Nurse fatigue is defined by the American Nurses Association (ANA) as impaired function resulting from physical labor or mental exertion. There are three types of fatigue: physiological (reduced physical capacity), objective (reduced productivity) and subjective (weary or unmotivated feeling). Both registered nurses (RNs) and employers have an ethical responsibility to carefully consider the need for adequate rest and sleep when deciding whether to offer or accept work assignments, including on-call, voluntary, or mandatory overtime. Evidence-based strategies must be implemented to proactively address nurse fatigue and sleepiness; to promote the health, safety, and wellness of registered nurses; and to ensure optimal patient outcomes (ANA, 2014).

The following definitions are provided to ensure that everyone has the same understanding of terms.

**Culture of safety:** core values and behaviors resulting from a collective and sustained commitment by employers and health care workers to emphasize safety over competing goals.

**Fatigue countermeasures:** a range of evidence-based strategies aimed at either temporarily reducing and counteracting the effects of fatigue or sleepiness. Examples are the strategic (therapeutic) use of caffeine or naps and the combination of caffeine and naps to temporarily increase alertness.

**Mandatory overtime:** employer-mandated work hours beyond normally scheduled or contracted hours in a day or week, including required work over 40 hours in any seven-day period.

**Sleepiness:** the increased propensity to fall asleep. In contrast to fatigue, sleepiness is specifically due to imbalance in sleep and wake time, disrupted circadian rhythms, or inadequate quantity and quality of sleep.

**Stakeholders:** departments, organizations, union, individuals, families, communities, and populations that can affect or be affected by any policy, guideline, or change in a process that is implemented.

**Voluntary overtime:** work hours above and beyond the routinely recognized hours for the workweek without undue pressure from the road.

This article will provide background information, outline responsibilities of RNs and employers, and review research related to this issue.

**Background**

Inadequate sleep and resulting fatigue can affect a RN’s ability to deliver optimal patient care. Working fatigued can lead to an increased risk of error; a decline in short-term and working memory; a reduced ability to learn; a negative impact of divergent thinking, innovation, and insight; increased risk-taking behavior; and impaired mood and communication skills. In addition, fatigue and sleep-deprived nurses are more likely to report clinical decision regret, which occurs when their behaviors do not align with professional nursing practice standards or expectations (ANA, 2014).

Fatigue also has major implications for the health and safety of RNs. Substantial scientific evidence links shift work and long working hours to mood disorders, obesity, diabetes mellitus, metabolic syndrome, cardiovascular disease, cancer, and adverse reproductive outcomes (ANA, 2014).

In addition, driving when drowsy endangers the lives of both the driver and other people on the road. With this being ANA’s Year of the Healthy Nurse, it behooves all of us to implement strategies to maintain our own health, to protect the health of those we serve.

In addition to the health and safety risks, the effects of fatigue and sleepiness have financial ramifications. Direct costs to employers include increases in health care costs, workers’ compensation claims, early disability costs, recruitment and training costs, and legal fees (ANA, 2014). Nurse fatigue is frequently linked to patient safety initiatives. Despite regulations on shift length and cumulative working hours for resident physicians and people in other industries, there are no national work hour policies for RNs. Staffing issues, coupled with a weak economy, have motivated nurses to work past the end of their scheduled shift or to work additional shifts. One study using a sample of 22,275 RNs from four states showed that the longer the shift, the greater the likelihood of adverse nurse outcomes such as burnout and patient dissatisfaction (ONA, 2015).

The Institute of Medicine recommends that RNs not exceed 12 hours of work in a 24-hour period and 60 hours of work within seven days (Institute of Medicine of the National Academies [IOM], 2004).

