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 research[1] 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 unrelenting 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, Aiken & Dinges, 2004; Schaffner, 2006; Suzuki et al., 2004)

[4] (Lyndon, 2007; McClelland, 2007; Schaffner, 2006; Zboril-Benson, 2002)

graduates and increasing the overall percentage of full-time employment for all nurses,[5] as well as other human resource solutions, such as those outlined by CNA to eliminate Canada's RN shortage.[6]

2. Governments provide funding to increase nursing enrolments in order to ensure an adequate nursing workforce through made-in-Canada health human resource strategies focused on expanding the number of qualified faculty in nursing programs, increasing the number of RN seats in education, providing more clinical placement opportunities and rejecting unethical international recruitment.

3. Research groups support new research on the relationship between nurse fatigue and work schedules, adequate rest and recuperation, and patient safety, to be carried out in all settings in which nurses work.

4. National patient safety and health system leaders incorporate the issue of nurse fatigue in the national patient safety agenda as a critical factor impacting safe patient care. The strategy of creating cultures of safety must include mitigating and managing fatigue as a key component.

5. Accreditation bodies develop policy standards for health and health-care organizations that mitigate and manage staff fatigue.

6. Nursing associations and nursing unions collaborate to develop consistent advocacy and policy agendas that incorporate fatigue as a factor, at the national, provincial and territorial levels, targeted to governments, health and health-care organizations and the public. Such agendas focus on creating and sustaining healthy work environments[7] for nurses and providing safe quality care for patients.

7. Nursing associations raise awareness about nurse fatigue and its causal factors – and the consequences related to patient safety, nurse satisfaction, and retention and recruitment – with all levels of government, the public and the nursing community.

8. Nursing regulatory bodies protect the public and promote nurses' ability to meet professional practice standards by addressing issues of nurse fatigue related to nursing practice.

Organizational-level Responsibilities

1. Health and health-care organizations promote a culture of safety by establishing a fatigue management policy and program.[8]

    a. Establish safe scheduling practices and policies for nursing staff that limit hours worked by a nurse (1) in one day to 12 hours, exclusive of shift hand-off and inclusive of on-call hours, and (2) in one 7-day period to 48 hours, inclusive of on-call hours.[9]

    b. Develop processes to document fatigue in the workplace and its relationship to overtime; maximum hours worked per day and per week; on-call hours; and data related to patient error, staff retention levels and recruitment results.

[5] (RNAO, 2007)

[6] (CNA, 2009)

[7] (Griffin et al., 2008)

[8] (Quality Worklife-Quality Healthcare Collaborative, 2007)

[9] (CNA & RNAO, 2010)

c. Develop policies that provide time and space for rest periods, meals and other health-promotion initiatives for sleep hygiene.

d. Educate nursing staff and management in recognizing and managing fatigue in self and others, to include understanding the science of sleep, the risks associated with fatigue and approaches to circadian rhythm disturbances.

e. Equip health and health-care organizations with sleep facilities to enable nurses to minimize their circadian disruptions during evening and night shift work.

2. Nursing education programs incorporate in professional development and clinical courses information about the impact of fatigue on clinical nursing work, hours of care on lifestyle and health, and how to manage a career in nursing.

3. Nursing unions work to mitigate nurse fatigue:

   a. Reinforce safe scheduling by limiting hours worked by a nurse (1) in one day to 12 hours, exclusive of shift hand-off and inclusive of on-call hours, and (2) in one 7-day period to 48 hours, inclusive of on-call hours.

   b. Promote choice of shift type and length for nurses in all health and health-care settings within a philosophy of continuity of care and caregiver, and create healthy and safe work environments that apply circadian rhythm principles to scheduling.

   c. Advocate for review of the extensive use of the 12-hour shift in health and health-care settings across Canada with a view to introducing a shift length that is more conducive to patient safety and work-life balance.

   d. Mount public campaigns about the working conditions of nurses that reflect the issues of workload – hours per day and per week, including on-call and overtime requirements – and the relationship of such issues to patient safety.

Individual-level Responsibilities

Nurses in all roles and practice settings have a professional responsibility to mitigate and manage their own fatigue and provide safe care. They have a professional responsibility to act in a manner that is consistent with maintaining patient and personal safety.[10]

1. Nurses learn to be aware of and recognize signs, symptoms and responses to personal fatigue.

2. Nurses understand and work within the policies related to safe patient care within their organizations and within professional practice expectations.

3. Nurses take responsibility for mitigating and managing fatigue while at work, including using professional approaches to decline work assignments. When deciding to work extra shifts, nurses act on their ethical obligation to maintain fitness to practise.

