



Australian College of Nursing

**AUSTRALIAN COLLEGE OF NURSING (ACN)
SUBMISSION TO THE PARLIAMENTARY
COMMITTEE ON OCCUPATIONAL SAFETY,
REHABILITATION AND COMPENSATION
INQUIRY INTO WORKPLACE FATIGUE AND
BULLYING IN SOUTH AUSTRALIAN HOSPITALS
AND HEALTH SERVICES**

AUSTRALIAN COLLEGE OF NURSING (ACN) SUBMISSION TO THE PARLIAMENTARY COMMITTEE ON OCCUPATIONAL SAFETY, REHABILITATION AND COMPENSATION INQUIRY INTO WORKPLACE FATIGUE AND BULLYING IN SOUTH AUSTRALIAN HOSPITALS AND HEALTH SERVICES

This submission responds to the following inquiry terms of reference (ToR):

- a) The factors contributing to workplace fatigue and bullying in South Australian Hospitals and Health Services;
- b) The impact of workplace fatigue and bullying on the health and wellbeing of health care professionals;
- c) The impact of workplace fatigue and bullying on quality, safety and effective health services;
- d) The extent to which current work practices comply with relevant legislation, codes and industrial agreements;
- e) Opportunities, costs and impacts of measuring fatigue and using risk management tools, audit and compliance regimes, including those in other industries (e.g. aviation, mining and transport industries) to reduce the occurrence or impact of fatigue and bullying;
- f) Measures to improve the management and monitoring of workplace fatigue and bullying;
- g) the extent to which fatigue, including a comparison to other industry sector practices, is a factor that is taken into account during investigations into medical misadventure;
- h) Any other relevant matters.

General comments

The Australian College of Nursing (ACN) welcomes the opportunity to provide a submission to this inquiry. ACN is particularly supportive of this inquiry due to concerns about the impact workplace fatigue and bullying have on health professionals and subsequently on the health services industry and patient care in Australia. Presently, the health care sector in Australia is engrained with a culture of bullying and harassment¹, while practices causing workplace fatigue have become the norm.

ACN is of the view that bullying in any workplace and context should be unacceptable and not tolerated. ACN recognises that workplace bullying both directly involves and affects the nursing profession and may be perpetrated by nurses and/or other health professionals. ACN upholds the right of all nurses to work in environments free from bullying and associated forms of abuse and has previously expressed these views in ACN's position statement on 'Bullying in the Workplace' in 2016². This submission will only add upon information already provided in that position statement.

¹ Westbrook, J, Sunderland, N, Atkinson, V, Jones, C & Braithwaite J 2018, 'Endemic unprofessional behaviour in health care: the mandate for a change in approach', *Medical Journal of Australia*, vol. 209, no. 9, pp. 380-381, <<https://www.mja.com.au/system/files/2018-10/10.5694mja17.01261.pdf>>

² Australian College of Nursing 2016, *Bullying in the Workplace: Position Statement*, Australian College of Nursing, retrieved 14 December 2018, <https://acn.edu.au/wp-content/uploads/2018/02/ps_bullying_in_the_workplace_c2-1.pdf>

Nurses comprise the largest group of health care workers in Australia³, a majority of which work rotating shifts. A nurse's role is physically, emotionally and mentally challenging, and shift-work places nurses at greater risk of fatigue and health problems. ACN recognises the special characteristics and needs of the health care and hospital sector, which requires health professionals to work long hours at odd and unpredictable schedules. According to a survey of nurses and midwives' wellbeing, conducted by Monash Business School's Australian Consortium for Research on Employment and Work (ACREW)⁴, existing high workloads have further increased and nurses are being prevented from complaining about this by their management. The research also found that 32% nurses/midwives have considered leaving the profession. Further, 85% of respondents felt the workload was too much and indicators showed that work intensification has only been increasing. Nurses have also reported feeling they do not have managerial support in workload or shift management or even when they are being harassed or bullied. This is adding to the already high concern of workforce retention in nursing.

These circumstances are not unexpected within the current health sector environment of staff shortage, high demands on public hospitals and tightening budgets, particularly in South Australia⁵. ACN strongly believes in and supports the view that the health of nurses and health professionals is important for self and for patient care. Fatigued health professionals are unable to have a healthy balanced life or provide a high level of quality care to patients, instead they are more likely to make mistakes and have accidents, negatively effecting patient health and safety⁶. ACN is of the view that nurses face a high risk of fatigue and this should be mitigated by putting in place appropriate governance processes so that they can provide care and compassion safely, which is a main aspect of their role as nurses.

Response to Terms of Reference:

ToR a) The factors contributing to workplace fatigue and bullying in South Australian Hospitals and Health Services.

ToR b) The impact of workplace fatigue and bullying on the health and wellbeing of health care professionals.

ToR c) The impact of workplace fatigue and bullying on quality, safety and effective health services.

ACN is providing a collective response to the first three terms of references due to their correlation to one another.

