



DEVELOPING NATIONAL PRINCIPLES AND TOOLS FOR THE RECOGNITION, PREVENTION AND MITIGATION OF FATIGUE IN HEALTH WORKERS

An initiative of the Australian Council for Safety and Quality in Health Care



Sleepiness and fatigue in health workers can adversely impact on safety and quality of patient care.

What is the project about?

Long and irregular work hours can result in reduced length and quality of sleep, and increased fatigue levels. This is because the time available for sleep is decreased, and the individual is trying to sleep when their body is programmed to be awake, and trying to work when their body would usually be asleep. Studies have clearly shown that sleep loss and increased fatigue result in impaired mental and physical performance. This has serious safety implications. Indeed, fatigue has been identified as a major contributor to accidents in various industrial settings. As a result, fatigue is now recognised as a significant risk factor for health and safety. While some industries such as road and rail transport, aviation and mining have begun to manage the associated risks in a logical and systematic way, the health care industry continues to lag behind. There has been no systematic effort to manage fatigue in health despite the 24-hour nature of the work.

The Centre for Sleep Research, in conjunction with the *Australian Council for Safety and Quality in Health Care*, is developing practical tools and strategies for the recognition, prevention and mitigation of fatigue in health workers. These tools will fit within the National Patient Safety Education Framework (2005), guiding the development of educational programs for health care workers. This project will involve representatives from all over Australia who perform a wide range of health care roles. We will be talking to as many health professionals as possible, including (but not limited to) nursing, midwifery, general practice, surgery, O&G, allied health, mental health, acute care and anaesthetics. This project is team-centred, focusing on the way individuals work as part of their particular discipline, as part of their healthcare team in addition to the manner in which the team itself works.

How does the project work?

We will be investigating perceptions, experiences and ideas about fatigue in the health care setting. Participants can be involved in several ways:

- (1) Focus Groups – Members of The CFSR Project Team will lead a series of focus groups across Australia. These will take approximately 2 hours of your time.
- (2) Structured Interview – These will be conducted by a CFSR team member and will take 20-25 minutes.
- (3) Questionnaire – These can be posted to you, or downloaded from our project website (www.unisa.edu.au/sleep/patientsafety) and will take approximately half an hour to complete.

What ideas will be discussed during the project?

The following case study is just one example of the way in which fatigue may impact on a health care environment. This occurred several years ago in a major teaching hospital...

A 35-year-old woman experienced a long and difficult labour. After several hours she experienced third degree tears and was given a somewhat belated episiotomy. The child was delivered in good health. However, due to the delay there were significant complications associated with the procedure. Severe peritoneal damage resulted in surgical intervention with the insertion of a colostomy bag, which was still necessary more than three years later. The patient subsequently sought medico-legal opinions and several specialists indicated that the medical management of the case was not consistent with current best practice guidelines. In their opinion, was negligent with respect to the patients' interests. They believed the decision to delay the episiotomy was inappropriate, increasing the likelihood of complications.

At the time of the incident [0800h], the junior doctor working on the labour ward had been asked to cover several consultants during the Christmas-New Year period, who had all organised to be away with their families, as was a long tradition going back several decades. Thus, there was a historical expectation that the junior doctor would cover the consultants during this period. Junior doctors were usually happy to undertake such activities since many of them felt that it would enhance the possibility of entry into specialist training programs. In addition, there were further factors that complicated staffing issues during this period. The acting-CNC on the ward was very junior since senior staff had requested and received leave during this period. Similarly, staffing levels for nursing care were low due to the hospital policy of supplementing minimum staff by using agency and casual staff, which were difficult to obtain at this time of year.

During this particular period, there had been several quite complicated night-time deliveries across the week on top of the normal daily workload. In the six days prior to the incident the junior doctor had worked 95-100 hours. Discussions with the junior doctor indicated that he had only 2-3hrs of unbroken sleep per night for the first five nights. On the night prior to the incident had no sleep at all due to long and difficult labour from 1800h through to 0800h the following morning.

The doctor did not deny the hours worked or being tired. The patient corroborated this suggesting that, in her opinion, the doctor was tired and had fallen asleep on several occasions while attending. The patient also alleged that, on one occasion, while listening to the foetus with a stethoscope, the doctor had fallen asleep on the patient's stomach. The doctor did not deny this but could not recall it happening. Under cross-examination, the doctor had very poor recall of the specific event sequence for that evening. Statements by the nursing staff further corroborated this. They indicated that the doctor had seemed irritable and distracted. In particular, they remarked that the doctor had forgotten several relatively simple tasks that evening. They had also noticed the doctor asleep at the nurses' station on several occasions. The nurses indicated that this was not atypical in junior medical staff on the unit and related stories of similar of extended on-call duty with long hours, inadvertent sleep onset and poor patient management.

Some questions to think about:

- What do you think about the amount and quality of sleep that the junior doctor obtained in the days leading to the adverse event? Was he fatigued? Was he safe to complete the procedure?
- Do you think fatigue plays an important role in errors and incidents in the healthcare environment? Have you witnessed or experienced this type of scenario? If so, is it a common occurrence? Why do you think these scenarios arise?
- In your workplace, do you have strategies/practices that you use when someone is tired to avoid errors and incidents? If so, do you feel that they are effective? What makes them effective/ineffective?
- Have you attended any training or education programs about fatigue? If so, do you think that they were useful? If you could design such a program yourself, what elements do you think would be useful for your particular work environment?
- In the case study, there was a clear cultural expectation that long hours would be worked, and that junior doctors were likely to be fatigued. Are there any similar cultural expectations in your workplace? If so, do you think these expectations affect workplace safety?

Voluntary participation – What happens if I say no?

It is important to understand that your participation is COMPLETELY VOLUNTARY. If you do not wish to take part you are under no obligation to do so. If you decide to take part, but later change your mind, you are free to withdraw from the project at any stage. In addition, any information that you give us is STRICTLY CONFIDENTIAL. This means that all information gathered during the project will have all personal identifying information removed - you will not be identifiable in any way.

What if I have a question about the project?

This study has been approved by the Central Northern Adelaide Health Service (CNAHS) Ethics of Human Research Committee and the University of South Australia (UniSA) Human Research Ethics Committee. If you are interested in participating or have any questions, please call Sally Ferguson (sally.ferguson@unisa.edu.au), Jill Dorrian (jill.dorrian@unisa.edu.au), or Drew Dawson (drew.dawson@unisa.edu.au) at The Centre for Sleep Research on (08) 8222 6624. Should you wish to speak to a person not directly involved, in particular in relation to matters concerning policies, information about the conduct of the study or your rights as a participant, or should you wish to make a confidential complaint, you may contact the Ethics Officer – Vicki Allen (UniSA) on (08) 8302 3118.