

# Addressing Perioperative Staff Member Fatigue



RENAE N. BATTIÉ, MN, RN, CNOR; HESTER RALL, MBA, BN, RN;  
LORIE KHORSAND, MBA, BSN, RN, CNOR; JODI HILL, BSN, RN, CNOR

## ABSTRACT

Staffing shortages among professionals in specialized health care and clinical situations that demand around-the-clock care make it challenging to address staff member fatigue. Many industries have developed restrictions on work hours to help reduce the effects of fatigue on safety. The perioperative specialty, however, often requires personnel to work long hours, offers limited resources for specialized professionals, and employs on-call schedules that can be demanding. This article discusses research and additional information related to fatigue and how it can affect perioperative patient care. It also describes how one group of nursing staff members developed tools to help identify and respond to perioperative staff member fatigue. *AORN J* 105 (March 2017) 285-291. © AORN, Inc, 2017. <http://dx.doi.org/10.1016/j.aorn.2017.01.003>

Key words: *perioperative nursing fatigue, safety, staffing, shifts, fatigue reduction.*

The unpredictable nature of work in perioperative settings poses the risk of staff members working more hours than scheduled, which may result in fatigue. Surgical procedures may last longer than expected, staff members may be unavailable for various reasons (eg, illness), and add-on emergency procedures may lengthen the day's operative schedule. When the staff group is small, as in critical access hospitals, or the specialty skills required are in high demand (eg, cardiac or trauma procedures), staff members may need to work during on-call hours in addition to their regular work schedule. All of these factors may add to immediate or cumulative fatigue that may affect the health and safety of staff members and patients.

## FATIGUE IN THE WORKPLACE

Researchers have studied the effects of fatigue on safety in the workplace. Aviation and other high-risk industries have adopted strict policies to help minimize and manage these issues.<sup>1</sup> For example, a flight may be delayed to await the arrival of a fresh flight crew before passengers are allowed to board the plane.<sup>1</sup> The high-risk health care industry has been slow to

adopt fatigue reduction strategies or to identify the effects of fatigue on individuals and work settings.<sup>2</sup> In fact, there is a long history of administrators and managers expecting health care personnel to work extended hours.<sup>2</sup> In addition, there are organizational challenges to having an adequate number of appropriately skilled individuals to perform the work involved, which makes working long hours difficult to avoid.<sup>3</sup>

One issue for nursing in particular is shift length. The use of 12-hour shifts in staffing units is helpful in attracting and retaining staff members who want regular days off, but it presents challenges to organizations when they attempt to address the effects of longer shifts on safety. According to AORN,

*[U]sing 12-hour shifts, although a staff satisfier, has been identified in recent studies to be linked to an increase in patient care errors and worker injuries such as needle-stick injuries, musculoskeletal injuries, and subsequent health issues from fatigue and sleep deprivation.*<sup>4(p2)</sup>

Anesthesia professionals have been ahead of other professional groups in adopting industrywide standards. These professionals

often work as a team and structure work responsibilities to rotate with a day off after working on call.<sup>5</sup> Anesthesia groups may have policies in their contracts or work group guidelines that address the issue of working the day after being on call, regardless of the number of hours worked while on call.

Physicians who work as individual providers, especially surgeons, face different organizational issues when addressing coverage. When a patient signs a surgery consent, he or she is giving a particular surgeon permission to perform the surgery, and the expectation is that this specific surgeon will perform the procedure. In general, surgeons view their responsibility as an individual commitment to a patient who is not open to substitution or replacement by another provider. This differs from other professions in which the client has consented to a service rather than an individual person. It is unusual for organizations or patients to discuss fatigue levels with a surgeon. As Pellegrini notes, however,

*If surgeons are trained to understand how fatigue manifests and affects their mental and physical capabilities, they can use this knowledge to determine whether to take a break or nap, postpone an operation, or carry it out with extra help.<sup>6</sup>*

Surgeon fatigue can be difficult to address. As an anecdotal example, one organization found a unique way to approach the issue. A surgeon who had worked through the night had a full day of elective procedures on the schedule and wanted to proceed with those procedures. Together, the anesthesia and nursing leader challenged the surgeon to postpone the elective surgeries, suggesting that the patients expected and deserved a fully rested surgeon. The surgeon argued that the rest of the team was fresh and it would be fine to proceed.

The anesthesia and nursing leader insisted that the scheduled patients deserved to know and to be allowed to make the final decision about whether to proceed with or postpone their surgeries. When the surgeon discussed the situation with the first patient and offered the option, the patient chose to delay the procedure until the surgeon was rested. It was not the policy to include the patient in the decision to proceed with a surgery; however, when the team or surgeon is fatigued, informing patients and allowing them the choice of delaying the procedure is a viable option.

Health care professionals have a history of training that drives performance regardless of work hours, stress, or fatigue. As a result, recent laws now limit academic residency work hours to 80-hour workweeks.<sup>7</sup> In health care settings, staffing shortages of personnel with critical skills tend to override the safety concerns of long hours. Additionally, nurses may feel guilty

when their coworkers have to work short staffed and offer to work additional hours on a different shift to help. There also may be a lack of training or tools to help recognize the signs of fatigue. Also, it is not usually culturally acceptable to speak up about fatigue in health care; rather, it is often seen as a sign of weakness. This mindset can be detrimental to both patient and nurse safety.

## LITERATURE REVIEW

Fatigue has become a standard of living for most adults in the United States, as a result of continuous information sharing and 24-hour activities, businesses, and work hours. Fatigue is defined as “weariness or exhaustion from labor, exertion, or stress.”<sup>8</sup> The National Sleep Foundation recommends that adults get seven to nine hours of uninterrupted sleep per 24 hours and states that only 30% of adults actually meet this goal.<sup>9</sup>

Dubeck<sup>10</sup> notes that fatigue causes physical and cognitive impairment and is a result of more than just working long hours: cumulative sleep loss and disruptions in circadian rhythms are also contributors. Perioperative nurses work extended shifts, provide coverage for all shifts, and need time for family interaction or other activities. All of these factors contribute to a lack of adequate rest before a nurse returns to work.<sup>10</sup>

Yumang-Ross and Burns<sup>11</sup> indicate that 21% of workers in the United States, many of them health care workers, rotate shifts and work longer-than-normal shifts, overtime, or after-hours shifts. Thus, their normal circadian rhythm of wakefulness and sleepiness does not match their activities and leads to an increase in poor sleeping patterns and fatigue.<sup>11</sup>

The effect of daylight saving time on safety is one example of how people have difficulty adjusting to small changes in their sleep and how it affects circadian rhythms. Smith<sup>12</sup> notes that traffic accidents increase by 17% during the six days after the beginning of daylight saving time, when many individuals lose one hour of sleep. In health care, these accidents could manifest as errors in patient care, increased workplace injuries (eg, needle sticks), and traffic accidents after long shifts.

Fatigue causes inattention, slower reaction times, and a lack of coordination, which result in accidents.<sup>13</sup> According to the National Transportation Safety Board, 20% of serious transportation accidents are related to fatigue.<sup>14</sup> The National Transportation Safety Board added reduction of fatigue-related incidents to their 2016 most-wanted list for transportation safety. Some well-known accidents caused by fatigue include the 1986 *Challenger* space shuttle accident, the

Download English Version:

<https://daneshyari.com/en/article/5567049>

Download Persian Version:

<https://daneshyari.com/article/5567049>

[Daneshyari.com](https://daneshyari.com)