Lewin Change Model: Addressing Nurse Fatigue

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Unfreezing

The initial stage of Lewin's Change Model starts with "unfreezing." This stage has a goal of preparing an organization to accept a change which involves breaking down an existing status quo. In the unfreezing stage of Lewin's Change Model, nurses take mental preparation to accept the change of the organization. In a management system, the unfreezing stage refers to breaking down the existing circumstances.

The problem we have identified in the presentation was nurse fatigue. Nurse fatigue is a subjective feeling of tiredness that can be either physically and mentally penetrative to health, safety, or well-being of the individual. Fatigue, also well-known as burn-out, greatly affects the nurse's competency level and functional ability to carry on nursing tasks. In a journal study, they assessed nurse fatigue in correlation to patient safety by using multiple self-reporting instruments. The instruments they've used to measure level of fatigue in this study were assessments such as the Occupational fatigue, Exhaustion Recovery Scale, the Chalder Fatigue Scale, the Multidimensional Fatigue Inventory; evidently enough to support their thesis within this study. The most common outcome of this study was that nurse fatigue not only has a negative effect on nurses' attitudes towards their job but also on carrying out the work. "The findings overall support that nurse fatigue is negatively associated with nurse, patient-safety, and organizational outcomes." (Cho & Steege, 2021). Although fatigue can originate from external factors outside the hospital, the majority of the cause stems internally within the organization.

Factors may range from an encumbered unit to exceeding patient ratio per nurse. As a charge nurse, there are factors such as managing patient care versus tasks to do as charge. From experience as a charge nurse, it has been difficult to manage between patient tasks and charge tasks in my unit. Many core charge nurse tasks may include determining appropriateness of each

patient who is admitted to our unit, making sure each nurse is within their scope of practice and within limits of their tasks, and ensuring each nurse on the unit receives their breaks. Other charge nurse tasks may include auditing or balancing medical surgical patients versus telemetry patients, discharge planning for daytime shift, and auditing central lines, urinary catheters, and wound audits. These are just the basic tasks a charge nurse may encounter throughout a shift, but there are also other challenges we may face. As it was said in an article found in the national library of medicine, they surveyed a report from the Institute of Medicine and other healthcare organizations, "The role of the charge nurse was described as similar to that of an air traffic controller. Charge nurses need to have strong organizational skills to organize the work of their teams. They also must effectively manage their time and control their own stress levels." (Sherman et al., 2011). Dealing with these tasks while having patients become more difficult when acuities increase with each patient and internal issues arise within our unit. The amount of effort in maintaining the unit's team morale while performing patient care increases fatigue in the leadership role.

Another factor that may cause fatigue would be exceeding the number of patients to each nurse. Ideally, four patients are the maximum amount for a nurse to take within a telemetry unit. If a nurse is tasked with more than four patients, tasks may be unattainable. It puts a patient at risk and unsafe if patient care is delayed or is not done.

Gathering data would be similar to other studies that were done around this topic. Surveying would be our initial assessment. Identifying differences between multiple organizations would be sufficient in gathering data around nurse fatigue. Interviewing each nurse within an organization may help identify common factors. Evidence-based assessments for

fatigue would suffice in interviewing nurses and help with gathering data. With the information we have gathered, we may be able to present evidence to others.

To make others aware of the need for change, we would have to present statistics of the information we have gathered and identify the factors within an organization that increases nurse fatigue. Each organization may differ from others, but we can identify commonly occurring factors and figure out what needs change. Presenting common factors that increase nurse fatigue to committees may also help spread awareness.

Movement

Part I

The next phase of the Lewin Change Model is movement. In this phase, a change is recognized, identified, and planned. This is where the actual change takes place by allowing driving forces to support the change and addressing restraining forces that may delay the change. The tension between these opposing forces maintains equilibrium (Wojciechowski et al., 2016). Ongoing communication is crucial during this stage as it helps to facilitate change to happen.

