

Perspectives of Healthcare Education Leadership on Nurses' Night Shift Sleeping Concerns in Abu Dhabi's Private Hospital

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Abstract

Sleep management is shift-work nurses' most significant challenge. Little is known about how they manage shift work-related sleeplessness in practice. Night shift nurses frequently encounter detrimental effects on their health and the quality of patient care. This paper focuses on exploring the viewpoints of healthcare education leaders regarding night shift challenges in nursing and specific treatment strategies, analyzed within the framework of educational leadership theory in a private hospital in the Abu Dhabi emirate. The research used qualitative methods, conducting semi-structured interviews with healthcare educator leaders to generate data to achieve the research aim. The findings show that night shift nurses endure a lot of challenges including effect on nurse health, effect on quality of patient care, and nurse professional development. The paper provides a number of recommendations to help reduce the challenges and to facilitate the effectiveness of nurses' night shift.

Keywords: night shift nursing, sleep challenges, healthcare education leadership, transformational leadership, participatory leadership

1. Introduction

Alternate shift employment dates back to the 16th century, when Catholic nuns began working both night and day shifts to provide medical care to ailing patients. The modern nurse works shifts that range from ten to twelve hours in order to give continuous care to patients (Durkin, 2021). The number of nurses who experience burnout is growing as a result of factors such as long hours, heavy workloads, stressful work environments, high patient-to-nurse ratios, and administrative dissatisfaction. Overworked and undersupported night shift nurses are more prone to making mistakes (Queen-Lomas, 2024). Specifically, the unique nature of night shift occupations often results in sleep loss among nurses. As a result of this transformation, organizational measures and support are required in order to enhance the safety of both nurses and patients (Weaver et al., 2023). Further, it is the responsibility of the employees to ensure their health and safety while they are on the job. For example, setting suitable shift patterns can help prevent sleep impairment and weariness. This is because switching between shifts can have a negative influence on cognitive performance. Blocking and forward-rotating shifts can alleviate circadian disruption (Wangsan et al., 2022). In fact, modern hospital care is faced with personnel challenges, changing consumer expectations, expanding access requirements, and financial constraints. When it comes to effective care management, governance is absolutely necessary. Existing literature highlights the pivotal influence of clinical leadership in ensuring the delivery of high-quality, safe, and efficient healthcare services (Xu, 2017).

Supportive and empowering leadership styles have been shown to foster staff well-being and professional satisfaction, whereas destructive or unsupportive leadership practices contribute to increased stress, burnout, and reduced workforce stability. In this context, healthcare organizations recognize structural empowerment and transformational leadership as essential components of effective retention and well-being strategies (Niinihuhta, 2024).

1.1 Statement of Problem

Night shift nurses face health issues like circadian disruptions, unhealthy eating habits, cognitive limitations, and mental stressors, impacting their well-being, patients, and organizations. Improving nurse safety can boost organizational success (Imes et al., 2023). Poor quality of life and sleep issues negatively impact work performance, which points to the need for improved healthcare systems, disease management, and patient care (Van et al., 2022). The health and well-being of nurses working the night shift ought to be incorporated into the efforts of professional nursing organizations, such as the Healthy Nurses Healthy Nation campaign (American Nurses Association, 2014). These initiatives aim to embed nurse well-being within all healthcare settings, promote workplace advocacy, and eliminate bullying and violence. Nurses advocate for improvements in the places in which they work; yet, there has been very little emphasis paid to addressing the health and safety hazards that are present during the night shift. There is a need for nurses to have access to innovative solutions, policies, and legislation (Baldwin et al., 2025). Nurse

leadership plays a lesser-known role in mitigating these well-documented effects. Prior studies indicate that nursing leaders can influence scheduling practices, rest break provisions, staffing levels, and work environment supports to offset shift-related strain (Keys, 2020). However, research exploring how leaders in healthcare education perceive and address night-shift sleep-related concerns in the UAE remains limited. Hence, education is essential for societal advancement, civic improvement, economic growth, and social justice. The expansion of formal education engenders complex models that mirror existing disparities. Policies must prioritize equity and productivity (Spiel et al., 2018). Further, the future of nursing depends on nurse leader education and support at all levels. Overall, hospital nurses are unprepared for leadership. Literature lacks effective treatment for developing leadership skills in hospitalized clinical nurses. In addition, there is much literature on nurse leadership and clinical practice, but little on how education affects practice (Guibert-Lacasa & Vázquez, 2022). Furthermore, current leadership solutions are inflexible, resulting in a narrow perspective (Sandhu 2019). This study addresses the need to explore the ability of healthcare education leaders in the hospital to mitigate and manage sleep issues related to the night shift under the lens of leadership educational theories.