[10] (CNA, 2008)

4. Nurses act on their ethical obligation to maintain fitness to practise when planning non-work related activities.
5. Nurses work through their professional associations and nursing unions to advocate for safe patient care through safe scheduling practices in the work environment.
6. Nurses support policies, procedures and health promotion initiatives that manage fatigue in the workplace.

BACKGROUND

To determine prevailing norms across Canada related to fatigue in nursing and patient safety, CNA and the Registered Nurses' Association of Ontario conducted research that included a broad environmental scan, interviews, a literature review and a national survey of more than 7,000 RNs across all sectors of health care.[11] More than 55 per cent reported feeling almost always fatigued during work, while 80 per cent indicated they always felt fatigued after finishing work. In addition to depleting their physical energy levels, nurses said fatigue interfered with their ability to make good judgments and sound decisions. Nurses point to relentless and excessive workloads, ongoing staffing issues and sicker patients as the key reasons for their fatigue. Coupled with the cognitive, physical and emotional strains of working in high-stress environments, the report concludes that fatigue is taking a heavy toll on nurses.

Foundational to this position statement is CNA's *Code of Ethics for Registered Nurses*, which provides direction on nurses' ethical responsibilities to "maintain their fitness to practise" and be "attentive to signs that a colleague is unable, for whatever reason, to perform his or her duties."[12] RNs experience moral distress when the organizational culture does not necessarily support open admission or identification of fatigue as part of patient and staff safety. Nurses are committed to providing safe, compassionate, competent and ethical care.[13]

Some regulatory bodies have statements in their standards for practice that refer to how to manage situations in which nurses do not feel fit to practise due to fatigue, and many have in recent years focused on this in major publications or policy statements.[14]

In a majority of studies, "fatigue" is defined as a subjective feeling of tiredness that may be influenced by circadian rhythms and patterns of work and rest.[15] Feelings – ranging from tiredness to exhaustion – create an unrelenting overall condition that interferes with nurses' ability to function to their normal capacity[16] and may cause them to be unable to proceed effectively in their work.[17] Although used interchangeably with tiredness or weakness, fatigue is much more complex and impairs both physical and cognitive functioning.[18] It can vary in unpleasantness, duration and intensity. When acute, it serves a protective function, but when it becomes unusual, excessive or constant (chronic), it no longer serves this function.[19]

[11] (CNA & RNAO, 2010)

[12] (CNA, 2008, p.18)

[13] (CNA, 2008)

[14] (Association of Registered Nurses of Newfoundland and Labrador, 2008; Association of Registered Nurses of Prince Edward Island, 2009; College and Association of Registered Nurses of Alberta, 2006; Nurses Association of New Brunswick & New Brunswick Nurses Union, 2007; Saskatchewan Registered Nurses' Association, 2009)

[15] (Ruggiero, 2002; Schaffner, 2006)

[16] (Ellis, 2008; Ream & Richardson, 1996)

[17] (Johnson, 2008)

[18] (Ream & Richardson, 1996; Rogers, 2008; Ross, 2008)

[19] (Piper, Lindsey & Dodd, 1987)

As a characteristic of burnout, fatigue is experienced as totally physically and mentally penetrative, different from all other kinds of tiredness and impossible to "sleep off," and is the result of a long-lasting process in which energy is successively drained.[20]

While the issue of nurse fatigue and patient safety has not been heavily researched, and a clear, consistent definition of "nurse fatigue" is lacking, there is a substantial amount of information in the literature to clearly depict causal factors and consequences.[21] Findings from studies have identified the 12-hour shift and shift work as key contributing factors to fatigue in nursing.[22] The hours an RN works have been shown to be related to the errors and near errors made by that RN in patient care.[23] Other consequences included increased tendency to fall asleep, lapses in vigilance, decreased alertness, inability to stay focused, reduced motivation, compromised problem-solving, irritability, unusual tenseness, memory lapses, faulty information processing, diminished reaction time, indifference and loss of empathy, and a tendency to make errors in repetitive tasks.[24]

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[20] (Ekstedt & Fagerberg, 2005)

[21] (CNA & RNAO, 2009)

[22] (Dawson & Fletcher, 2001; Rogers et al., 2004; Scott, Rogers, Hwang & Zhang, 2006; Stone et al., 2006)

[23] (Rogers et al., 2004)

[24] (Kenyon, Gluesing, White, Dunkel & Burlingame, 2007; McClelland, 2007; Scott et al., 2006)

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Also see:

Related CNA position statements:

Staffing Decisions for the Delivery of Safe Nursing Care (2003)

Workplace Violence (2008)

Overcapacity Protocols and Capacity in Canada's Health System (2009)

Patient Safety (2009)

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