Workplace Fatigue: A Nursing Perspective
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Problem: Nursing leaders perceived fatigue to be the source of staffing concerns due to associate’s age, excessive overtime and increased obligations at home. Nurses perceived fatigue to be workload related.

Research Question: How to choose an intervention if source of fatigue is unknown?

Evidence: Numerous aspects of fatigue are discussed in literature, specifically hours/shift, shifts/week, aging workforce and staff shortages. Evidence supports this phenomenon being linked to patient safety and outcomes, manifested in a broad array of symptoms, severity and characteristics. Two valid and reliable tools were selected to differentiate acute from chronic fatigue, inter-shift recovery, severity and characteristics exhibited in the workplace.

Strategy: A cross-sectional design was implemented using the OFER – 15 and CIS surveys to qualify nursing fatigue after IRB approval. The surveys were combined in electronic and paper format, providing anonymous response over four weeks.

Practice Change: Survey results guided selection of interventions to impact workplace fatigue for nursing associates. Nursing’s shared governance selected these activities to reduce intrashift fatigue. Evaluation: Participation in shared governance to select and implement fatigue-reducing activities was reported across the system. Activities will be highlighted during Nurse Week 2013 activities and re-evaluated in one year.

Results: A 39.2% (720) response rate produced 639 completed surveys for analysis. Fatigue existed (Mo=44, 84) with moderately-high severity [Mo=109 (126)]. Acute fatigue [Mo= 17 (30)] was greater than chronic fatigue [Mo= 4 (24)], moderately high in severity [Mo= 31 (49)] and equally spread across cognitive [Mo= 14 (28)], motivational [Mo= 13 (28)] and physical domains [Mo= 12 (28)].

Recommendations: Interventions have been planned to target intrashift fatigue in this workplace. A secondary analysis has been conducted to provide focused interventions by age, specialty and other demographic characteristics. Two additional CHRISTUS facilities are implementing the study for multi-site analysis.

Lessons Learned: Fatigue is present among our associates and posing a threat to patient safety; however, precipitating factors perceived by leaders were not evident in the associate’s results.
Bibliography:


