

# **Creating Healthy Work Environments: Patient Safety and Nurse Fatigue**

**Canada's Virtual Forum on Patient Safety  
and Quality Improvement  
November 3, 2011**

**Lisa Ashley, MEd, BScN, RN, CCHN(C)**

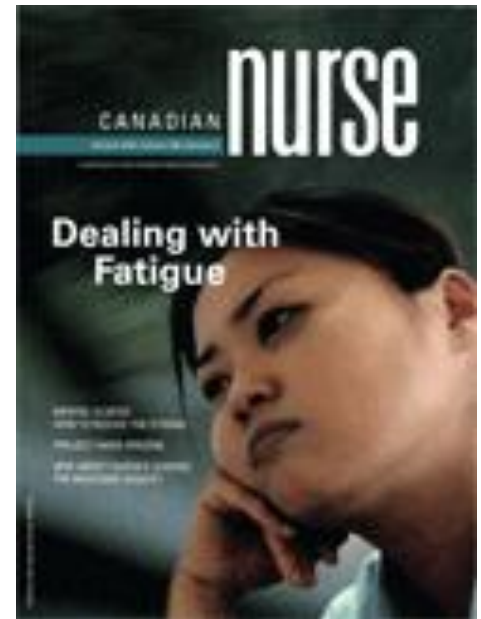


**CANADIAN  
NURSES  
ASSOCIATION**

CNA is the national professional voice of registered nurses in Canada. A federation of 11 provincial and territorial nursing associations and colleges representing 143,843 registered nurses.

CNA advances the practice and profession of nursing to improve health outcomes and strengthen Canada's publicly funded, not-for-profit health system.





[www.cna-aiic.ca](http://www.cna-aiic.ca)



