

Recommendations to recognize and reduce occupational therapists' workplace fatigue- SAOT 2015

Introduction and background

These recommendations are based on a scoping of the evidence-base, existing legislation, and input from over 80 occupational therapists in Alberta, Canada. Supporting documents can be reviewed for details on the companion resource website <http://cbhgu304.wix.com/saot-ot-work-fatigue>. The recommendations also draw significantly from the Registered Nurses' Association of Ontario (RNAO) ground breaking document "Preventing and Mitigating Nurse Fatigue in Health Care" (http://rnao.ca/sites/rnao-ca/files/Preventing_and_Mitigating_Nurse_Fatigue_in_Health_Care.pdf).

In regards to workplace fatigue most attention has been paid to the professions of medicine and nursing. However, one of the most significant contributing factor to workplace fatigue for physicians and nurses- shiftwork- is seldom a job component for occupational therapists. Therefore, the following recommendations focus on factors more relevant to occupational therapists' workplaces. The differing work patterns, schedules and responsibilities of each healthcare profession must be considered in an organization's fatigue risk management (FRM) program and strategies tailored accordingly.

This document and companion resource website (<http://cbhgu304.wix.com/saot-ot-work-fatigue>) were developed to give occupational therapists and other stakeholders the tools required to develop effective FRM programs that will contribute to the health and safety of therapists and, most importantly, reduce safety risk from workplace error for their clients and patients. A number of the recommendations are supported with links to additional resources and examples and the reader should be sure to review the extensive resources provided on the companion website. These recommendations will be also relevant to other rehabilitation professions (such as speech language pathologist, audiologists and physiotherapists) where shift work is not the primary contributor to workplace fatigue.

The recommendations are organized to reflect and reinforce that FRM in the workplace is a shared responsibility that needs to be addressed by all stakeholders. The fact that several recommendations reoccur across the list of recommendations also reflects that FRM is a shared responsibility.

These recommendations and the companion website are part of the fatigue risk management project carried out by the **Society of Alberta Occupational Therapists** in 2014-15 with funding from **Alberta Human Services, Occupational Health and Safety Program, Development and Research**.

Recommendations to recognize and reduce occupational therapists' workplace fatigue

Recommendation 1: Government actions

Provincial and national levels of government should recognize and address fatigue risk management (FRM) in occupational therapists' and other healthcare professionals' workplace. Specifically funding should be made available for:

- fatigue in the workplace awareness campaigns;
- the Canadian Institute of Health Research (CIHR) and similar government funded agencies to target fatigue risk prevention, reduction and management studies;
- developing and regulating workplace environments such that restorative break areas, acoustic controls and ambient lighting based on research evidence are identified standards in the National Building Code of Canada and other standards that govern healthcare facility construction;
- working with occupational therapy associations and regulatory bodies (such as the Canadian Association of Occupational Therapists, the Alberta College of Occupational Therapists and the Society of Alberta Occupational Therapists) to develop guidelines for appropriate, safe therapist-patient/client ratio;
- training sufficient occupational therapists to prevent staffing shortages and over-burdening of existing therapists;
- sufficient economic and human resources within the work environment to prevent and mitigate fatigue; and
- supporting mandatory education for occupational therapists, educators and decision-makers about the causes of workplace fatigue and its negative impacts on patients/clients, therapists and organizations.

Recommendation 2: Education

Occupational therapists are life-long learners and there are opportunities to provide education to raise awareness about workplace fatigue at both the student and the post-qualification level.

Additionally, recognising the FRM is a shared responsibility, educational activities developed within the profession of occupational therapy should also have the goal of raising awareness of other non-occupational therapist stakeholders and decision-makers. For example, the companion website to these recommendations (<http://cbhgu304.wix.com/saot-ot-work-fatigue>) was developed by occupational therapists for occupational therapists but it also includes extensive resources that can be used to educate non-occupational therapy stakeholders (such as an organization's patient services director or an administrator with Alberta Health Services) about FRM in the occupational therapy workplace. For more details about the shared responsibility of FRM see the companion website page "What is Workplace Fatigue?"

- Both university occupational therapy student training program and employers' occupational health and safety educational programs should include formal and informal education sessions that address:
 - recognizing and preventing fatigue;
 - the factors that contribute to fatigue;
 - the implications of occupational therapists' fatigue on patient safety, student and/or therapists' well-being, and on organizational well-being;
 - sleep hygiene; and
 - how to use fatigue self-assessment tool to identify risk and measure outcomes on interventions.

