Dimensions of Hospital Nurse Fatigue Improving Clinical Outcomes with Translational Research

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We acknowledge there are no conflicts of interest in conducting this research or concerning this presentation.

Discussion Points

- Describe the investigation of hospital nurse fatigue and importance of fatigue risk management.
- Discuss findings from a 2015 cohort analyses of the Hospital Nurse Fatigue Study.



Background



N M 🗐 🖸 SHARE





SET EDITION: U.S. INTERNATIONAL MÉXICO ARABIC

TV: CNN CNNi CNN en Español HLN

Fatigue risk management is an essential component of professional nursing practice

"Addressing Nurse Fatigue to Promote Safety and Health: Joint Responsibilities of Registered Nurses and Employers to Reduce Risks" ANA, 2014.

Nurse Fatigue Fatigue Is a Costly Condition

Nursing can be a physically and emotionally draining profession. Nurses work long hours with all types of patients. And as much as we think we are invincible, the fact is, we need rest to give our patients the highest quality care possible.

There is a strong link between fatigue and accidents, mistakes, and errors. When we are fatigued, our decisionmaking skills decline, our reaction times lengthen, and our ability to problem solve is impaired. Specific to nursing, strong evidence links prolonged work hours, rotating shifts, and insufficient breaks to:

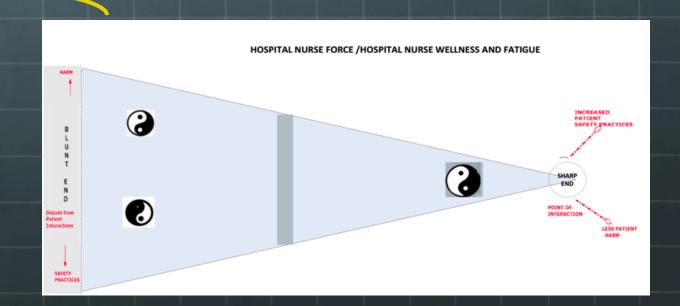
- · Slowed reaction time
- · Lapses of attention to detail
- · Errors of omission
- · Compromised problem solving
- · Reduced motivation
- Decreased energy

Aims

- Describe a strategy to profile dimensions of hospital nurse fatigue.
- Evaluate associations of nurse fatigue profiles with nurse adaptation scores.
- Evaluate associations of nurse fatigue profiles with nurse wellness and safety practice variables



Fatigue and Adaptation



Methods

- Institutional Review Board (IRB) approved study to conduct an online survey of all Mission RNs (2012)
- An online 100-item survey measured nurse demographics, fatigue, wellness, work system parameters, performance, and patient safety practices
 - 420 RNs responded to the survey (42% response rate)
 - 94.2% female
 - age range from 23 years to 76 years; mean (SD) = 46.1 (11.41) years
 - years of experience ranged from 1-50 years, mean (SD) = 17.0 (11.35)
 - patient care only RNs (n=227)

Analysis

- Study cohort of patient care RNs (n=227)
- Used a statistical strategy of Latent Profile Analysis (LPA) of 5 fatigue scores

