

# Examination of the impact of firefighters' work schedule on sleep regularity and performance

Data from the Portland Firefighter Study



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(Presented at the Northwest Occupational Health Conference in Olympia, WA. Oct, 2023.)

# Background



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Images from Portland fire and rescue



# Why are fire departments making these transitions?

- Based on our needs assessment and focus groups:
  - Be fully present while at home with family
  - More consecutive nights of sleep in their own bed
  - Full engagement with various aspects of recovery
- More opportunities for controlling bed times
- Sleep regularity

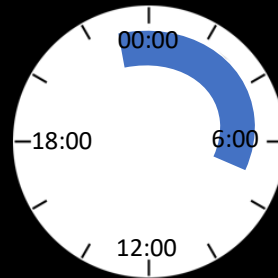


# Sleep regularity

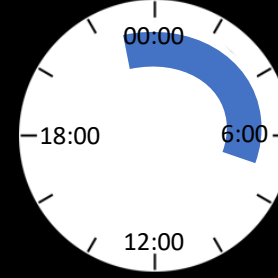
**Regular  
sleep-wake  
pattern**



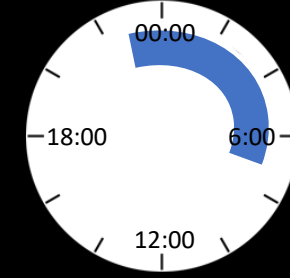
**Day 1**



**Day 2**

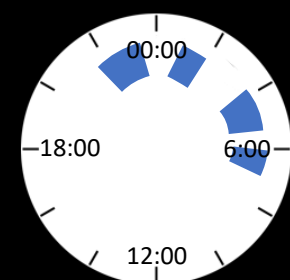
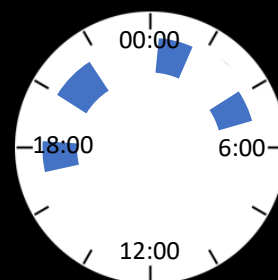
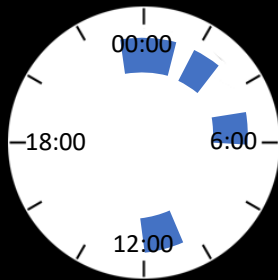


