and Emergency Units at a Hospital in Western Jamaica’.

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Background:

The demanding work environment of nurses in medical and emergency units often results in high stress, job dissatisfaction, and burnout. Adequate rest is crucial for maintaining nurses' physical health, mental clarity, and emotional resilience, yet it is often overlooked in these high-pressure settings. This qualitative study explores the perceptions of nurses at a hospital in Western Jamaica regarding the quality and duration of rest they receive and its impact on their professional, mental, physical, and personal well-being. The hospital was selected due to the unique challenges healthcare workers face in Jamaica, including limited resources, high patient loads, and frequent staff shortages, which may exacerbate rest-related issues.

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The findings indicated that nurses face significant challenges in obtaining adequate rest due to staff shortages, heavy workloads, irregular shifts, and limited management support. Three primary themes emerged: (1) non-compliance with rest policies, (2) resource limitations, and (3) management issues, each influencing job satisfaction, burnout, and overall health. Within non-compliance, nurses highlighted suboptimal nurse-to-patient ratios, absenteeism, and inadequate break time. For example, ratios as high as “30 to 2” or “60 to 3”

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Conclusions:

The study highlights the need for systemic improvements to address nurse rest and well-being, including increased staffing, structured policies on break enforcement, and enhanced management engagement. While the study is specific to the hospital in Western Jamaica, the findings may have broader implications for healthcare systems in similarly resource-constrained settings in the Caribbean and other developing regions.

Keywords:

nurse burnout; rest; job satisfaction; qualitative research; Jamaica; nurse-patient ratio; emergency nursing; staffing shortages; nurse well-being

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Introduction

Registered nurses (RN) are among the most vital resources globally, a reality that was illuminated during the COVID-19 pandemic (1). The pandemic not only highlighted the essential role that nurses play in maintaining healthcare systems but also brought global attention to the immense pressures they face (1). As reported by the BBC, nurses were at the frontline, often working extended hours under extreme conditions, which magnified the importance of addressing issues such as adequate rest, burnout, and job satisfaction (2, 9). This growing global realisation of the system relevance of the nursing profession continues to shape discussions on healthcare reforms and support for the nursing workforce.

While nurses are vital in delivering healthcare and patient care, there has been less focus on their health promotion. The demanding nature of nursing in medical and emergency units puts professionals at high risk for stress and burnout (3, 9). The World Health Organisation defines burnout as emotional exhaustion from chronic workplace stress, leading to fatigue and decreased performance (4, 7). Reports of burnout among registered nurses (RNs) are prevalent, particularly in high-pressure environments like the U.S. healthcare system (5). However, there is a noticeable gap in the literature regarding the role of rest in preventing burnout among nurses, particularly in Caribbean or low-resource contexts. Most existing research focuses on high-income countries, leaving a lack of context-specific understanding in regions such as Jamaica.

RNs are expected to provide high-quality care while managing intense workloads and irregular hours, underscoring the need for effective strategies to enhance nurse well-being and job satisfaction (5). Job satisfaction reflects a positive emotional response to one's role and work environment (6-8). Among these strategies, ensuring adequate rest is a crucial yet often overlooked component, essential for physical recovery and maintaining mental clarity and emotional resilience (10, 11).

Despite being an upper-middle-income country, Jamaica faces a low nurse-to-patient ratio that negatively affects the rest quality and job satisfaction of RNs (14). In contrast, socio-economically similar countries like Cuba and the Dominican Republic have much higher ratios (13, 14). Given the significant role of rest in job satisfaction, burnout prevention, and overall health, there is a lack of comprehensive research on its effects in Jamaican healthcare settings. This study aims to fill this gap by examining the perceptions of nurses at the hospital regarding the quality and duration of their rest and its impact on their well-being. This study focuses specifically on the medical and emergency units due to their particularly high levels of stress and burnout, as well as practical access considerations. These wards also represent high-acuity environments where the effects of inadequate rest are likely to be most pronounced. In fact, burnout rates on these wards are notably higher, ranging from 25% to 55% (15, 16).