There is a worldwide concern for the shortage of healthcare providers that causes nursing burnout. Nurses makeup most of the healthcare workforce. With the increasing demands placed on frontline nurses during the COVID pandemic, there is an urgent need for solutions to address nursing fatigue or commonly known as "burnout." According to a survey, among nurses who reported leaving their job in 2017, 62.7% reported burnout as a reason and nurses who worked more than 40 hours per week were more likely to experience burnout (Shah et al., 2021). While there are many factors that contribute to nurse burnout, nursing shortage has been the most difficult to address. According to an article journal, "Nursing shortage has been associated with

both work and personal conditions, such as unrealistic job expectations, poor work conditions, work demands that exceed resources, poor collegial relationships, increased work hazards, and poor autonomy and control over practice (Mudallal et al., 2017). All these have strengthened a nurse's feeling of dissatisfaction and burnout. Inadequate staffing levels will increase the likelihood of errors, decrease patient satisfaction, and decrease nurse retention rates (Haddad et al., 2022). It is no secret that adequate staffing can be the ultimate solution, but hospitals do not seem to move towards this direction. Despite the ongoing hiring process and turnover rates, nursing shortage continues to exist.

Many hospitals do not have a policy that directly addresses nurse burnout. However, hospitals can create contracts with a union. Saint Joseph Medical Center, for instance, has a contract with the California Nursing Association (CNA) that represents an ongoing collective bargaining agreement that helps protect their nurses from workplace conditions. As previously mentioned, the patient to nurse ratio greatly impacts a nurse's work experience. According to CNA (2022), the med-surg nurse to patient ratio is 1:5, trauma ER is 1:1, ICU is 1:2 or 1:3 stepdown, and 1:4 for other specialties such as pediatrics, telemetry, postpartum, and psychiatric. Patient acuity also helps to determine safe staffing. Inadequate RN staffing not only leads to burnout, but it is also dangerous for patients by increasing rates of infection, error, illness, and mortality (National Nurses United, n.d.). This goes to show that nursing burnout that is caused by different factors such as unsafe patient to nurse ratio can affect the overall delivery of care. When nurses are not being taken care of they are incapable of meeting the standards of care. Unfortunately, obeying policies merely protects a nurse's license, not their well-being.

Furthermore, breaks are extremely important in the workplace. Acute fatigue is a daily occurrence and accumulates as a response to physical and cognitive activity efforts (Sagherian,

2021). A common way to relieve the accumulated fatigue during a shift is by taking rest breaks. Rest breaks are defined as short periods of working cessation (Sagherian et al., 2021). According to CNA, each nurse shall be granted a rest period of 15 minutes during each four (4) hours of work, without deduction in pay. Nurses who work a 12-hour shift are entitled to a duty-free unpaid meal period of thirty (30) minutes. Rest breaks may present an effective strategy in lowering fatigue and by law, nurses are required to take their breaks.

Nurses are required to work a certain number of hours. The traditional 8-hour shifts for hospital nurses are becoming a thing of the past as nurses are increasingly working 12-hour shifts. This type of schedule allows nurses to work for 3 days, thereby allowing work-life balance and flexibility. Despite this standard schedule, actual shift length can be unpredictable due to fluctuations in unanticipated staffing changes and patient needs (Stimpfel, 2012). There are no national work-hour policies for registered nurses. However, some states such as California and Maryland, have prohibited mandatory overtime except in the cases of emergency (Stimpfel, 2012). Due to nursing shortages, some nurses are forced to work overtime and extend their shift hours. The longer the shifts, the higher levels of nurse burnout and patient dissatisfaction.

The role of organizational leaders and management teams are extremely important in helping to address changes within the workplace. It is their job to empower nurses to use their knowledge, behaviors, and skills to control their work. If the working environment of nurses is not under control, more and more nurses will leave their jobs. Good leadership is key to creating a healthy work environment that empowers nurses (Mudallal et al., 2017).

Maintaining health is a right for all human beings. Unraveling the negative impact of nurse burnout sheds light on the importance of the mental health of nurses and the opportunity to elevate the quality of care being provided. Team-based interventions and participatory programs

have been proven to significantly improve burnout rates (Aryankhesal, 2019). Changes need to happen within hospitals to better support and protect nurses. Using the Lewin Change theory, healthcare organizations can understand human behavior as it relates to change and patterns of resistance to change (Sutherland, 2013).