The Centers for Disease Control and Prevention provides training for nurses on shift work and long work hours through two free continuing education programs: CDC course numbers WB2408 and WB2409. The purpose of this online training program is to educate nurses and their managers about the health and safety risks associated with shift work, long work hours, and related workplace fatigue issues. Part 1 is designed to increase knowledge about the wide range of risks linked to these work schedules and related fatigue issues and promote understanding about why these risks occur. Part 2 is designed to increase knowledge about personal behaviors and workplace systems to reduce these risks. Content for this training program is derived from evidence-based research.
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Nurse Fatigue continued from page 1 from scientific literature on shift work, long work hours, sleep, and circadian rhythms (NIOSH, 2015).

Responsibilities of RNs
As advocates for health and safety, RNs are accountable for their practice and have an ethical responsibility to address fatigue and sleepiness in the workplace that may result in harm and prevent optimal patient care. Nurses need to arrive at work alert and well rested, and should take meal and rest breaks and implement fatigue countermeasures as necessary to maintain alertness. RNs are responsible for negotiating or even rejecting a work assignment that compromises the availability of sufficient time for sleep and recovery from work. The amount of recovery time necessary depends on the amount of work, including regularly scheduled shifts and mandatory or voluntary overtime (ANA, 2014).

Examples of evidence-based fatigue countermeasures and personal strategies to reduce the risks of fatigue are outlined in the ANA position statement background information:

1. Sleep 7-9 hours within a 24-hour period and consider implementing strategies to improve the quality of sleep, such as adjusting the sleep environment so it is conducive to sleep (e.g. very dark, comfortable, quiet, and cool) and removing distractions such as bright lights and electronics from the sleep environment.
2. Rest before a shift to avoid coming to work fatigued.
3. Be aware of side effects of over-the-counter and prescription medications that may impair alertness and performance.
4. Improve overall personal health and wellness through stress management, nutrition, and frequent breaks from work.
5. Use benefits and services provided by employer, such as wellness programs, education and training sessions, worksite fitness centers, and designated rest areas.
6. Take scheduled meals and breaks during the work shift.
7. Use naps in accordance with workplace policies.
8. Follow established policies, and use existing reporting systems to provide information about accidents, errors, and near misses.
9. Follow steps to ensure safety while driving, such as recognizing the warning signs of drowsy driving, using naps or caffeine to be alert enough to drive, and avoiding driving after even small amounts of alcohol when sleep-deprived. Actions such as putting windows down, pinching themselves, or turning up the radio do not work.
10. Consider the length of a commute prior to applying for employment.

Nurse Fatigue continued on page 3

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Nurse Fatigue continued on page 3
Nurse Fatigue continued from page 2

11. Prior to accepting a position, consider the employer’s demonstrated commitment to establishing a culture of safety and to reducing occupational hazards, including nurse fatigue (ANA, 2014).

If necessary, a RN should seek a schedule that is a better fit for his or her needs by negotiating with the employer or by seeking other employment if negotiation is not possible.

Responsibilities of Employers

Employers of RNs are responsible for establishing a culture of safety, a healthy work environment, and for implementing evidence-based policies, procedures, and strategies that promote healthy nursing work schedules and that improve alertness. Safe levels of staffing are essential to providing optimal patient care and ensuring a safe environment for patients and RNs (ANA, 2014).

Employers should limit shifts (including mandatory training and meetings) to a maximum of 12 hours in 24 hours. Those limitations should include on-call hours worked in addition to actual work hours. In addition, they should conduct regular audits to ensure scheduling policies are maintained. Employers have a duty to ensure that nurses can take meal and rest breaks during work shifts. Furthermore, employers should facilitate the use of naps during scheduled breaks, as the benefits of napping during long shifts are well supported by research (ANA, 2014).