1.2 Purpose and Questions

Therefore, the primary aim of this study is to explore the viewpoints of healthcare education leaders regarding night shift challenges in nursing and specific treatment strategies, analyzed within the framework of leadership educational theory in a private

hospital in the Abu Dhabi emirate.

1. What is the perspective of healthcare education leadership regarding the issues and challenges associated with night shift nursing in a private hospital in the Abu Dhabi emirate?
2. What is the relevance of health education theories in developing strategies to address the adverse effects of night shifts in a private hospital in the Abu Dhabi emirate?

1.3 Significant of the Study

The variations between employers' expectations, theoretical knowledge, and actual implementation are the most significant and pervasive challenges in nursing education (Yeung et al., 2023). Nurse leaders play a vital role in adopting and implementing effective strategies through transformational leadership and managerial compassion to bolster nurses' resilience and job engagement. Shared governance and a respectful work environment that expresses appreciation for nurses are prevalent strategies that improve the effectiveness of nursing leadership and foster positive work attitudes among nurses (Abd-EL Aliem et al., 2021). As a result, treating night shift stress and sleep disturbance in nurses increases their well-being and patient care quality (Al-Hrinat et al., 2024). To close the gap, crucial elements must be addressed, including employee happiness, professional progression, staffing, and organizational support. Furthermore, positive practice environments, peer support, and retention strategies are vital. Evaluate individual nursing characteristics, organizational dynamics, and emerging trends (Mohamed et al.,

2024). In fact, effective communication between nurses and their managers improves leadership perceptions while decreasing absence. This increases nurses' job embeddedness and dedication, which promotes supportive leadership (Fan et al., 2024). To achieve this, health administrators and nurse leaders should prioritize implementing interventions and creating supportive work environments that address the unique challenges faced by nurses during night shifts (Booker et al., 2024). The leadership of the care organization must improve safety for both night shift nurses and patients. Nurse leaders must navigate rapidly changing hospital environments while upholding nursing ideals. Competency frameworks help build transdisciplinary competence and readiness. Nurse leaders are taking on more responsibility in healthcare companies, requiring timely and suitable training (Charalambous, 2023).

2. Theoretical Framework and Literature Review

2.1 Theoretical Framework

2.1.1 Participative Leadership Theory

Participative leadership, introduced by Likert (1961), is a democratic approach in which leaders actively involve subordinates in decision-making processes. Its main ideas are that leaders and team members should share responsibility, talk to each other openly, and trust each other. Participative leaders cultivate a sense of ownership and align individual and organizational objectives by consulting employees prior to decision-making and supplying the requisite resources to facilitate their work (Wang et al., 2022).

2.1.2 Transformational Leadership Theory

Transformational leadership, first conceptualized by Burns (1978) and later expanded by Bass and Northouse (2019), centers on inspiring and motivating followers to transcend self-interest for the achievement of shared goals. Its core principles include individualized consideration, intellectual stimulation, inspirational motivation, and idealized influence. Transformational leaders focus on developing followers' potential, fostering professional growth, and cultivating a positive, value-driven culture.

Together, participative and transformational leadership theories provide a comprehensive lens for understanding healthcare education leaders' roles in mitigating night-shift challenges among nurses. Participative leadership stresses working together, making decisions together, and giving people power, while transformational leadership stresses inspiring, motivating, and helping staff grow so they can reach both personal and organizational goals. In combination, these approaches suggest that leaders who both involve nurses in decision-making and foster intrinsic motivation are better positioned to implement effective strategies that address sleep disturbances, fatigue, and overall well-being during night shifts. Thus, these theories collectively inform the study's exploration of how healthcare education leaders perceive, respond to, and manage the challenges associated with night-shift nursing work in Abu Dhabi's private hospitals.

2.2 Conceptual Framework

A) Healthcare education leadership

High-quality healthcare education, research, and clinical practice require strong leadership. All health professions need competent leaders who value autonomy, accountability, teamwork, and patient results. Leaders in healthcare education must collaborate across disciplines and organizations; therefore, leadership skills and responsibility must be emphasized (van Diggele, 2020).

