



Sleep in Nursing Practitioners as a Risk Factor to Patient Safety

Deldar Morad Abdulah*

Department of Adult Nursing, University of Duhok, Iraq

Commentary

It is projected that annually close to 1.5 million medical errors occur that between 48,000 and 98,000 of them result in mortality of patients [1]. Various factors have been shown to attribute to these errors amongst nursing practitioners, like shift-working, sleep, fatigue, and extended working. Nowadays, the patient safety in clinical settings is a subject of concern to health policy makers and medical directors. To meet the patients' needs, the medical principals require improving the quality of patient cares, keeping the health-care-related mistakes and adverse events to a minimum of the level.

The sleep of nursing practitioners is one of the challenges facing hospital managers. Frankly, the nurses are not able to provide the safe health services to the patients when they are sleepy during the care giving. The nurses do not sleep sufficiently are fatigued and have worked for a shift longer than 12 consecutive hours [2,3]. The nurse shortage is a reason that hospital managers ask the nurses to work for a long shift. The long/extended shift is a risk to patient safety owing to shortage in sleep, fatigue, and medical errors [2].

The fatigues resulted from the shortage in sleep has been shown to be a predictor of risk to the patient, including injuries to patients upon care giving, falling patients, medication administration errors, incomplete or incorrect documentation, delayed patient care and nosocomial infections [4]. More than 50% of the nurse's work in shift-working has reduced sleep or alertness [5]. Subsequently, the sleep disturbance is a factor of a lower patient safety [5,6].

Sleep loss as the result of working in night shift is substantially sufficient to impair decision making in nurses or other clinical practitioners, disintegrate the information, planning execution and vigilance [7,8]. The nurses have acknowledged that fall asleep when working in night shift [9,10]. Close to one-fifth of the nurse struggle to stay awake when giving care to patients at night shift since the previous month [9].

The current journal strongly recommends the investigators to take their focus on patient safety in a detail perspective. The risks originating from insufficient sleep in nursing practitioners are required to be examined more than this level. Undoubtedly, the only way to establish a safer environment for the patient passes through the new researches.

References

1. Barger LK, Ayas NT, Cade BE, Cronin JW, Rosner B, Speizer FE, et al. Impact of extended-duration shifts on medical errors, adverse events and attentional failures. *PLoS Med.* 2006;3(12):e487.
2. Lockley SW, Barger LK, Ayas NT, Rothschild JM, Czeisler CA, Landrigan CP. Effects of health care provider work hours and sleep deprivation on safety and performance. *Jt Comm J Qual Patient Saf.* 2007;33(11):7-18.
3. Rogers AE, Hwang WT, Scott LD, Aiken LH, Dinges DF. The working hours of hospital staff nurses and patient safety. *Health Aff (Millwood).* 2004;23(4):202-12.
4. Abdulah DM, Perot KA. Fatigue as a primary and secondary factor in relation to shift-working and patient safety in Nursing Practitioners. 2018.
5. Akerstedt T. Shift work and sleep disorders. *Sleep.* 2005;28(1):9-11.
6. Rogers AE. The effects of fatigue and sleepiness on nurse performance and patient safety. In: Hughes RG, editor. *Patient Safety and Quality: An Evidence-Based Handbook for Nurses.* USA: Agency for Healthcare Research and Quality; 2008.
7. Harrison Y, Horne JA. The impact of sleep deprivation on decision making: A review. *J Exp Psychol Appl.* 2000;6(3):236-49.

OPEN ACCESS

*Correspondence:

Deldar Morad Abdulah, Department of Adult Nursing, University of Duhok, Iraq
Kurdistan, Iraq, Tel: 9647507443319;
E-mail: deldarmorad@gmail.com

Received Date: 20 Jun 2018

Accepted Date: 02 Jul 2018

Published Date: 09 Jul 2018

Citation:

Abdulah DM. Sleep in Nursing Practitioners as a Risk Factor to Patient Safety. *Nurs Stud Pract Int.* 2018; 1(1): 1002.

Copyright © 2018 Deldar Morad Abdulah. This is an open access article distributed under the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original work is properly cited.

8. Krueger GP. Fatigue, performance and medical error. In: Bogner MS, editor. *Human Error in Medicine*. Hillsdale, NJ, US: Lawrence Erlbaum Associates; 1994. p. 311-26.
9. Lee KA. Self-reported sleep disturbances in employed women. *Sleep*. 1992;15(6):493-8.
10. Scott LD, Rogers AE, Hwang WT, Zhang Y. Effects of critical care nurses' work hours on vigilance and patients' safety. *Am J Crit Care*. 2006;15(1):30-7.