³ Department of Health 2014, 'Health Workforce Australia 2014: Australia's Future Health Workforce – Nurses', Department of Health Australia, retrieved 17 January 2019, <[http://www.health.gov.au/internet/main/publishing.nsf/content/34AA7E6FDB8C16AACA257D9500112F25/\\$File/AFHW%20-%20Nurses%20detailed%20report.pdf](http://www.health.gov.au/internet/main/publishing.nsf/content/34AA7E6FDB8C16AACA257D9500112F25/$File/AFHW%20-%20Nurses%20detailed%20report.pdf)>

⁴ Monash University 2016, *Australian nurses overworked, with more than a quarter considering leaving: survey finds*, Monash University, retrieved 30 January 2019, <<https://www.monash.edu/news/articles/australian-nurses-overworked,-with-more-than-a-quarter-considering-leaving-survey-finds>>

⁵ *ibid*

⁶ Moschetto, M 2013, 'If Employees Snooze, All Will Lose!', *Workforce Solutions Review*, August/September 2013, retrieved 18 December 2018, <http://www.ihrimpublishings.com/WSR_about.php>

Fatigue

Work-related fatigue occurs in many industries, due to their own unique contributing factors. Within the health care industry, most research is aimed towards nurses, but many employees within the industry are at risk of fatigue⁷. ACN puts forward the below as factors contributing to workplace fatigue for nurses in South Australian Hospitals and Health Services.

1) Legislative factor: Rules in the Award and Enterprise Agreement

According to feedback from our membership, as well as reference to the *Nursing/Midwifery (South Australian Public Sector) Enterprise Agreement 2016*⁸ and the *Nurses (South Australian Public Sector) Award 2002*⁹ (*The Award*), one of the factors contributing to workplace fatigue for nurses is the Emergency Recall to work and 8-hour break rules. Clause 5.4.10 of the Award¹⁰ is ambiguous and thus can be interpreted in two ways. Firstly, a nurse can have an 8-hour break after an Emergency Recall because they have worked so much overtime, or secondly when a nurse has completed a scheduled shift and has an 8-hour break and is recalled on an emergency shift, they are not entitled to another 8-hour break before their next scheduled shift.

Thus, nurses have disrupted sleep and a straining work schedule, involving physically, mentally and emotionally exhausting tasks and this leads to fatigue. When this continues, over time it prevents nurses recovering from their fatigue. Consequently, nurses in South Australian health services have to take leave using their personal leave allowance to recover from the fatigue and the issues it causes to their health and wellbeing. In the long term, it leads to other serious illnesses¹¹.

An increase in unplanned leave is another sign of a fatigued employee. Fatigued nurses are using their personal or sick leave when they are feeling the effects of fatigue. This means these employees do not have leave available to them for when they are actually sick or in need of personal or carer's leave. This may resort in unpaid leave, which puts them at a financial loss as well. For the workplace this means an unexpected increase in workload and absenteeism, as well as a loss in efficiency. Chronic fatigue can also lead to serious health conditions and injuries as well as gradually decreasing work performance¹². Workplace fatigue is caused by workplace conditions and workload, however it is still generally not considered a work-related injury by work cover companies leaving those experiencing fatigue completely unsupported.

⁷ Moschetto, M 2013, 'If Employees Snooze, All Will Lose!', Workforce Solutions Review, August/September 2013, retrieved 18 December 2018, <http://www.ihrimpublications.com/WSR_about.php>

⁸ Government of South Australia 2016, *Nursing/Midwifery (South Australian Public Sector) Enterprise Agreement 2016*, Australian Nursing and Midwifery Federation South Australia, retrieved 16 January 2019, <<https://www.anmfsa.org.au/wp-content/uploads/2016/03/20161114-NMEA-2016-Ballot-Versio.pdf>>

⁹ South Australian Employment Tribunal 2002, *Nurses (South Australian Public Sector) Award 2002*, South Australian Employment Tribunal, retrieved <http://www.saet.sa.gov.au/app/uploads/2017/06/IndustrialAwards_Nurses.pdf>

¹⁰ *ibid*

¹¹ SafeWork SA 2019, *Healthy Workers and Workplaces*, Department of Treasury and Finance Safe Work South Australia, retrieved 16 January 2019, <<https://www.safework.sa.gov.au/health-safety/health-wellbeing/healthy-workers-workplaces#>>

¹² Gilkes, M 2017, *Nurses' Fatigue*, AUSMED Education Pty Ltd, retrieved 16 January 2019, <<https://www.ausmed.com/articles/nurses-fatigue/>>

2) Work conditions: Inadequate sleep and shift work

Most health professionals are at risk of fatigue because of the way shifts are scheduled and the physically, mentally and emotionally demanding nature of the work¹³. As previously mentioned, it is quite common for health professionals, particularly nurses, to work long shifts without proper rests or breaks. Shift and night workers are at high risk of fatigue¹⁴. When these unhealthy and unsustainable work patterns continue, they create overly tired employees and lead to fatigue. Workers who frequently operate on erratic work schedules such as working the night shift and first morning shift without a proper rest end up interrupting their body's natural sleep and wake patterns (Circadian Cycle)¹⁵. Sleeping patterns are the focus of academic research around sleeplessness and fatigue.

Employee fatigue is a growing concern, occurring more frequently and intensely than experienced before. Besides decreasing quality of work and productivity, it also has potential to affect the employee's safety as well as public safety¹⁶. Research shows fatigue is a major factor in causing accidents by affecting a person's alertness¹⁷. The effects of inadequate sleep are such that even an hour makes a profound difference¹⁸. A study conducted by BBC and the University of Surrey's Sleep Research Centre found that a participant's mental agility improved significantly just by an extra hour of sleep. However, it is vital that natural sleep cycle (Circadian Cycle) must be completed with consistency.