B) Shift work

A daily work schedule with different teams working in succession, is identified as the most harmful schedule for workers, impacting health, family, social life, and organizational context (Silva & Costa, 2023).

2.3 Literature Review

Health organizations' recommendations

The UAE established a Nursing and Midwifery Council in 2009 to develop standards for nursing and midwifery registration and regulation, aiming to strengthen the workforce. The council focuses on workforce Emiratization, regulatory standards, and new care models, particularly for noncommunicable diseases (Brownie et al., 2015). then the (Department of Health, 2024) The Healthcare Staff Governance Framework promotes

recruiting, retention, Emiratization, professional development, upskilling, clinical research, ethical procedures, and well-being to keep Abu Dhabi's healthcare staff competent and flexible. Healthcare workforce optimization involves planning priorities, allocating resources, and coordinating with stakeholders to address capacity gaps and meet expected needs while aligning licensing, education, and professional development with workforce plans. Also, the World Health Organization (2016) aims to improve the safety and protection of medical and health workers, formulate policies and strategies for human resources in health, and enhance education, deployment, retention, and performance management in the health workforce by 2030. Improve public ability to design and provide pre-service and in-service education, healthcare professional associations, performance management systems, and regulator engagement. Although there are local and universal recommendations for nursing leadership goals and guidance, the Booker et al. (2024) study reveals gaps in guidance and training for nurses creating shift work rosters and suggests that staff should be educated on fatigue signs and how to mitigate risk from shift work schedules. These measures will help reduce health and safety issues in healthcare organizations.

Backfires of shift work

At night, more nurses and supervisors than day shifters reported fatigue-related errors, such as falling asleep at a red light, missing their exit, and getting into a car accident on the way home (Weaver et al., 2024). Current research (Hittle et al., 2024) found that nurses

sleep 6.15 hours less than the national average, with 90% reporting poor sleep quality. This lack of sleep may lead to lower social capital and higher workplace discrimination. Furthermore, mental tensions, inappropriate scheduling, and inadequate support in shift work contribute to nurses' sleep adequacy dissatisfaction. Despite using coping strategies like compensatory sleeping, medication, and stimulant drinks, these strategies still result in psychological burden, physical burnout, and unresolved sleep adequacy dissatisfaction, leading to injury (Aemmi et al., 2022). Additionally, the recent survey in the UAE by Mobarak et al. (2023) indicated that 55% of ICU nurses suffer from sleeplessness, while 45.3% exhibit moderate productivity. The substandard quality of life and the adverse correlation between sleeplessness and work productivity indicate the necessity for enhanced healthcare systems, disease management, and patient care. Factors such as education, smoking, physical activity, and working hours are significant.

Challenges faced by nurses working night shifts

Registered nurses were ending their employments as the results identified three categories of challenges: limited organizational support, lack of visible leadership, and an unhealthy working environment. The study concluded that a person-centered approach is crucial for improving the working environment and commitment of nurses, as well as improving collaboration and shared decision-making with managers, nurses, and team members (Rosengren & Friberg, 2024). Ultimately, that shift work has a detrimental

influence on nurses' sleep quality, job performance, and patient safety. Sleep patterns and severity varied between day and night shift clinical nurses and administrative supervisors, with night shift nurses reporting greater fatigue-related errors (Weaver et al., 2024).

Leadership strategies to mitigate the shift challenges.

It is important to identify strategies to promote better sleep hygiene and address modifiable risk factors and overall well-being in this vital healthcare workforce (Subih et al., 2025). Because so many healthcare providers work at night, specialized therapies are required. Healthcare night shifts are unavoidable. Recent assessments of health promotion activities for night workers yielded mixed findings, with some offering moderate advantages. The interventions tested included bright light exposure, napping policy and times, physical activity, and good nutrition. Sleeping at night benefited health and performance to a moderate extent (Van et al., 2022). Further, job resources enhance ICU shift nurses' enthusiasm and alertness, while supervisors should provide assistance and promote teamwork. Regular performance reviews help detect and resolve difficulties (Gou et al., 2024). Researchers conducted a study to survey nursing leaders who work the night shift about their perceptions of psychological safety and teamwork. Six weeks after the intervention, there was a slight increase in psychological safety and teamwork perceptions. However, there was a decrease in psychological safety and teamwork perceptions among nursing supervisors. The study suggests that engaging nurse leaders effectively can maximize the benefits of safety huddles (Dixon, 2025). According to Fan et al. (2024), a

supportive nursing work environment enhances job incorporation among new nurses by providing opportunities for learning, fostering a sense of belonging, promoting mutual assistance, facilitating positive communication, and building trust. As a result, this fosters greater commitment and supportive leadership.

