

Title:

Fatigue: Impact on Sustainability of Nurse Leader Role

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Session Title:

Nursing Leadership

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3:35 PM

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Nurse Leader, Occupational Fatigue and Sustainability

References:

AMERICAN NURSES ASSOCIATION (2014). Addressing Nurse Fatigue to Promote Patient Safety and Health: Joint Responsibilities of Registered Nurses and Employers to Reduce Risks. ANA Position Statement. Silver Spring, MD: American Nurses Association.

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SMITH-MILLER, C., SHAW-KOKOT, J., CURRO, B. & JONES, C. (2014). An Integrative Review. Fatigue Among Nurses in Acute Care Settings. *Journal of Nursing Administration*, 44, 487-494.

STEEGE, L. & PINEKENSTEIN, B. (2016). Addressing Occupational Fatigue in Nurses: A Risk Management Model for Nurse Executives. *Journal of Nursing Administration*, 46, 193-200.

STEEGE, L., PINEKENSTEIN, B., RAINBOW, J. & ARSENAULT KNUDSEN, E. Exploring Nurse Leader Fatigue: A Mixed Methods Approach. *Journal of Nursing Management*. Accepted for Publication

WINWOOD, P. C., WINEFIELD, A. H., DAWSON, D. & LUSHINGTON, K. (2005). Development and validation of a scale to measure work-related fatigue and recovery: the Occupational Fatigue Exhaustion/Recovery Scale (OFER). *Journal of Occupational and Environmental Medicine*, 47, 594-606.

Abstract Summary:

Fatigue is a significant challenge in healthcare negatively impacting patient safety and employee turnover. Little is known about the consequences of fatigue in nurse leaders. A national survey of leaders identified fatigue as a significant issue, impacting how long they intend to stay in their current role.

Learning Activity:

LEARNING OBJECTIVES	EXPANDED CONTENT OUTLINE
Identify nurse leaders' levels and sources of fatigue	Brief description of background on occupational fatigue in nursing and link to patient safety Identification of conceptual fatigue model Describe study purpose, design and methods
Describe the relationships among nurse leaders' acute and chronic fatigue, sleep levels, and how long they plan to stay in their current role	Describe participant demographics; Summarize analyses and key findings; Discuss implications for individuals and organizations.

Abstract Text:

Occupational fatigue in nursing has been linked to patient safety, nurse well-being, and nurse turnover (Smith-Miller, Shaw-Kokot, Curro, & Jones, 2014). Although occupational fatigue has been studied in staff nurses around the world, it has only recently been examined as an issue in nurse leaders (Steege, Pinekenstein, Rainbow & Arsenault Knudsen, n.d.). Nurse leaders are exposed to a variety of stressors and demands which place them at an increased risk for fatigue. Recent position statements from the American Nurses Association (ANA) and other organizations highlight the important role of both the employee and employer to address and implement strategies to eliminate or reduce sources of fatigue (ANA, 2014). In addition, the aging nursing leadership workforce and imminent retirement of many baby boomers have been described as critical issues for health care systems (Hewko, Brown, Fraser, Wong & Cummings, 2015). Recruitment and retention of nursing leaders is essential during this turbulent time. Fatigue may play a role in the well-being and turnover of nurse leaders, similar to staff nurses. However, there is little knowledge about nurse leader fatigue and the consequences of fatigue in nurse leaders.

A national study was conducted using a 62-item survey developed to examine nurse leader fatigue and the use of fatigue risk management systems in hospital organizations. Participants were recruited using the American Organization of Nurse Executives and state nurse executive listservs in Florida, Wisconsin, and Indiana. The Occupational Fatigue Exhaustion Recovery (OFER) scale was used to measure nurse leaders' levels of acute fatigue, chronic fatigue and intershift recovery (Winwood, Winefield, Dawson & Lushington, 2005). Participants were also asked about their average number of hours of sleep per night and how long they plan to stay in their current role.

There were 158 responses from 29 states that were included in the analysis. The roles of the nursing leaders in the sample were Chief Nursing Officers (56%), Directors (30%), and Managers (14%). Correlation analysis was used to evaluate associations among participants reported 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) were used to identify 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 indicated that most nurse leaders experience moderate levels of acute and chronic fatigue. Nurse managers reported higher levels of acute fatigue with less intershift recovery compared to nurse executives or directors. 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. Additionally, hours of sleep per night was not significantly correlated with leaders' plans to stay in their current role. Results of the ANOVAs indicated there were significant differences in acute fatigue, chronic fatigue, and intershift recovery based on how long leaders planned to stay in their current role. Nurses who responded that they planned to stay in their current role less than 1

year had significantly higher acute fatigue compared to those who responded that they planned to stay 1-3 or 3-5 more years. Those who responded that they planned to stay in their current role more than 5 years had significantly lower acute fatigue levels compared to any other group. For chronic fatigue, nurses who reported that they planned to stay in their current role less than one year had significantly higher chronic fatigue than those who planned to stay in their current role more than five years. Similarly, nurses who planned to stay in their current role more than five years had significantly higher intershift recovery than those who planned to stay in their current role less than one year.

The results of this study demonstrated that nurse leader fatigue is a significant issue, impacting turnover intention and sustainability of nurse leader roles. Notably, 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. Although many strategies exist to address fatigue and associated risks in staff nurses which focus on providing opportunities to sleep (e.g., scheduling policies, shift length), a focus on sleep alone may not be sufficient for reducing risks. A broader consideration of fatigue that arises not only in response to circadian disruption and lack of sleep, but also exposure to other demands and stressors during work is important for addressing fatigue risks in this population. Nurse leaders and organizations should develop strategies and implement comprehensive fatigue risk management systems to mitigate fatigue and enhance intershift recovery.