

Creating Healthy Work Environments in the Community: Nurse Fatigue

CHNC

May, 2011

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Canadian Nurses Association



**CANADIAN
NURSES
ASSOCIATION**



Position Statement



TAKING ACTION ON NURSE FATIGUE

CNA POSITION

The Canadian Nurses Association (CNA) believes that registered nurses (RNs) who are fatigued could be placing both the patient and themselves at risk. This is substantiated by research¹ that links fatigue to adverse events for patients and health problems for health system providers.

Nurse fatigue is:

"a subjective feeling of tiredness (experienced by nurses) that is physically and mentally penetrative. It ranges from tiredness to exhaustion, creating an unremitting overall condition that interferes with individuals' physical and cognitive ability to function to their normal capacity. It is multidimensional in both its causes and manifestations; it is influenced by many factors: physiological (e.g., circadian rhythms), psychological (e.g., stress, alertness, sleepiness), behavioural (e.g., pattern of work, sleep habits) and environmental (e.g., work demand). Its experience involves some combination of features: physical (e.g., sleepiness) and psychological (e.g., compassion fatigue, emotional exhaustion). It may significantly interfere with functioning and may persist despite periods of rest."²

CNA declares that factors in today's health system environment contribute to nurse fatigue, including increased worker stress, increased workload, understaffing, increasing expectations from patients and families, high levels of patient acuity, unexpected emergencies with staffing or patients, sensory overload, functionally disorganized workplaces, and relentless change within the workplace.³

Research demonstrates that the consequences of nurse fatigue include reduction of skilful anticipation and patient safety; diminished judgment; degraded decision-making; slowed reaction time and lack of concentration; absenteeism; clinical errors; failure to rescue; falling asleep when driving home; and interpersonal consequences, including decreased quality of interaction with colleagues and patients.⁴

CNA believes that change at the levels of the health-care system, organizations and individual nurses is needed to mitigate and manage fatigue in nursing. The responsibilities to create such changes are as follows:

System-level Responsibilities

1. Governments at all levels ensure adequate funding aimed at preventing unsafe practices due to rising levels of staff fatigue aggravated by excessive workloads, staff shortages and inattention to safe labour practices. This government responsibility includes increasing the number of RNs, guaranteeing full-time employment for new

¹ The sections on responsibilities and the overall position statement draw heavily on the joint CNA & RNAO *Nurse Fatigue and Patient Safety: Research Report* (2010).

² (CNA & RNAO, 2010, p.1)

³ (Rogers, Hwang, Scott, Allen & Dinges, 2004; Schaffner, 2006; Suzuki et al., 2004)

⁴ (Fradon, 2007; McClelland, 2007; Schaffner, 2006; Zhorit-Benson, 2002)

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Patient Safety: Fundamental to Nursing Care

We believe the role of the nurse is to:

Assist the patient to achieve an optimum level of health while ensuring that the patient is not subjected to harm, or to risk for which the patient has not given informed consent

Canadian Nurses Association.

(2009).

Patient safety. Ottawa: Author.



Health-care staff close to burnout, study finds

Globe and Mail, January 19, 2010

Nurses' union sounds alarm over suicides: Quebec City records four in 18-month span

Montreal Gazette, August 14, 2010

Top-paid nurse in '09 made almost \$250,000

Regina Leader-Post, August 10, 2010

SRNA warns nurses that overtime could lead to fatigue and put patients at risk

Regina Leader-Post, August 16, 2010



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Definition of Fatigue

Multi-dimensional issue

Overwhelming, debilitating and sustained sense of physical, psycho-social and cognitive exhaustion

Divided conceptually into the experience and the impact of fatigue upon physical, cognitive, psychological and social activities



Results from the National Survey

- N> 6,300 nurses from across Canada
- Organization developed policies and procedures
 - No: 90.4%
- Considering resigning - Yes: 25.8%
- Considering Retirement - Yes: 20.2%
- Considering leaving the nursing profession -
Yes: 25.6%

What do we know from the literature?

