

Position Statement

930 E. Woodfield Road, Schaumburg, IL 60173 ▪ 800.900.9659 ▪ www.ena.org

Emergency Nurse Duty Hours and Patient Safety

Description

Historically, registered nurses have worked a variety of nurse duty hours, commonly referred to as shifts, but an increasing nursing shortage has afforded hospitals the opportunity to offer different shift lengths to assist in the retention of nurses and meet the needs of emergency department census.¹ Emergency nurses work a variety of shifts; some have assigned days and shift hours and others self-schedule. It is also not uncommon for some nurses to work for multiple employers.² While the number of hours worked and rest periods between shifts have been regulated for industries such as airline pilots, truck drivers, and railroad workers,¹ the healthcare arena has been slow to adopt similar regulations.³

Appropriate emergency nurse staffing is critical to ensure the delivery of safe, quality care; however, the solution to staffing issues is not simply increasing the number of hours worked.⁴ It is well documented in the literature that longer shifts correlate with higher levels of staff burnout and fatigue, and nurses' shift length is significantly associated with patient and employee satisfaction.^{5,6} Fatigue decreases a nurses' ability to respond to patient situations in an effective manner, with deviations from standards of practice leading to procedural errors.¹ Even more notable is the relationship between nurses' shift length and nurse-reported quality and safety measures.⁵ The challenges faced in the modern-day emergency care setting lead to fatigue, burnout, and decreased retention.⁷ Burnout and job dissatisfaction are more than two and a half times higher in nurses working shifts over eight hours.⁵ The stressful environment of the emergency care setting already places emergency nurses at a higher risk for physical and compassion fatigue, burnout, and an increase in errors on a regular schedule. Fatigue can take place in many forms, such as fatigue from lack of rest/meal periods during a shift or fatigue from the shear stress of the job which can lead to compassion fatigue. Additionally, compassion fatigue can have consequences in the emergency care setting that directly impact safe patient care, patient satisfaction, and the nurses' own health.^{8,9}

ENA Position

It is the position of the Emergency Nurses Association that:

1. It is the responsibility of the emergency nurse to self-monitor and ensure adequate rest between scheduled work assignments, especially when working for multiple employers.
2. The optimal shift for an emergency nurse to help ensure patient safety and reduce burnout, compassion fatigue, job dissatisfaction, stress, and fatigue-related errors is eight hours.
3. Emergency nurses and employers implement strategies to decrease fatigue and increase resiliency to create a healthy work environment.
4. Employers staff accordingly to avoid emergency nurses working unstaffed shifts, open shifts, extended shifts, or overtime that would extend a nurse past 12 consecutive hours of work or 12 hours of work in 24-hour period.
5. Mandatory overtime is an unacceptable and unsafe solution to achieve appropriate staffing levels.
6. Employers offer education on the effects of extended hours on patient safety, nurse health, and healthy work environment.
7. Emergency nurses participate in the development of policies and procedures that contribute to a safe, effective, and healthy work environment.

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Background

It is imperative that emergency nurses remain alert to provide safe care, and it is vital that emergency nurses recognize changes in patient conditions, initiate appropriate and timely interventions, and prevent potentially dangerous errors in medication and procedural orders.¹⁰ Yet the 12-hour shifts worked by many emergency nurses are associated with frequent overtime, difficulties staying awake on duty, reduced sleep times, and significant risk for error.^{10,11} Nurses working extended shifts and/or working long hours—more than 40 hours a week with insufficient sleep—run the risk of making errors.^{6,10,12} These errors can be related to medication administration, omission of care, or failure to rescue.¹¹ Extended hours can also result in the possibility of falling asleep while driving home which can endanger others.^{6,10,12,13} With extended hours there is a higher probability of burnout, which can lead to leaving the emergency department or the nursing profession as a whole.⁵ Working chronic extended hours can also cause compassion fatigue, which results in the emergency nurse not having empathy for patients and causing an overall decrease in patient satisfaction.¹⁴ Overtime, staffing, and worked hours are contributing factors to providing quality, safe, and competent care for patients.¹⁵ It is important for healthcare leadership to ensure that measures are in place to ensure adequate rest between shifts, management of meal breaks, and rest periods but also address the underlying cause of extended shifts and inadequate staffing. Issues related to inadequate rest include the amount of rest, the time rest is occurring, the quality of rest, and the neurobiological pressure to sleep. Adverse events, for instance needlesticks, increase due to a decrease in cognitive function, and medical errors have all been documented with long hours, night shift work, and minimum rest between shifts.^{12,14,16,17}

Shift work that is done during hours when biological sleep would occur, as well as longer work hours, increase the risk for reduced job performance and contribute to obesity, injuries, and a wide range of chronic diseases.⁶ In addition, fatigue-related errors increase the risk for adverse patient events.⁶ Research has shown that staying awake for 17 hours is functionally equivalent to having a blood alcohol concentration (BAC) of 0.05%, and staying awake for 24 hours equates to a BAC of 0.10%.^{1,13} Fatigue and sleep deprivation are linked to decreases in attentiveness, memory, information processing, reaction time, and decision making.¹ Another concern, well documented in the literature, which has been associated with nurses' fatigue, is a lack of meal and non-meal breaks during the course of their shifts.^{18,19} Restorative breaks enhance performance and can help reduce the risk of errors and accidents.²⁰ Nurse fatigue and burnout, whether from extended shifts, insufficient sleep, lack of rest or meal breaks, or a combination of these factors, has been associated with negative impacts on staff physical and psychological health, as well as the quality of patient care they deliver.²⁰

Evidence has shown a direct correlation between working more than 12 hours at a time or more than 40 hours in a week and a negative impact on a nurses' own health.^{21,22} It is well documented that working hours beyond an assigned shift of eight hours contributes to adverse patient events.^{5,6,12,13,15} Yet, the practice of working more than eight hours continues to occur in emergency departments worldwide despite the evidence pointing out the detrimental effects to the nurse and patient. To decrease errors related to fatigue, emergency nurses and leaders need to be proactive not only in combating fatigue, but in exploring its impact on the health of nursing staff²¹ and working collaboratively to initiate strategies to improve nurses' health and staffing.

Currently, there are no specific U.S. state or federal regulations limiting the number of hours a registered nurse may voluntarily work in a 24-hour or seven-day period.²³ The European Union has very specific regulations on hours worked per week, hours at night, time off during the year, and medical screenings for night shift workers.^{23,24} Hospitals can voluntarily implement plans to help negate the effects of seasonal patient volume increases that lead to overtime, longer shifts, and staff burnout.⁴

It is imperative that emergency nurses work collaboratively with leadership to explore ways to combat the health effects of fatigue.²⁵ Healthcare facilities need to invest in the well-being of their nursing staff, providing options for quiet rest and refresh areas, courses on self-care, and support groups.²² Improving work environments is not an expensive venture, but it does require changing interprofessional culture, especially those closest to patients.¹⁸ Investment in these areas leads to a nursing staff that feels more supported in their role and less likely to accept fatigue as an expectation of their working environment.^{10,26}

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Resources

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Developed: 2018.

Approved by the ENA Board of Directors: March 2019.

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