Through an in-depth analysis of how rest influences nurse satisfaction and burnout, this research seeks to generate evidence that can drive meaningful improvements in healthcare work environments. By focusing on the specific context of Western Jamaica, an under-researched region facing high patient loads and limited staffing; this study offers context-specific insights into the impact of rest on nurse well-being and performance. Its findings aim to support the development of evidence-based policies and institutional practices that prioritize staff recovery, reduce burnout, and ultimately improve patient outcomes. Beyond contributing to academic understanding, this research aspires to influence workforce planning and retention strategies, offering actionable recommendations to help build a more resilient, efficient, and sustainable healthcare system in Jamaica.

Methods

Setting

The hospital, established in 1964, is a key facility in western Jamaica. As a type B hospital, it provides five basic specialties: General Surgery, Internal Medicine, Obstetrics and Gynecology, Orthopedics, and Pediatrics, ensuring comprehensive care for its diverse population. Although its capacity is 190 patients, it currently houses up to 300, leading to significant overcrowding and challenges for the healthcare system and medical staff (17).

This is a qualitative study which used purposive sampling to identify research participants, grounded in a constructivist epistemological approach. This perspective recognises the co-construction of knowledge between the researcher and participants, aligning with the study's aim to explore the subjective experiences of nurses (18).

The principal researcher acknowledged their potential influence on the research process, particularly given prior acquaintance with two participants. Efforts were made to remain self-aware and neutral during interviews and analysis, to minimise bias and enhance the credibility of the findings.

Participant Recruitment

Permission was obtained from the Director of Nursing Services at the hospital on April 8, 2024, after discussing the research's objectives, methodology, and potential impacts. A formal written request outlining the research aims, methodology, ethical considerations, and data management was submitted on April 11, 2024. Following approval, a signed permission letter was issued. The hospital administration assisted in ethically disseminating recruitment emails to 15 potential participants (see Table 1 for inclusion/exclusion criteria). While all 15 acknowledged receipt, only 12 participated: one did not sign the consent form, and two failed to respond after signing.

Table 1: Inclusion and exclusion criteria

Criteria	Inclusion	Exclusion
Employment	Registered nurses currently employed in the medical or emergency units at the hospital.	Nurses who do not work in the medical or emergency units at the hospital.
Clinical Experience	Minimum of one year of clinical experience in their respective units.	Nurses with less than one year of clinical experience in their respective units.
Educational Qualification	Possession of a Bachelor of Science degree in Nursing or a higher-level nursing qualification.	Nurses who do not possess a Bachelor of Science degree in Nursing or a higher-level nursing qualification.
Willingness to Participate	Willingness to participate in qualitative interviews discussing their experiences and perceptions related to rest, job	Nurses who are unwilling to participate in qualitative interviews discussing their experiences and perceptions related

	satisfaction, burnout, and physical health.	to rest, job satisfaction, burnout, and physical health.
Availability	Availability to participate in a 45-60 minute interview session, either in-person or virtually.	Nurses who are not available to participate in a 45-60 minute interview session, either in-person or virtually.
Language Proficiency	Ability to understand and communicate in English effectively, as the interviews will be conducted in English.	Nurses who are unable to understand or communicate effectively in English, as the interviews will be conducted in English.
Male Nurses	Male nurses who meet the above criteria are included, ensuring a diverse representation within the study.	Male nurses who do not meet the above criteria are excluded to maintain consistency in the participant pool and ensure a focused analysis.

Data Collection and Analysis

An interview guide was developed with open-ended questions exploring nurses' practices in managing rest, perceptions of rest's impact on satisfaction and burnout, and the role of hospital policies in promoting well-being. It also included recommendations for improving rest in the medical and emergency units at the hospital (see Appendix 1).

Prior to the interview, participants were emailed the participant information sheet and subsequently the consent form and were asked to sign them via docusign. Interviews, averaging 45 minutes, were all conducted via Zoom using a semi-structured guide with only the participants and the principal researcher present. Each session was audio recorded for accuracy, with no photos or videos taken. Data from interviews were transcribed, coded, and analysed thematically following the six-step framework of Braun and Clarke (19), which involved familiarisation with the data, generating initial codes, searching for themes, reviewing themes, defining and naming themes, and writing up. An inductive approach was used, allowing themes to emerge from the data without being driven by pre-existing theories or frameworks (19).

