Creating Healthy Work Environments in the Community: Nurse Fatigue

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NURSE FATIGUE AND PATIENT SAFETY

Research Report



PositionStatement



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 sisk. This is substantiated by research⁴ 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 range from tiredness to exhaustion, creating an unrelenting overall condition that interferes with individual' 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 rhythm), psychological (e.g., rest, atterness, sleepiness), behavioural (e.g., pattern dividual' physical and environmental (e.g., work demand). Its experience involves some combination of features physical (e.g., alequiness), and psychological (e.g., respective of the environmental (e.g., mattern dividual'), and the environmental (e.g., mattern dividual') and interfere with functioning and may pensits 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, understräfing, increasing expectations from patients and families, high levels of patient acuity, unexpected emergencies with staffing or patients, sensory overload, functionally disorganized workplaces, and relendes change within the workplace.⁹

Research demonstrates that the consequences of nurse fatigue include reduction of skilful anticipation and patient safety, diminished judgment, degraded deision-making, slowed reaction time and lack of concentration; absentesism; clinical errors; failure to rescues failing 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

 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 stafe labour practices. This government responsibility includes increasing the number of RNs guaranteeing full-time employment for new

¹The rections on repossibilizers and the versall position statement draw heavily on the joint CNA & RNAO Novee Fairpor and Pattern Soffer: Research Report (2010).
² (CNA & RNAO, 2010, p.1)
³ (Royer, Hwang, Sort, Alten & Ganger, 2004; Schuffner, 2006; Saruid et al., 2004)
⁴ (Grueba, 2007, MacColland, 2007, Schuffner, 2006; Saruid et al., 2004)

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CANADIAN

Dealing with Fatigue

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.





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

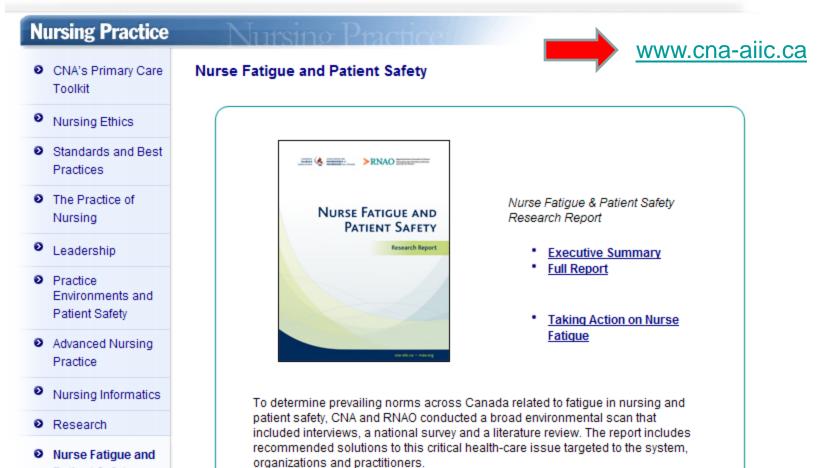


... from a nurse clinician

"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 decisionmaking ... staffing and ratios, [and] different supports for nurses."

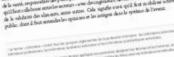






Patient Safety





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La prochaine décennie : La vision de l'AlIC des soins infirmiers et de la santé

Nurses are the largest group of health-care providers in Canada and around the world and, as such, are uniquely placed to address health priorities. While the Canadian health system is evolving to address this country's health priorities, it is doing so in a global context. This this county's neuron province, it is using a single grant of pro-presents a number of challenges starreising from national and inter-

The Next Decade: CNA's Vision for Nursing and Health

Les infimilieres constituent le groupe de fournisseurs de soins de santé le plus nombreux au Canada et dans le monde. C'est pourquoi alles occupent une place avantageuse pour donner suite aux priorités dans le domaine de la santé. Le système de santé du Canada évolue certes pour récondre sur priorité calonales dans le domaine de la santé, mais il le fait dans un contexte mondial, ce qui pose de nonticeux défis décudent de pressione nationales et internationales, ce qui indut des exigences de plus en plus complexes dans le domaine de la sante et une pénute de professionnels de la santé. Sa nous continuons de travailler dans le contexte des polítiques et des modes de prestation actuels, l'écart enne les besoins dans le domaine

de la santé et notre capacité d'y répondre se creusera

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REGISTERED NURSES: ON THE FRONT LINES OF WAIT TIMES





Thank you



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