**Day 3**



**Day 4**

**Random  
sleep-wake  
pattern**

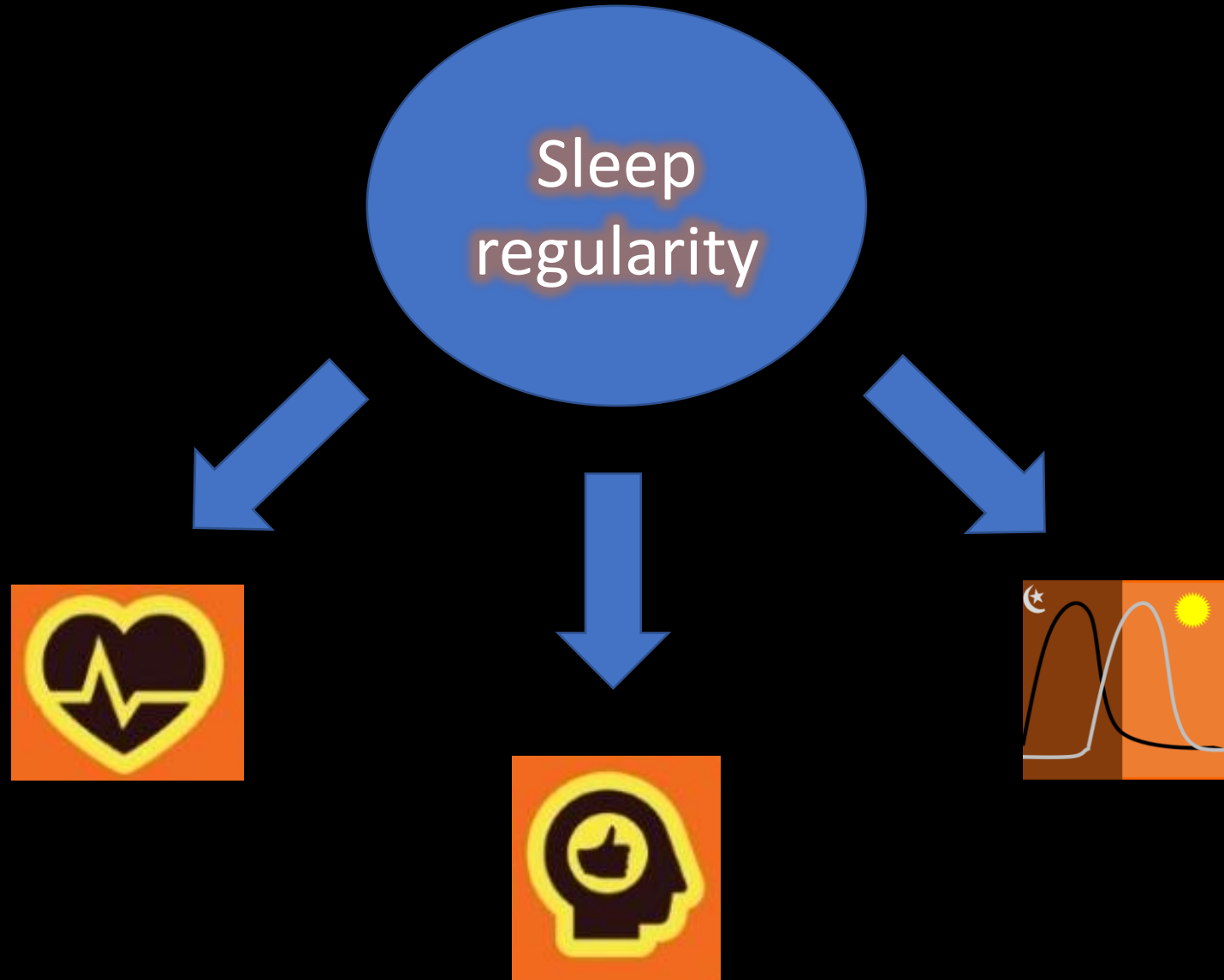


**SRI**

**0 (random)**



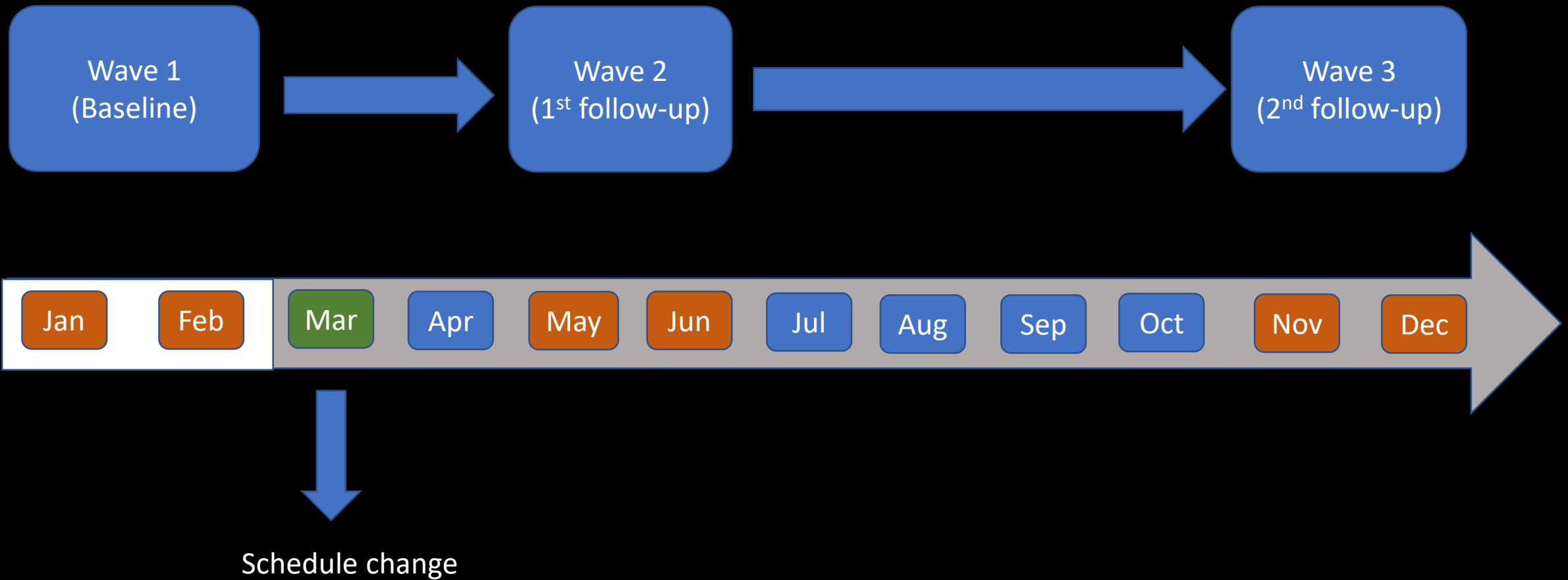
**100 (regular)**





24/48 = 1 day on shift, 2 days off

1/3/2/3 = 1 day on shift, 3 days off, 2 days on, 3 days off





# Project Aims

## Aim 1:

- a) Characterize PF&R SRIs on the 24/48 and after working on the 1/3/2/3 schedule for ~2 and ~9 months
- b) Determine how a stations call volume impacts SRI

## Aim 2:

Determine how SRI impacts alertness/vigilance





# Methods

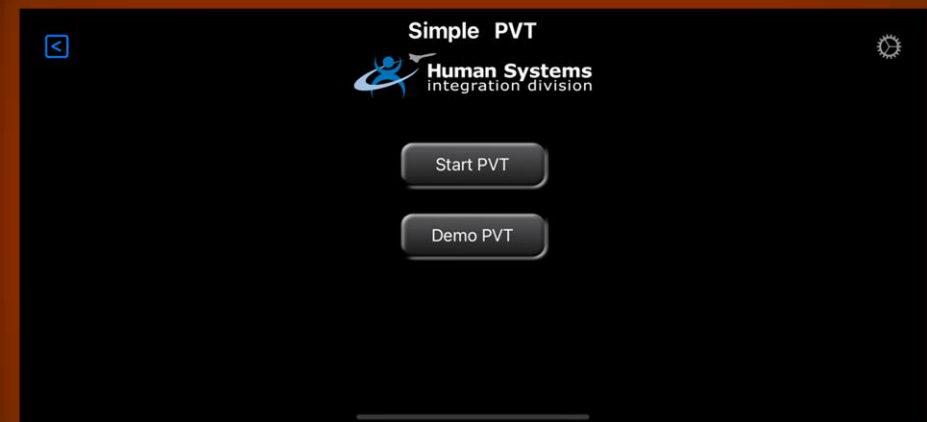
## Aims 1a and b

- 14-day continuous actigraphy data
- 14-day daily sleep diary
- Then estimated SRI from sleep diary-validated sleep-wake summaries



## Aim 2

- 14-day twice-daily three-minute simple psychomotor vigilance task (PVT)
- Determined median reaction time and lapses from each three-minute PVT trial (upon wake and before sleep)







# Analyses

## Aims 1a and b

- An additional three-category call volume variable created
  - Low ( $\leq 1770$  calls/year )
  - Medium ( $\sim 2360$  calls/year)
  - High ( $\geq 3700$  calls/year )
- Fit a mixed model to assess relationship b/w SRI and call volume