The trustworthiness of the data was reinforced through transparency in the research process and ongoing critical reflection. While one researcher led the

initial coding, all authors reviewed the coding framework and contributed to the interpretation of findings. This collaborative process helped ensure consistency, reliability, and analytical depth, supported by clear documentation maintained throughout. Feedback from all authors further shaped the development of the analysis and structure of the paper, enhancing its overall rigour and quality.

Ethics

The research was conducted in adherence to ethical guidelines outlined by the Declaration of Helsinki and followed institutional protocols to ensure quality, integrity, and ethical responsibility (20). The methodology was rigorously designed to ensure reliability, validity, and participant protection, following best practices for qualitative research (21).

Ethical approval was granted by the Research Governance and Integrity Team at Imperial College London (Ethics Application ID 7069331).

Data management was robust, with clear documentation and secure storage. Paper forms were scanned into the primary author's OneDrive space and then securely shredded. The data was securely stored. Any sensitive data archived was encrypted and access was restricted to authorised personnel only. Risks were managed by transparent communication, voluntary participation, and anonymisation of data. To anonymise the data, personal identifiers such as names were removed and replaced with pseudonyms. Unique codes were assigned to each participant, and any identifying information was stored separately from the research data to maintain confidentiality.

Results

Twelve RNs participated in the study (see Table 2). The mean age of the participants was 28 years (range 25-33). All nurses held a Bachelor of Science in Nursing (BSN) degree, with one nurse also possessing a Critical Care certificate.

Participants had an average of 4.2 years of experience working at the hospital (range 1.2-6 years). They were evenly distributed between two units: 50% were assigned to the Accident & Emergency (A&E) unit, and 50% were in the Medical unit.

Table 2: Demographic and Professional Characteristics of Nurses at The Hospital. **(KEY: FP = Female Participant, MP = Male Participant; numbers indicate the chronological order of interviews.)**

PSEUDONYMS	AGE	EDUCATIONAL BACKGROUND	YEARS OF EXPERIENCE AT	CURRENT UNIT	SEX

HOSPITAL					
FP1	29	BSN	5 years	A&E	Female
FP2	28	BSN	4.5 years	Medical	Female
FP3	33	BSN	5.5 years	Medical	Female
FP4	28	BSN	5 years	Medical	Female
FP5	30	BSN	3 years	Medical	Female
FP6	29	BSN	5 years	A&E	Female
FP7	27	BSN	1.5 years	A&E	Female
FP8	25	BSN	1.2 year	Medical	Female
FP9	29	BSN + Critical care certificate	6 years	A&E	Female
FP10	27	BSN	3 years	A&E	Female
FP11	28	BSN	1 year	Medical	Female
MP12	32	BSN	2 years	A&E	Male

Themes

Three key themes emerged from the interviews, these are: factors influencing rest quality and its impact on job satisfaction, burnout, and physical well-being. These are: 1) non-compliance with rest policies, with subthemes of high nurse-patient ratios, high absenteeism and rest duration; 2) resources, including limited human resources and the absence of rest facilities; and 3) management, focusing on policy improvement and implementation, as well as non-adherence to duties. See appendix 2 for coding table.

Non-compliance with rest policies

Non-compliance with rest policies among nurses in public hospitals is a persistent and multifaceted issue that has serious implications for staff well-being and patient care. Although formal guidelines are in place to ensure that nurses receive adequate breaks during their shifts, various systemic challenges make it difficult to adhere to these policies. Three critical sub-themes emerged in relation to this problem: high nurse-patient ratios, high absenteeism, and inadequate rest duration.

1. High nurse-patient ratios

The issue of non-compliance with rest policies among nurses is exacerbated by unsustainable nurse-patient ratios, making it nearly impossible for nurses to take their designated one-hour breaks. Participants reported ratios as high as "sometimes 30 to 2, 35 to 2, 60 to 3, it varies" (MP12: A&E), highlighting the overwhelming workload they face. It is also common for a single RN to manage a unit with only an Enrolled Assistant Nurse (EN), meaning that while the RN receives assistance, they are still solely responsible for the entire unit, including supervising the EN. The consensus was clear: without addressing these staffing imbalances, compliance with rest policies will remain a significant challenge.

