A survey of out of hours working and fatigue amongst consultants in anaesthesia and paediatric intensive care medicine in the UK and Ireland

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Introduction

Awareness of fatigue within our specialty is increasing since the launch of the Association of Anaesthetists' #FightFatigue campaign and the publication of a survey of fatigue among trainee anaesthetists [1].

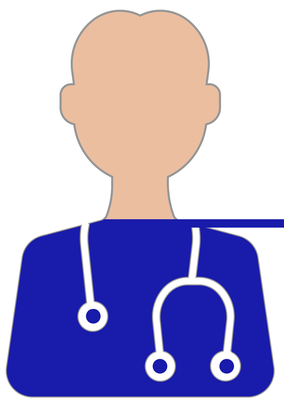
As part of the ongoing work in this area, we wished to assess the issue of fatigue within the consultant population.

Methods

We conducted an online survey of consultant members of the Association of Anaesthetists, the Royal College of Anaesthetists (RCoA), the Association of Paediatric Anaesthetists (APAGBI) and the Paediatric Intensive Care Society (PICS). Questions addressed out of hours work and the causes and effects of work-related fatigue.

The survey (administered by Enventure Research and funded by the Association of Anaesthetists) was open from 25 June to 6 August 2018.

Results



THANK YOU!

46% response rate

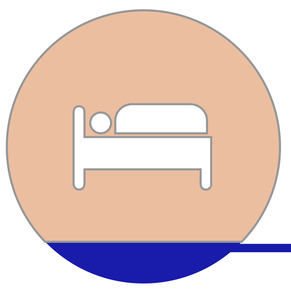
3847 responses were received from a total of 8437 consultants, representing a 46% response rate. We had responses from 324 hospitals [94% of UK & Irish hospitals].

91% have experienced work-related fatigue

Most thought fatigue had a negative impact on their health and wellbeing.

Other than working pattern, the factors which were felt to most significantly impact on work-related fatigue were:

1. Ability to take breaks (64%)
2. Clinical workload (63%)
3. Staffing - colleague sickness and understaffing (62%)

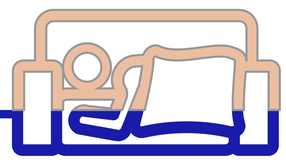


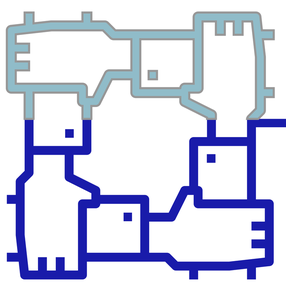
15% always achieve recommended rest periods between duties

Nearly half said they receive 2-3 calls per night on-call

…and getting back to sleep after a disturbance takes over 30 minutes for most consultants

Only a third have access to a private rest facility when on-call

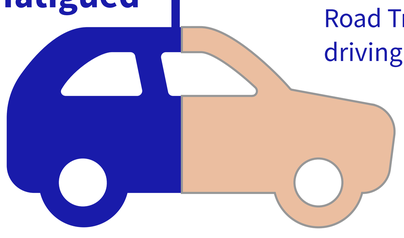




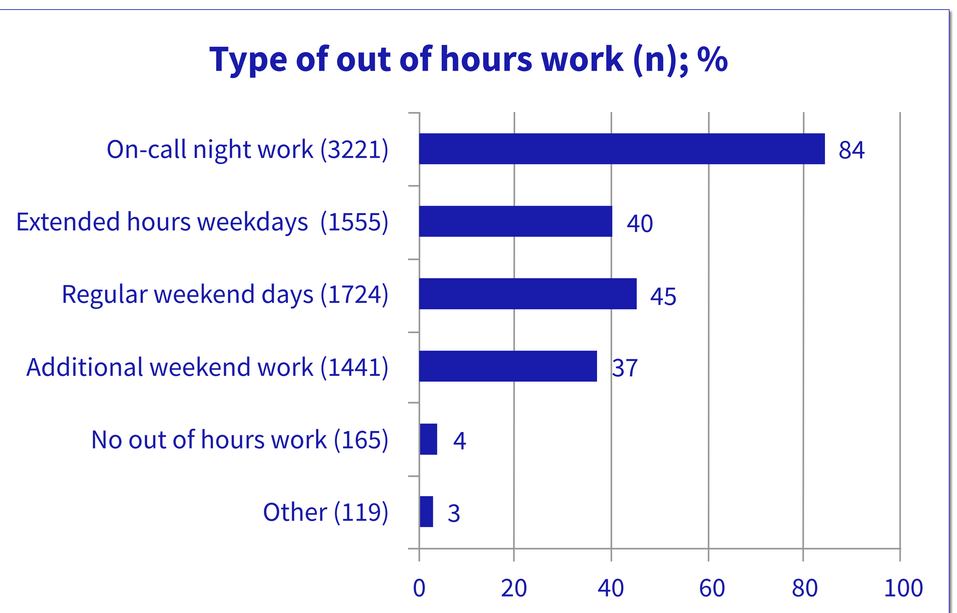
60% report the presence of some form of departmental daytime cover following a night on call