ANA recommends implementation of the following evidence-based strategies:

1. Eliminate the use of mandatory overtime as a staffing solution.
2. Have employers adopt – as official policy- the position that RNs have the right to accept or reject a work assignment to prevent risks from fatigue, that such rejection does not constitute patient abandonment, and that RNs should not suffer adverse consequences in retaliation for rejecting in good faith a work assignment to prevent risks from fatigue. This should include a system to evaluate instances of RNs rejecting assignments to evaluate causes and effectiveness of staffing patterns.
3. Institute an anonymous reporting system for employees so they can give information about their accidents, errors, and near misses. Factors that increase the risk for fatigue-related errors should be included in incident investigations so employers can determine if fatigue was a contributing factor.
4. Institute policies that address the design of work schedules, such as limits on overtime; actions to take when a worker is too fatigued to work; and policies and procedures during emergencies caused by weather and major disasters, when a large influx of patients may unexpectedly arrive at the health care organization.

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The New Mexico Nurse • Page 3
These values, beliefs, and behaviors define the aspect of culture that can act as barriers to fatigue risk management programs and patient safety initiatives. Sagherian and colleagues (2016) conducted a descriptive cross-sectional study looking at the association between fatigue, work schedules, and perceived work performance among nurses. Seventy-seven bedside nurses participated in this study. Nurses’ acute and chronic fatigue levels were significantly associated with performance of physical and mental nursing care activities. Low intershift recovery was associated with inadequate hours of sleep, waking not fully refreshed, and working overtime. These findings indicated nurses had insufficient time to restore depleted energy levels outside work hours, which has patient safety implications. The findings of this study are consistent with the findings of a larger study (n=340) conducted by Steege, Pasupathy, and Drake (2017).

A risk management model for nurse executives to address occupational fatigue in nurses was described by Steege and Pinnekisten (2016). They synthesized existing evidence on fatigue risk management and decision making in nursing leadership and developed a conceptual model of multilevel fatigue risk management in nursing work systems to address current fatigue management challenges. Their model included data sources, nurse fatigue monitoring, decision-support tools and risk management responsibilities/controls to improve patient outcomes. Evaluation of the effectiveness of specific hazard controls in minimizing fatigue and mitigating its associated risks is needed to guide nurse leaders in practice.

Fatigue is an issue that must be addressed to promote quality patient care. All nurses need to be aware of fatigue countermeasures and implement strategies to ensure they can safely function, whether taking care of themselves or others.

References


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July, August, September, 2017

Joint responsibilities of registered nurses and employers to reduce risks. Silver Spring, MA: Author.


Barbara Brunt, MA, MN, RN-BC, NE-BC is currently an Education Consultant for Brun Consulting Services. She has 28 years of experience in various nursing professional development (NPD) positions, from instructor, coordinator, to director. She retired from Summa Health System in February 2016 where she served as Magnet Program Director. She is an ANCC appraiser for continuing education through the American Nurses Credentialing Center and is the content editor for TrendLines, a monthly newsletter for NPD practitioners.
Issues of Liability: The Myth of Another Working under the Nurse’s License

Dr. Karen L. Brooks, Esq., EdD, MSN RN

This column explores the incorrect notion that nursing students work under the license of the nursing preceptor or nursing faculty member. Of note, this is also the fourth column in a series on liability concerns and insurance myths that, if followed, can adversely affect the decision to protect (insure) one’s nursing license. Following is a hypothetical situation that illustrates, in tangible fashion, how the fallacy about license. Following is a hypothetical situation that illustrates, in tangible fashion, how the fallacy about

FAQ: As the new year is underway, it will soon be time for the nursing “just about to be graduates” to have a leadership experience at a local healthcare facility, where they will work with a preceptor. The local medical center is envisioned as being one of the placement sites. This is a new site for the preceptor experience. One day, the college preceptor coordinator receives a call from the personnel office at the medical center. The person from the personnel office asks about the preceptor agreement that the medical center has just received from the college.

The medical center and especially the potential nurse preceptors at the healthcare facility are concerned with their own liability. The preceptor agreement does not specify under whose nursing license the students will be working since the nursing students will not yet have their nursing licenses during the experience.