Two studies conducted in America found that not being able to complete the required sleep affected memory and job performance. Over a longer period, inadequate sleep due to shift-work and fatigue can lead to poor performance, weight gain, migraines and constant fatigue. A study of hospital staff nurses was conducted and found that risks of making an error or of near errors were significantly increased when work shifts were longer than twelve hours, when nurses worked overtime, or when they worked more than forty hours per week¹⁹.

3) Economic factor: staffing shortage, workforce planning and the budget

Staffing shortages, poor workforce planning, and organisational system problems have recently become a significant issue in South Australia Health, contributing towards workload and fatigue experienced by nurses and other health professionals. This has particularly been the case for Southern Adelaide Local Health Network (SALHN) and Central Adelaide Local Health Network (CALHN). In addition to high public hospital demand and staff shortages, SA Local Health Districts have reported consistently exceeded budget targets. In the 2017/18 financial year, salaries and wages were the biggest contributor in SA Health's budget exceeding their target by \$466.6 million. The South Australian government is aiming to bring

¹³ Moschetto, M 2013, 'If Employees Snooze, All Will Lose!', Workforce Solutions Review, August/September 2013, retrieved 18 December 2018, <http://www.ihrimpublishations.com/WSR_about.php>

¹⁴ SafeWork SA 2019, *Fatigue*, Department of Treasury and Finance Safe Work South Australia, retrieved 16 January 2019, <<https://www.safework.sa.gov.au/health-safety/health-wellbeing/fatigue#>>

¹⁵ Moschetto, M 2013, 'If Employees Snooze, All Will Lose!', Workforce Solutions Review, August/September 2013, retrieved 18 December 2018, <http://www.ihrimpublishations.com/WSR_about.php>

¹⁶ *ibid*

¹⁷ Accident Investigation Board Finland 2004, *Investigation Report: Factors contributing to fatigue and its frequency in bridge work*, The Nautical Institute, retrieved 16 January 2019, <http://www.nautinst.org/filemanager/root/site_assets/forums/fatigue_forum/fatigue_report_-_finland.pdf>

¹⁸ Lufkin, B 2019, *Power of an hour: Does an extra hour of sleep matter?*, British Broadcasting Corporation, retrieved 16 January 2019, <<http://www.bbc.com/capital/story/20190104-does-an-extra-hour-of-sleep-matter>>

¹⁹ Rogers, A, Hwang, W, Scott, L, Aiken, L, Dinges, D 2004, 'The working hours of hospital staff nurses and patient safety', *Health Affairs Journal*, vol. 23, no. 4, pp. 202-212, retrieved 18 December 2018, HealthAffairs.org, EBSCOhost.

SA Health's spending in line with the national average by the end of its first term in 2021-22²⁰.

The KordaMentha's report on their audit of the CAHLN is expected to drive savings and enhance workforce planning, as well as increase financial controls and accountability²¹. KordaMentha administrators have been given power over staffing and recruitment within CALHN²². There are concerns over reducing length of patient stay in hospital, and reducing expenditure on staff, which may mean loss of jobs, further increasing workload and staff shortages and affecting patient safety²³.

Lack of efficient planning around staffing at SALHN in the past year or so has resulted in uneven workloads. The circumstances have been so challenging that nurses in the Royal Adelaide Hospital decided to work through ways to reduce workloads themselves in the absence of government measures^{24,25}. Late last year (2018), Nurses along with ambulance workers and clinicians met with Health Minister Wade to find solutions to the high demand for hospital services that is compromising patient needs and safety. Doctor and nurse shortages threaten lives of patients²⁶.

The government has been working on various ways to reduce loads and meet the high demands, as well as conduct reviews of suffering hospitals. However, staffing shortages and planning issues are contributing to increase the burden on already fatigued staff. The limited staff, who are on-call, also have to attend all emergency recalls to work.

4) Health factor: Emotional trauma and Compassion fatigue

Providing emotional support, compassion and care to patients is an integral part of a nurse's day-to-day duties. It is what helps them excel in supporting a patient's healing process. However, these qualities may also put nurses at risk for compassion fatigue, which is a condition that may develop when carers such as nurses internalise the suffering and pain of other people in their work environment²⁷. Compassion fatigue is also known as secondary traumatic stress (STS), and is sometimes referred to as a lesser form of burnout.

²⁰ Siebert, B 2018, 'Staff costs the largest contributor to SA Health's budget blowout', Adelaide's Independent News InDaily 24 October, p.1, retrieved 16 January 2016, <<https://indaily.com.au/news/2018/10/24/staff-costs-the-largest-contributor-to-sa-healths-budget-blowout/>>

²¹ Siebert, B 2018, 'Government unveils "dramatic" \$276m health turnaround plan', Adelaide's Independent News InDaily 26 November, p.1, retrieved 16 January 2016, <<https://indaily.com.au/news/2018/11/26/govt-unveils-dramatic-276m-health-turnaround-plan/>>

²² Government of South Australia 2018, *Organisational and Financial Recovery Plan: Frequently Asked Questions*, South Australia Health, retrieved 16 January 2019, <<https://www.sahealth.sa.gov.au>>

²³ Australian Medical Association 2018, *KordaMentha Reports: AMA(SA) preliminary comments in response to the release of the KordaMentha 'Diagnostic Review' and 'Recovery Plan'*, Australian Medical Association South Australia Branch, retrieved 16 January 2019, <<https://ama.com.au/sa/kordamentha-reports>>

²⁴ SBS News 2018, *Nurses look to ease SA hospital demand*, Special Broadcasting Service (SBS), retrieved 16 January 2019, <<https://www.sbs.com.au/news/nurses-look-to-ease-sa-hospital-demand>>