Part II

In our hopes to address nurse fatigue and burnout, our proposed change is to implement a reward system for nurses who allocate their time to meditate and practice mindfulness. Our plan is to develop a downloaded application where nurses can take some time to practice mindfulness by following the program's prompts. Researchers have concluded that mindfulness interventions effectively reduce stress and anxiety in both clinical and nonclinical populations. There is a Mindfulness Based Stress Reduction (MSBR) program that already exists. It focuses on training in the contemplative practice of mindfulness. It is an eight-week program where participants meet weekly for two-and-a-half hours and join a one-day long retreat for six hours (Botha et al., 2015). The program incorporates a combination of mindfulness meditation, body awareness and yoga to help increase mindfulness in participants. Our version of this program is much more convenient and feasible because the practice of mindfulness can be done anywhere, even at home. As nurses continue to participate, they will earn points or credits and be able to redeem a token of reward. Such rewards may include gift cards, hydroflasks, jackets, and many other prices that fit within the given budget. Being aware that our solution only focuses on the internal factors of the existing issue, we would like to see how our proposed change can help alleviate the fatigue that nurses are experiencing today. We do not have the power to establish policies, but we urge hospital leaders to take care of their nurses and reward them for prioritizing their health. The goal and objective for our change proposal is to reduce the levels of stress reported by the

staff through individual efforts of practicing mindfulness. Implementing a reward-based system will require sustained efforts from various teams, some of which include; information technology (IT), nursing staff, management, clinical nurse educators and administrators, human resources, and hospital leaders. We will also need a project leader to oversee and facilitate a project through all phases. Some barriers of this project may include budget and costs, fear of the unknown, and the staff's unwillingness to take independent action. To overcome these barriers, we will begin with small incentives. With positive results, we can continue to pitch it for higher rewards. In terms of the app, notifications of mindfulness participation will be sent to the user. Our target date is about 3-6 months. Towards the end of the project, we will be conducting surveys to determine the effectiveness of the change through a series of questions.

Refreezing

Our goal for implementing this change is to create a self-sustaining method of stress management and lower the stress levels of the unit staff. As nurses, we work in a high stress and fast environment. We tend to provide patient education on how to manage stress, but a lot of us seem to disregard our own stress and mental health. Prolonged stress on the units is not healthy and this change model sets out to directly help staff reduce this stress. It is a simple method of implementing change but can have great results as long as participation continues.

It is important that we keep the challenge going for 3 to 6 months so we will implement monthly motivators to keep everyone participating. Our first method will be to have staff earn progressively higher tier prizes if they complete consecutive months of the challenge. Second, we will have enticing prizes that will motivate people to keep participating. Lastly, we will have monthly recognition of those who complete the challenge and send it in a newsletter. We believe that if we can motivate people to keep participating, herd mentality will motivate everyone to

continue participating.

After each month, we will evaluate how our progress is going by surveying staff of how their stress levels are and whether they feel the "mindful minute" challenge has helped them with stress management. If all goes well, we will continue implementing the challenge and then expand it into other realms of stress relievers such as physical activity. By doing this, we will encourage the staff to participate in stress relief and better the mental health of the staff on the unit.

Sustainability

In order for an organization to maintain the change implemented, it is important that they do it continuously. As mentioned, the challenge is for each worker to log in for daily meditation for 26 days of the month out of 30. The first time they start the challenge, it is important for the nurses to be reminded daily to do the challenge. This is because since it would be something new to them, it is likely that they will forget about it or pay no attention to it the first time it is brought up. So verbal reminders during huddles, posters on the walls, and text/email messages would help to keep them aware and motivate them to do the challenge. Once they start taking time out of their day to meditate, it is important that they continue to do so. On top of having daily reminders for the nurses to do the challenge in the first month, continuing to remind them the following months is essential in sustaining participation in the challenge. The longer they continue to perform the same action, it will eventually become routine-like for them and they will be likely to remember it even without reminders.

