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.

Workplace fatigue is defined as an occurrence when a planned action fails to be completed as intended, or accompanied by a feeling of weariness and tiredness (Canadian Nurses Association, 2010; Joint Commission, 2011; 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, Lerman, & Dinges, 2004), have greater incidence of needlestick injuries (Trinkoff, Lerman, & Lipscomb, 2004), 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., 1999).

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, 2011).