## Aim 2

- Fit separate mixed models for both PVT outcomes (median reaction time and lapses)



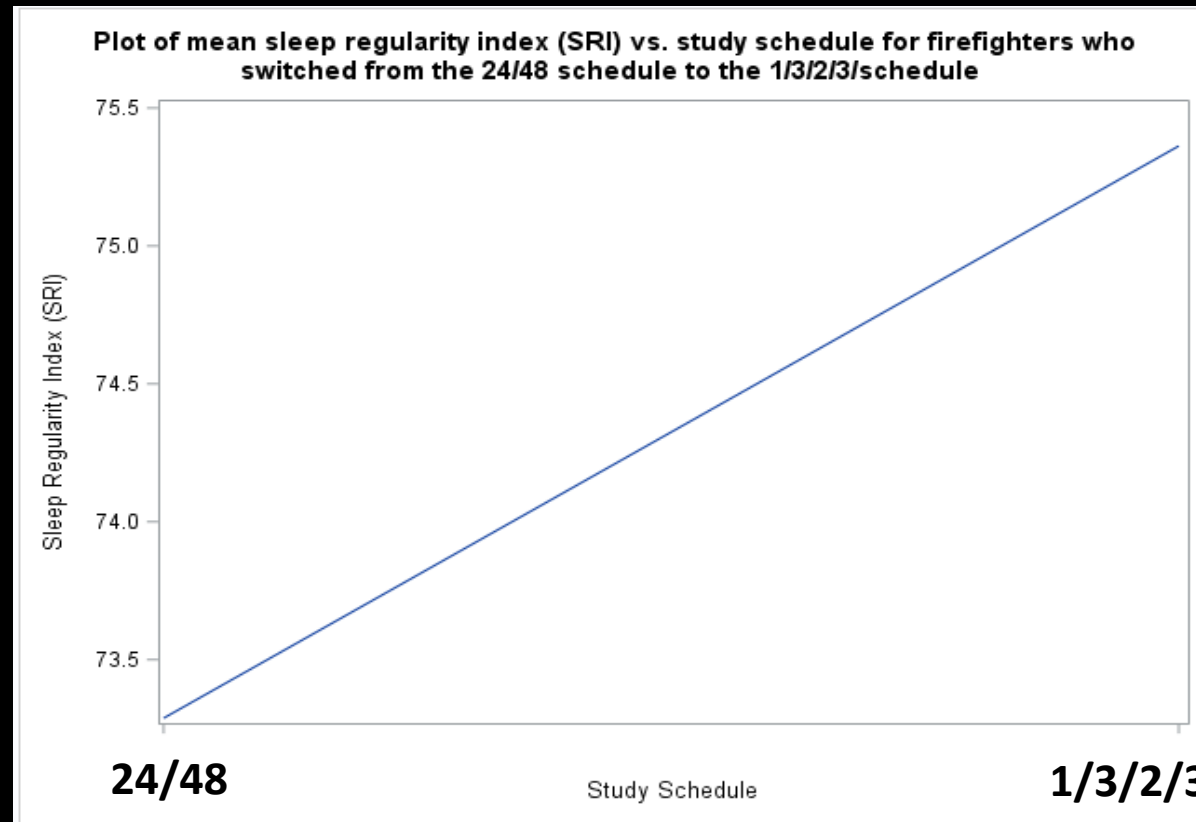
# Results – Participant Characteristics

- N at baseline = 115 (92% male)
- Age
  - 25% 25-34
  - 46% 35-44
  - 27% 45-54
  - 2%  $\geq 55$
- Call volume
  - 3% Low ( $\leq 1770$  calls/year )
  - 30% Medium ( $\sim 2360$  calls/year)
  - 61% High ( $\geq 3700$  calls/year )
  - 6% Other (Travelers, KR)
- Race
  - 84% White
  - 1% African-American
  - 3% Latino/Hispanic
  - 2% Asian
  - 2% Native Hawaiian or Pacific Islander
  - 7% Two or more races
  - 1% Other
  - 1% Unknown



# Results – Aim 1

- SRI increased by  $2.73 \pm 1.91$  on the 1/3/2/3 schedule compared to the 24/48 schedule ( $p=0.1579$ ).