²⁵ MacLennan, L and Dayman, I 2018, 'Administrators appointed to run finances for Royal Adelaide Hospital', Australian Broadcasting Corporation News, 26 November, p.1, retrieved 16 January 2019, <<https://www.abc.net.au/news/2018-11-26/administrators-appointed-to-run-adelaide-local-health-network/10554996>>

²⁶ Siebert, B 2018, 'Staff costs the largest contributor to SA Health's budget blowout', Adelaide's Independent News InDaily 24 October, p.1, retrieved 16 January 2016, <<https://indaily.com.au/news/2018/10/24/staff-costs-the-largest-contributor-to-sa-healths-budget-blowout/>>

²⁷ Vidette, T 2013, *Compassion Fatigue and Burnout in Nursing: Enhancing Professional Quality of Life*, Springer Publishing Company, retrieved 11 January 2019, EBSCOhost.

By becoming preoccupied with the patient's experience, a nurse may also become traumatised, and it manifests itself in harmful ways on a multidimensional level. Left untreated, it may eventually result in professional burnout, job dissatisfaction, followed by resignation from their job. Compassion fatigue has many signs and symptoms, which are behavioural, emotional and physical in nature²⁸. Physical symptoms include chronic fatigue, exhaustion, sleep disturbance and muscle pain etc. For nurses, compassion fatigue is a key contributing factor of fatigue.

5) Effects of fatigue

Workplace fatigue has many dimensions and causes. A few workplace factors, which contribute towards fatigue in nurses have been identified and discussed above. Fatigue in nurses negatively effects their job performance, concentration, alertness and productivity²⁹. Since it is the job of nurses to provide care to their patients, monitor their health and communicate with patients, fatigued nurses are detrimental to a patient's safety and well-being.

Fatigued nurses are also likely to have more accidents, errors and near errors³⁰. Fatigue can also present as compassion fatigue: when a person is fatigued and exhausted to the point where they cannot properly take part in caring relationships³¹. Compassion fatigue causes chronic fatigue, mental health problems and illnesses. Nurses with fatigue are likely to become dissatisfied with their job, and even the nursing profession, to the point of resignation.

Workplace fatigue is also harmful to the health and well-being of the employee³². Fatigue effects the sleeping habits of a person and as a result is likely to cause heart diseases, high blood pressure and heart attack. Fatigue impairs a person's ability to think, concentrate and make proper judgements. It effects hand-eye coordination and effects our ability to communicate with others. Research also shows fatigued people are more likely to get into car accidents and have other injuries.

Bullying and fatigue: the vicious cycle

Workplace bullying and negative work culture are known causes of fatigue due to the emotional and mental stress that is experienced. One study explored the potential relationship between being a victim of bullying and increased symptoms of mental health problems (anxiety, depression and fatigue) over a year, as well as the reverse relationship between mental health problems and

²⁸ Vidette, T 2013, *Compassion Fatigue and Burnout in Nursing: Enhancing Professional Quality of Life*, Springer Publishing Company, retrieved 11 January 2019, EBSCOhost.

²⁹ Weinstein, S 2016, 'Nurse fatigue takes toll on patient care', *Reflections on Nurse Leadership Journal*, vol. 41, no. 1, retrieved 11 January 2019, <https://www.reflectionsonnursingleadership.org/features/more-features/Vol41_1_nurse-fatigue-takes-toll-on-patient-care>

³⁰ Moschetto, M 2013, 'If Employees Snooze, All Will Lose!', *Workforce Solutions Review*, August/September 2013, retrieved 18 December 2018, <http://www.ihrimpublishations.com/WSR_about.php>

³¹ Vidette, T 2013, 'Compassion Fatigue and Burnout in Nursing: Enhancing Professional Quality of Life', Springer Publishing Company, retrieved 11 January 2019, EBSCOhost.

³² Muecke, S 2005, 'Effects of rotating night shifts: literature review', *Journal of Advanced Nursing*, vol. 50, no. 4, pp. 433-439, doi: 10.1111/j.1365-2648.2005.03409.x

bullying³³. In its analysis of 1582 nurses, the study found a reciprocal relationship between exposures to bullying and symptoms of fatigue and anxiety, respectively. These results tell us that there may be a vicious cycle of negative workplace culture, where workplace bullying and fatigue mutually affect each other.

Furthermore, according to the literature, nurses frequently do not treat their co-workers nicely. It is common for students and new nurses to be victims of bullying in the workplace. This type of hierarchical bullying is more prevalent than peer-to-peer bullying. Such workplace incivility and bullying can be a symptom of compassion fatigue and burnout, which leads to nurses completely losing their sense of purpose as carers³⁴. In such an environment, the bullied and the witnesses to the bullying are also at an increased risk of compassion fatigue.

Bullying

In the Medical Journal of Australia, researchers have declared that unprofessional behaviour in Healthcare systems is endemic and bullying and harassment are engrained in the Australian Healthcare system³⁵. Bullying effects mental health, which hinders the ability of staff to do their job. There is increasing evidence that even rudeness can effect patient safety because it inhibits effective communication, which is vital in the provision of healthcare services. Unprofessional behaviour, including bullying and harassment is one of the factors causing preventable harm to patients. Besides fatigue, other factors that may be contributing towards bullying are:

1) Management

As mentioned previously, most bullying is hierarchical i.e. experienced by subordinates from managers and seniors³⁶. A study of nurses conducted in Australia found that incivility and bullying are found less in hospitals where line managers demonstrate behaviours of 'authentic leadership'³⁷. The researcher added that the nature of the health care sector is such that bullying has become very common because decisions about promotions are not based on soft skills such as people and relationship management, but instead on a person's technical skills in treating patients.

