

FIGHT FATIGUE

A Nurse Manager's Guide to Reduce Risk and Revitalize Staff

Adrienne E. Avillion, DEd, RN

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Fatigue and its consequences

“I’m so tired I don’t know how I’m going to get through this shift.”

“I just don’t seem to have any energy anymore.”

“I just hate coming to work! I’m exhausted even before I start!”

“I feel so irritable and short-tempered lately. I’m snapping at my husband, my kids, and even my patients!”

Do comments like these sound familiar? If you’re like most nurse managers, you hear remarks like these more often than you would like. Why are nurses so tired? When you ask your staff this question, their first responses probably include phrases such as “overworked and understaffed,” “too much stress,” “too much overtime,” or “not enough respect.”

These factors do indeed play a significant role in the development of fatigue, but they are not the **only** reasons that nurses are tired. The purpose of this book is to help you recognize fatigue, identify the obvious and hidden factors that cause it, and, most importantly, help your staff (and you) deal with and reduce or eliminate those situations that cause it.

What is fatigue?

Mosby’s *Medical, Nursing, & Allied Health Dictionary*¹ defines fatigue as “a state of exhaustion or a loss of strength and endurance.” “Fatigue” is a recognized nursing diagnosis. The Eighth National Conference on the Classification of Nursing Diagnoses defined fatigue as an “overwhelming sense of exhaustion and decreased capacity for physical and mental work regardless of adequate sleep.”

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In other words, fatigue isn't simply feeling tired after a hard day's (or evening's or night's) work. It is an overwhelming sensation of exhaustion that can affect many, if not all, aspects of your work and home life. Fatigue, if it's severe enough and if it lasts long enough, may jeopardize careers, damage interpersonal relationships, and impair physical and psychological functioning.

Signs and symptoms of fatigue

"THERE ARE TWO WAYS OF EXERTING ONE'S STRENGTH: ONE IS PUSHING DOWN, THE OTHER IS PULLING UP."

—Booker T. Washington, educator

How can you help to pull your staff members up and away from the adverse effects of fatigue? First, you need to be able to recognize it. Some of the signs and symptoms of fatigue are much more obvious than others. In fact, the people who complain most often and most loudly about being tired may not be suffering from the effects of fatigue as much as your colleagues who suffer in silence.

How can you tell if someone is fatigued? Let's discuss the most obvious signs and symptoms first.

Verbal complaints

Verbal complaints are probably the most common signs of fatigue. Comments about fatigue and exhaustion are blatant, but other, more subtle, verbal comments are just as indicative of fatigue. For example, staff members may

- talk about not having the energy to perform routine tasks at work and at home
- complain about physical ailments (e.g., headaches, backaches, nausea, diarrhea)
- discuss feelings of irritability and difficulty concentrating
- complain about not getting enough sleep or being unable to sleep

Such verbal expressions of fatigue are red flags for nurse managers. Although everyone goes through periods when they feel unusually tired, these feelings are usually self-limiting and can be attributed to a specific cause such as holiday season activities, a brief illness (e.g., cold or flu), the birth of a child, or attending graduate school. But when fatigue is nearly chronic, accompanied by physical symptoms, or affects work, home, or interpersonal relationships, significant intervention is necessary.



Even self-limiting fatigue may need some type of intervention to reduce its effects. The suggestions made throughout this book are applicable to brief periods of fatigue as well. Concerns intensify, however, when work, home, or relationships are adversely affected.

How often do your staff members complain of fatigue? Are there particular persons who complain more than others? Are these people “spreading” feelings of exhaustion and discontent by constant negative words and actions? Are they truly experiencing life-altering fatigue, or are they what can only be described as “complainers” or “difficult” employees? Even if the latter is the case, appropriate fatigue-reducing interventions may help to offset some of this negativity.

Unfortunately, staff members who verbally express feelings of fatigue may be unfairly labeled as “difficult” or “trouble makers” when in reality they need help dealing with their fatigue and its causes.

Be especially alert to signs of fatigue in persons who do not express or who are reluctant to express feelings of fatigue. These are the staff members who, although skilled in providing care for others, don’t take the time to take care of themselves.