Chalder Physical Fatigue

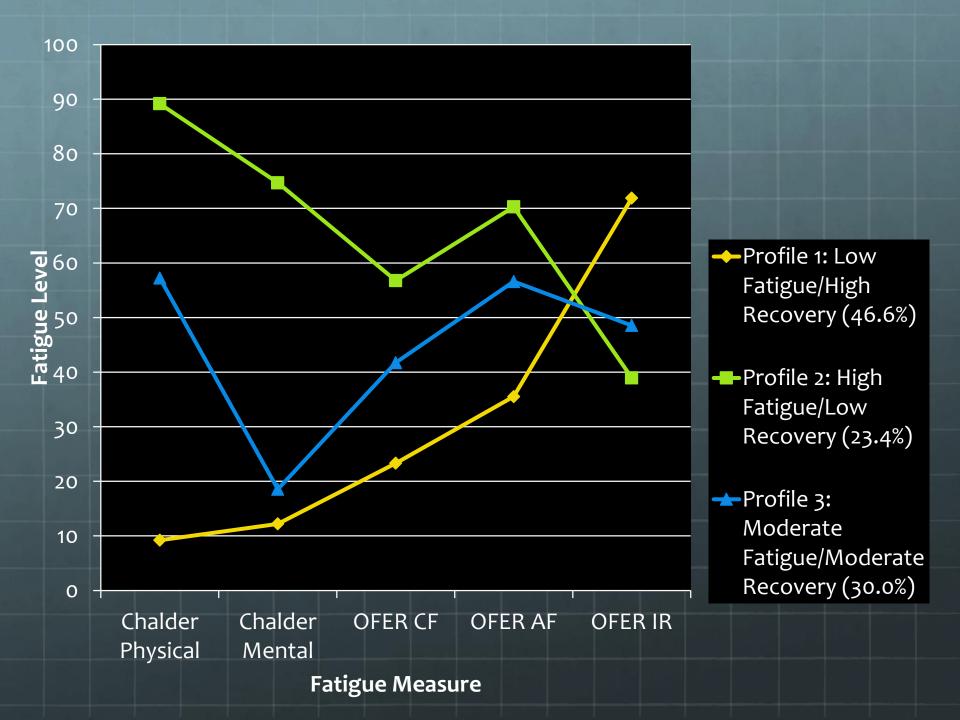
Chalder Mental Fatigue

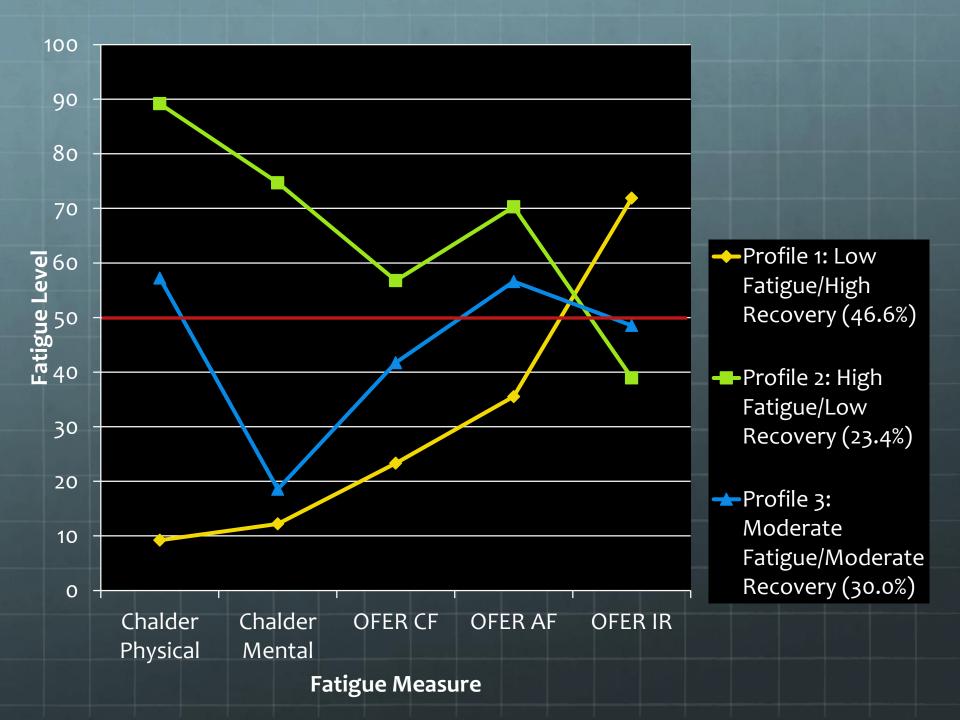
OFER Chronic Fatigue

OFER Acute Fatigue

OFER Intershift Recovery







Comparison of Nurse Adaptation Scores with Fatigue Profiles

	Low fatigue/High recovery		Moderate fatigue/ Moderate recovery		High fatigue/ Low recovery			
Variable	n	% or <i>x</i> ̄(SD)	n	% or <i>x</i> (SD)	n	% or <i>x</i> (SD)	Test statistic	<i>p</i> -value
Adaptation				1		1		
Compassion satisfaction (ProQOL)	89	43.49 (4.82)	58	40.54 (5.74)	43	38.19 (5.92)	F = 15.22	p = 0.000*
Burnout (ProQOL)	92	17.76 (4.18)	63	20.44 (4.33)	46	23.85 (5.51)	F = 32.72	p = 0.000*
Secondary traumatic stress (ProQOL)	83	17.69 (4.98)	59	19.69 (5.48	41	21.78 (6.31)	F = 7.99	<i>p</i> = 0.000*
Need for recovery scale	93	41.64 (18.33)	63	58.36 (14.52)	49	66.01 (12.86)	F = 42.94	p = 0.000*

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Secondary Traumatic Tress ProOOL)	83	17.694.98)	59	19.6945.48	41	21.7846.31)	F2=17.991	p ₽ _0.000*
Needforfecovery scale	93	41.64418.33)	63	58.36414.52)	49	66.01412.86)	FE-712.04	p ≇1 0.000*

