



## A Position Statement on a Healthy Work Schedule

The American Society of PeriAnesthesia Nurses (ASPAN) has the responsibility for defining the practice of perianesthesia nursing. An integral part of this responsibility is to promote safe, appropriate patient care following anesthesia. ASPAN sets forth this position statement to safeguard the delivery of postanesthesia care for all patients at all times.

### Background

The quality of the work environment has been found to significantly influence the health and well-being of nurses, work productivity, and patient outcomes.<sup>1</sup> Many perianesthesia nurses work “on call” hours in addition to regularly scheduled hours. These “on call” hours typically involve coverage during the night, on weekends, on holidays, and during high census/bed shortage situations. The longer-than-normal shifts, overtime, or after-hours shifts associated with the perioperative environment can contribute to a lack of adequate rest before returning to work and/or fatigue.<sup>2,3,4</sup> Although some states have laws prohibiting mandatory overtime for nurses, many specifically exclude “on call” hours in the definition of mandatory overtime.

ASPAN receives numerous inquiries from perianesthesia nurses regarding care delivery during “on call” hours. The 1998-1999 ASPAN Standards and Guidelines Committee conducted a review of literature and a descriptive telephone survey to identify issues pertinent to “on call” scheduling and staffing. A recent review of literature<sup>1-15</sup> and an ASPAN member survey<sup>a</sup> confirmed that perianesthesia nurses continue to face many of the same challenges as those described in 1999.

1. ASPAN recommended guidelines for staffing ratios are not maintained during “on call” hours.
2. Longer and/or more frequent “on call” hours are being required.
3. Increased patient acuity is requiring increasingly complex levels of care.
4. The number of patients recovered during the “on call” hours is increasing.
5. There is insufficient time after “on call” hours for the perianesthesia registered nurse to rest prior to returning to a scheduled work shift in the PACU.
6. There is a lack of physical space designated within the facility for on call staff to rest.
7. Staffing budgets often do not reflect “on call” hours and do not identify the potential need for additional staff should the “on call” staff require rest.

*“The following bullets summarize the results of a survey regarding “on call” practices that was sent to ASPAN members in the summer of 2019.*

*225 members responded.*

- *Do PACU/Phase I nurses take call? 98.7% replied yes*
- *Do PREOP/Phase II nurses take call? 52.8% replied yes*
- *How frequently are nurses on call? 65 % replied ‘weekly,’ 26.2% replied ‘monthly’*
- *What is the maximum duration of the “on call” period? 14.6% replied 8 hours, 38.2% replied 12 hours, 3.3% replied 16 hours, 33.7% replied 24 hours, 2.2% replied 36 hours, 2.8% replied 38 hours and 5% replied 72 hours.*
- *Do you have a mandatory rest period following call? 22.7% replied affirmatively*
- *Do you have a designated place to take a sleep break on the premises? 20.9% replied affirmatively*
- *Do you have scheduled night shift staff? 39.7% replied affirmatively*
- *Do you have scheduled weekend staff? 38.3% replied affirmatively*
- *71.1% replied affirmatively to following ASPAN standards for staffing 24/7*



8. The PACU functions as an overflow unit for ICU and Medical/Surgical patients, often requiring nurses to work all night and return to work a regularly scheduled shift without sufficient rest.

Many professional nursing organizations recognize and address the issue of nurse fatigue. The Association of periOperative Registered Nurses (AORN) created a position statement regarding “on call” concerns and strategies.<sup>10</sup> The American Nurses Association (ANA) addressed mandatory overtime, resulting nurse fatigue, and risks to patient safety and quality of care.<sup>4</sup> The Joint Commission identified a link between fatigue and patient safety as well as proposed strategies developed to address nursing fatigue and patient safety.<sup>6</sup> Fatigue prevention has been identified as a key area of focus relevant to advancing worker well-being through the National Total Worker Health® Agenda (2016-2026).<sup>11</sup>

According to the American College of Occupational and Environmental Medicine, fatigue constitutes an unsafe condition.<sup>12,13</sup> According to research studies, the medical error rate tripled after workers performed 12.5 hours of sustained activity.<sup>3,14,15,16</sup> Other studies suggest a correlation between sleep deprivation, fatigue, and negative effects on memory, language/numeric skills, visual attention, and concentration.<sup>14-17</sup> In addition to creating a risk to patient safety, sleep deprived, fatigued people are at increased risk for personal injury on duty and when driving home after an extended work day.<sup>3,12,18-20</sup> The Institute of Medicine recommends a rest period of five hours of uninterrupted sleep for duty periods exceeding 16 hours.<sup>21</sup>

## Position

It is the position of ASPAN that, to ensure a healthy work environment and the delivery of safe patient care, the following strategies should be considered when it is necessary to assign “on-call” hours:

1. Review state laws and/or state board of nursing rules governing the maximum number of hours a healthcare worker may be scheduled to work, including the number of consecutive hours in a 24-hour period or in hours worked per week.
2. The number and length of “on call” shifts should coordinate with the number of sustained work hours and provide for adequate recuperation periods.
3. Minimum staffing ratios are maintained per ASPAN’s *Perianesthesia Nursing Standards, Practice Recommendations and Interpretive Statements*.<sup>5</sup> Two registered nurses, one of whom is an RN competent in Phase I postanesthesia nursing, are in the same room/unit where the patient is receiving Phase I care. This means that the backup RN is immediately available, is physically present in the PACU, and does not have other duties which require the RN to be in another physical location.
4. If the nurse-to-patient ratio requires the presence of a 2nd fully qualified PACU nurse, there is a plan in place to augment “on-call” team member.<sup>6</sup>

5. A plan in place to “relieve” the “on call” nurse if the manager and/or nurse determines that there is potential for compromise in the delivery of safe, competent care, without fear of reprisal or disciplinary action.
6. A plan to educate the healthcare team about the effects of fatigue on patient safety and the need for good sleep habits.
7. Create and implement a fatigue management plan to include strategies to minimize fatigue.<sup>7,8,9</sup>

## Expected Outcomes

Perianesthesia nurses will familiarize themselves with this position statement and inform and educate peers, nurse managers, and administrators. Leadership and the healthcare team will collaborate in the development of guidelines to provide the delivery of safe, competent care during “on call” and normal work hours.

ASPAN, as the voice of perianesthesia nursing practice, will share this position statement with regulatory agencies and professional organizations that interface with units providing perianesthesia care.

## Approval of Statement

This statement was recommended by a vote of the ASPAN Board of Directors on April 16, 1999, and approved by a vote of the ASPAN Representative Assembly on April 18, 1999, in Honolulu, Hawaii.

This position statement was updated and revised at the October 2019 meeting of the Standards and Guidelines Strategic Work Team in Dallas, Texas.

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