Observable signs of fatigue

What are some nonverbal signs and symptoms (other than verbal expressions) of fatigue that can help you recognize and deal with this problem? Let’s review some observations that can indicate the existence of serious fatigue.

- Do some of your staff members “look” tired? Are they pale? Are there dark circles under their eyes? Are they listless?
- Are staff members who are usually efficient in their work-related duties having difficulty completing their assignments? Do even routine tasks seem to overwhelm them? Are they the last to leave after their shifts are completed because they need to “catch up” on charting and other non-direct patient care tasks?

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- Is there an increase in work-related injuries?
- Is there an increase in sick time use? Do staff members seem to be unusually susceptible to colds, flu, and other illnesses?
- Are staff members suddenly accident-prone? Are they having difficulty concentrating?
- Is there an increase in the occurrence of medical errors?
- Are staff members unusually emotionally labile?
- Have you noticed that staff members are not interested in activities and projects about which they are normally enthused?
- Are staff members expressing concern about their interpersonal relationships? Are they experiencing a decrease in libido?

Use the checklist in Figure 1.1 to document and analyze warning signs of serious fatigue on your unit.

After you've collected and analyzed your data, assess your workplace environment and identify conditions that contribute to the incidence of fatigue. You, in conjunction with your staff, your colleagues, and your administration, may be able to alter the environment to significantly reduce the problem of fatigue.

Your primary concern is job performance and how fatigue impacts safety and efficiency. It's not enough to recognize and report fatigue: You need to present objective data concerning what makes nurses so susceptible to it and the effects it can have on patient outcomes.

FIGURE 1.1

RECOGNIZING FATIGUE CHECKLIST

- | | |
|---|--|
| 1. Have verbal comments about feeling tired and fatigued increased? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. Are there more complaints about physical ailments? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. Are staff members unusually irritable? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4. Are disagreements among staff members becoming more acrimonious and occurring more often? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 5. Are staff members having difficulty concentrating? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 6. Are staff members complaining about lack of adequate sleep and rest? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 7. Do staff members appear more tired than usual? Are they listless? Are they pale? Do they have dark circles under their eyes? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 8. Are staff members unable to complete their assignments in a timely, efficient manner? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 9. Have work-related injuries increased? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 10. Has the use of sick days increased? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 11. Are staff members becoming accident-prone? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 12. Are staff members having difficulty concentrating? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 13. Are staff members unusually emotionally labile? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 14. Is there a lack of interest in projects and activities that usually interest staff members? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 15. Are staff members expressing concern about their interpersonal relationships? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

FIGURE 1.1

RECOGNIZING FATIGUE CHECKLIST (CONT.)

ANALYSIS

1. Are there evident signs and symptoms of fatigue? Yes No

2. Which staff members are most affected by fatigue? Yes No

3. Is there a pattern to staff members' experience of fatigue?

a. What shift(s) do these staff members work? _____

b. How often do they rotate shifts? _____

c. What is the length of each shift? (e.g., eight hours, 12 hours, etc.) _____

d. How often do these staff members work overtime? _____

e. Is there a predominant age group that exhibits fatigue? Yes No

(If yes, describe) _____

f. Is there an increase in the number of adverse occurrences involving these staff members?

Yes No

(If yes, describe) _____

The impact of fatigue: Evidence-based data

What are some specific work-related issues that contribute to fatigue? Research shows that when, and for how long you work contribute to fatigue and, consequently, to the occurrence of medical errors. Stress, whether work-related or home-related, also contributes to fatigue and the possibility of errors. The following information is based on research conducted on fatigue, its causes, and the link to medical errors.

University of Pennsylvania

University of Pennsylvania nursing professors conducted one of the first national studies to examine the effects of long work hours and fatigue on the job performance of nurses. Published in the July/August 2004 issue of *Health Affairs*, this study reviewed the work habits of 393 hospital staff nurses. These nurses, through the use of logbooks, tracked hours worked, overtime, days off, and their sleeping patterns for 28 days. Participants also described errors or “near” errors during their time at work.²

Logbook records showed that

- nurses often worked longer than their regularly scheduled shifts, and about 40% of the 5,317 shifts described exceeded 12 hours.
- most nurses were not scheduled to work traditional eight-hour day, evening, or night shifts. Instead, they were scheduled to work 12-, 16-, and, in some cases, 20-hour shifts.
- participants seldom left the hospital by the end of their scheduled shifts, even when those work periods were scheduled as extended shifts (defined as greater than or equal to 12.5 hours).
- all of the nurses worked overtime at least once during the 28-day data collection period, and 33% of the participants worked overtime every day they worked.

According to the participants’ recordings, 199 errors were committed and 213 near-errors occurred during the 28-day investigative period. *Health Affairs* reported that the majority of the errors (58%) dealt with medication administration. Other errors included the following:

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- Errors of procedure (18%)
- Errors of documentation (12%)
- Errors of transcription (7%)

The findings from this study suggest that the routine use of 12-hour shifts should be reduced and that the use of overtime as a compensation for staffing shortages increases the possibility of error.

Institute of Medicine

A 435-page report from the Institute of Medicine (IOM) released in 2004 recommended that nurses and nursing assistants should not work longer than 12 hours per day because of the possibility of fatigue and medical errors. Research indicated that when employees work over 12 hours, the incidence of errors increases.³

Committee members, who wrote the report, commented that individual healthcare professionals are not to blame, instead the system itself needs to change. They advocated a system that builds a culture of safety “where nurses are satisfied, empowered, and happy.” “When medical errors due to overwork and fatigue are reduced by reasonable shifts and empowering strategies, the cost savings to the institution are considerable and can help fund educational efforts on patient safety,” they wrote in the report.

Increased nurse-to-patient ratios

Not surprisingly, the current nursing shortage is often cited as a reason for nursing dissatisfaction, fatigue, and increased numbers of medical errors. *The Online Journal of Issues in Nursing (OJIN)* recently reported the results of a survey conducted from October 30, 2002, to December 10, 2002. Data were provided by 1,386 participants working worldwide, including in the United States, the United Kingdom, Puerto Rico, India, and Germany. The purpose of the survey was to identify registered nurses’ perceived experiences with clinical adverse occurrences during that time period, to identify whether these registered nurses perceived that the errors were related to the nursing shortage, and whether the nurses felt any moral distress as a result of such adverse occurrences.⁴

A review of the literature prior to initiating the OJIN survey indicated that increased nurse-to-patient ratios led to feelings of job dissatisfaction and emotional fatigue. Furthermore, “moral distress” flourished in situations where the number of staff was so low that patient care was compromised. Moral distress was described as one type of emotional fatigue and is defined as the experience of negative emotional feelings or symptoms due to the inability to take the morally correct course of action for patients because of inadequate staffing.

OJIN investigators identified the following trends following data analysis of 1,386 surveys. Registered nurse (RN) participants perceived that

- adverse clinical events were largely due to the nursing shortage
- adverse clinical events related to the nursing shortage caused moral distress
- other nurses caused adverse clinical events related to the nursing shortage more often than they (the participants) did

Agency for Healthcare Research and Quality

Healthcare professionals must use sound judgment when making clinical assessments and react swiftly and accurately during emergencies, often making life or death decisions under conditions of extreme stress. Fatigue can impair judgment and decision-making skills, resulting in compromised patient safety.

An Agency for Healthcare Research and Quality report,⁵ published in 2004, investigated how sleepiness and fatigue affect patient safety. The majority of experts agree that adults require between six and 10 hours of sleep per 24 hours, and most adults need about eight hours of sleep per day. Research also shows that when adults get less than five hours of sleep per 24 hours, mental abilities start to show impairment. If you or your staff members are getting at least four hours of sleep for a limited amount of time (e.g., two to three days), you are probably still able to function at a reasonable level of safety but below your normal level of activity. However, if sleep deprivation is an ongoing problem, individuals develop what is called sleep debt, or an accumulation of lost sleep. Sleep debt leads to a significant reduction in general performance, alertness, and response time as well as causing changes in mood, motivation, initiative, and morale, according to the AHRQ report.