2. High Absenteeism

High absenteeism among nurses is a significant consequence of non-compliance with rest policies, as many nurses report having various medical illnesses, feeling overwhelmed, and burnt out, leading them to take frequent sick days. One participant noted, "the call-in rate is very high because when you realise that you are burnt out and tired you'll find that persons are not coming in" (FP1: Medical). Another participant echoed this sentiment, stating, "I will wake up in the morning and say, OK, yes, I'm going to make it to work today… I just find that I am tired, not just physically tired, but emotionally tired " (FP2: Medical). This chronic fatigue often results in nurses prioritising their health over work obligations. The pervasive culture of exhaustion and the lack of adequate rest contribute to a cycle of absenteeism that further strains the already limited nursing staff, ultimately impacting patient care and overall hospital operations.

3. Rest Duration

Rest duration remains a significant issue among nurses in public hospitals in Jamaica. Although the policies mandate a one-hour break during eight-hour day shifts and two hours for night shifts, these rest periods are rarely observed in practice. Participants highlighted that despite these official guidelines, the reality of high patient complexity and understaffing often makes it impossible to take the full allotted break or even time to eat. Many nurses expressed frustration with the gap between policy and practice, noting that the workload and staffing shortages leave little time for adequate rest. This chronic lack of rest not only exacerbates fatigue, medical illnesses, burnout but also negatively impacts patient care.

Resources

The availability and quality of resources, particularly human resources and

physical infrastructure; play a critical role in shaping nurses' ability to rest during their shifts. Inadequate resources contribute significantly to poor rest quality, increased burnout, and decreased job satisfaction. Two key sub-themes emerged under this category: limited human resources and the absence of adequate rest facilities.

1. Limited resources (Including human resources)

The theme of resources, particularly limited human resources, emerged as one of the main factors influencing rest quality and, consequently, job satisfaction, burnout, and physical well-being among nurses. Participants consistently expressed concerns about inadequate staffing levels, which directly impact their ability to take necessary breaks. One nurse articulated the challenge succinctly when asked if management does not actively hire new staff, stating, "If you go there now and say, oh, we need staff, they're going to say based on the quota that they have... but be reminded they have opened a lot of different areas and the population has expanded" (FP9: A&E). The overwhelming workloads resulting from these staffing shortages leave little room for rest. The lack of adequate resources not only hinders compliance with rest policies but also exacerbates feelings of burnout, as nurses struggle to manage their responsibilities without sufficient support.

2. Absence of adequate rest facilities

The lack of adequate rest facilities at the hospital severely affects nurses' ability to recuperate during shifts. All participants expressed dissatisfaction with the current designated rest areas, citing issues such as overcrowding, noise from nearby units, and the combination of a bed and lunch area with a microwave in the same space, posing safety and health risks. While some nurses resorted to resting in their cars, others had no choice but to endure the suboptimal conditions. This shows that without proper rest facilities, nurses struggle to fully recover during their shifts, which in turn affects their physical well-being and their ability to provide quality patient care.

Management

The role of hospital management, particularly nursing leadership, is central to ensuring that rest policies are effectively implemented and that nurses are supported in their demanding roles. However, participants highlighted ongoing management-related challenges that undermine nurse well-being and disrupt the delivery of quality care. Two key sub-themes emerged: the need for policy improvement and implementation, and non-adherence to managerial duties.

1. Policy improvement and implementation

Participants expressed a clear need for more effective policies that not only

address staffing levels but also prioritise the well-being of nursing staff. One participant noted, "I think we need more policies to actually not just cater for the staffing of the hospital… but also to cater to the nurses" (FP1: Medical). Despite the existence of policies that outline break times, the implementation of these policies is often lacking. As one nurse stated, "the policy exists… however, there's no implementation of the actual policy" (FP7: A&E). This sentiment was echoed by another participant who remarked, "I don’t think there is a collaborative effort among the hospital, administration, and nurses in promoting nurse well-being through proper rest practices" (FP3: Medical). The need for management to actively engage in policy enforcement and to create a supportive environment for nurses is paramount, as inadequate rest not only affects nurse satisfaction but also compromises patient care and safety.

