

## BÖLÜM 14

### NÖBET STRATEJİLERİ VE İDEAL UYKU PLANI

Yaşar ÇATAL<sup>1</sup>

#### GİRİŞ

Acil tıp, ihtiyaç duyulduğunda kapsamlı ve akut bakım sağlamaya odaklanan benzersiz bir uzmanlık alanıdır. Acil tıbbın uygulama yeri olan acil servisler, her yaştan çeşitli ve zorlu hastalara hizmet sunulan ve çoğu zaman yaşam ya da ölüm arasında zor kararların hızlı bir şekilde alındığı yerlerdir.

Acil servislerde doktor, hemşire ve diğer yardımcı personel-ler 24 saat kesintisiz hizmet sunmak için gece ve gündüz nöbet tutmaktadır (1). Nöbet tutan acil servis çalışanları düzenli olarak uykusuzluk, yorgunluk ve nöbetler arasında kötü toparlanma ile ilgili sorunlar yaşamaktadır. Yapılan çalışmalarda acil servis çalışanlarının dörtte üçünün mesleki yorgunluk bildirdiği, yarısından fazlasının uyku kalitesinin düşük olduğu, yarısının nöbetler arasında toparlanma sorunu olduğu ve yarısının gece 6 saatten az uyuduğu saptanmıştır (2-4).

Acil servislerin artan yoğunluğu ve nitelikli sağlık çalışanı azlığı nedeniyle acil servis çalışanları çoğu zaman fazla mesai yapmak ve sık nöbet tutmak zorunda kalmaktadır. Bu durum uyku/

<sup>1</sup> Uzm. Dr., Kayseri Devlet Hastanesi, Acil Servis

## SONUÇ

Acil servis çalışanları, işin doğasına bağlı olarak yüksek stres altında çalışırlar. Bu yüzden hem kendi sağlıklarını korumak hem de daha kaliteli sağlık hizmeti sunmak için iyi bir uykuya ve dinlenmeye ihtiyaç duyarlar. Uzun çalışma saatlerini kısaltma, çalışanları nöbetten önce ve nöbetten sonra yeterli uyku alma konusunda eğitme, uyku ortamıyla ilgili düzenleme yapma ve uygulanacak diğer stratejilerle birlikte acil servis çalışanlarının ruh ve beden sağlığı daha iyi hale getirilebilir.

## KAYNAKLAR

1. Frank JR, Owens H. Shiftwork and emergency medical practice. *Canadian Journal of Emergency Medicine*. 2002;4(6):421-8.
2. Machi MS, Staum M, Callaway CW, et al. The relationship between shift work, sleep, and cognition in career emergency physicians. *Academic Emergency Medicine*. 2012;19(1):85-91.
3. Patterson PD, Weaver MD, Frank RC, et al. Association between poor sleep, fatigue, and safety outcomes in emergency medical services providers. *Prehospital Emergency Care*. 2012;16(1):86-97.
4. Patterson PD, Buysse DJ, Weaver MD, Callaway CW, Yealy DM. Recovery between work shifts among emergency medical services clinicians. *Prehospital Emergency Care*. 2015;19(3):365-75.
5. James FO, Cermakian N, Boivin DB. Circadian rhythms of melatonin, cortisol, and clock gene expression during simulated night shift work. *Sleep*. 2007;30(11):1427-36.
6. Physicians ACoE. Circadian Rhythms and Shift Work-Policy Resource and Education Paper (PREP).2017. Available at: <https://www.acep.org/globalassets/new-pdfs/preps/circadian-rhythms-and-shift-work---prep.pdf>. Accessed June 7, 2021.
7. Czeisler CA, Gooley JJ, editors. Sleep and circadian rhythms in humans. Cold Spring Harbor symposia on quantitative biology; 2007: Cold Spring Harbor Laboratory Press.
8. Frost P, Kolstad HA, Bonde JP. Shift work and the risk of ischemic heart disease-a systematic review of the epidemiologic evidence. *Scandinavian journal of work, environment & health*. 2009:163-79.

