

2012 WNA Reference Proposal #1

Subject: Explore and Promote Fitness for Duty among the Nursing Workforce
Submitted by: WNA Nursing Practice and Quality Council
WNA Strategic Imperative: 5.3 Advocate for health and safety for workers in healthcare

Summary: Fatigue is one of those human performance concepts that seems easy to recognize (in others), but not so easy to define. It is difficult to come to consensus on a formal definition of fatigue so instead we attempt to define it operationally. There is physical and mental fatigue described in the literature. Fatigue can come in all shapes and sizes. It can be a temporary condition that modestly affects one's ability to concentrate on a job task. It can also be a chronic medical condition that confers significant physical and mental disability. Fatigue is often confused with sleepiness or tiredness. While these might be symptoms of fatigue, it is possible to be dangerously fatigued without feeling sleepy or tired. The most common cause of fatigue is lack of adequate daily sleep.

The major effects of fatigue include the following: Increased anxiety, decreased short-term memory, slowed reaction time, decreased work efficiency, reduced motivation, decreased vigilance, increased variability in work performance, increased errors of omission, including forgetting or ignoring normal procedures, increased risk tolerance and/or reduced problem solving ability.

There is a very common tendency to think of "fatigue" and "sleepiness" as synonymous. However, these phenomena are not equivalent. Sleepiness can be taken as an indicator of fatigue. Fatigue can include feelings of sleepiness, but people can be dangerously fatigued and yet not feel sleepy.

Fitness/Alertness for Duty

Are Fatigued Nurses Fit for Duty? Is the nurses' performance being evaluated using fitness for duty measures and methods? Are there policies, interventions, and/or methods available to improve alertness states among practicing nurses?

In their most general forms, these terms encompass all those elements that render a person willing and able to perform their job tasks. Being "fit for duty" implies that a person is competent, qualified, and physically and mentally up to the challenges of doing their job. Often, the term "fitness for duty" is used in connection with physical, mental illness and/or drug- or alcohol-related performance issues. The idea that a person's fitness for duty (FFD) can be objectively measured is very attractive from a safety perspective. Certainly for some factors that degrade one's ability to do their job, there are well-defined physiological tests that can determine whether an individual is within or beyond pre-established fitness for duty limits.

The concept of nurse fatigue and the application of fitness/alertness for duty principles have not been fully explored. The implications for the employer to have the readily available tools to measure nurse fatigue from a fitness for duty and therefore safety perspective is challenging. Nurses who conduct their own fatigue related "fitness for duty" assessments and determine that they should not work will notify the employer of their unavailability. Both of these circumstances impact safe nurse staffing. Should the nursing community address the issue of fitness/alertness for duty due to nurse fatigue?

Recommendations: That the Wisconsin Nurses Association

- 1. Examine the concepts and principles related to alertness management and fatigue mitigation as a means of promoting fitness for duty among the nursing workforce.**
- 2. Provide a report of the findings and share best-practices to the WNA Board at the 2013 WNA Annual Meeting.**

WNA Goals:

Goal 2. Assure that the registered nurse is an essential provider in all practice settings through education, research, workplace advocacy, legislation and regulation.

Implementation Strategy and Fiscal Note (Estimate):

| Recommendation | Activity | Responsible | Cost |
|---|--|--|--|
| 1. Examine the concepts and principles related to alertness management and fatigue mitigation as a means of promoting fitness for duty among the nursing workforce. | 1. WNA Board of Directors will appoint a Task Force comprised of Nursing Practice & Quality Council and WNA Workforce Advocacy Advisory Council and interested WNA members to provide an examination of the issues and strategies for improvement. | 1. WNA Board and Task Force. 2. WNA staff | 6 – 1 hour Conference Calls = \$100 2- Face-to-Face Meeting at WNA Office = \$400.00 Total= \$500.00 |
| 2. Provide a report of the findings and share best-practices to the WNA Board and at the 2013 WNA Annual Meeting. | Task Force will issue a report of findings and recommendations in October 2013. | 1. WNA Board and Task Force. 2. WNA staff | Printing and website posting of Final Report = \$50.00 |
| 3. Total Costs | | | \$550.00 |