



# Fatigue: Impact of Sustainability of Nurse Leader Role

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# Disclosure Slide-Barbara Pinekenstein

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- No conflict of interest
- Support for this study- 2015-2016 Research Support Award from the School of Nursing, University of Wisconsin-Madison



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# Learner Objectives

- Identify nurse leaders' levels and sources of fatigue
- Describe the relationships among nurse leaders' acute and chronic fatigue, sleep levels, and how long they plan to stay in their current role.



# Acknowledgements

- American Organization of Nurse Executives
- Wisconsin Center for Nursing
- Wisconsin Organization of Nurse Executives
- Indiana Workforce Center for Nursing



# Background

- Occupational fatigue in nurses is a significant healthcare challenge with implications for patient safety, nurse well-being and nurse retention<sup>1,2</sup>
- Fatigue has been studied in staff nurses, only recently in nurse leaders<sup>3</sup>
- Recruitment and retention of nurse leaders is a critical issue in healthcare

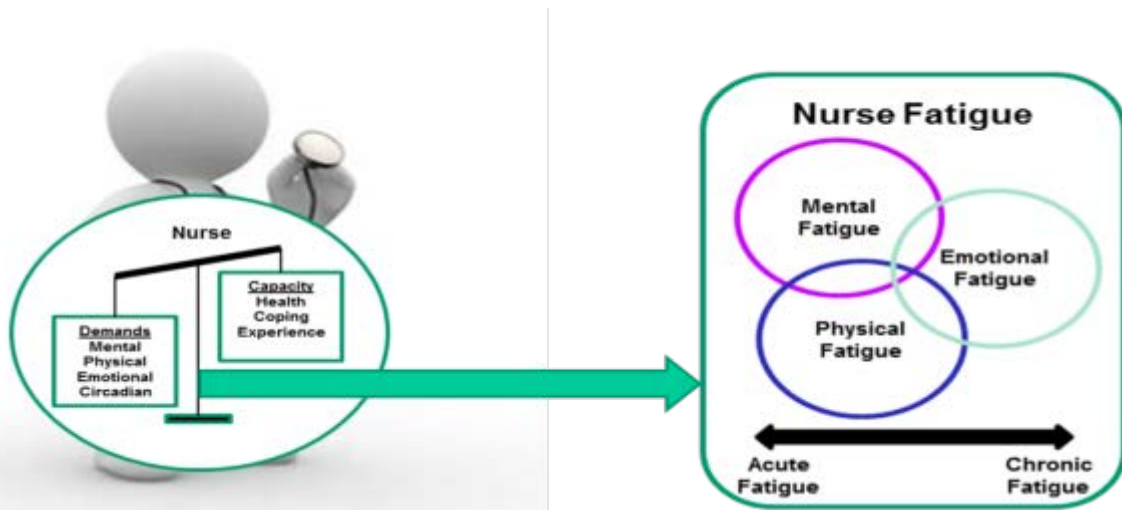


# Position Statements and Guidelines

- Nurse fatigue recognized as an important challenge to achieving *safety* and *quality* in healthcare systems
  - American Nurses Association<sup>4</sup>, Registered Nurses Association of Ontario<sup>5</sup>, The Joint Commission, World Health Organization, Health and Medicine Division of the National Academies of Sciences, Engineering, and Medicine
- Emphasis on design, development, and implementation of fatigue monitoring and risk management systems in nursing<sup>6,7</sup>

