

# Workplace Fatigue Among Oncology Nursing Personnel

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Workplace fatigue is common among occupations that have prolonged work hours, rotating shifts, night-time work hours, inadequate time for rest during work, and insufficient time for recovery between shifts. Available evidence suggests that workplace fatigue poses a substantial threat to patient safety and contributes to worker injury and decreased vigilance. However, little is known about workplace fatigue among nursing personnel working in institutions dedicated solely to the care of patients with cancer. This study describes the scope and severity of workplace fatigue among nursing personnel working in the inpatient and ambulatory care divisions of a comprehensive cancer center.

## At a Glance

- Oncology nursing personnel working in inpatient or ambulatory areas are vulnerable to workplace fatigue.
- Oncology nurses would benefit from monitoring their levels of workplace fatigue and engaging in self-care strategies to combat fatigue.
- A need exists for oncology nurses to work with their managers to overcome the problem of workplace fatigue.

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Health care is not always as safe as it should be. Since the publication of the Institute of Medicine's (IOM's, 1999) landmark report, *To Err is Human: Building a Safer Health System*, healthcare providers have extensively studied process changes that could reduce medical errors. The IOM (1999) report defined a *medical error* as an occurrence when a planned action fails to be completed as intended, or when the wrong plan is used to achieve an aim. The majority of medical errors have been found to be the result of faulty systems, processes, and conditions that lead people to make mistakes or fail to

prevent their occurrence (IOM, 1999, 2003). For example, work environments characterized by excessive work hours and rotating shift work have been shown to contribute to workplace fatigue, with a consequent increase in medical errors.

*Workplace fatigue* can be defined as a condition characterized by a lessened capacity for work and reduced efficiency of accomplishment, typically accompanied by a feeling of weariness and tiredness (Canadian Nurses Association, 2010; Lerman et al., 2012). Growing evidence shows that workplace fatigue contributes to an increase in medical errors and a decrease in patient safety

(IOM, 1999; Rogers, Hwang, Scott, Aiken, & Dinges, 2004). One report found that nurses are present 84% of the time when medical errors that result in harm to the patient occur (IOM, 1999). Factors found to increase nurses' risk of workplace fatigue include shift work (e.g., rotating off-shifts) and working more than 13 consecutive hours (Rogers et al., 2004; Scott, Rogers, Hwang, & Zhang, 2006; Yuan et al., 2011).

Studies indicate that nurses working long, consecutive hours and rotating off-shifts are at greater risk for making errors in patient care (Rogers et al., 2004; Scott et al., 2006), report a high number of musculoskeletal problems (Trinkoff, Le, Geiger-Brown, Lipscomb, & Lang, 2006), have greater incidence of needlestick injuries (Trinkoff, Le, Geiger-Brown, & Lipscomb, 2007), and are less vigilant in their job performance (Scott et al., 2006). One investigator reported that nurses working rotating shifts, compared to nurses working fixed day shifts, were twice as likely to report accidents or errors and 2.5 times more likely to report "near-miss" accidents or errors (Gold et al., 1992).

The responsibility for assessing and managing workplace fatigue is shared by nurses and their employers (American Nurses Association [ANA], 2014; Canadian Nurses Association, 2010; Joint Commission, 2011; Lerman et al., 2012). Two reports have posited that nurses have an obligation to (a) engage in education regarding fatigue and the use of fatigue countermeasures and (b) develop the ability to recognize feelings of fatigue and use personal fatigue countermeasures appropriately (ANA, 2006, 2014). Similarly, efforts were supported by the Sentinel Event Alert (Joint Commission,