Shift rotation and the frequency or pattern of shift rotation also contribute to fatigue. Shift workers experience circadian rhythm disturbances, have poorer sleep quality compared to those persons who do not rotate shifts, experience less rapid eye movement (REM) sleep, and are more likely to complain of sleepiness after awakening and during work hours. Additionally, research shows that sleep after working night shifts is generally shorter than sleep after day work. The AHRQ reported that all of these factors contribute to sleep deprivation as indicated by less alertness during night work and a reduction in reasoning ability.

The method or timing of shift rotation and the speed with which rotation occurs can also impact performance. For example, staff members who rotate morning shifts, then evening shifts, then night shifts (referred to as “forward” rotation) generally experience less fatigue than those who rotate “backward” from day shift to night shift to evening shift. This trend is believed to be due to circadian rhythm, which has a tendency to move forward. The AHRQ

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report notes that several studies support “forward” rotation, but two studies found no significant changes in fatigue levels in a comparison of “forward” and “background” rotation. Further investigation is needed to determine validity and reliability pertaining to this issue.

Did you know that the Association of Professional Sleep Societies concluded that “night-time operators’ fatigue contributed to four well-known disasters: Exxon Valdez, Bhopal, Chernobyl, and Three Mile Island.”⁵

Research suggests that gradually changing from one shift to another (e.g., rotating shifts every one to two weeks) may allow for easier adaptation of circadian rhythm compared to a more rapid rotation (e.g., rotating shifts every two to three days). A slow shift rotation allows for longer length of sleep at home, less feelings of sleepiness at work, and fewer errors, according to the AHRQ.

The following worksheet offers a roadmap for you as you analyze the effects and probable causes of fatigue on your unit as it pertains to adverse occurrences.

FIGURE 1.2

ANALYZING FATIGUE WORKSHEET

1. What types of adverse events occurred? _____

2. When did the events occur? Is there a pattern to their occurrence?

3. Describe the work patterns of the staff members involved in these events:

a. During what shift did the events take place? _____

b. At what point in the shift did the events take place? (e.g., end of shift, beginning of shift, etc.)

c. How many days (evenings or nights) in a row did the staff members work before becoming involved in the adverse events? _____

FIGURE 1.2

ANALYZING FATIGUE WORKSHEET (CONT.)

d. Were any of the staff members involved working overtime at the time of the adverse event? If so, how many periods of overtime had they worked in a seven-day period? _____

e. What was the direction of shift rotation (forward or backward) for persons involved in the events? _____

f. What was the scheduled length of shift (e.g., eight hours, 12 hours, etc.) for persons involved in the events? _____

g. How often were the staff members involved in the events required to rotate to various shifts?

Recommendations from research findings

Initial research findings indicate that fatigue contributes to an increased rate of adverse patient events. Because overtime, shift rotation, and stress all contribute to fatigue, experts recommend the following as measures to combat fatigue:

- Schedule nurses to work no more than 12 hours in a 24-hour period.
- Schedule nurses to work no more than 60 hours in a seven-day period.
- Determine staffing policies based on regulatory or professional association guidelines and adhere to these policies.
- Support automation as part of medication administration. (The use of technology that warns nurses about possible drug interactions and contraindications and allows computerized nursing documentation under evaluation as is a tool for the avoidance or reduction in medication errors.)
- Promote and facilitate adequate break and meal times for staff.
- Avoid scheduling backward rotation.
- Schedule shift changes about every one to two weeks to allow adaptation of circadian rhythm.

CASE STUDY



Victoria is the nurse manager of a neurosurgical unit in a metropolitan hospital. She is new to the position and has a little more than one year's experience as a nurse manager. She knows that her staff members have been putting in long hours, often working well beyond their scheduled 12-hour shifts. They are a dedicated group of nurses, and most of them generally keep their complaints to a minimum.

Lately, however, Victoria hears more and more comments about staff members feeling overtired and overworked. Amanda, who is an excellent clinician but who is known as a "chronic complainer," is especially vocal. Victoria's nurse manager colleagues advise her to ignore Amanda, labeling her as a "troublemaker who agitates the other nurses." Victoria is still troubled, knowing that Amanda often volunteers for overtime, but pressing managerial concerns overwhelm her. She forgets about Amanda for a few days as she struggles to plan adequate staffing for her unit and to deal with the many financial issues confronting nurse managers in her organization.

