

NURSE FATIGUE

WHAT IS NURSE FATIGUE?

“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), behavioral (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” (Canadian Nurses Association [CNA] & Registered Nurses’ Association of Ontario [RNAO], 2010, p.12).

PREVALENCE OF FATIGUE IN NURSES

- Fatigue affects all nurses, no matter where they work. Fifty-five and a half per cent of nurses always or almost always feel fatigued during work, and 80 per cent feel this way after work.
- Rates of nurse fatigue are increasing.
- Nurses reported experiencing the effects of sleep deprivation at a rate of 67.7 per cent.
- Fatigue is a factor for 26 per cent of nurses who are considering leaving the profession.
- One study reported 38 per cent of nurses making a fatigue-related near error (CNA & RNAO, 2010).

CONSEQUENCES OF NURSE FATIGUE

Patient Safety

- Fatigue-related impairments are similar to alcohol-related impairments. “Someone who has not slept for 18 hours is as impaired as someone with a 50 mg% blood alcohol level” (Canada Safety Council, 2006).
- Nurses who work a shift lasting more than 12.5 hours “are likely to make three times more errors” (Rogers et al., 2004, as cited in CNA & RNAO, 2010).
- The risk of falling asleep nearly doubles after eight hours of work (Scott et al., 2006, as cited in CNA & RNAO, 2010).

Fatigue negatively affects patients, since, by reducing health-care workers’ judgment (Lyndon, 2007, as cited in CNA & RNAO, 2010), it increases the risk of errors, falls, injuries, irregular assessment, poor communication and lack of continuity in care.

Nurse Safety

- Fatigue negatively affects nurses. It leads to moral distress; an impaired ability for self-care and coping with daily life; stress; impaired concentration and judgment; impaired work-life balance and interpersonal relationships; and falling asleep while driving home. In addition, it negatively impacts physical and mental health.

CAUSES

- Heavy workloads, staffing shortages, shift work, increased patient acuity, increased patient expectations, little time for professional development, decline in leadership, inadequate recovery time and personal factors.
- Health-care cultures that create pressure for nurses to take on extra work (e.g., “hero” culture; “doing more with less”).

MYTHS

- You cannot just “sleep off” fatigue, because it stems from long-term drainage of the body’s energy supply (CNA & RNAO, 2010).

SIGNS AND SYMPTOMS OF FATIGUE (CNA & RNAO, 2010)

Physical

- Yawning
- Heavy eyelids
- Eye rubbing
- Head drooping
- Inappropriate sleep onset (or “micro sleeps”)
- Decreased hand-eye coordination

Mental

- Increased anxiety
- Slowed reaction time
- Decreased efficiency and performance
- Difficulty concentrating
- Lapses in attention



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- Difficulty with memory
 - Failure to communicate appropriately
 - Failure to anticipate
 - Errors of commission
 - Errors of omission

Emotional

- Feeling like “living in a vacuum”
- Feeling “worn out”
- Being more quiet or withdrawn than normal
- Feeling lethargic
- Lacking motivation
- Feeling irritable or exhibiting bad-tempered behavior

THE SCIENCE OF SLEEP (HARVARD MEDICAL SCHOOL, 2008)

- Sleep has a “critical role in immune function, metabolism, memory, learning, and other vital functions.”
- Our circadian rhythm is the internally controlled “body clock” that controls alertness and sleepiness. Shift work is difficult because it requires concentration and activity when the body is in the rest phase of its daily cycle.
- Chronic sleep deprivation can lead to serious diseases and is associated with a lower life expectancy.

WHAT NURSES CAN DO

Individual Level

- Get adequate rest and recreation
- Make sleep, breaks and naps a priority
- Create a work-life balance
- Eat a healthy, balanced diet
- Exercise regularly



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- Decrease caffeine consumption
 - Recognize when you are fatigued
 - Use a buddy system to check for fatigue
 - Know organizational policies
 - Engage in appropriate self-care

Organizational Level

- Advocate for new or improved policies

System Level

- Advocate for systems changes, as fatigue is a multidimensional issue

TOOLS AND RESOURCES

More About Nurse Fatigue

CNA: *Nurse fatigue and patient safety*

CNA: *Code of ethics for registered nurses*

RNAO Best Practice Guidelines for Healthy Work Environments: *Preventing and mitigating nurse fatigue in health care*

Drew Dawson and Kristy McCulloch: *Managing fatigue: It's about sleep*

Harvard Healthy Sleep website

Insomnia

Marla Hardee Milling: *Shift workers: Solutions for sleep problems*

Shift work in nursing

Coping Strategies

Relaxation techniques

Strategies for shift workers

Shift work and healthy eating

Twelve tips to improve your sleep

What to do if you can't sleep



Sleep Clinics

Locations in Canada

*This document has been prepared by CNA to provide information.
The information presented here does not necessarily reflect the views of the CNA Board of Directors.*

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