3. Methodology

3.1 Research Approach

This study employed the qualitative approach to answer the research questions. The bottom-up method involves description and aims to establish theories on a phenomenon. The qualitative research approach employed inductive reasoning to draw conclusions. The study carried out practical evaluations of healthcare educator leaders using grounded theory research to create theories based on data that explain and predict results (Johnson & Christensen, 2014). Interpretivism is a research paradigm leading this study that emphasizes knowledge creation by individuals as they interpret their experiences. It focuses on subjectivity and subjective interpretations, often conducted in natural settings. Common methods include interviews, focus groups, and observations. Context is crucial for understanding human behavior and experiences, as it shapes individuals' interpretations and actions (Creswell, 2009). A learning theory that emphasizes observation and reflection explores how people construct knowledge, reconcile new information with previous experiences, and decide whether to believe or discard it. The healthcare educators facilitate learning by helping nurses build on prior knowledge (Akpomi & Kayii, 2022).

3.2 Research Methodology

3.2.1 Site

The study was conducted in a large private hospital located in the Emirate of Abu Dhabi. The hospital operates under the regulation of the Department of Health - Abu Dhabi and is recognized as one of the leading healthcare providers in the private sector. It offers a wide range of medical and surgical services, including intensive care units, specialty clinics, and educational departments dedicated to nursing competency development and professional training. This setting provided an appropriate context for exploring the perspectives of healthcare education leaders on nurses' night shift sleeping concerns, given its structured nursing education system and commitment to continuous quality improvement.

3.2.2 Population, Sampling and Participant Selection

The study population consisted of nursing education leaders working in a private hospital in Abu Dhabi. These individuals play a key role in overseeing nursing education and training, evaluating staff competencies, and contributing to quality improvement, policy development, and procedure formulation within the nursing department. **Inclusion criteria** included nursing education leaders who have direct and ongoing contact with heads of nursing departments and staff nurses for competence evaluation and continuous professional development activities. Participants were required to have experience in supervising or supporting nurses working night shifts. There were no restrictions regarding

participants' age, gender, educational background, or years of professional experience.

Exclusion criteria included nursing education leaders responsible solely for non-shift-working nurses, as their experience may not reflect the night shift context relevant to the study's focus.

A **purposive sampling** approach was employed, consistent with qualitative research grounded in constructivist theory (Johnson & Christensen, 2014). Two nursing education leaders met the inclusion criteria and agreed to participate. This small, information-rich sample was considered appropriate to provide in-depth insights into leadership perspectives regarding nurses' concerns about sleeping during night shifts. Participants were recruited through direct invitation from the researcher via institutional email after obtaining ethical approval from the hospital's research committee. Participation was voluntary, and informed consent was obtained prior to data collection. Both participants had more than two years of leadership experience in nursing education, held postgraduate nursing qualifications, and were actively involved in the hospital's continuing professional development and quality improvement programs.

Justification for Sample Size

Although the study involved only two healthcare education leaders, this sample size is appropriate for a qualitative, constructivist design, where the primary goal is to learn more about the participants' perspectives rather than achieve statistical generalization. According to Johnson and Christensen (2014) and Creswell (2018), qualitative inquiry

emphasizes information richness and depth over breadth. Both participants held senior leadership roles and were directly responsible for nursing education, competency assessment, and professional development within the hospital. Their insights provided a comprehensive and contextually grounded understanding of the issue under investigation: nurses' night shift sleeping concerns from a leadership perspective. Moreover, because the study focused on a specialized and limited population (nursing education leaders in a single private hospital), the number of eligible individuals was inherently small. Including all available leaders ensured that the voices of the entire leadership group responsible for nursing education in that institution were represented, which adds credibility and completeness to the findings.