# Results – Aim 1

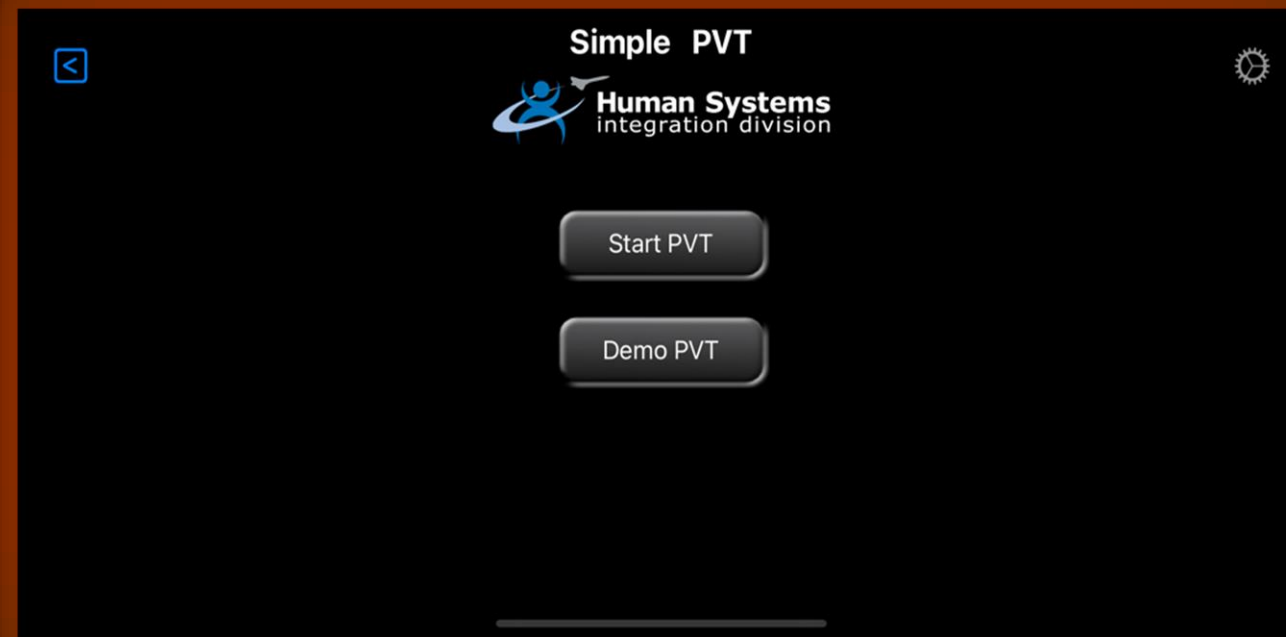
- Even after separating into call volume categories, mean SRI was better on the 1/3/2/3





## Results – Aim 2

- Median reaction times shortened by  $0.29 \pm 0.28$  for every unit increase in SRI ( $p=0.3002$ )
- PVT lapses also reduced by  $0.05 \pm 0.04$  for every unit increase in SRI ( $p=0.1591$ )





# Discussion

- Overall sleep regularity increased following schedule change however:
  - Increase not clinically meaningful
  - Firefighters who work in high call volume stations showed no change, potentially suggestive of a ceiling effect
- Similarly, higher sleep regularity was associated with shorter reaction times and reduced number of lapses:
  - Change was clinically meaningful for median reaction time, effect size