Another factor is the pressure surrounding the work of health professionals. When working in a high-pressure environment and situation, it can expose the weaknesses of nurses so that the managers may become rude or snappy or react in a sudden manner. If this is left unchecked, over time it becomes normal and it also trickles down to others. Research shows that nurses who experienced or were witnesses to such behaviour were 52% more likely to experience psychological stress, leading to health problems, turnover and decreased

³³ Reknes, I, Pallesen, S, Magerøy, N, Moen, B, Bjorvatn, B, Einarsen S 2014, ' Exposure to bullying behaviors as a predictor of mental health problems among Norwegian nurses: Results from the prospective SUSH-survey', International Journal of Nursing Studies, vol. 51, no. 3, pp. 479-487, doi: 10.1016/j.ijnurstu.2013.06.017.

³⁴ Vidette, T 2013, 'Compassion Fatigue and Burnout in Nursing: Enhancing Professional Quality of Life', Springer Publishing Company, retrieved 11 January 2019, EBSCOhost.

³⁵ Metherell, L 2018, 'Bullying and harassment 'endemic' in health', Australian Broadcasting Corporation News Radio, 5 November, p.1, retrieved 16 January 2019, <<https://www.abc.net.au/radio/programs/am/bullying-and-harassment-endemic-in-health-care/10464408>>

³⁶ Vidette, T 2013, 'Compassion Fatigue and Burnout in Nursing: Enhancing Professional Quality of Life', Springer Publishing Company, retrieved 11 January 2019, EBSCOhost.

³⁷ Health Times 2017, 'Study finds high rates of nurse bullying, but managers make a difference', Health Times, 18 December, p.1,

efficiency³⁸.

Conversely, in workplaces where managers displayed good leadership and management, nurses' perception of unprofessional and uncivil behaviours was lower and as a result they were less stressed. Therefore, it is extremely important that managers are educated and trained in the required soft skills and tools to manage relationships and emotions better³⁹. Further, promotions to managerial positions should be based on whether a person has the people skills to professionally and genuinely lead subordinates, and the discipline to follow organisational values. Research has found that in workplaces where nurses believe the organisation had shared values, lower incivility and psychological stress was experienced.

2) **Workplace culture and workload**

Within the Australian nursing profession, bullying has grown to become a part of the workplace culture, which has been described as being 'toxic, hostile and harmful'⁴⁰. Displaced aggression and differentials of power between nurses have been suggested as a contributor to a culture of workplace bullying among nurses. The heavy workload required of nurses is the main reason behind this displaced aggression as well as stress and dissatisfaction towards one another.

A positive relationship was found in a study between the work scheduling of morning shift and bullying, where morning shift workers were more likely to experience bullying⁴¹. Inequities in workload distribution and shifts is a contributing factor in bullying. Within such a culture of bullying, where this problem is minimised and even fostered by failing to act or discouraging it, incidents of bullying are not usually reported⁴². This also occurs due to lack of confidence in the reporting process, as well as fear of impact on career.

3) **Impact**

Bullying in a workplace negatively affects the individual and the workplace culture. It increases negativity and lack of respect, leading to poor intra-professional relationships, and a decline in teamwork and mutual support. For the individual, effects of bullying manifest in low self-esteem, anxiety and an increase in sick leave. A victim of bullying also has poor concentration and reduced productivity. In the long term, victims of bullying are likely to develop physical and mental illnesses, as well as reduced loyalty to the organisation, leading to the likelihood that they will either resign from the organisation or leave nursing completely⁴³.

³⁸ Health Times 2017, 'Study finds high rates of nurse bullying, but managers make a difference', Health Times, 18 December, p.1,

³⁹ *ibid*

⁴⁰ Hartin, P, Birks, M, Lindsay, D 2018, 'Bullying in the nursing profession in Australia: An integrative review of the literature', *Collegian Journal*, vol. 25, no. 6, pp. 613-619, doi: 10.1016/j.colegn.2018.06.004.

⁴¹ Rodwell, J and Demir, D 2012, 'Oppression and exposure as differentiating predictors of types of workplace violence for nurses', *Journal of Clinical Nursing*, vol. 21, pp. 2296–2305, doi: 10.1111/j.1365-2702.2012.04192.x

⁴² Australian Medical Association 2015, *Workplace bullying and harassment – 2009. Revised 2015*, Australian Medical Association, retrieved 14 January 2019, <<https://ama.com.au/position-statement/workplace-bullying-and-harassment>>

⁴³ Hartin, P, Birks, M, Lindsay, D 2018, 'Bullying in the nursing profession in Australia: An integrative review of the literature', *Collegian Journal*, vol. 25, no. 6, pp. 613-619, doi: 10.1016/j.colegn.2018.06.004.

Considering the current nurse retention and workforce planning issues, not just in Australia, but also internationally, this is a big concern for the profession, the global economy and public safety. High turnover also results in financial costs associated with employing and training new staff. Most importantly, if nurses are working in a negative environment of bullying and unprofessional behaviour, they will not be able to provide high quality compassionate care to patients. Within such an environment, teamwork, collaboration and communication also suffer, which impairs communication between patients and nurses, ultimately threatening patient safety.