Comparison of Nurse Variables with Fatigue

			Mode	ate fatigue/	High 1	fatigue/		
	Low fati	igue/High recovery	Mode	ate recovery	Low re	ecovery		
Variable	n	% or <i>x</i> (SD)	n	% or $\bar{x}(SD)$	n	% or $\bar{x}(SD)$	Test statistic	<i>p</i> -value
Sociodemographic								
Age	104	48.59 (11.32)	80	45.42 (11.64)	53	43.39 (10.71)	F = 4.10	p = 0.018*
Gender							$\chi^2 = 0.63$	p = 0.729
Female	99	93.40%	64	94.12%	48	90.57%		
Male	7	6.60%	4	5.88%	5	9.43%		
Ethnicity								
White	79	80.61%	57	85.07%	43	82.69%	$X^2 = 4.26$	p = 0.833
Asian	12	12.24%	6	8.96%	4	7.69%		
Hispanic or Latino	5	5.10%	3	4.48%	3	5.77%		
Other	2	2.04%	1	1.49%	1	1.92%		
Marital status							$X^2 = 3.82$	p = 0.701
Married/partnered	69	69.70%	49	74.24%	40	78.43%		
Divorced	18	18.18%	9	13.64%	6	11.76%		
Single never married	8	8.08%	5	7.58%	5	9.80%		
Widowed	4	4.04%	3	4.55%	0	0.00%		
Dependents (yes)	80	1.77 (1.91)	60	1.88 (1.87)	45	1.97 (1.65)	F = 0.18	p = 0.834
Academic								
Associate degree in nursing	47	50.00%	32	55.17%	17	34.69%	$X^2 = 6.54$	p = 0.191
Currently student (yes)	13	12.26%	11	16.18%	11	20.75%	$X^2 = 2.00$	p = 0.369
Employment								
Years employed as a nurse	106	18.30 (11.95)	68	16.66 (1.26)	53	14.11 (10.03)	F = 3.00	p = 0.643
Average # hours/shift	102	35.50 (8.74)	66	33.78 (9.51)	49	35.12 (6.67)	F = 0.82	p = 0.442
Work commute								
miles	99	16.67 (20.55)	67	14.85 (14.67)	50	14.28 (11.28)	F = 0.41	p = 0.665
minutes	100	26.65 (23.29)	67	25.53 (20.52)	51	25.53 (19.68)	F = 0.37	p = 0.693

Comparison of Nurse Variables with Fatigue

		Low fatigue/High recovery		Moderate fatigue/		fatigue/		
	Low ta	tigue/High recovery	Mode	rate recovery	Low r	ecovery		
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Comparison of Nurse Wellness Variables with Fatigue Profiles

	Low fati	igue/High recovery	Moderate fatigue/ Moderate recovery		High fatigue/ Low recovery			
Variable	n	% or \bar{x} (SD)	n	% or $\bar{x}(SD)$	n	% or $\bar{x}(SD)$	Test statistic	<i>p</i> -value
Sleep								
Epworth Sleepiness Scale	84	4.83 (2.98)	58	6.84 (4.02)	42	9.40 (4.92)	F = 20.31	p = 0.000*
Total Global Pittsburgh Sleep Quality Index	91	6.06 (2.67)	60	7.82 (2.87)	47	9.93 (3.58)	F = 26.80	p = 0.000*
Physical Fitness								
BMI	94	24.86 (4.61)	63	26.03 (5.87)	50	26.93 (7.06)	F = 2.32	p = 0.101
Resting pulse	98	68.51 (8.89)	65	70.32 (9.25)	51	70.98 (10.14)	F = 1.43	p = 0.243
Exercise (yes)	10	90.56%	10	85.29%	14	73.58%	$\chi^2 = 8.01$	p = 0.018*
Depression								
Depression scale (PHQ-9)	91	4.56 (3.17)	60	6.83 (3.56)	45	9.13 (2.67)	F = 32.06	p = 0.000*
Resilience								
Brief Resilience Score	100	22.36 (4.09)	65	21.69 (3.5)	50	19.20 (5.15)	F = 9.40	p = 0.000*
Flourishing								
Flourishing scale	93	49.93 (4.99)	61	48.50 (5.38)	46	45.20 (5.88)	F = 12.19	p = 0.000*

Comparison of Nurse Wellness Variables with Fatigue Profiles

	Low fa	tigue/High recovery		rate fatigue/ rate recovery	High fatigue/ Low recovery			
Variable	n	% or \bar{x} (SD)	n	% or <i>x</i> (SD)	n	% or <i>x</i> ̄(SD)	Test statistic	<i>p</i> -value
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Flourishing								
Flourishing scale	93	49.93 (4.99)	61	48.50 (5.38)	46	45.20 (5.88)	F = 12.19	p = 0.000*

