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Dear Editor,

Work-related fatigue negatively impacting on nurses' abilities to practice safely and the consequent danger to patients is a key issue that warrants more attention and research. Please find the following Letter to the Editor in response to the recent article by Scott et al. (2010) titled "An interventional approach for patient and nurse safety: A fatigue countermeasures feasibility study." *Nursing Research*, 59 (4): 250-258.

I hope that the following letter will stimulate more interest and discussion on the progress and implementation of fatigue countermeasures in the nursing industry both nationally and internationally. Thank you for considering this letter for publication in *Nursing Research*.

Sincerely,
Qing Ling
Registered Nurse

LETTER TO THE EDITOR:

Dear Editor,

The study by Scott et al. [1] provides useful information, despite its small subject sample, about the likelihood of nurses following an FCMPN (fatigue counter-measures program for nurses) in a way that significantly reduces their risk of fatigue. A good point is made about how the participants showed reduced compliance of the FCMPN interventions at 3 months post-intervention, due to workplace culture and lack of support by management for fatigue counter-measures suggested in the study. It would be interesting to see what would have happened to the nurses' compliance with the FCMPN after six, or even twelve, months. Perhaps management and infrastructural support would have been in place by then, consequently improving compliance? Or perhaps, with no change to workplace circumstances, nurses would return to previous habits and abandon the FCMPN altogether?

The authors of the referenced article believe that FCMPNs are lacking. I would like to comment that this may not be entirely accurate, considering the effects of long hours and shift-work are already well known in the healthcare industry, and this includes the nursing profession. A search on this topic found that risk of fatigue is well-known in shift-workers including nurses; and therefore advice/recommendations of strategies to combat fatigue and its detrimental effects are readily available through various sources such as government and health websites, nursing agencies, and multiple nursing organisations [2-9].

Whilst these efforts may not technically constitute a hospital-run program in themselves, they form a considerable resource pool of knowledge for both individual nurses and nurse management executives to use as guidelines for modifying current practices and workplace systems (e.g. rostering/ staff scheduling) to support the prevention of fatigue. For example, the state government of Queensland, Australia in 2003 published "Best Practice Framework for Rostering Nursing Personnel" [2] in the efforts to address (amongst other issues) the problem of nurse fatigue impacting on the ability of healthcare services to provide sufficient numbers of nursing staff for safe patient care. Similarly, the Northern Territory Government of Australia has their own "Best Practice Rostering and Staff Deployment Principles" publication [10].

An interesting observation is that previous studies [11] have identified that sleep disorders may be related to old age, and therefore the effect of the average age of participants on the results of this study should have been considered when researching this topic.

In conclusion, I heartily agree with the authors of the referenced article that fatigue management is a shared responsibility. Whilst there is a ready resource pool of research findings that support interventions for fatigue management, it is the *application* of those interventions that will make the difference to both nurses and patients.

Sincerely,

Qing Ling

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