ToR d) The extent to which current work practices comply with relevant legislation, codes and industrial agreements.

Feedback provided by our members indicates that current work practices do comply with relevant legislation, codes and industrial agreements with regards to workplace fatigue. However, they also believe that current legislation and industrial agreements are the main causes of fatigue for nurses. Increasingly, fatigue is becoming a big concern for nurses. If all codes and legislation are being followed then there is the need for changes to current legislation and codes. ACN supports the view that current legislation and industrial agreements should support nurses and other health professionals in performing their duties in the most effective and efficient manner. This includes supporting the health and well-being of health professionals so that they can provide patients the best care and ensure that accidents and mishaps are avoided.

As stated previously, bullying is a growing endemic problem within the nursing profession in Australia. In order to combat this problem, the Nursing and Midwifery Board of Australia (NMBA) published a new code of conduct for nurses with a specific section on bullying. It came into effect in March 2018 and states a zero-tolerance approach to bullying⁴⁴. In 2013, Australia's Federal Parliament also passed amendments to the Fair Work Act 2009 setting out new standards and specific provisions on workplace bullying. However, according to a review within the Australian Journal of Nursing Practice, workplace bullying and harassment within the nursing profession has been increasing⁴⁵. The review concluded that to address the problem of bullying in the nursing profession in Australia, effective strategies must be developed studying the factors that are contributing towards allowing the problem of bullying to persist.

ToR e) Opportunities*, costs and impacts of measuring fatigue and using risk management tools, audit and compliance regimes, including those in other industries (e.g. aviation, mining and transport industries) to reduce the occurrence or impact of fatigue and bullying.

ToR f) Measures to improve the management and monitoring of workplace fatigue and bullying.

Measurement, monitoring and management of fatigue is a relatively new area of study. Strategies have been developed but not put in place in most organisations. Workplace bullying has been a long-standing concern and there is increased awareness with regards to this issue. Most organisations have an anti-bullying policy in place and ways to deal with instances of harassment. In the case of bullying, as mentioned in the above discussion, the issue is that of culture and confidence in the system. Most of the discussion below will therefore focus on workplace fatigue, however, some

⁴⁴ Hartin, P, Birks, M, Lindsay, D 2018, 'Bullying in the nursing profession in Australia: An integrative review of the literature', *Collegian Journal*, vol. 25, no. 6, pp. 613-619, doi: 10.1016/j.colegn.2018.06.004.

⁴⁵ *ibid*

recommendations for improving and managing workplace bullying made by ACN in the discussion above are:

1. Managers must be educated and trained in the required soft skills and tools to manage relationships and emotions better⁴⁶.
2. Promotions to managerial positions should be based on whether a person has the people skills to professionally and genuinely lead subordinates, and the discipline to follow organisational values⁴⁷.
3. Inequities in workload distribution and shifts is a contributing factor in bullying, meaning when nurses feel they are working more or worse shifts compared to others, they are more likely to bully or harass those other nurses. Strategies to decrease inequities in workload distribution through automation of processes are likely to mitigate this problem.
4. Holding staff at all levels accountable for bullying behaviour and developing governance processes, as well as a safe environment for reporting bullying incidents is very important.

Concerning workplace fatigue, there are many benefits to measuring fatigue, its effects and analysing the factors that impact it. Studies where fatigue has been measured show that it has been increasing in the workforce. One example is a workforce survey conducted each year, which states employee fatigue is at historic highs⁴⁸. In the health care industry most of the research is aimed at nurses, showing that there has been an increase in preventable errors by nurses at the end of long shifts. Because of this, many groups have advocated for more regulation. Thus, measuring fatigue has shown the link between rosters of nurses to fatigue, injuries, errors, and driving accidents on the way home.

Research shows that other industries, such as Manufacturing and Transport, are also greatly affected by fatigue and have a higher rate of errors and health risks⁴⁹. In fact, fatigue affects most professions that have work timings at odds with the human circadian rhythm, such as other shift workers including police, fire fighters, ambulance paramedics, who work in shifts⁵⁰. It is important to measure the costs of fatigue as well. According to the Monash University Cooperative Research Centre for Alertness, Safety and Productivity, fatigue-induced accidents cost the Australian economy close to \$5 billion annually due to loss in productivity and healthcare costs⁵¹. There is a total of 10,000 serious workplace injuries and more than 25,000 serious road crashes due to poor alertness in Australia, which leads to \$31 billion a year in loss of healthy life. The research centre is aiming to reduce injuries by 9000 a year by 2028, which is expected to save the health system \$2 billion per year in costs arising from fatigue-related injuries⁵².

⁴⁶ Health Times 2017, 'Study finds high rates of nurse bullying, but managers make a difference', Health Times, 18 December, p.1,

⁴⁷ *ibid*

⁴⁸ Moschetto, M 2013, 'If Employees Snooze, All Will Lose!', Workforce Solutions Review, August/September 2013, retrieved 18 December 2018, <http://www.ihrimpublishations.com/WSR_about.php>

⁴⁹ Weinstein, S 2016, 'Nurse fatigue takes toll on patient care', Reflections on Nurse Leadership Journal, vol. 41, no. 1, retrieved 11 January 2019, <https://www.reflectionsonnursingleadership.org/features/more-features/Vol41_1_nurse-fatigue-takes-toll-on-patient-care>

⁵⁰ Dorrian, J., Lamond, N., Dawson, D. 2000, 'The ability to self-monitor performance when fatigued' Journal of Sleep Research, vol. 9, no. 2, pp. 137-144.

