

# **Bedside Registered Staff Nurse Shift Length, Fatigue, and Impact on Patient Safety**

Position Statement  
#3044

NANN Board of Directors  
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Nursing organizations across America have called upon nursing professionals to collectively establish safe-workplace strategies (Kenyon, Gluesing, White, Dunkel, & Burlingame, 2007). As the voice of neonatal nursing, the National Association of Neonatal Nurses (NANN) is issuing this position statement to enhance professional nursing practice and to encourage optimal care delivery to our tiny patients.



**National  
Association of  
Neonatal  
Nurses**

## **Association Position**

The incidence and importance of fatigue are critical to every nurse's professional practice. NANN recommends education about fatigue be incorporated into nursing curriculum. NANN also recommends that all healthcare employers implement guidelines to minimize staff fatigue. Every RN should maintain awareness of his or her personal fatigue level because all RNs ultimately are responsible for their own practice.

## **Background and Significance**

The effects of fatigue and sleep deprivation have been studied in a variety of nursing environments throughout the world. The ANA has established guidelines for nurses working in all areas of the nursing profession. The ANA position statement, "Assuring Patient Safety: The Employers' Role in Promoting Healthy Work Hours for Registered Nurses in All Roles and Settings," takes into account extensive research that links human fatigue with error for both nurses and nonnursing professionals such as truck drivers and airline pilots (ANA, 2006b). In addition, the ANA position statement details the responsibility of nurses to guard against working when fatigued.

In 2005, the Association of periOperative Registered Nurses (AORN) surveyed its members regarding on-call hours and effects (Kenyon et al., 2007). Among respondents, 77% routinely took call, 68% said they had experienced sleep deprivation, 58% reported feeling unsafe while delivering patient care, and 13% reported making patient-care mistakes related to their fatigue (Kenyon et al.). Muecke (2005) published a study reviewing the impact of fatigue on nurses working in critical-care environments. Fatigue problems were categorized as a disturbance of circadian rhythm, physical and psychological issues, or disruption to family life. The study described *sleep debt* as a condition that occurs when a person experiences a decreased amount of sleep for multiple days.

The Minnesota Nurses Association (2007) found that nurses are 3 times more likely to make errors if they work shifts that are longer than 12 hours per day or 60 hours per week. In addition to being more prone to making medical errors, nurses who work longer shifts experience more neck, shoulder, and back injuries than nurses who work 8-hour shifts (Minnesota Nurses Association). The Arizona Nurses Association (2007) published research that indicates fatigue can cause physiological changes including impaired concentration, slowed reaction time, and reduced problem-solving abilities.

Research on nursing fatigue clearly identifies the need to protect both nurses and patients from the effects of bedside nurses' fatigue and sleep deprivation. We concur with our colleagues who represent other nursing organizations and support the need for a healthcare culture that supports the prevention of fatigue and sleep deprivation for nurses, including those who, like our members, provide care for fragile patients in neonatal intensive care units.

## **Recommendations**

NANN recommends the following risk-reduction strategies to decrease the fatigue and sleep deprivation nurses experience and to improve the safety of patients and nurses alike.

### *For Employers and Nursing Managers/Directors:*

1. Promote a culture that recognizes nurse fatigue as an unacceptable risk (Kenyon et al., 2007).
2. Schedule sensibly. If an employee works both a day and night shift in the same week, it is recommended that he or she work the day shift first, followed by the night shift. After working a night shift, one day of rest is recommended before returning to the work environment (McGettrick & O'Neill, 2006).
3. Implement guidelines to limit the number of patient-care hours a nurse can provide. Limitations for safe patient care include a maximum of 12 hours in a 24-hour period, and no more than 60 hours in a 7-day period (Institute of Medicine, 2004). In emergency situations, a staff nurse may be needed to work for a longer period of time, but this should be an exception due to unusual circumstances, such as severe weather.
4. Provide a sufficient number of off-duty hours to allow an uninterrupted sleep cycle of at least 8 hours (Kenyon et al.).
5. Implement preplanned arrangements to relieve an RN if he or she is scheduled on-call for the next consecutive shift to allow time for a minimum of 8 hours of sleep. The number of on-call shifts in a 7-day period should be incorporated into an RN's total scheduled hours (McGettrick & O'Neill, 2006).
6. Incorporate orientation to on-call as a part of new-hire orientation at all healthcare organizations (Kenyon et al.).
7. Consider permanent shift assignments; they may lessen fatigue effects (as opposed to rotating shifts; Muecke, 2005).

### *For Bedside Registered Nurses:*

1. Nurses should uphold their ethical responsibility to arrive at work adequately rested and prepared to provide patient care.
2. Nurses need to consider that multiple workloads and work settings affect fatigue level (ANA, 2006a).
3. Bedside registered nurses should limit the number of hours they agree to work to a maximum of 12 hours in a 24-hour period (except in emergency situations), and to no more than 60 hours in a 7-day period (Kenyon et al.).

## **Conclusions**

The recommended strategies in this position statement should be considered in light of the specific circumstances of an individual institution. The resources available to an institution, the quality of those resources, and other factors will impact an institution's need and ability to adopt these recommendations.

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