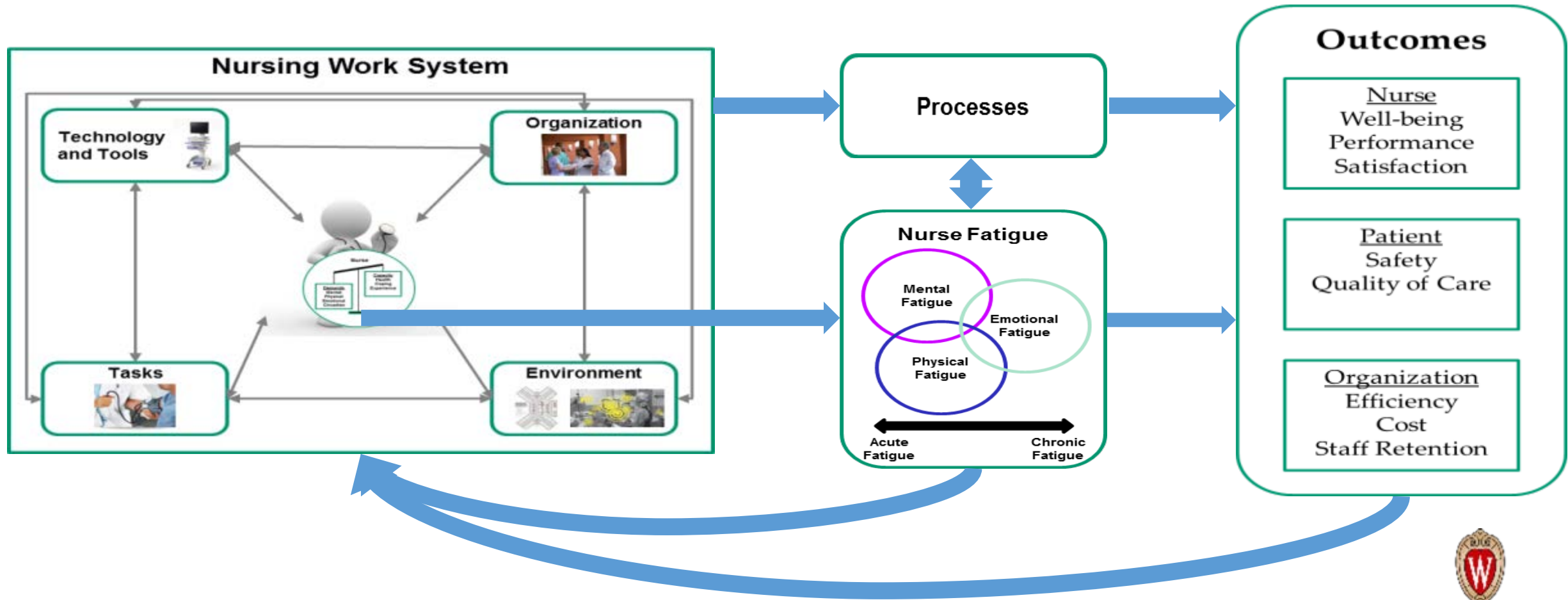


# Occupational Fatigue in Nurses



- Complex *multidimensional state* (ranging from acute to chronic) that arises when nurses are exposed to **excessive demands** and stressors in their work with **insufficient recovery** or restoration. Fatigue interferes with nurses' ability to function at normal capacity.
- Related to, but distinct from, burnout and sleepiness constructs.

# Conceptual Model of Fatigue<sup>8</sup>





# National Survey-Mixed Methods Approach<sup>6,7</sup>

- 62-item survey of CNE, Directors, and Managers
  - Current fatigue monitoring and risk management practices
  - Perceptions of roles/responsibility in addressing fatigue
  - Occupational Fatigue Exhaustion Recovery (OFER) scale <sup>9,10</sup>



# Participants

- Online survey
  - 158 participants: 56% Nurse Executives, 30% Directors, 14% Managers
  - 29 different states
    - 94% female; 37-68 years old with a mean (SD) of 51 (9.5) years
    - 69% Masters degree or higher, 39% members of ANA
    - 46% from small (0-99 beds) hospital; 81% from non-profit hospitals
    - 10% from organizations with Magnet or Pathway to Excellence certification



# Data Analysis

- Correlation analysis
  - acute fatigue, chronic fatigue and intershift recovery levels, age, reported average hours of sleep per night, and how long leaders planned to stay in their current role.
- Analyses of variance (ANOVA)
  - differences in acute fatigue, chronic fatigue, and intershift recovery levels as dependent variables based on participants' average nightly hours of sleep and length of time they plan to stay in their current role.