2. Non-adherence to duties

The issue of nursing managers not adhering to their duties at the hospital has been a significant concern among the interviewees. Participants expressed frustration over the lack of support from nursing managers, particularly during critical times when the unit is short-staffed. One participant noted, "the sisters are supposed to come there and assist and ensure that the unit is running to full capacity… but you find that when you fall into an emergency situation… they either tell you that they are short-staffed or they tell you did you call this ward for this" (FP4: Medical). This lack of responsiveness leaves nurses feeling overwhelmed and unsupported, as they are often left to manage high patient loads and intense emergency situations without adequate assistance. Another participant highlighted that "most of their tasks, they leave it for the nurses to do while they basically do nothing" (FP9: A&E), indicating a perceived neglect of managerial responsibilities on the units. The absence of proactive engagement from nursing managers not only exacerbates the challenges faced by nurses but also compromises patient care and safety, as the staff is unable to effectively manage their duties under such conditions.

To further contextualize these findings, differences based on gender, unit type, and experience level were also observed among participants, offering deeper insight into how individual and situational factors shape nurses' experiences with rest policy compliance.

Gender Differences

The male nurse often highlighted issues related to workload and understaffing with a strong focus on managerial support and policy enforcement. For example, the male participant in the A&E unit emphasized frustration with the lack of implementation of break policies. Female nurses frequently discussed challenges around balancing work demands with personal responsibilities, such as family care, which impacted their ability to rest adequately during shifts. They also noted more about the emotional toll and burnout symptoms.

Unit Differences (A&E vs Medical)

Nurses working in Emergency (A&E) units reported higher stress levels due to patient complexity and unpredictability of cases. They described fewer opportunities for breaks and greater difficulty taking rest because they were often the only registered nurse on the unit during shifts. Nurses in Medical units acknowledged the challenges of patient care but reported slightly more opportunities for breaks compared to A&E. However, they also noted the workload increased significantly during night shifts.

Experience and Role

More experienced nurses, working 3 years or more, tended to express frustration with systemic issues such as staffing policies and managerial accountability. Less experienced nurses, working less than 3 years, were more likely to discuss immediate physical fatigue and emotional exhaustion, focusing on day-to-day survival rather than broader systemic changes.

Discussion

Summary of Major Findings

This study examined the role of adequate rest in nurse satisfaction, burnout prevention, and physical well-being in medical and emergency units. It uncovered systemic challenges that hinder nurses from obtaining sufficient rest. High patient-to-nurse ratios, staffing shortages, and lack of managerial support were identified as key contributors to fatigue and burnout. Nurses' personal responsibilities, such as caregiving at home, also affected their ability to prioritise rest. These findings show how both institutional and personal factors compromise nurses’ well-being and, in turn, patient care.

Interpretation of Demographic Differences

Demographic differences reflect social, cultural, and professional dynamics shaping nurses' experiences. Female nurses often balance work and caregiving roles, heightening stress and burnout risk (42). A&E nurses reported higher fatigue levels than those in Medical units, due to the unpredictable nature of emergency care. Experienced nurses highlighted systemic issues, while newer nurses focused on the immediate physical and emotional toll, reflecting their frontline pressures (41).

Interpretation of Findings

The study reaffirms the link between rest and well-being. Nurses with more rest reported better physical and mental health, supporting global research on this topic (22). Challenges at this hospital, such as high workloads and weak managerial support, mirror trends in other resource-limited settings (23). For example, a Namibian study also found burnout tied to understaffing and lack of rest infrastructure (24). Nurses at the hospital in Western Jamaica frequently reported physical exhaustion and long-term health concerns, echoing global findings on rest-related health risks, including musculoskeletal pain and

emotional exhaustion, key components of burnout (5, 22, 40).

Relation to Wider Context and Integration with Existing Literature

Jamaica faces a severe brain drain, with 80% of skilled workers emigrating, including healthcare professionals (25). Ranking second globally on the brain drain index (26), Jamaica's workforce shortages worsen burnout. Similar trends are noted in Guyana and Trinidad and Tobago (27). Cultural and economic pressures often lead nurses to work extended hours without adequate compensation or rest. In contrast, high-income countries enforce stricter work hour regulations. At Spanish Town Hospital in Southeast-Central Jamaica, the nurse-patient ratio is 1:10, far above ratios in wealthier nations, contributing to burnout and absenteeism (28, 29, 38). The Maslach Burnout Inventory indicated "very high" burnout, especially in emotional exhaustion.