- University programs should address the issue of both student and working therapist fatigue in the curriculum by:
 - incorporating curriculum content, policy, and post-qualification training related to fatigue self-assessment and management for students, preceptors, professors and other educators; and
 - establishing audit and evaluation practices that feed back into the process to determine if student and faculty fatigue in the academic and practice placement setting has been reduced.
- To clearly educate new students and employees that the organization does not support a culture of overwork but rather seeks to identify and address workplace fatigue issues both workplace employers and university programs should:
 - incorporate information regarding fatigue prevention and recognition strategies into orientation programs for staff, students and preceptors;
 - enhance leadership courses to address issues related to fatigue; and
 - promote research to assist health-care organizations in implementing and evaluating strategies to address fatigue.

Recommendation 3: Accreditation

Accreditation agencies play an important role in influencing workplace practice and development of organizational policies and procedures. Accreditation bodies should develop and implement standards in the accreditation process that address both patient, occupational therapist and occupational therapy student safety and incorporate the recommendations contained in this guideline. For example University programs to train occupational therapists in Canada are accredited by the Canadian Association of Occupational Therapists (CAOT). CAOT should include student fatigue risk identification and management as one of the criteria for accreditation. Addressing fatigue in the students' workplace, the university setting, fosters awareness and strategies that can carry forward into professional practice. Additionally, students who are knowledgeable about workplace fatigue can serve as ambassadors to raise awareness of the practicing therapists and teams they work with during practice placements.

Recommendation 4: Research

Researchers can play an important role in building the evidence-base for informed, responsible decision-making. Specific actions should include:

- researchers, in partnerships with governments, professional associations, regulatory bodies, unions, health-service organizations and educational institutions, carrying out studies regarding the relationship between the factors that influence fatigue in the occupational therapy workplace, occupational therapist health, and patient safety. Areas of particular attention include role ambiguity, organizational cultures of over-work, decision making control, sleep deficiency, resource limitation, and physiologically fatiguing workplace environments;
- targeting high need areas for research into FRM to address the existing gaps in knowledge (ie – most workplace fatigue research currently focuses on hours of work and shift patterns, and these are not a priority concern occupational therapists and other rehabilitation professionals);
- research to gather sound epidemiological data (prevalence and incidence of fatigue based on gender, marital status, lifestyle, age, type and site of employment, years of experience) upon which to base intervention studies;
- the development of outcome measures of relevance to occupational therapy workers;
- research into the efficacy of programs to determine, assess and mitigate fatigue in health-care settings, and
- efficacy studies of knowledge translation strategies to raise awareness of fatigue in the occupational therapy profession and to determine factors influencing knowledge-to-action in the clinical setting.

Recommendation 5: Regulatory

Regulatory bodies can assist therapists and their employers to recognize how legislation governing the practice of occupational therapy and supporting documents such as the *Essential Competencies of Practice for Occupational Therapists in Canada* http://www.coto.org/pdf/Essent_Comp_04.pdf align with attending to workplace fatigue as an essential responsibility of professional practice.

For example, in the *Essential Competencies Unit 1: Assumes Professional Responsibility* it states: “Occupational therapists assume professional responsibility for safe, ethical and effective practice.

1.2 Practices within scope of professional and personal limitations and abilities (pg 12).

This means therapists should not practice when fatigued as fatigue is known to interfere with cognitive, emotional and physical abilities thus impacting safe effective practice.

Further, *Unit 7: Manages Own Professional Work* states the competent therapist should:

7.3 Contributes to a practice environment that supports client-centered occupational therapy service, which is safe, ethical and effective.

7.4 Demonstrates commitment for client and provider safety

E.1 Demonstrates commitment for safety (page 14).

Fatigue clearly interferes with safety and must be addressed in a transparent and constructive fashion such that therapists are not fearful of reporting concerns related to their own or others’ fatigue. Fatigue management is a professional responsibility that cannot be abdicated because of peer or employer pressure.

The provincial regulatory body in Alberta, Alberta College of Occupational Therapists (ACOT), also sets out *Standards of Practice* that must be met to demonstrate competence to practice http://www.acot.ca/files/Standards_of_Practice.pdf. A number of these standards also relate to the need to address workplace fatigue.

For example:

1.4 Be responsible for the occupational therapy services provided by oneself and demonstrate accountability for services provided by other personnel who are under the therapist’s supervision

9.2 Demonstrate safe work practices by identifying potential risks and minimizing those risks in the practice setting

Specific measures that regulatory bodies can take to promote practices that result in preventing and mitigating occupational therapists’ and other health-care professionals’ workplace fatigue include:

- professional associations and unions should collaborate, advocate for and promote a workplace culture that recognizes the impact of fatigue on both patient safety and therapists’ overall health and well-being;
- regulatory bodies should develop standards of practice that recognize the impact of fatigue on patient safety and therapists’ overall health and well-being;
- professional associations, regulatory bodies and unions should collaborate to promote therapist and decision-maker education regarding therapists’ professional responsibility for managing personal fatigue and mitigating the impact of fatigue on safe, quality patient care; and
- regulatory bodies should set practice standards and guidelines applicable to occupational therapists and their employers to ensure practice environments that prevent, or reduce the risk for, fatigue.