3.2.3 Data Collection Tool

The tool used is conducting a semi-structured interview, where the researcher is able to rephrase the questions or add more questions based on the interview needs. The researcher used open-ended interviews to test beliefs and explanations. We deepen our understanding of sleep issues related to night shifts, their solutions, and how to apply leadership theories in healthcare education in practice (Fraenkel et al., 2012). The researcher developed the study's semi-structured interview questions, which consist of four main ideas: about the healthcare educators' leaders' awareness of nursing night shift sleeping issues, the side effects of that on the nurse, and the quality of care; then about the institution's support; and ultimately, improvement suggestions. The questions were

reviewed by specialists in the field and piloted to ensure their validity. Appendix 1 shows the interview questions in detail. The demographic data collected on the participant included age, qualifications, experience, and department of work. The interview lasted a maximum of 15 to 30 minutes, and it took place after the consent form had been signed. The researcher took notes during the interview to transcribe the collected information, preparing it for data analysis. Reading interview transcripts, assigning codes, creating themes, reviewing, defining, and producing a report are all steps in the thematic analysis technique utilized in this study by Clarke and Braun (2014). The final steps involve drawing conclusions and validating the findings.

3.2.4 Ethical Consideration

The research was approved by the British University in Dubai research committee and the Institutional Review Board (IRB) of the hospital. All participants are 18+. Individuals are not at risk from the research. Participants signed the consent form before joining the study. The consent is in Appendix B. The subjects and researchers received no financial incentives, and no resources financed this study. Participants can quit the study within three months of data collection, before the study is published. Participation will not damage them. Participants will remain anonymous, and their data will stay protected. We also supply the researcher's contact information. To minimize interview disturbance and influence, the researcher did not interfere with personal opinions during the interview (Creswell, 2009).

4. Data Analysis and Results

The primary aim of this study is to explore the viewpoints of healthcare education leaders regarding night shift challenges in nursing and specific treatment strategies, analyzed within the framework of leadership educational theory in a private hospital in the Abu Dhabi emirate. Used a Thematic Analysis technique of the semi structured interview with the two-healthcare education leaders were analysed and discussed as the below.

4.1 Demographic Characteristics

The interview protocol was achieved with the 2 healthcare educator leaders separately. The demographic variables analysis shows similar characteristics; both of them have master's degrees in health education, and their ages are between 32 and 35 years old. Both are working in the education department of the hospital and responsible for arranging the educational topics, training, and competence of the staff nurses who are working in the hospital departments and outpatient area. Their experience in the field is more than 2 years.

4.2 Awareness about the Night Shift Issues

Evidence from the data shows that both health education leaders interviewed in the private hospital viewed night shift nursing as a critical component of continuous patient care, but one that comes with 'significant challenges' that impact not only on staff well-being but also patient outcomes and institutional performance. One participant noted: "night duty is essential for continuity of care, but it places a heavy toll on nurses' physical and mental health" (Participant EL1). The interviewees indicated that nurses who work the

night shift frequently complain of having disrupted circadian rhythms, which makes them drained, less alert, and more likely to make mistakes at work. This has an impact on making decisions, keeping accurate records, and even being able to empathize with patients. From an educational perspective, the evidence suggests that we need specific training focused on promoting safe behavior during times of reduced awareness and encouraging self-care among nurses. A participant emphasized that “education should include strategies for managing fatigue and protecting nurses’ well-being during night work” (Participant EL1).

When asked for their opinion about the reasons why night-shift nurses struggle to sleep, participants stated that some of the biggest problems are unpredictable shift rotations, limited opportunities to rest, and the need to stay awake all night. Another participant stated: “Irregular shift patterns and the lack of proper rest areas make it very difficult for nurses to recover properly” (Participant EL2). There is also a cultural problem: many nurses feel that they must “push through” tiredness without admitting how it affects them.

4.3 Effect on Practice and Patient Care

Speaking on the effects of night shift on the health and performance of nurses who work the night shift, participants suggested that high turnover rates might result from mental health and job satisfaction issues, burnout, sleep deprivation, and lack of work-life balance among night shift nurses. One of the participants stated: ‘I support overnight staff resilience, stress management, and emotional regulation education.’ (EL2). Participants

noted that if the staff nurse is unstable mentally and healthy, they will refrain from providing good care to the patient. For example, a participant noted: “Working night shift continuously affects nurses’ mental health and motivation, and many eventually leave because they feel exhausted and unsupported”.