To be clear, the person named on the nursing license is the person who is the responsible party under the license. No other person, persons or groups work under the license of the named party on the nursing license. Students enrolled in nursing programs, which are authorized by the board of nursing in the state, typically are permitted through exemption or exception to provide nursing care. The state nurse practice act may also lay out the expectations for students who are enrolled in authorized nursing programs of study. Pertaining to this discussion, the nursing preceptor and nursing faculty member are accountable for properly supervising student activities and for delegating responsibly, taking into account the student’s abilities and level of skill. It is vital that the healthcare organization, preceptors and faculty be cognizant of the state statutory requirements for nursing students as well as state board of nursing rules and regulations.

Does this mean that the nurse preceptor and nurse faculty are able to escape liability for the misdeeds of nursing students? This is not necessarily so. It is still possible that liability for student actions or omissions might extend to the healthcare organization, the preceptor, to the nursing faculty member as well as to the academic institution particularly if there has been a failure by a preceptor or faculty member to properly instruct, supervise, delegate and/or intervene when needed.

Karen Brooks Esq., EdD, MSN, RN is a Graduate Lead Nursing Faculty (Remote: Santa Fe, New Mexico), College of Online and Continuing Education, Southern New Hampshire University. NMNA thanks her for generously providing this column for the nurses in NM.

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Built Environment: Is Your Community Designed For Walking?

In the early 1900’s the trend was to separate homes from businesses and was reflected in the early 20th century housing reform movement as a response to minimizing infectious diseases. The American Journal of Public Health stated that these ordinances were thought to “improve public health, safety, morals and general welfare.” American Journal of Public Health, September, 2003. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1447979/

Now we have more people commuting, leading sedentary lifestyles and fewer people walking. Infectious disease management was replaced with a focus on aesthetics and economics, not health. Smoking became the focus of public health officials and a built environment was lost on architects, engineers and business owners, who have dominated urban planning.

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The Healthy Nurse | Healthy New Mexico interest group is committed to walking. Here are some recommendations:

• Begin by tracking the number of steps you take each day for a week.
• After the first week, set a goal for yourself that is realistic, not overwhelming and supportive of your personal tolerance.
• Gradually increase your goal by adding 500 steps to your goal when you are ready for an increase.
• Be creative about how you achieve your daily goals, such as walking during your lunch break, with a friend, through parks, neighborhoods and nearby trails.
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NMNA uses table top discussion to energize participants at the workshop and allow for increased participation; drawing upon personal experience and expertise, workshop participants were able to choose to explore four of the five domains of the ANA Healthy Nurse Healthy Nation Grand Challenge.

Healthy Nurse Healthy Nation continued on page 8

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It was significant that the President of the American Nurses Association, Pam Cipriano provided the keynote for the Workshop. Nursing leaders representing the NM Nurse Practitioner Council, NM School Nurses, NM CRNAs, Christus St Vincent, and SFCC Student Nurses Association joined NMNA President Leigh DeRoos to cut a “birthday cake” for Florence Nightengale as part of the celebration.

A moment to reflect was led by members of the NM Native American Nurses Association during the Healthy Nurse, Healthy Nation NMNA/ANA workshop.

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Retaining newly hired, competent nurses — whether new graduates or experienced RNs — is good for everyone: employers, staff, patients and the new employees, themselves. What are vital to their tenure, however, may be how they are transitioned into the workplace and whether the organization is committed to a culture of safety.

“Orientation is the first step in retaining nurses,” said Dennis Sherrod, EdD, RN, professor and Forsyth Medical Center Endowed Chair of Recruitment and Retention at Winston-Salem State University and a member and past-president of the North Carolina Nurses Association. “Although it’s difficult when working with a large group of new employees, it’s important that the orientation be nurse-centered, meaning individualized as much as possible to their needs, that there is a mentorship piece in place and that newly hired nurses are introduced to the culture of the workplace early on.”