9. Vyas MV, Garg AX, Iansavichus AV, et al. Shift work and vascular events: systematic review and meta-analysis. *Bmj*. 2012;345.
10. Morris CJ, Purvis TE, Hu K, Scheer FA. Circadian misalignment increases cardiovascular disease risk factors in humans. *Proceedings of the National Academy of Sciences*. 2016;113(10):E1402-E11.
11. Cocker F, Joss N. Compassion fatigue among healthcare, emergency and community service workers: A systematic review. *International journal of environmental research and public health*. 2016;13(6):618.
12. Salminen S. Long working hours and shift work as risk factors for occupational injury. *The Ergonomics Open Journal*. 2016;9(1).
13. Gordon JA, Alexander EK, Lockley SW, et al. Does simulator-based clinical performance correlate with actual hospital behavior? The effect of extended work hours on patient care provided by medical interns. *Academic medicine: journal of the Association of American Medical Colleges*. 2010;85(10):1583.
14. Rogers AE, Hwang W-T, Scott LD, Aiken LH, Dinges DF. The working hours of hospital staff nurses and patient safety. *Health affairs*. 2004;23(4):202-12.
15. Caruso CC. Negative impacts of shiftwork and long work hours. *Rehabilitation Nursing*. 2014;39(1):16-25.
16. Rollinson DC, Rathlev NK, Moss M, et al. The effects of consecutive night shifts on neuropsychological performance of interns in the emergency department: a pilot study. *Annals of emergency medicine*. 2003;41(3):400-6.
17. Patterson PD, Runyon MS, Higgins JS, et al. Shorter versus longer shift durations to mitigate fatigue and fatigue-related risks in emergency medical services personnel and related shift workers: a systematic review. *Prehospital Emergency Care*. 2018;22(sup1):28-36.
18. American College of Emergency Physicians. Emergency Physician Shift Work [Internet]. 2017. Available at: <https://www.acep.org/patient-care/policy-statements/emergency-physician-shift-work/#sm.00001fag7m-d9wf4x1199q1z4gowni>. Accessed June 7, 2021.
19. Smith-Coggins R, Howard SK, Mac DT, et al. Improving alertness and performance in emergency department physicians and nurses: the use of planned naps. *Ann Emerg Med*. 2006;48(5):596-604. e1-3.
20. Wright Jr K, Badia P, Myers B, Plenzler S. Combination of bright light and caffeine as a countermeasure for impaired alertness and performance during extended sleep deprivation. *Journal of sleep research*. 1997;6(1):26-35.
21. Kredlow MA, Capozzoli MC, Hearon BA, Calkins AW, Otto MW. The effects of physical activity on sleep: a meta-analytic review. *Journal of behavioral medicine*. 2015;38(3):427-49.
22. Åkerstedt T, Wright KP. Sleep loss and fatigue in shift work and shift work disorder. *Sleep medicine clinics*. 2009;4(2):257-71.
23. Sallinen M, Kecklund G. Shift work, sleep, and sleepiness—differences between shift schedules and systems. *Scandinavian journal of work, environment & health*. 2010:121-33.

24. Sallinen M, Holm A, Hiltunen J, et al. Recovery of cognitive performance from sleep debt: do a short rest pause and a single recovery night help? *Chronobiology International*. 2008;25(2-3):279-96.
25. Wright Jr KP, Bogan RK, Wyatt JK. Shift work and the assessment and management of shift work disorder (SWD). *Sleep medicine reviews*. 2013;17(1):41-54.
26. Smith-Coggins R, Howard SK, Mac DT, et al. Improving alertness and performance in emergency department physicians and nurses: the use of planned naps. *Annals of emergency medicine*. 2006;48(5):596-604. e3.
27. Wertz AT, Ronda JM, Czeisler CA, Wright KP. Effects of sleep inertia on cognition. *Jama*. 2006;295(2):159-64.
28. Hilditch CJ, Centofanti SA, Dorrian J, Banks S. A 30-minute, but not a 10-minute nighttime nap is associated with sleep inertia. *Sleep*. 2016;39(3):675-85.
29. Auger RR, Burgess HJ, Emens JS, Deriy LV, Thomas SM, Sharkey KM. Clinical practice guideline for the treatment of intrinsic circadian rhythm sleep-wake disorders: advanced sleep-wake phase disorder (ASWPD), delayed sleep-wake phase disorder (DSWPD), non-24-hour sleep-wake rhythm disorder (N24SWD), and irregular sleep-wake rhythm disorder (ISWRD). An update for 2015: an American Academy of Sleep Medicine clinical practice guideline. *Journal of clinical sleep medicine*. 2015;11(10):1199-236.
30. Ker K, Edwards PJ, Felix LM, Blackhall K, Roberts I. Caffeine for the prevention of injuries and errors in shift workers. *Cochrane Database of Systematic Reviews*. 2010(5).
31. Jay SM, Petrilli RM, Ferguson SA, Dawson D, Lamond N. The suitability of a caffeinated energy drink for night-shift workers. *Physiology & behavior*. 2006;87(5):925-31.
32. Liira J, Verbeek JH, Costa G, et al. Pharmacological interventions for sleepiness and sleep disturbances caused by shift work. *Cochrane Database of Systematic Reviews*. 2014(8).
33. Wood S, Sage JR, Shuman T, Anagnostaras SG. Psychostimulants and cognition: a continuum of behavioral and cognitive activation. *Pharmacological reviews*. 2014;66(1):193-221.
34. Wyatt JK, Dijk D-J, Cecco AR-D, Ronda JM, Czeisler CA. Sleep-facilitating effect of exogenous melatonin in healthy young men and women is circadian-phase dependent. *Sleep*. 2006;29(5):609-18.