One day, as Victoria works on budget plans in her office, a nursing assistant knocks on the door and excitedly tells Victoria that Amanda has fainted. As Victoria rushes from her office, she overhears one of the other nurses comment that, "It's no wonder she passed out. She's worked overtime every day now for over a week."

Amanda recovers quickly and, after being evaluated in the employee health department, is sent home to rest and catch up on her sleep.

Victoria, feeling terribly guilty, is determined to avoid this kind of adverse event in the future. She asks a colleague, a manager with more than 20 years of experience, how she should go about analyzing the problem of fatigue on her unit. If you were Victoria's colleague, what would you say?



First, try to alleviate Victoria's guilt. It is sometimes easy to overlook complaints from someone like Amanda.

However, ignoring concerns of a staff member who has been labeled a "chronic complainer" may cause you to ignore signs and symptoms of real trouble. Therefore, suggest that she examine conditions on her unit that can contribute to fatigue and analyze her findings. She could start with questions we've discussed in this chapter.

CASE STUDY

The answers to these questions help Victoria identify the presence of significant fatigue. But just identifying its presence is not enough. How would you encourage Victoria to analyze the answers to the preceding questions?

After determining that signs and symptoms indicate the presence of significant fatigue, Victoria must look for patterns and trends. Suggest the following questions as a basis for her analysis:

- Are particular staff members especially affected by fatigue?
- What shifts do they work?
- How often do they rotate shifts and in what direction?
- What is the normal length of each shift?
- How often do these staff members work overtime?
- Is there a particular age group most affected by fatigue?
- Is there an increase in adverse occurrences involving these staff members?

The answers to these questions help Victoria identify particular areas for improvement on her unit. She's also learned an important lesson: Pay attention to comments and concerns, and avoid labeling staff members.

CASE STUDY



Monica is a senior staff nurse assigned to work on her hospital's quality improvement committee. Risk management findings are reviewed during these committee meetings.

Recently, nursing has been the target of disdain by committee members from other departments because of an increase in the number of adverse clinical occurrences involving nursing staff. Monica believes that fatigue caused by specific working conditions is contributing to this problem. Based on recent research, what types of adverse events are most likely occurring?



A University of Pennsylvania study found that the majority of errors committed by fatigued nurses were, in order of most often occurring to least often occurring,

- medication errors
- procedural errors
- documentation errors
- transcription errors

Monica reviews adverse occurrence reports from the past three months and finds that the majority of errors involved medication administration and other procedures. She approaches one of the hospital's research nurses and asks for help in investigating this problem. Monica believes that staffing and work hours are a major cause of dangerous fatigue. If you were the research nurse, how would you suggest that Monica proceed with her investigation?

Monica has already reviewed and identified the various types of adverse occurrences. Her next step is to look for a pattern of occurrence, so you ask her to find the answers to the following questions:

- During what shift and on what units did these events occur?
- When did these events occur (e.g. beginning of shift, during mealtimes, etc.)?
- Are particular staff members involved in these occurrences?
- How many shifts in a row did these staff members work before becoming involved in these occurrences?
- Were any of the involved staff working overtime when the adverse event occurred? If so, how many periods of overtime had they worked in a seven-day period?
- Did the staff members rotate shifts? In what direction? How frequently?
- What was the scheduled length of shift for persons involved in these adverse occurrences?

Conclusion

In an ideal healthcare setting, all units would be adequately staffed, overtime strictly limited, nurse-to-patient ratios established and maintained, and shift rotation kept to a minimum. However, we do not work in an ideal world. It is easy to say that overtime should be limited and all units adequately staffed, but the reality is that you are in the midst of a serious nursing shortage and must find ways to deal with, reduce, and even prevent the development of serious fatigue.

It is not the purpose of this book to discuss recruitment strategies or staffing systems. The purpose of this book is to help you recognize fatigue, analyze its causative factors, and offer recommendations that you can implement now, despite the current staffing crisis. Its purpose is also to remind you that working conditions are not the only reasons for fatigue.

The next three chapters deal with physical and emotional causes of fatigue, actions to reduce or alleviate these causative factors, and complementary medicine strategies for the relief of fatigue and stress.

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