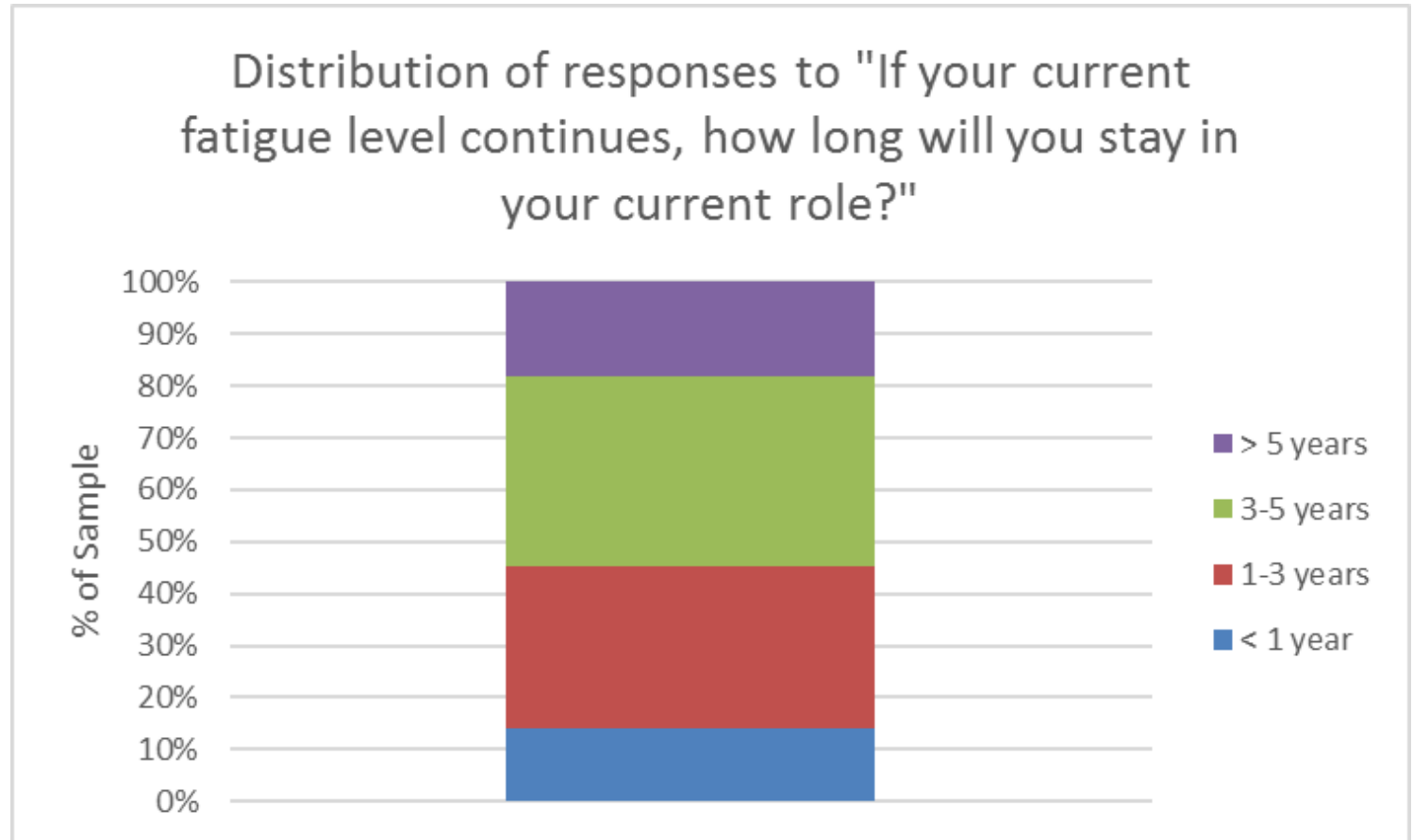
# Results: Nurse Leader Fatigue

	OFER Acute Fatigue			OFER Chronic Fatigue			OFER Intershift Recovery		
	Range	Mean	SD	Range	Mean	SD	Range	Mean	SD
Managers	17-90	54	29	17-87	52	22	13-97	53	30
CNEs	10-90	52	23	0-90	33	29	33-100	72	19

Nurse managers and executives ~ equivalent levels of acute fatigue, but managers had higher chronic fatigue and lower intershift recovery levels

# Results: Leader Intent to Stay

- 45% of nurse leaders would leave their current role in < 2 years if their fatigue level continues