4.4 Policies and Support from the Institution

Some of the policies and support gaps related to night shift identified by participants are that night shift nurses are disadvantaged because most in-service training, workshops, and continuing education are held during the day. They missed many learning opportunities, which can delay professional advancement. Participants identified several policies and institutional support gaps affecting night shift nurses. For instance, a participant said, "Most in-service trainings, workshops, and professional development activities are scheduled during the day, which excludes night staff" (Participant EL2). Access to training and development is lacking. It is suggested that leaders should restructure training timetables, include flexible e-learning modules, and offer night staff on demand training. The data suggest that communication barriers between daytime leaders and night shift nurses contribute to isolation. In this regards, a participant explained: “Night shift nurses often feel disconnected from decision-makers and clinical leaders, which affects teamwork and morale” (Participant EL1). This impacts teamwork and morale. Educational leadership must encourage inter-shift communication and peer mentoring to close this gap and provide consistent information and assistance.

4.5 Suggestions and Next Steps

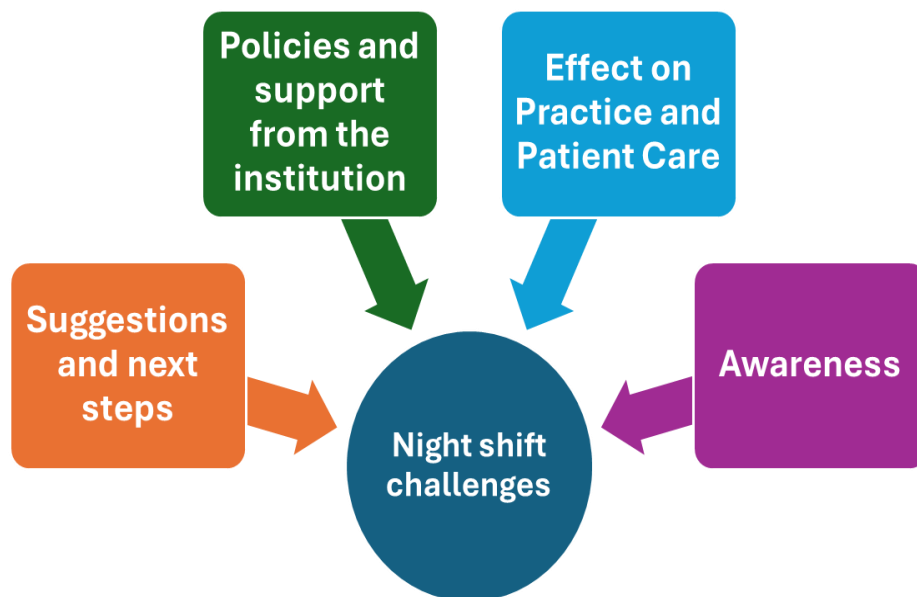
Several interventions were suggested to lessen the effects of working night shifts on nurses' sleep hazards or health. These include:

Interviewees suggested the establishment of rotational or hybrid shift models, establish orientation programs tailored to specific shifts, mandate wellness training, and promote psychological safety via debriefing sessions and anonymous feedback mechanisms. For example, an interviewee suggested, "Introducing rotational or hybrid shift models and providing orientation programs tailored to each shift can help nurses adapt better to night work" (Participant EL1).

It was also suggested that night shifts often have reduced staffing, posing safety concerns. Hence, educational interventions should enhance clinical prioritization, emergency preparedness, and communication protocols in low-resource and high-stress environments. A participant noted: "Wellness training, debriefing sessions, and anonymous feedback systems are essential to support nurses' mental health, especially during night shifts" (Participant EL2). The challenges related to patient safety and staffing nurses create intense situations in which night staff are required to work harder at night due to fewer resources. Participants emphasized that educational interventions should focus on clinical prioritization, emergency preparedness, and effective communication in low-resource and high-stress environments. It was noted that night nurses "need targeted training on prioritization and crisis response because they often work with minimal

support” (Participant EL2). Staff must learn efficient prioritization, pressure handling, and low-resource crisis response from leadership. Figure one shows the brief analysis of the interview questions.

Figure 1: *Challenges Affect the Nursing Night Shift*



4.6 Summary of Findings

Significant challenges: Night shift nursing presents challenges that impact on staff well-being, patient outcomes, and institutional performance.

Causes of struggles: due to disrupted circadian rhythms, unpredictable shift rotations, lack of relaxation, and cultural issues.

The effect on nurse health: affecting mental health and job satisfaction issues, burnout, sleep deprivation, and lack of work-life balance.