⁵¹ Monash University 2014, *Innovative new centre to tackle fatigue-related injury*, Monash University, retrieved 30 January 2019, <<https://www.monash.edu/medicine/news/latest/2014-articles/fatigue-related-injury.html>>

⁵² Monash University 2014, *Innovative new centre to tackle fatigue-related injury*, Monash University, retrieved 30 January 2019, <<https://www.monash.edu/medicine/news/latest/2014-articles/fatigue-related-injury.html>>

In the US, one piece of research has attributed close to US\$2,000 in lost productivity per employee, every year⁵³. If this is added up for an entire hospital, considering all the fatigued employees, the costs would be significant. Research shows that 'doing more with less' does not necessarily work as well as organisations have believed it to. Most of the costs are hidden and causing significant unproductivity and inefficiency⁵⁴. These studies show how significant the costs of fatigue are and how much economic benefit can be obtained by mitigating these costs.

Because it is such a pressing matter, many professional bodies have made recommendations about how to maintain nurse performance and reduce nurse fatigue. The American Nurses Association (ANA)⁵⁵ and the Australian Medical Association (AMA)⁵⁶ have made recommendations to reduce fatigue for health professionals, which include:

- 1) Nurses should be involved in the process of developing work schedules. Work schedules should be regular and predictable so that nurses can plan for work and manage personal responsibilities.
- 2) Placing limitations and caps on work hours, such as 40 to 50 hour weeks, 10 to 12 hour shifts a day and completely eliminating the mandatory overtime shifts to fill in for staff shortages.
- 3) Putting in place frequent and uninterrupted breaks for nurses to offset strain from long shifts, and ensuring that employees can get a minimum of 8 hours sleep between the end of one shift and starting work again.
- 4) Fatigued nurses, experiencing side-effects of fatigue, should have the option to reject or accept a tasks or shifts allocated without any retaliation from managers or guilt of 'patient abandonment'.
- 5) Ensure that there is enough staff during peak working periods and defer non-urgent tasks so that employees have appropriate rest and recovery.
- 6) Encourage employees towards healthy exercise and lifestyle habits

The Registered Nurses Association of Ontario (RNAO) has made similar recommendations in their 2011 Guidelines: 'Preventing and Mitigating Nurse Fatigue in Health Care'⁵⁷. This document provides many additional useful recommendations for the government, Nursing professional and regulatory bodies, research, accreditation, education and organisations.

It is also important to note that some Human Resource (HR) systems need to be automated so that shift length and frequency is automatically taken into account and not left up to the manager or nurse to decide⁵⁸. By putting in place an underlying business rules program in the system, it will

⁵³ Rosekind, M., Gregory, K., Mallis, M., Brandt, S., Seal, B., Lerner, D., 2010, 'The Cost of Poor Sleep: Workplace Productivity Loss and Associated Costs', *Journal of Occupational & Environmental Medicine*, vol. 52, no. 1, pp. 91-98, <<https://pdfs.semanticscholar.org/ce42/7217e0dcf2e47b5af717ef4f2b986ee0f90b.pdf>>

⁵⁴ Moschetto, M 2013, 'If Employees Snooze, All Will Lose!', *Workforce Solutions Review*, August/September 2013, retrieved 18 December 2018, <http://www.ihrimpublications.com/WSR_about.php>

⁵⁵ Demarco, E., White, J., Berry, M., Cochi, R., 2014, *How your hospital can handle nurse fatigue*, *Healthcare Business and Technology*, retrieved 11 January 2016, <<http://www.healthcarebusinesstech.com/how-your-hospital-can-handle-nurse-fatigue/>>

⁵⁶ AMA 2008, *Managing the Risks of Fatigue in General Practice - For GPs and GP Registrars*, Australian Medical Association, retrieved 30 January 2019, <<https://ama.com.au/article/managing-risks-fatigue-general-practice-gps-and-gp-registrars>>

⁵⁷ Registered Nurses of Ontario, 2011, *Healthy Work Environments Best Practice Guidelines: Preventing and Mitigating Nurse Fatigue in Healthcare*, Registered Nurses of Ontario, retrieved 11 January 2011, <<https://rnao.ca/bpg/guidelines/preventing-and-mitigating-nurse-fatigue-health-care>>

⁵⁸ Moschetto, M 2013, 'If Employees Snooze, All Will Lose!', *Workforce Solutions Review*, August/September 2013, retrieved 18 December 2018, <http://www.ihrimpublications.com/WSR_about.php>

enable organisations to automatically, and consistently, enforce all policies and regulations regarding scheduling and employee health and safety. Such a system can also be automated to send an emergency call-out to nurses for vacant shifts using different methods of communications (text, call or email). This system would only allow nurses who have had adequate rest since the last shift to accept this call-out and then automatically communicate to the manager, which nurses are available to work⁵⁹. Additionally, an automated system would allow organisations to keep data on individual work routines and measure potential fatigue, allowing managers to work out ways to mitigate fatigue and for long-term analysis of fatigue management.

By automating the fatigue management process, variations from manager-to-manager can be eliminated, as well as the potential for individuals making personal judgment calls and interpretations of the policies⁶⁰. It will also make this process consistent across various multiple locations, helping organisations remain in compliance across the entire workforce. There is also need for studying which particular activities or tasks within a role are more likely to cause fatigue and how they can be varied and divided by breaks. Factors and tasks contributing to fatigue should be studied and broken down to their simplest form to be able to mitigate their effect on fatigued employees.