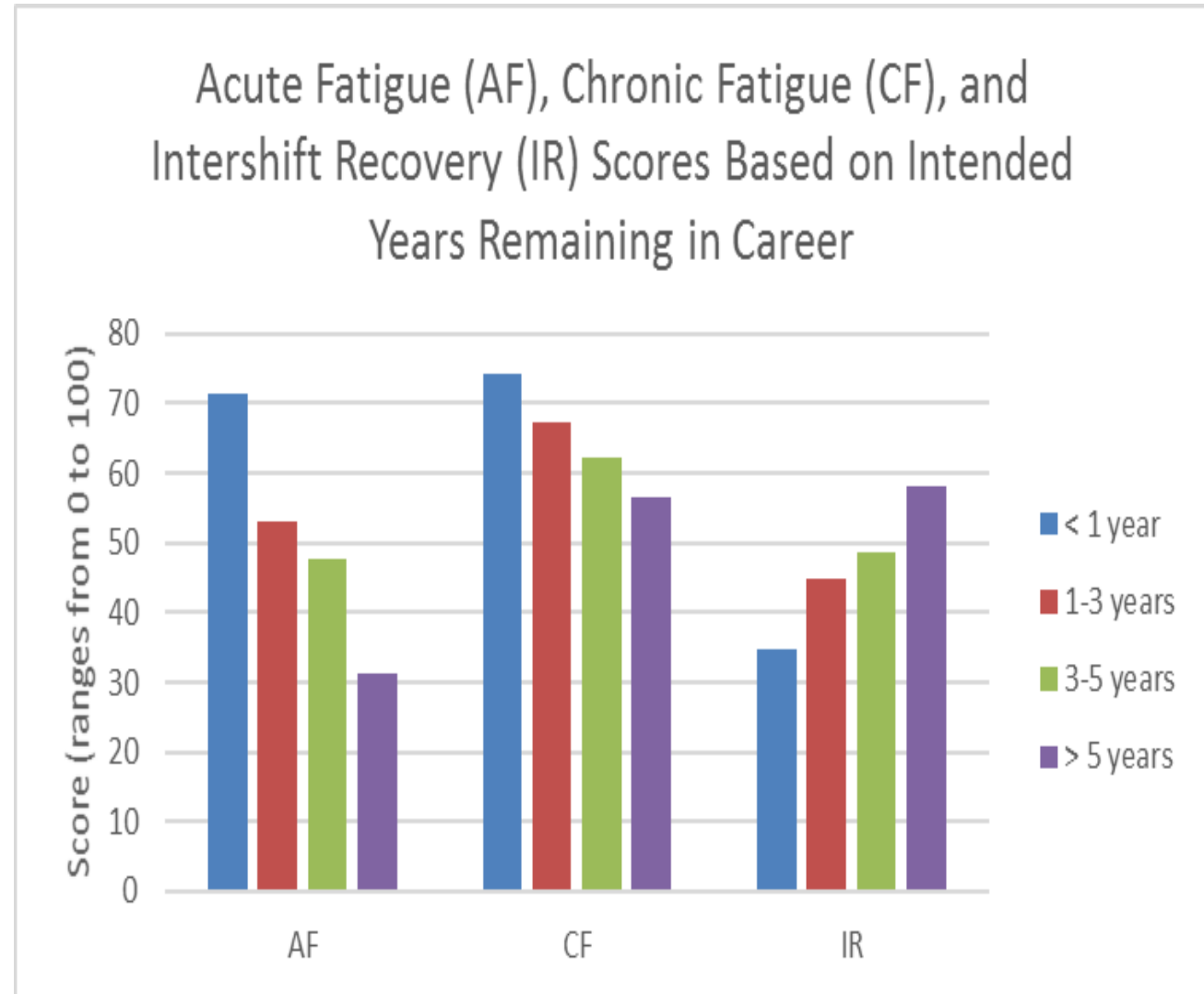


# Results

- Acute fatigue and chronic fatigue levels were significantly negatively correlated with leaders' responses on how long they planned to stay in their current role and average hours of sleep per night.
- Intershift recovery levels were significantly positively correlated with how long leaders planned to stay in their current role and average hours of sleep per night.
- Age was not significantly correlated with any of the other variables

# Results

- Significant differences in acute fatigue, chronic fatigue, and intershift recovery based on how long leaders reported that they planned to stay in current role
  - Leaders that planned to stay in their current role <1 year had significantly higher AF vs. 1-3 or 3-5 years
  - Those who planned to stay >5 more years had significantly lower AF levels than any other group
  - Leaders who planned to stay < 1 year had significantly higher CF than those who planned to stay > 5 years
  - Nurses who planned to stay > 5 years had significantly higher IR than those who planned to stay < 1 year



# Sleep

- Hours of sleep per night in the current study was significantly associated with levels of fatigue and recovery, but was not significantly related to leaders' plans to stay in their current role.





# Implications for Practice

- Fatigue does have important implications for nurse leader retention and sustainability
- Nurse leaders are unique as they experience high levels of fatigue and simultaneously have a responsibility to monitor and address fatigue and risks in nursing staff
- Sources point to opportunities to improve health system design
  - e.g., new coverage models



# Implications for Practice

- Strategies exist to address fatigue (e.g., scheduling policies, shift length, sleep hygiene); a focus on sleep alone may not be sufficient for reducing risks.
- Need to look at exposure to other demands and stressors during work
- Nurse leaders and organizations should develop strategies and implement comprehensive fatigue risk management systems to mitigate fatigue and enhance intershift recovery.



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# Questions and Dialogue



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