Once the nurses have created a habit, or routine, for themselves to take a step back from work and meditate for as little as 10 minutes, it is a major responsibility for management to put in the effort and offer incentives for the nurses to keep participating. For those who participate

for at least 26 days out of a month, there should be rewards given to them. Then as the months go by, larger prizes should be offered to those who have been actively participating each month consecutively. As a result, more people will be motivated to keep participating rather than stopping after a month or two. To sustain this reward system, management must keep the costs of rewards in mind when planning out their budget for the unit. This way, they will always have something to offer each month.

Another way that may help the nurses lower their stress and fatigue is by having the challenge branch out into other areas. Rather than the nurses only having to meditate every 10 minutes, maybe it could be a challenge to take a walk for 10 minutes or try to get sleep for 8 hours every night. With this, the ultimate goal is helping the nurses in bettering their mental and physical health, while also making the challenges more fun and interesting for them to do.

References

Aryankhesal, A., Mohammadibakhsh, R., Hamidi, Y., Alidoost, S., Behzadifar, M., Sohrabi, R.,

    & Farhadi, Z. (2019). Interventions on reducing burnout in physicians and nurses: A systematic

    review. Medical Journal of The Islamic Republic of Iran.

    https://doi.org/10.47176/mjiri.33.77

Cho, H., & Steege, L. M. (2021). Nurse Fatigue and Nurse, Patient Safety, and Organizational

    Outcomes: A Systematic Review. Western Journal of Nursing Research,

    019394592199089. doi:10.1177/0193945921990892

Mudallal, R. H., Othman, W. M., & Al Hassan, N. F. (2017). Nurses' Burnout: The Influence of

    Leader Empowering Behaviors, Work Conditions, and Demographic Traits. Inquiry : a

    journal of medical care organization, provision and financing, 54, 46958017724944.

    https://doi.org/10.1177/0046958017724944

Sagherian, K., McNeely, C. A., & Steege, L. M. (2021). Did rest breaks help with acute fatigue

    among nursing staff on 12-h shifts during the COVID-19 pandemic? A cross-sectional

    study. Journal of advanced nursing, 77(12), 4711–4721.

    https://doi.org/10.1111/jan.14944

Shah, M. K., Gandrakota, N., Cimiotti, J. P., Ghose, N., Moore, M., & Ali, M. K. (2021).

    Prevalence of and Factors Associated With Nurse Burnout in the US. JAMA network

    open, 4(2), e2036469. https://doi.org/10.1001/jamanetworkopen.2020.36469

Sherman, R. O., Schwarzkopf, R., & Kiger, A. J. (2011). Charge nurse perspectives on frontline

    leadership in acute care environments. ISRN nursing, 2011, 164052.

    https://doi.org/10.5402/2011/164052

Stimpfel, A. W., Sloane, D. M., & Aiken, L. H. (2012). The longer the shifts for hospital nurses,

the higher the levels of burnout and patient dissatisfaction. Health affairs (Project Hope),

31(11), 2501–2509. https://doi.org/10.1377/hlthaff.2011.1377

Sutherland, Karen (2013). Applying a lewin's change management theory to the implementation

of bar-coded medication administration. Canadian Journal of Nursing Informatics.

Retrieved December 02, 2022, from https://cjni.net/journal/?p=2888

National Nurses United. (2020, March 31). What does the california ratios law actually require?

Retrieved December 4, 2022, from https://www.nationalnursesunited.org/what-does-

california-ratios-law-actually-require

National Nurses United. (n.d.). RN staffing ratios: A necessary solution to the patient safety

crisis. Retrieved December 5, 2022, from

https://www.nationalnursesunited.org/sites/default/files/nnu/graphics/documents/Ratios-

ANecessarySolutiontothePatientSafetyCrisisinUSHospitals.pdf

Wojciechowski, E., Murphy, P., Pearsall, T., French, E., (May 31, 2016) "A Case Review:

Integrating Lewin's Theory with Lean's System Approach for Change" OJIN: The

Online Journal of Issues in Nursing Vol. 21 No. 2, Manuscript 4.