Nurses struggle to maintain work-life balance in these settings. Overcrowding and understaffing lead to long hours and little time for self-care. A study in Iceland showed higher satisfaction among nurses working standard hours versus those on overtime (37). However, extended shifts remain necessary at this hospital in Western Jamaica, negatively affecting health and morale. These findings call for urgent action to support nurses and improve patient care through systemic reform.

Strengths and Limitations

This study's strength lies in its qualitative design, which captured rich personal narratives often missed in quantitative research (18). Familiarity between the researcher and some participants may have encouraged openness. However, it may also have introduced bias. The lead researcher's nursing background may have shaped interpretations. Additionally, excluding non-English-speaking nurses, such as Cuban staff (approximately 3 Cuban nurses per unit), limited the diversity of views. With only 12 participants from two units, generalisability is limited. Self-reported data also carry risks of under- or over-reporting.

Future Work

Future studies should explore strategies for staff recruitment and retention to reduce burnout. Research is needed on how managerial practices affect rest and well-being. Peer support systems and cultural change around rest and self-care should be evaluated. Post-COVID recovery efforts should prioritise mental health support and enforceable rest policies.

Policy and Intervention Recommendations

The hospital should address high nurse-to-patient ratios by increasing staff, ensuring breaks without compromising care. California's Nurse-to-Patient Ratios Law (1:2 in ICUs; 1:4 in med-surg) reduced burnout and improved outcomes (3). Structured break policies and cross-unit support systems are vital. UK hospitals implementing scheduled breaks reported reduced stress and higher job

satisfaction (30). Australia’s cross-unit model ensures continuity of care and relieves pressure during breaks (31, 32, 37).

Hospital leadership should prioritise nurse well-being. Programs in Australia train managers to promote self-care and regular breaks, leading to greater satisfaction and lower turnover (33). At Cleveland Clinic in the USA, managerial training on rest and mental health improved morale and retention (34, 36). Wellness programs like Johns Hopkins’ RISE provide peer support and counseling, significantly reducing burnout and emotional exhaustion among nurses (35).

Conclusion

This study underscores the role of adequate rest in preventing burnout and enhancing job satisfaction among nurses in medical and emergency units. The findings reveal that systemic barriers, such as high workloads, inadequate staffing, and chaotic work environments, significantly hinder nurses' ability to achieve sufficient rest. Nurses in the emergency unit, in particular, face higher stress levels due to the demanding nature of their work, which worsens fatigue and burnout. The lack of localised studies focusing on the physical and mental wellbeing of Jamaican nurses, particularly in high-pressure emergency units, creates a significant academic gap.

Addressing these issues can enhance the global understanding of burnout in various contexts while providing region-specific strategies to improve nurse retention, job satisfaction, and overall healthcare quality in Jamaica. A multifaceted approach is required to tackle these challenges, incorporating policy changes, management training, and the creation of supportive work environments. By prioritising the well-being of nurses through adequate rest, healthcare institutions can not only improve nurse satisfaction but also ensure better patient care outcomes.

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Authors' Contributions

Conceptualization: CS (lead)
Data curation: CS
Formal analysis: CS
Funding acquisition: NC, KM
Investigation: CS
Methodology: CS
Project administration: CS
Supervision: NC, KM
Validation: CS
Writing – original draft: CS (lead)
Writing – review & editing: NC (supporting), KM (supporting)

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Conflicts of Interest

None declared.

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Data Availability

The datasets generated or analyzed during this study are available from the corresponding author on reasonable request.