Nurse turnover is an ongoing issue — with some health care facilities faring better than others. According to the 2016 National Healthcare Retention & RN Staffing Report by NSI Nursing Solutions, Inc., the turnover rate for bedside RNs rose to 17.2 percent in 2015, an increase from 16.4 percent in 2014.

According to a 2014 article in Policy, Politics, & Nursing Practice, New York University College of Nursing Professor and researcher Christine T. Kovner, PhD, RN, FAAN, and colleagues reported that about 17.5 percent of new nurses leave their initial job within the first year.

Beyond the upheaval on units, nurse turnover is costly. The NSI Nursing Solutions, Inc., report noted “the average cost of a turnover for a bedside nurse ranges from $37,700 to $58,400, resulting in the average hospital losing $6.6 million. (Some reports place turnover costs even higher.)

Offering smoother and safer transitions

An overarching goal of Southeastern Health’s orientation program is promoting a culture of safety in newly hired employees – both new grads and experienced nurses, according to Cynthia McArthur-Kearney, DHA, MSN, RN, NE-BC, manager of Education Services at the North Carolina hospital system and NCNA member. This is accomplished, in part, by using concepts outlined in TeamSTEPPS. TeamSTEPPS is a system aimed at assisting health care professionals to provide higher quality, safer patient care by strengthening their skills around teamwork, communication, conflict resolution and eliminating barriers to ensuring the best clinical outcomes for patients.

“All RNs going through the nursing services orientation are exposed to the program’s concepts, and all preceptors receive specialized TeamSTEPPS training so they can reinforce important concepts specifically to new grads during orientation and in their residency program.”

“We don’t need to train new grads on how to insert catheters or change dressings,” McArthur-Kearney said. “Although the tasks are important, we want to teach them critical thinking. And the focus needs to be on safety. We need
Another approach to quality and safety

The University of Alabama at Birmingham Medical Center changed the way it conducted its orientation and residency programs for new hires about four years ago, according to David James, DNP, RN, CCRN, CCNS, who previously served as the advanced practice nurse coordinator for Clinical Nursing Excellence at UABMC and is an Alabama State Nurses Association member.

“Orientation used to be more of an inservice-type model with a lot of content and a ‘parade of stars,’ where staff from various departments were given a few minutes to discuss their roles,” James said. “Now we’ve moved to a different model, taking the Quality & Safety Education for Nurses competencies used at the UAB School of Nursing and using them for our orientation schema.”

Developed by nurse leaders involved in the QSEN initiative, the competencies address quality and safety education around patient-centered care; teamwork and collaboration; evidence-based practice; quality improvement; safety; and informatics. (Please see the QSEN Institute website at www.qsen.org.)

Each day of the UABMC orientation is linked to one of those core competencies, James said. And although having everyone understand that patient safety is essential, it’s extremely important that nurses know what systems are in place to support patient safety – whether it’s evidence-based practice or the use of technology.

In terms of structure, all newly licensed RNs attend the five-day orientation, which also addresses UABMC workplace culture, and then participate in a yearlong residency program to help ease their transition into practice and hardwire key competencies, according to Connie White-Williams, PhD, RN, NE-BC, FAAN, the director of UABMC’s Center for Nursing Excellence and an American Nurses Association member.

“Our onboarding process for experienced nurses beyond the orientation is unit-based and individualized to their needs,” she said. For example, a nurse who has 15 years in cardiac care and is hired onto a neuro unit should not be expected to take a full workload as quickly as someone who was hired onto a unit they have vast experience in.

Further, White-Williams added that about a month after their employment, she and Chief Nursing Officer Terri Poe, DNP, RN, NE-BC, meet with these experienced nurse hires to get their input about what went well, where improvements can be made and whether they feel welcomed. And experienced nurses, like new grads, are assigned preceptors who serve as an ongoing resource.

But to ensure a culture of safety and to retain staff takes more.

“We have probably 900 new nurses this year who we are trying to successfully orient and onboard,” White-Williams said. “We’re not different than anyone else in terms of trying to retain folks. It really does take a village to do this successfully, and it takes a lot of resources.”