Comparison of Hospital Environment Scores

	Low fati	v fatigue/High recovery		ate fatigue/ ate recovery	High fatigue/ Low recovery			
Variable	n	% or \bar{x} (SD)	n	% or <i>x</i> (SD)	n	% or <i>x</i> (SD)	Test statistic	<i>p</i> -value
Job Satisfaction								
MMSS Total	89	3.87 (0.48)	60	3.73 (0.59)	45	3.47 (0.46)	F = 3.00	p = 0.643
Teamwork								
Team Vitality	97	41.46 (4.63)	67	41.01 (4.93)	50	39.68 (5.11)	F = 2.24	p = 0.109
Safety Practices								
Teamwork within unit	85	87.94 (17.93)	59	85.17 (16.16)	44	82.95 (20.72)	F = 1.17	p = 0.312
Supervisor expectations	93	88.17 (18.15)	62	81.72 (23.89)	46	78.26 (27.41)	F = 3.36	p = 0.033*
Management support	93	82.80 (23.88)	62	74.73 (29.37)	46	73.19 (28.65)	F = 2.69	p = 0.070
Organizational learning	87	95.02 (12.99)	58	91.95 (18.00)	44	90.15 (23.28)	F = 1.28	p = 0.282
Overall perceptions	84	76.19 (24.21)	58	65.95 (26.78)	43	56.98 (30.53)	F = 7.82	p = 0.010*
Frequency of events reported	93	63.08 (42.98)	62	58.60 (42.97)	46	47.10 (45.83)	F = 2.07	p = 0.129
Teamwork across units	93	77.15 (24.35)	62	75.81 (26.77)	46	55.98 (32.14)	F = 10.38	p = 0.001*
Staffing	86	67.44 (28.91)	57	45.61 (34.29)	45	40.74 (27.42)	F = 14.92	p = 0.000*
Handoffs & Transitions	93	54.30 (39.98)	62	51.61 (40.96)	46	33.15 (34.98)	F = 4.74	p = 0.010*
Non-punitive response to errors	86	45.35 (37.54)	59	40.68 (38.69)	45	31.85 (35.50)	F = 1.92	p = 0.149

Comparison of Hospital Environment Scores

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Hospital Nurse Fatigue

- LPA was an effective strategy to translate hospital nurse fatigue scores into three distinct profiles.
- The three fatigue profiles were significantly associated with nurse adaptation scores.



Hospital Nurse Wellness

- Nurses in the low fatigue/high recovery profile
 - Were older 48 v 43 years
 - Had less sleepiness
 - Had better sleep quality
 - Were more likely to exercise
 - Had less depression
 - Had better resilience
 - Had greater flourishing

Safety Practices

- Nurses in the low fatigue/high recovery profile
- Had better overall perceptions of safety practices
 - Agreed more with
 - supervisor safety expectations
 - staffing practices
 - teamwork
 - handoffs

Limitations

- The three nurse fatigue profiles were calculated from self-reported scores in an anonymous online survey collected over several months from a single hospital.
- Although LPA can be considered and recommended for reporting fatigue profiles during a specified time, such as a single shift or repeated measures, that was not accomplished in this study.
- Self reports of fatigue and fatigue profiles may not provide valid representation of objective (clinical) measures of nurse alertness, wellness, safety practices or prevention of adverse events.

Recommendations

- Validate fatigue scores and fatigue profiles with clinical and objective measures.
- Shorten the 100-item fatigue survey.
- Conduct a longitudinal study and test fatigue risk interventions to evaluate trends in hospital nurse fatigue and effects of fatigue risk management.



2013 Study Team Members

- Michele Luna PhD RN (Quality Manager)
- Diane Drake PhD RN (Research Scientist)
- Linsey Barker Steege PhD (Human Factors Engineer)
- Connie Gagliardo RN MSN (Clinical Director)
- Mary Olivas RN MSN (Nurse Manager)
- Gerri Mazza RN MSN (Nurse Manager)



2012 - 2013 Study Collaborators

- Leif Guerrero RN MSN (Occupational Health Officer)
- Teri Arruda RN DNP (Hospital Nurse and Doctoral student)
- Jane Georges PhD RN (Nurse Philosopher)
- Mary Wickman PhD RN (Dean and Nurse Researcher)
- Kaylan Pasupathy PhD (Industrial and Systems Engineer)
- Shaghayegh Parhizi (Doctoral student in Industrial Engineering)