Recommendation 6: Professional Bodies

Similar to unions, professional bodies (like SAOT and CAOT) can provide therapists with a collective voice around important issues like workplace fatigue. Therapists who experience chronic workplace fatigue are often least able to advocate and should not be expected to assume predominantly personal responsibility for issues that, in actuality, are most often systemic and multifaceted in nature. For example, while a therapist may have ‘work addiction’ habits, the employer also has a responsibility to create a workplace culture that does not allow

this to flourish or be rewarded. Professional bodies can provide educational resources to help therapists raise awareness in their workplace.

- Professional associations (like the Society of Alberta Occupational Therapists- SAOT <http://www.saot.ca/>), regulatory bodies, university programs and unions (such as the Health Sciences Association of Alberta - <http://www.hsa.ca/>, the Alberta Workers' Health Centre Consultants for Change Program <http://www.workershealthcentre.ca/default.asp?mode=webpage&id=398> , The Canadian Union of Public Employees <http://cupe.ca/overwork> , and the French language Association for Health and Safety in the workplace (Association pour la santé et la sécurité au travail) <http://www.asstsas.qc.ca/>) should work together to advocate for safe work environments with established FRM programs and FRM committees that include occupational therapist members.
- Professional associations should support research targeting the gaps relevant to occupational therapists in workplace fatigue research.
- In collaboration with other stakeholders professional bodies should provide educational opportunities for occupational therapists to learn about:
 - the professional obligation therapists have to recognize and address their own fatigue in the workplace as well as that of co-workers;
 - the significance of fatigue in their workplace;
 - sources and content of workplace fatigue evidence-based literature;
 - how to recognize risk factors;
 - how to assess personal levels of fatigue;
 - existing standardized tools for fatigue assessment;
 - skills to advocate for change within the workplace, and
 - strategies to reduce personal and organizational risk of workplace fatigue.

Note: The companion website for this document <http://cbhgu304.wix.com/saot-ot-work-fatigue> was developed to provide this type of educational resource in an accessible, interactive and multi-component manner.

Recommendation 7: Employee Associations & Unions

Unions and associations (such as the Health Sciences Association of Alberta - <http://www.hsa.ca/>, the Alberta Workers' Health Centre Consultants for Change Program <http://www.workershealthcentre.ca/default.asp?mode=webpage&id=398> , The Canadian Union of Public Employees <http://cupe.ca/overwork> and www.cupe.ca/updir/stress_guideline.pdf , and the French language Association for Health and Safety in the workplace (Association pour la santé et la sécurité au travail) <http://www.asstsas.qc.ca/>), professional associations (like the Society of Alberta Occupational Therapists- SAOT, <http://www.saot.ca/>), regulatory bodies, and university programs should work together to advocate for safe work environments with established FRM programs and FRM committees that include occupational therapist members.

Specific recommendations include:

- Unions, working together with other stakeholders, should develop resource materials (such as podcasts and brochures) to help therapists understand their right to a safe work environment and what to do when they identify unsafe conditions. The US Centre for Disease Control podcast – “Working with Stress” is an example of creating accessible multi-format education <http://www.cdc.gov/niosh/docs/video/stress1.html>).
- Unions, professional associations and regulatory bodies should encourage therapists and organizations to identify, document and collaboratively address unsafe staffing conditions and other fatigue risk factors- particularly those that may be overlooked as they are not related to the shiftwork and hours of work issues most common to nurses and physicians. Examples of fatigue assessment tools can be found on this document's companion website <http://cbhgu304.wix.com/saot-ot-work-fatigue>.

Recommendation 8: Employers and managers

Employers and organizations have a legal responsibility to provide a safe and healthy workplace for employees (see item 17- “Legislation” on the “What is Fatigue” page of the companion website [http://cbhqu304.wix.com/saot-ot-work-fatigue.](http://cbhqu304.wix.com/saot-ot-work-fatigue)) Aspects of this section are also relevant to the increasing number of occupational therapists who are self-employed in **private practice settings**.