Policies and support: The institutions should focus on promoting sleep health and fatigue, restructuring training timetables, offering on-demand training, and addressing communication barriers.

Suggestions and strategy: The leaders should establish rotational or hybrid shift models, establish orientation programs, mandate wellness training, and promote psychological safety. Educational interventions should enhance clinical prioritization, emergency preparedness, and communication protocols in low-resource and high-stress environments. Nurses work harder at night due to fewer staff and resources, increasing pressure and risk.

4.6 Analysis of the Results in the Context of Healthcare and Education Leadership

Theories

Table 1

Summary of the Healthcare Education Leaders Suggested Solutions Aligned to Leadership

Theories

Theme	Transformational Theory	Participative Theory
Night shift awareness	Leaders must be proactive in recognizing and addressing issues faced	We are actively seeking input from night-shift nurses through

	by nurses, such as burnout, sleepiness, and lack of guidance during night shifts, through shared visions.	surveys and open forums to enhance our staff wellness programs.
Impacts both patient care and health.	Emphasizes the need for nurses to prioritize self-care and recognize fatigue as a clinical risk factor.	
Policies and support from institutions		Collaborating with staff nurses to develop solutions such as flexible scheduling pilots and nighttime continuing professional development (CPD) options.
Training and education are available.	To not only provide information but also change behaviour, emphasizing the importance of nurses prioritizing their health.	
Suggested Fixes		Nurses have developed innovative ideas, including a successful pilot for a rotating wellness ambassador, which was initiated by a night shift nurse.
The Role of Leaders in Change	The objective is to encourage nurses to commit to a better future where nurses can thrive regardless of their shift.	

The Health Belief Model (HBM) is important for understanding how night shift nurses perceive sleep deprivation, burnout, and chronic health issues. Educational initiatives using the HBM can raise nurses' understanding of fatigue's personal and professional effects. Promote the benefits of preventive practices like sleep hygiene, regular breaks, and mindfulness. Address time and shift restrictions via organizational policy and support. HBM-based educational campaigns can change views and promote healthy lifestyles despite nighttime work.

Social Cognitive Theory stresses observational learning, self-efficacy, and reciprocal determinism. In night shift nursing, SCT can be used to establish peer mentoring and mentorship programs, enhance self-efficacy, and create an enabling environment for behavior change based on organizational culture. Abu Dhabi's heterogeneous workforce needs collaborative learning and shared experiences to adapt, making this theory relevant.

5. Discussion, Recommendations and Conclusion

5.1. Discussion

Our study highlights that institutional support, and policies should promote sleep health and awareness, restructure training schedules, offer on-demand instruction, and address communication hurdles; these recommendations align with the findings of Hassmiller & Wakefield (2022), which suggest that nurse leaders can serve on healthcare boards, advocate for policy, and create corporate cultures. They can also lead multidisciplinary coalitions promoting diversity, equity, inclusion, and political advocacy. Nurses are essential to equitable healthcare, supportive culture, and policy change. However, nurses often lack information, skills, resources, and support, hindering their participation in health policymaking. Improving education, research, and organizations can increase their involvement and improve their future (Hajizadeh et al., 2021). Nurses accomplish these goals by learning to recognize clinical phenomena, developing concepts, and evaluating theories in practical settings. Theory and research are essential for nursing science, but nurses must choose appropriate theories to align with clinical requirements.

Mid-range or practice theories are more useful in clinical nursing due to their practicality and evidence-based nature (McKenna, 2025).

Cognitive behavioral therapy is a common therapy for insomnia, focusing on changing destructive thoughts. Multicomponent interventions, including sleep education, behavior change methods, physical exercise, mindfulness, and environmental modifications, are also common (Albakri et al., 2021). According to theory, leader rumination increases health complaints, changing leadership conduct and team rumination. These findings may explain the trickle-down effect of boss conduct on staff. Leaders affect employee sleep quality indirectly through resource-oriented leadership (Matick et al., 2022). Moreover, competence, as a comprehensive notion that encompasses knowledge, skills, values, and attitudes, represents a dynamic, transient, and context-specific potential for achievement. Behaviourism, trait theory, and holism are required for its analysis. In nursing, competence involves demonstrating personality traits, professional attitude, values, knowledge, and skills (Nabizadeh et al., 2021).