- “risk of falling asleep at work almost doubled when shifts exceeded 8 hours...and increased even more when shifts exceeded 12 or more consecutive hours”

Scott et al., 2006, p.34, Rogers, Hwang, Scott, Aiken and Dinges, 2004



Signs and Symptoms

Physical

Yawning

Heavy eyelids

Head dropping

“Micro” sleeps

Clumsiness

Emotional

Worn out

Living in a vacuum

Lethargic

Unmotivated

irritable

Mental

Anxiety

Slowed reaction time

Decreased performance

Difficulty concentrating

Increased errors

Feeling “jet lagged”



Factors that prevent responsiveness to feelings of fatigue

- Workload 72.6%
- Professional responsibility of being there for the patients 70.2%
- Feelings of not letting down the team 66.4%
- The culture of doing more with less 59.5%



Factors most related to feelings of fatigue at work

- Increased workload: 75.9%
- Working short staffed: 65.3%
- Increasing expectations from patients and families: 54.5%
- High levels of client acuity: 53.8%



Consequences of Nurse Fatigue

- Safety risks for patients
- Health and safety risks for nurses
- Moral distress
- Retention and recruitment challenges
- Tension among staff
- Ineffective inter-professional relationships and communication



...from a nurse, community care

“ I think we are just seeing the tip of the iceberg now, ... we need to be focusing on solutions... you don't have other resources to draw on in the community so you are just reusing what you've got – and that tends to be in smaller communities and it tends to be in more rural or remote [communities].”



...from a nurse, community

- *“ As community nurses we are considered the all-round nurse ... with much knowledge and skills in the nursing field. I think one can only extend oneself so far before fatigue, apathy and frustration set in, which in turn makes one very unhappy in a profession that we entered because we love [nursing] and wanted to be a nurse.”*



...from a nurse clinician, home health

“And I know when I worked in home care, we had some dialysis people, we were dealing with pic lines and portacaths. Now I understand that they are doing some IV push meds, it’s almost getting to the point where it’s acute care on wheels. They’re doing stuff in the homes that, years ago, people would have said, ‘What? There’s no way you could do that in a home!’ ”



...from a nurse clinician, home care

“ This issue of nurse fatigue and patient safety is becoming more and more prevalent all of the time. I would say over the last couple of years, I’ve really noticed within our sector [home care], that there’s a lot of change that’s happening...it’s getting worse.”



Recommendations

Individual Level

- Nurses must take responsibility
 - Ensure health and well-being
 - Recognize fatigue levels



Recommendations – *Organizational Level*

- Commitment to addressing fatigue as part of a healthy work environment: 76.5%
- Allocation of funds for safe staffing and on-call schedules: 66.8%
- Education for all staff to help define fatigue and how to manage it: 62.0%
- Policies to set limits on hours worked, including on-call hours: 54.5%

Recommendations

System Level

- Governments
 - Funding and support
- Government and educational institutions
 - Address the nursing shortage
 - More nursing graduates



...from a nurse clinician

“I feel [the solution] needs to be a joint collaboration between the nurses’ unions, professional associations and academics with appropriate policy development. ... [Y]ou can disseminate ideas and people can have the best intentions, but ... some policy [is needed] ... to back administrators up in terms of their decision-making ... staffing and ratios, [and] different supports for nurses.”

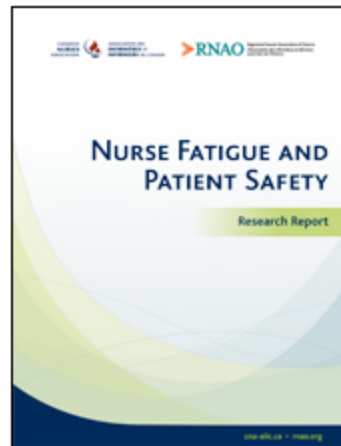




Nursing Practice

[▶ CNA's Primary Care Toolkit](#)[▶ Nursing Ethics](#)[▶ Standards and Best Practices](#)[▶ The Practice of Nursing](#)[▶ Leadership](#)[▶ Practice Environments and Patient Safety](#)[▶ Advanced Nursing Practice](#)[▶ Nursing Informatics](#)[▶ Research](#)[▶ **Nurse Fatigue and Patient Safety**](#)

Nurse Fatigue and Patient Safety

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Nurse Fatigue & Patient Safety Research Report

- [Executive Summary](#)
- [Full Report](#)

- [Taking Action on Nurse Fatigue](#)

To determine prevailing norms across Canada related to fatigue in nursing and patient safety, CNA and RNAO conducted a broad environmental scan that included interviews, a national survey and a literature review. The report includes recommended solutions to this critical health-care issue targeted to the system, organizations and practitioners.



Thank you



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