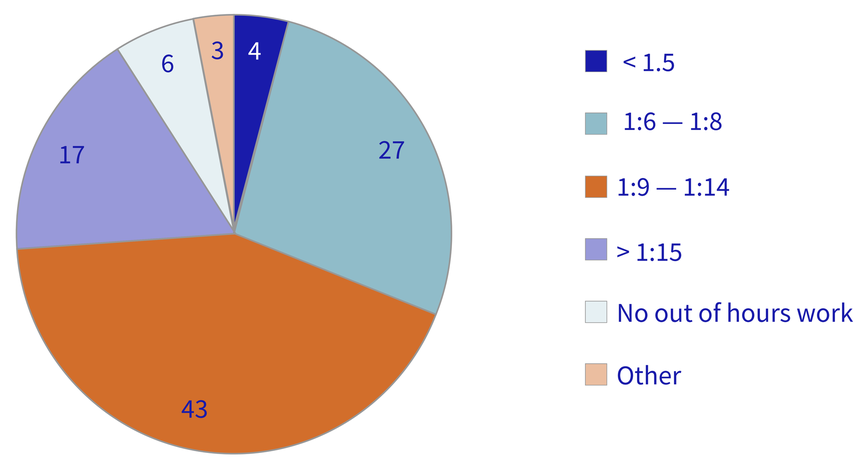
45% admitted to either having a car accident or near miss when fatigued

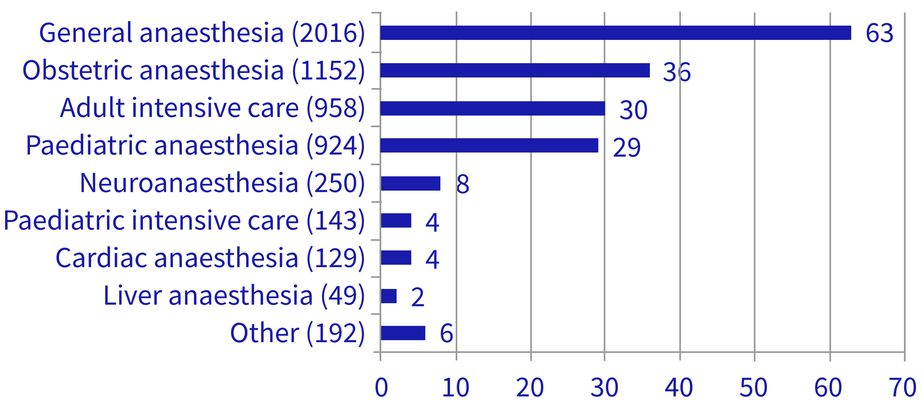
79% commute by car and 48% report driving despite feeling too tired to do so

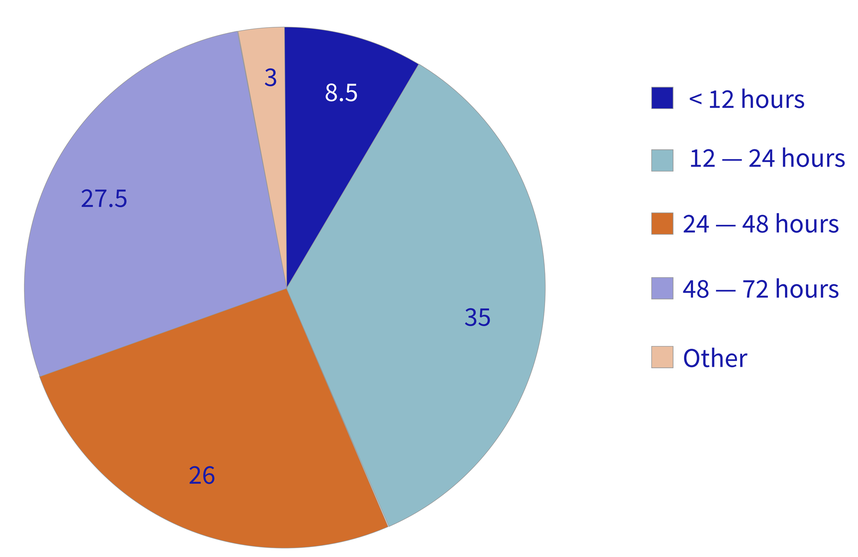


60% were not aware of the Road Traffic Act relating to driving whilst tired









Discussion

Fatigue and inadequate sleep are linked to errors, poor decision making, decreased alertness, road traffic accidents [1, 2], stress, poor health, depression and potential sickness absence[3]. This data suggests that work-related fatigue is commonly experienced by consultants in anaesthesia and paediatric intensive care medicine. Many work long duty periods with multiple interruptions overnight. Most are not getting the EWTD recommended 11 hours rest between duties and do not have on-site rest facilities. Encouragingly, the majority work in departments with an arrangement to cover clinical work after a busy on-call.

By raising awareness of the impact of fatigue and factors contributing to it, we hope to encourage doctors and their employers to initiate change in key areas such as working patterns, rest facilities and attitudes towards fatigue recognition and prevention.

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References

1. McClelland L, Holland J, Lomas J-P, Redfern N, Plunkett E. A national survey on the effects of fatigue on trainees in anaesthesia in the UK. Anaesthesia 2017;72:1069-1077
2. Locklet et al. Effect of Reducing Interns' Weekly Work Hours on Sleep and Attentional Failures. N Engl J Med 2004;351:1829 – 1837
3. British Medical Association. Fatigue and sleep deprivation – the impact of different working patterns on doctors. January 2018:10-11