A journey toward safety

“We say let’s hire for attitude and train for skill,” said Clyde A. Bristow III, MSN, RN, CENP, chief nursing officer at Wake Forest Baptist Health Lexington Medical Center and director of Clinical Education. “We can teach nurses how to insert an IV, but what we’re looking for are things like how does the nurse engage with patients, do they make them feel safe.”

Safety is an ongoing theme at WFBH. All newly hired staff must attend a four-hour program called

Culture of Safety continued from page 9

to make sure new grads – and all our nurses – understand what a culture of safety looks like and why it’s important.”

For example, preceptors working with new grads emphasize the importance of teamwork to achieving positive patient outcomes, understanding the roles of each team member, and how to communicate effectively with team members, including patients and their families. Role playing is often employed, such as learning how to have an effective conversation with a team member who may want to do a clinical task in an outdated way, explained McArthur-Kearney.

“To have a culture of safety, nurses also need to be aware of their environment, what’s going on around them,” McArthur-Kearney said. “So we emphasize that if a nurse sees a team member who is not filling a role during a code or who appears overloaded with an influx of patients, for example, that nurse must step up to ensure the best patient outcomes.” They also are taught how to identify when a situation may be getting out of control, as well as de-escalation strategies.

Another important component of on-boarding at Southeastern Health is orienting all newly hired staff on concepts outlined in the hospital’s strategic pillars. These concepts focus on embracing a language of caring, being fully present when interacting with colleagues, patients and family members, and showing kindness, including through non-verbal cues. Added McArthur-Kearney, these strategies not only help to create and maintain a culture of safety, but also help with staff retention.
Safety Starts Here within their first 90 days of employment, according to Bristow. “We start early by weaving in culture of safety principles — those based on high reliability and best practices — throughout our [orientation and new grad residency] programs, and all newly hired nurses must integrate them into their care,” Bristow said. Those principles range from engaging in daily safety huddles to maintaining patient privacy to working collaboratively with all disciplines, and they are constantly reinforced.

All new nurses also must commit to WFBH’s “patient and family promise,” according to Phyllis Knight-Brown, MSN, RN, WFBH clinical education manager and a member of the Association of Nursing Professional Development, an organizational affiliate of the American Nurses Association. That promise speaks to staff pledging to patients that they will keep them safe, care for them, involve them and their families in care, and respect them and their time.

“We also try to empower all our nurses to feel they can say, ‘I have a concern’ or ‘I need help,’ especially new nurses so they are not struggling alone,” she said.

Looking specifically at newly hired, newly licensed RNs, WFBH provides them with a yearlong, residency-type program called Journeys. It consists of a general and a unit-based orientation; a structured preceptorship; quarterly workshops, which include simulated practice and didactic sessions; and the opportunity to network and gain support from their co-hort. Workshop content is specific to new nurses’ units, however, the eight-hour sessions also cover issues such as stress management and self care, cultural competence and diversity, safety terminology and resources, patient instability, and shared governance.

“We have some flexibility in the program so we can tailor it more to the needs of our new nurses,” Bristow said. “We don’t want to find out on the 89th day that they don’t get along with their preceptor or haven’t learned how to do x, y or z. So preceptors and nurse managers meet often to determine where someone might need training. Then that nurse is placed in a situation where he or she can learn, which really benefits them as new nurses.”

WFBH also has a network of resource nurses, including preceptors, who can provide continuous guidance and information after the orientation and residency is complete.

Final comments

There is no secret recipe to creating a good orientation and onboarding program to retain competent and safety-focused nurses, according to Sherrod. However, it needs to be competency-based, nurse managers and staff need to celebrate and welcome new hires, and everyone should have a mentor.

Beyond orientation and residencies, retention also is dependent on factors such as workload, effective collaboration, strong professional practice roles and a healthy work environment.

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