Nurse leaders must adapt to changing hospital environments and uphold nursing ideals, requiring competency frameworks for transdisciplinary proficiency and timely training to take on more responsibility in healthcare companies (Charalambous, 2023). On the other hand, Night shift nurses must make more decisions independently and have clinical autonomy, handling more patients at risk of clinical deterioration and adverse events. Clinicians have to have confidence in one another to handle challenging cases. Both novice

and experienced nurses addressed exhaustion and tiredness (Julnes & Angel, 2022). Finally, a strategy of sleep hygiene education and training is crucial for shift-working nurses, impacting their health and safety. Effective approaches require a multi-faceted approach, shared responsibility, and multiple methods to reach a wider audience (Hittle et al., 2023).

5.2. Recommendations

Enhance nursing students' leadership skills in patient care and teamwork by incorporating teaching objectives into the undergraduate curriculum and recommending future curricula at the master's level, including diverse leadership knowledge teaching (Hsieh et al., 2022). For the prospective student who's still in college, the clinical learning environment is crucial in nursing education, influencing students' outcomes, internship preparation, and satisfaction. It helps students learn practical skills, interact with patients, and apply theoretical courses, reducing stress and anxiety (Zhang et al., 2022). Also, future studies on sleep-related issues in night shift nurses should concentrate on trait-like characteristics, bio-mathematical models, efficacy studies, and evidence-based investigations. These strategies can establish a low-risk environment and benefit the entire community, including individual employees and patients (Alfonsi et al., 2021).

This study recommends a leadership model where healthcare education leaders work together to set goals and address nurse fatigue as a widespread problem, creating

educational and policy strategies to improve the well-being of night shift nurses through transformation and participatory theory. The study presents the following summary recommendations:

- The study proposes that a participatory Collaborating with staff nurses to develop solutions such as flexible scheduling pilots and nighttime continuing professional development (CPD) options requires policies and support from institutions.
- Transformational training and education provide information and change behavior, emphasizing the importance of nurses prioritizing their health.
- Suggested solutions can be implemented through participatory collaboration in the team developing and adopting innovative ideas.
- The transformational leadership model utilized by healthcare education leaders motivates nurses to dedicate themselves to a brighter future where they can flourish, irrespective of their shift.
- Night shift nurses can grasp sleep deprivation, burnout, and chronic health issues with the HBM. Educational programs help spread preventive measures, solve time and shift constraints, and encourage healthy living.

- Social Cognitive Theory (SCT) can be effectively applied in night shift nursing to foster peer mentoring, enhance self-efficacy, and foster organizational culture adaptation among a diverse workforce.

5.2.1. Implications

This study highlights that fatigue among nursing staff significantly threatens the safety of both nurses and patients. It is vital to break the pattern of restless nurses due to night shift duty by implementing measures to tackle this widespread issue. Neither one individual nor a single institution can assume complete responsibility; a multifaceted strategy involving nurses, nurse leaders, healthcare educators, employers, and professional organizations is essential.

5.2.2. Strengths and Weaknesses

The study uses a semi-structured interview to generate data to achieve the objectives which were piloted and reviewed by a professional (Creswell, 2009). However, the participants were relatively small, a future study on the subject could increase the number of participants across a few hospitals. This could also include quantitative data using survey questionnaire to collect data to facilitate data triangulation to enhance the quality of the findings.

6. Conclusion

Different theories of educational leadership can help address night shift problems, like health belief models, which allow leaders to understand how staff nurses view their night shift challenges, considering their personal backgrounds and their ability to change how they handle these issues (Jalilian et al., 2014). Believing in one's ability to handle work-life problems, making the workplace better, and encouraging teamwork and connections are all important parts of cognitive theory (Bandura, 1997). Working together with staff nurses, generating new ideas, and finding solutions are key elements of participatory theory, where the encouragement to be open and supportive, along with the goal of creating a better future for shift nursing, is backed by transformational theory. Cognitive theory crucially involves perceived self-efficacy in managing work-life challenges, improving the work environment, and enhancing collaboration and relatedness (Bandura, 1997). Further collaboration with staff nurses, building innovative ideas, and contemplating solutions are the basic shields of the participatory theory, where the motivation to be open and supportive and create a better future for shift nursing is supported by the transformational theory. Based on that, multiple theories can be incorporated to evaluate the challenges faced by night nurse workers, while solutions can be identified through collaboration with multidisciplinary teams led by healthcare educator leadership.

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