CANADIAN  
**NURSES**  
ASSOCIATION

# 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.



**Health-care staff close to burnout, study finds**

*Globe and Mail, January 19, 2010*

**Nurses' union sounds alarm over suicides: Quebec City records four in 18-month span**

*Montreal Gazette, August 14, 2010*

**Top-paid nurse in '09 made almost \$250,000**

*Regina Leader-Post, August 10, 2010*

**SRNA warns nurses that overtime could lead to fatigue and put patients at risk**

*Regina Leader-Post, August 16, 2010*



CANADIAN  
NURSES  
ASSOCIATION

# 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



# Signs and Symptoms

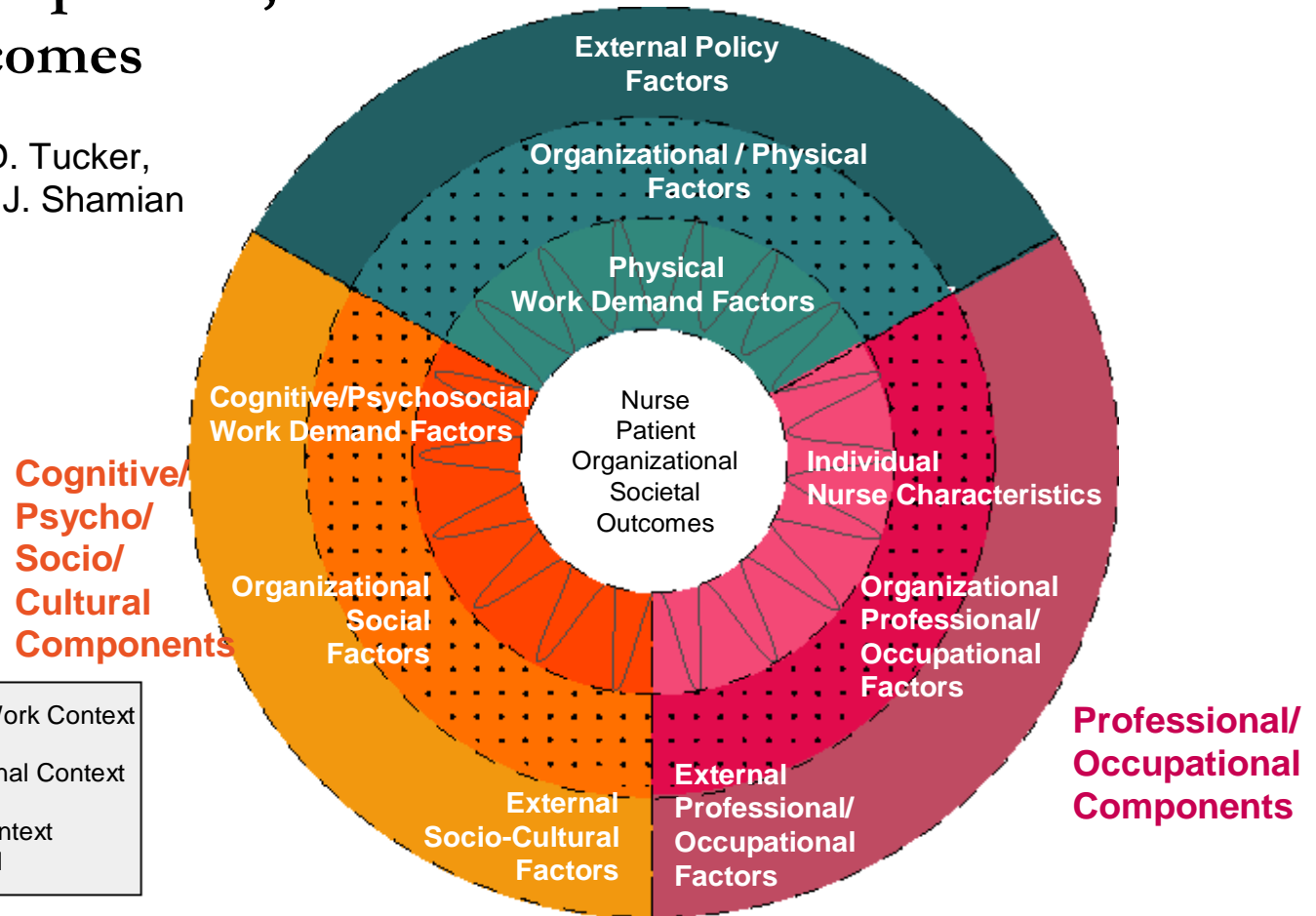
- Physical
- Mental
- Emotional



# Conceptual Model for Healthy Work Environments for Nurses - Components, Factors & Outcomes

P. Griffin, F. El-Jardali, D. Tucker, D. Grinspun, I. Bajnok & J. Shamian

**Physical / Structural Policy Components**





# Results from 2009 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%

# 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



# Physical and Structural Components

- Heavy physical workload
- Overtime
- Organizational processes
- 12-hour shifts
- Renovations to health-care facilities
- Heavy workload – number of clients
- Limited equipment and resources



...from a nurse clinician, acute care

*“We have more nurses that are working overtime, whether they are being requested or demanded or whether they feel guilty ... not to leave their co-workers’ short-handed ... they are working more than what is probably healthy for them and ... mistakes can happen.”*



# Cognitive/Psycho/Socio Cultural Components

- Never getting away from work
- Inability to meet expectations of self and others
- Organizational leadership
- New technology and innovations
- Lack of autonomy
- Patient acuity
- Aging workforce
- Lack of time to mentor



...from a nurse clinician, long-term care

*“The acuity level of residents or patients is way different than it used to be.*

*For a while, in long-term care, we had a ventilated patient. And that was a huge learning thing for us. In years gone by, that would have never occurred.”*





...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!’ ”*



# Professional/Occupational Components

- Personal responsibilities and stressors
- Personal health and wellness
- Poor interprofessional relationships
- RNs' fear of being replaced
- Casualization
- Lack of continuity of patient care
- Nursing shortage and turnover
- Professional development



...from a nurse clinician, acute care

*“Ultimately our staff is getting so worn out, so tired, it’s getting a little more difficult to make judgment calls. In the end, it does affect patient safety. ... It hasn’t improved at all, it’s actually gotten worse. ... That’s probably one of the reasons I left the regional hospital, ... because it was absolutely exhausting. That would be about 10 years ago.”*



## 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<sup>1</sup> 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.”<sup>2</sup>

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.<sup>3</sup>

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.<sup>4</sup>

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

<sup>1</sup> The sections on responsibilities and the overall position statement draw heavily on the joint CNA & RNAO *Nurse Fatigue and Patient Safety: Research Report* (2010).

<sup>2</sup> (CNA & RNAO, 2010, p.1)

<sup>3</sup> (Rogers, Hwang, Scott, Aiken & Dinges, 2004; Schaffner, 2006; Suzuki et al., 2004)

<sup>4</sup> (Lyndon, 2007; McClelland, 2007; Schaffner, 2006; Zboril-Benson, 2002)

## ...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 decision-making ... staffing and ratios, [and] different supports for nurses.”*



# 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





# What Nurses Can Do

- Rest, diet, exercise
- Buddy system
- Advocate for new/ better policies
- Support colleagues
- Advocate for changes in health care culture
- Lobby for increased funding and staff

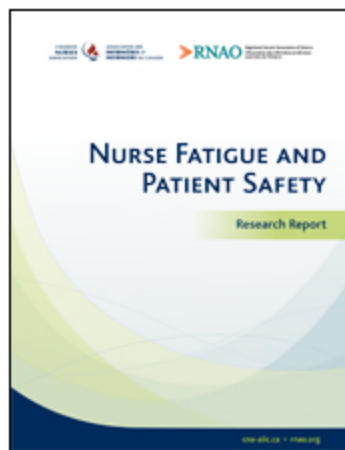




## Nursing Practice

- ▶ CNA's Primary Care Toolkit
- ▶ Nursing Ethics
- ▶ Standards and Best Practices
- ▶ The Practice of Nursing
- ▶ Leadership
- ▶ Practice Environments and Patient Safety
- ▶ Advanced Nursing Practice
- ▶ Nursing Informatics
- ▶ Research
- ▶ **Nurse Fatigue and Patient Safety**

### Nurse Fatigue and Patient Safety



#### *Nurse Fatigue & Patient Safety Research Report*

- [Executive Summary](#)
- [Full Report](#)
  
- [Taking Action on Nurse Fatigue](#)

To determine prevailing norms across Canada related to fatigue in nursing and patient safety, CNA and RNAO conducted a broad environmental scan that included interviews, a national survey and a literature review. The report includes recommended solutions to this critical health-care issue targeted to the system, organizations and practitioners.

**Lisa Ashley, MEd, BScN, RN,  
CCHN(C)**

**Nurse Advisor**

**Canadian Nurses Association**

[lashley@cna-aiic.ca](mailto:lashley@cna-aiic.ca)



CANADIAN  
NURSES  
ASSOCIATION