# Next steps

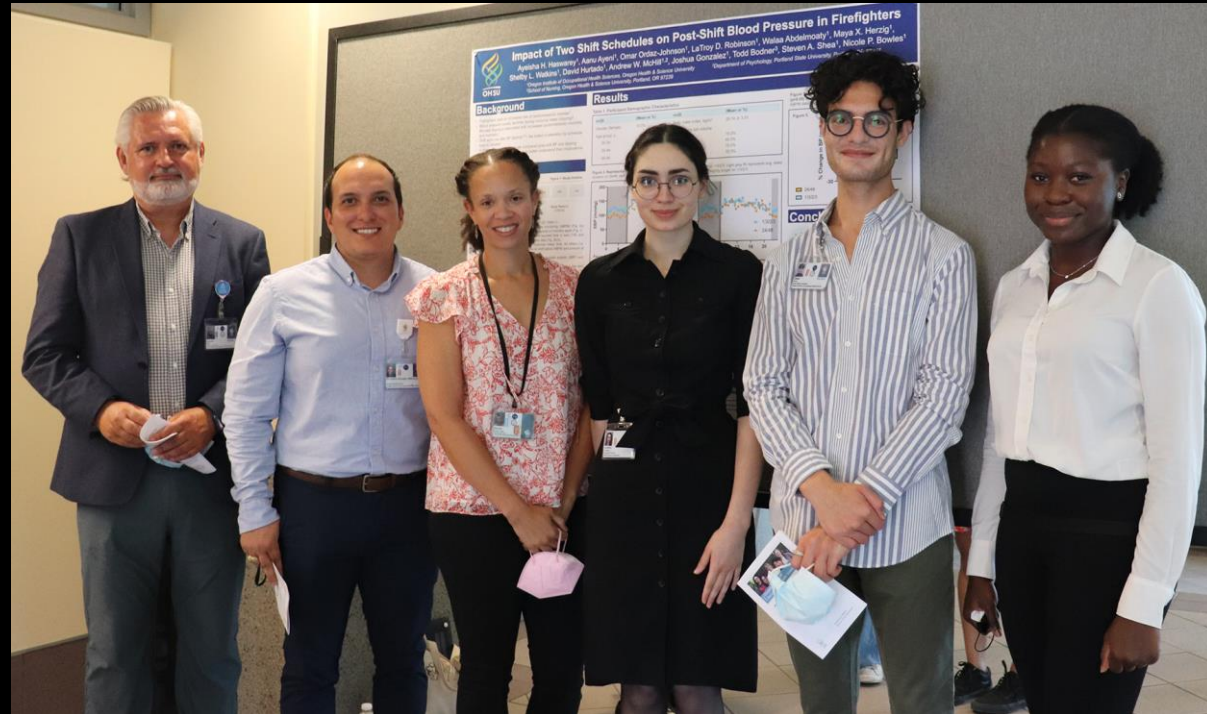
- Cluster analyses
- Increase sample size, increase power



# Acknowledgements



- PI and mentor
  - Nicole Bowles, PhD
- Co-Investigators
  - Andrew McHill, PhD
  - David Hurtado, ScD
  - Steven Shea, PhD
  - Todd Bodner, PhD
- Research Coordinators and Support
  - LaTroy Robinson, BA
  - Omar Johnson Ordaz, BS
  - Ayeisha Haswarey
  - Jon Emens, MD
  - Joshua Gonzalez, PhD
  - Joey Hebl, BA
- Past Support
  - Kaylyn Fukuji, BA
  - Shelby Watkins, MPH, CPH
  - Walaa Abdelmoaty, MD



NIOSH grant  
U19OH010154

*The Oregon Institute of Occupational Health Sciences at Oregon Health & Science University via funds from the Division of Consumer and Business Services of the State of Oregon (ORS 656.630).*

Research reported in this presentation was supported by the National Institute for Occupational Safety and Health (NIOSH) under Federal Training Grant T42OH008433. The content is solely the responsibility of the author and does not necessarily represent the official views of NIOSH.