The Journal of Occupational and Environmental Medicine published an article on Fatigue Risk Management Systems (FRMS) in the workplace⁶¹. It stated that addressing fatigue is particularly important for roles such as transportation, health care and energy industries, which are safety-sensitive. In cases where people work during hours in which people typically sleep, FRMSs are important. The article is a guide for Occupational and Environmental Medicine (OEM) Physicians to assist them by providing information on FRMSs. FRMSs are designed to improve outcomes in managing risk associated with workplace fatigue. It is more flexible than duty-rest and hours-of-service regulations. It is a “scientifically based, data-driven addition or alternative to prescriptive hours of work limitations which manages employee fatigue”⁶².

The road transport and aviation regulatory authorities in Australia and New Zealand have begun to move away from prescriptive hours of work limitations and towards FRMS; they were the first to trial FRMS in Australia to manage fatigue⁶³. The National Transport Commission has also adopted a similar approach to manage railway safety with relation to fatigue. Although an integrated FRMS has not been adopted to manage fatigue in the Health Care Industry in Australia, the AMA developed a Safe Working Hours project in 2002, which provided guidance and strategies that comprise many elements of an FRMS including the design principles for scheduling of shifts⁶⁴. It is recommended that an integrated FRMS designed by OEM Physicians should be put in place to manage fatigue in the Health Care sector in Australia.

Increasingly, a lot of research is being conducted in the area of fatigue, sleeplessness and how this effects work performance in different industries. One such study was conducted by the Finnish

⁵⁹ Moschetto, M 2013, 'If Employees Snooze, All Will Lose!', Workforce Solutions Review, August/September 2013, retrieved 18 December 2018, <http://www.ihrimpublishations.com/WSR_about.php>

⁶⁰ ibid

⁶¹ Lerman, S., Eskin, E., Flower, D., George, E., Gerson, B., Hartenbaum, N., Hursh, S., Moore-Ede, M., 2012, 'Fatigue Risk Management in the Workplace', Journal of Occupational and Environmental Medicine, vol. 54, no.2, pp. 231-258, doi: 10.1097/JOM.0b013e318247a3b0

⁶² Lerman, S., Eskin, E., Flower, D., George, E., Gerson, B., Hartenbaum, N., Hursh, S., Moore-Ede, M., 2012, 'Fatigue Risk Management in the Workplace', Journal of Occupational and Environmental Medicine, vol. 54, no.2, pp. 231-258, doi: 10.1097/JOM.0b013e318247a3b0

⁶³ ibid

⁶⁴ Australian Medical Association 2017, Managing the risks of fatigue in the medical workforce, Australian Medical Association, retrieved 16 January 2019, <<https://ama.com.au/article/2016-ama-safe-hours-audit>>

Accident Investigations Board, looking at the alertness of fatigued navigating personnel and accidents of modern vessels⁶⁵. In many of these investigations, decrease in alertness due to fatigue was either the direct cause of the accident or a contributing factor in the incident. This study found that alertness is impacted differently at different times of the day, so that the late night and very early morning shifts are most likely to be affected. Therefore, it was recommended that an unbiased examination of work-hour arrangements should be made, ensuring sufficient and high-quality rest for all employees.

A study of nurses conducted in Australia that looked at various factors contributing to fatigue also found that the most important factor was the shift pattern worked by an employee, particularly unpredictable internal shift rotations, including night duty⁶⁶. This sort of pattern of shifts is quite common in the nursing profession therefore the study recommended that more creative approaches would have to be put in place for rostering nurses. According to this paper, younger nurses are particularly in need of support to encourage retention of staff.

ToR g) The extent to which fatigue, including a comparison to other industry sector practices#, is a factor that is taken into account during investigations into medical misadventure.

ACN is not in the position to comment on the practices of hospitals and health care centres on dealing with errors and medical misadventure or on the criteria upon which the NMBA deals with cases that are escalated, however it is known that Fatigue exacerbates a nurse's possibility of making errors, even for the most diligent nurse⁶⁷. It is the opinion of ACN that in the case where a nurse has no choice in how their shifts are scheduled and the emergency recalls, any errors occurred due to fatigue should not simply be blamed on the nurse. Instead, it should lead to an assessment of how fatigue can be better managed.

ToR h) Any other relevant matters.

ACN has nothing further to add.

⁶⁵ Accident Investigation Board Finland 2004, *Investigation Report: Factors contributing to fatigue and its frequency in bridge work*, The Nautical Institute, retrieved 16 January 2019, <http://www.nautinst.org/filemanager/root/site_assets/forums/fatigue_forum/fatigue_report_-_finland.pdf>

⁶⁶ Winwood, P., Winefield, A., Lushington, K. 2006., 'Work-related fatigue and recovery: the contribution of age, domestic responsibilities and shiftwork', *Journal of Advanced Nursing*, vol. 56, no. 4, pp. 438-449, doi: 10.1111/j.1365-2648.2006.04011.x

⁶⁷ Deans, C. 2005, 'Medication errors and professional practice of registered nurses', *Collegian Journal*, vol. 12, no. 1, pp. 29-33, <[https://www.collegianjournal.com/article/S1322-7696\(08\)60480-1/pdf](https://www.collegianjournal.com/article/S1322-7696(08)60480-1/pdf)>