Specific recommendations to assist managers and employers to address workplace fatigue and meet their legal obligations include:

- promoting a culture that recognizes occupational therapist fatigue as a risk to the safety of patients/clients, therapist and others. For example a fatigued therapist may be involved in a car accident that causes injury to others on her way home from work.
- developing and implementing comprehensive fatigue prevention and risk management programs that include:
 - educating staff and leadership on fatigue risk management;
 - developing mechanisms to document fatigue and analyze its relationship to work load, job responsibilities, work environment and patient and staff outcomes;
 - providing fatigue assessment strategies through orientation and other professional development opportunities; and
 - support services, such as wellness initiatives and Employee Assistance Programs, to assist with contributors to fatigue;
- developing organizational processes to plan, implement and evaluate staffing and workload practices that will create adequate staffing to mitigate therapist fatigue and ensure therapist and patient safety;
- monitoring and supporting individual therapists’ awareness of, and adherence to, their professional accountability and responsibility for fatigue management.

Recommendation 9: Occupational therapists

All therapists, assistants and students should:

- educate themselves about the contributing factors and consequences of workplace fatigue, how to recognize it and how to take action. The companion website to this document (<http://cbhqu304.wix.com/saot-ot-work-fatigue>) provides resources for all of these goals.
- perform a self-assessment prior to starting and during a work shift to ensure their fitness to work and provide safe provision of care;
- ensure adequate recovery time prior to starting a shift;
- take entitled breaks and support colleagues to do the same;
- limit overtime hours worked;
- encourage their managers to develop FRM programs within the service and to lobby for occupational therapy membership in institutional level FRM programs.
- take responsibility for identifying and reporting unsafe conditions (e.g. fatigue) in accordance with professional practice standards and hospital policy, without fear of reprisal , and in collaboration with their line management and union/association representatives;
- take responsibility for maintaining optimal personal health and well-being, including:
 - participating in physical, creative and restorative activity outside the work setting;
 - ensuring adequate nutritional intake;
 - ensuring adequate rest and sleep between shifts.

Recommendation 10: Implementation

As evidenced by the preceding nine recommendations FRM in the occupational therapist’s workplace is a shared responsibility- to have successful, sustained changes that can improve safety, wellbeing and productivity, buy-in from stakeholders is needed. Organizational and personal change is not easy and research tells us that buy-in from stakeholders is a necessary 1st step. For people to buy into change they

need to see its relevance for them personally. For example an occupational therapist might support strategies to reduce workplace fatigue because he is concerned with having more energy to play with his children after work, his manager might buy in because of a concern for a rising numbers of work-related injuries, and the Director of Patient Services might buy into the same strategies out of a concern for increased sick leave and decreased productivity. Regardless of the reason for buy-in, implementing a program requires the following general steps:

1. Recruit stakeholders (for example occupational therapists, management, union representative, occupational health and safety staff)
2. Align with existing workplace programs to avoid duplication and wasted effort (for example existing patient safety committees or occupational health and safety committees).
3. Raise stakeholders' awareness
 - a. There are numerous resources varying in complexity and length of time required to use them on the companion website <http://cbhgu304.wix.com/saot-ot-work-fatigue>. A good place to start might be with the short 2 page summaries and 5 minute video clips on the components and impact of workplace fatigue.
4. Identify the issues
 - a. Questionnaires and surveys (see the companion website for a sample of these <http://cbhgu304.wix.com/saot-ot-work-fatigue>,
 - b. site visits and environmental conditions evaluations - with a specific focus on noise, temperature, and privacy,
 - c. review of workplace accidents and patient related errors
5. Rank the issues
 - a. "Immediate attention"
 - b. "Gather more information and examples"
 - c. "Would be good to do but not essential"
 - d. "Not feasible to address within this work setting" - **NB:** be sure to identify alternatives for issues like this. There is always something that can be done and little steps will add up to effect change overall.
6. Develop a plan
 - a. Call on other stakeholders (such as the university, SAOT, CAOT, and union representative) to help with planning and providing examples and evidence to support the plan
7. Implement and, of course-
8. Evaluate and revise
9. Sustain and move forward-
 - a. Regularly review practices and policies
 - b. Identify the need for new initiatives
 - c. Cultivate a culture of flexibility in problem solving 'let's try and see'
 - d. Keep all stakeholders involved at some level and with clear information about the outcomes of relevance to them. In this way they can own and support the activities
 - e. Orient new workers and stakeholders so they also appreciate the need for fatigue risk management initiatives

Addressing occupational therapists' workplace fatigue follows the same basic concepts of any change model- stakeholders need to be connected, creative, strategic and appreciate that change is a cyclical process, not a straight line.

Workplace fatigue hurts everyone but we can address it at many different levels and, as all occupational therapists know, small achievable steps towards change add up to great things.