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Abbreviations

A&E: Accident & Emergency
APF: Article Processing Fee
BSN: Bachelor of Science in Nursing
FP: Female Participant
MP: Male Participant
RN: Registered Nurse

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Appendix 1

INTERVIEW GUIDE

Introduction:

Good day, I'm Channon Smith, a Public Health student at Imperial College London. My research focuses on the effects of adequate rest on nurse satisfaction, burnout prevention, and physical health within medical and emergency units at this hospital. Thank you for agreeing to participate in this interview. Before we begin, I want to ensure you're comfortable with recording this interview and using it for my research. You're free to stop the interview anytime, and you can also withdraw your data before it's fully transcribed and anonymised (which will happen within two weeks after our conversation). If you're okay with this, we can proceed with the interview.

Demographic and Professional Background:

Could you please share your age, educational background, and years of experience as a nurse at this hospital?

Current Practices in Rest Management:

How do you manage your rest time?

Perceptions of Rest and Well-being:

Can you share your understanding of how adequate rest impacts nurse satisfaction, prevents burnout, and influences physical health in medical and emergency units?

Do you believe there is a consensus among nurses regarding the importance of rest in relation to job satisfaction, burnout, and physical well-being?

a. If yes, what factors contribute to this consensus? If not, what variations in understanding do you observe?

Do you feel your views on the impact of rest align with those of your colleagues?

a. Please elaborate on your answer.

How do you perceive the implementation of rest management practices within medical and emergency units?

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a. As a nurse, what steps do you take to promote adequate rest and well-being among your colleagues?

Roles in Promoting Nurse Well-being:

What role do hospital policies and administrative measures play in promoting and ensuring adequate rest for nurses in medical and emergency units?

How do nurses contribute to fostering rest and well-being among their peers within these units?

a. Can you identify factors that influence nurses' motivation to prioritise rest and well-being in their work environment?

Experiences and Effectiveness:

In your opinion, do the current methods and processes of promoting rest and well-being effectively address nurse satisfaction, burnout prevention, and physical health? Why or why not?

Do you believe there is a collaborative effort among the hospital administration, and nurses in promoting nurse well-being through proper rest practices? Please elaborate on your perspective.

Proposed Changes and Adaptations:

Do you think there should be adjustments to how rest and well-being are currently promoted within medical and emergency units?

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a. If yes, what specific changes would you recommend? Please provide rationales for your proposed changes, including potential modifications to hospital policies, administrative roles, and nurses' practices related to rest and well-being.

Conclusion:

That concludes the interview questions. Is there anything else you'd like to discuss or share regarding this topic before we conclude the recording?

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Appendix 2

Coding Table: From Quotes to Theme

Quotation	Initial Code	Subtheme	Theme
"Sometimes 30 to 2, 35 to 2, 60 to 3, it varies" (MP12: A&E)	Overwhelming patient load	High nurse-patient ratios	Non-compliance with rest policies
"The call-in rate is very high because when you realise that you are burnt out and tired..." (FP1: Medical)	Frequent absenteeism due to burnout	High absenteeism	Non-compliance with rest policies
"I will wake up in the morning and say... I am tired, not just physically tired, but emotionally tired" (FP2: Medical)	Emotional and physical exhaustion	High absenteeism	Non-compliance with rest policies
"You're supposed to get one hour in the day shift and two hours in the night, but we don't get that" (FP6: A&E)	Break time not followed	Rest duration	Non-compliance with rest policies
"If you go there now and say, oh, we need staff... they have opened a	Demand exceeds staffing levels	Limited human resources	Resources

lot of different areas and the population has expanded" (FP9: A&E)			
"We don't really have a proper resting place... just one room with a microwave, a bed and some chairs" (FP11: Medical)	Poor rest infrastructure	Absence of rest facilities	Resources
"The policy exists... however, there's no implementation of the actual policy" (FP7: A&E)	Policy not enforced	Policy improvement & implementation	Management
"We need more policies to actually not just cater for the staffing... but also to cater to the nurses" (FP1: Medical)	Need for nurse-centered policy	Policy improvement & implementation	Management
"The sisters are supposed to come... but you find that when you fall into an emergency... they either tell you that they are short-staffed or they tell you did you call this ward for this" (FP4: Medical)	Managerial absence in crisis	Non-adherence to duties	Management
"Most of their tasks, they leave it for the nurses to do	Perceived managerial neglect	Non-adherence to duties	Management

while they basically do nothing" (FP9: A&E)			

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