

## Beyond Mandatory Overtime

*The ANA and nurse leaders take aim at RN fatigue and workplace practices.*

**E**mergency department staff nurse Brandy Benedict, BSN, RN, testified four separate times before Oregon lawmakers about why forcing RNs to work overtime is a poor way to staff hospitals.

“It’s difficult for nurses to be alert, careful, and focused when they are mandated to work unexpectedly beyond their shift and often for an unspecified time,” Benedict said recently. “It can lead to errors and put patients at risk.”

Benedict, a member of the Oregon Nurses Association (ONA), also opposes “coerced” overtime to deal with pervasive staffing shortages.

“I know a lot of nurses who work in facilities that are chronically understaffed,” Benedict said. “So they are finagled into working overtime out of guilt and concern. As nurses, we go into this profession largely for altruistic reasons; we don’t want to leave our patients or colleagues in a situation that can be hazardous.”

Benedict’s testimony and that of other state nurses association members convinced the Oregon legislature to pass an ONA-proposed measure that further limits the use of mandatory overtime and strengthens nurse staffing plan requirements.

Since staffing shortages arose in the mid-1990s, the ANA, the ONA, and other state nurses associations have led the way in efforts to prevent the practice of forced overtime. (Eleven states have some type of restrictions on mandatory overtime.)

However, the ANA and its nurse leaders recently took action beyond the issue of mandatory overtime to address the broader workplace practices that lead to RN fatigue and unsafe care.

### WHEN ANA NURSE LEADERS MET

In June, some 600 nurse leaders gathered at the ANA’s House of Delegates (HOD) meeting, where they approved a resolution addressing the impact of fatigue on nurses and patient care.

“What struck me was the number of comments from nurses who felt compelled to work beyond their shifts because they felt responsible for staffing,” said Susan Foley Pierce, PhD, RN, who heads the ANA’s Congress on Nursing Practice and Economics (CNPE) working group called Transforming the Health Care Environment. Pierce also moderated a forum on this issue prior to a vote by the HOD.

Pierce said there are two important components to the resolution, which was submitted by the CNPE and the ANA Board of Directors. One component will disseminate information to RNs, other health care professionals, employers, and policymakers on the numerous factors that contribute to nurses’ fatigue—including long work hours, insufficient break times, and rotating shifts—and what it means for the well-being and safety of nurses and patients.

The other component will educate staff through administrative level nurses and employers about the ethical and legal implications of RNs working when they are too fatigued to practice safely.

“The ANA has been focused on mandatory overtime for so long, and nurses recognized its problems early on,” said Pierce, a North Carolina Nurses Association member. “Now we want to bring increased attention to the research that shows that sleep deprivation, long work hours, and certain shift work inherently can pose risks.”

Marni Allen, MS, FNP, APRN, BC, president of the Idaho Nurses Association, supported the resolution because it takes a broader view of problematic work practices that nurses and employers need to address jointly.

“I believe having to work rotating shifts is a large contributor to nurse fatigue,” she said. “I personally found it to be very stressful and very unsatisfying.”

Allen noted that nurses often are under a tremendous amount of stress because of the multiple roles they have in their home and work lives, and that stress can add to nurses’ fatigue.

### THE RESEARCH

“We currently don’t have the data to say what are the maximum number of hours RNs can safely practice,” said Ann Rogers, PhD, RN, FAAN, a renowned nurse researcher who was a recipient of a research grant from the American Nurses Foundation in 1985. Rogers has examined nurses’ work practices and their effects on patient safety.

However, in her own study, “The Working Hours of Hospital Staff Nurses and Patient Safety,” published in the July–August 2004 issue of *Health Affairs*, she found that nurses worked longer than

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scheduled on a daily basis, and they generally worked more than 40 hours a week. She also discovered that nurses were three times as likely to make a mistake if they worked shifts lasting 12.5 hours or more.

Beyond the number of hours worked, nurses are not getting enough breaks during the course of their shifts and not getting enough sleep—factors that also affect job performance.

“Most people require eight hours of sleep to function adequately at work, and most Americans are not getting enough sleep,” Rogers said. “Nurses need as much sleep as anyone else.”

At the ANA’s forum on fatigue, Rogers spoke to nurses about a range of signs and symptoms linked with fatigue, including forgetfulness, slower

reaction time, reduced vigilance, and poor decision-making.

“We’re not as attentive to detail because we’re tired,” Rogers added. “And in today’s work environment, nurses can’t slow down to do the double-checking or triple-checking.”

Rogers soon will publish her new study in which she examined in-depth the sleep schedules of 393 ANA nurse members and 504 members of the American Association of Critical-Care Nurses.

Claire Caruso, PhD, RN, a nurse researcher with the National Institute for Occupational Safety and Health (NIOSH), is looking at health and safety risks to nurses associated with the “organization” of work. The study uses information from nurses who work at hospitals providing data to the

ANA’s National Database of Nursing Quality Indicators.

Her comprehensive research exploring the associations between the organization of nurses’ work and nurse health and safety will examine a range of factors, including tobacco use and other lifestyle practices, health history, coping styles, workload, and work scheduling patterns.

She previously coauthored an April 2004 NIOSH report called *Overtime and Extended Work Shifts: Recent Findings on Illnesses, Injuries and Health Behaviors*, that reviewed 52 other research reports.

Caruso’s report, for example, found that 16 of 22 studies showed that overtime was linked with employees’ poorer perceived general health, increased injury rates, more illnesses, or increased mortality. Caruso agrees that

more research will help pinpoint the best scheduling practices for nurses.

“Nursing is physically and emotionally draining and intellectually demanding,” Caruso said. “And there are so many factors that can affect job performance, as well as risks to the health and safety of nurses themselves. For example, is working long hours on the night shift on a psychiatric unit a riskier combination than working long, night shift hours in other areas, like critical care units?”

## THE ETHICAL QUESTION

Laurie Badzek, MS, RN, JD, LLM, director of the ANA’s Center for Ethics and Human Rights, maintains that nurses and employers share an ethical and legal responsibility to ensure that RNs are not forced or coerced—

or do not voluntarily work—when they are fatigued and potentially unsafe to practice.

The ANA’s *Code of Ethics for Nurses* does not specifically address fatigue, but it does spell out RNs’ fundamental commitment to ensuring patient safety and well-being, as well as nurses’ accountability and responsibility to themselves and the profession.

Staff nurses must assess themselves to see if they are too fatigued or have too many other distractions, such as family concerns, to practice safely, according to Badzek.

Badzek said that she often gets questions from nurses who are afraid of losing their jobs or feel compelled to work extra because the unit is short-staffed.

“Nurses have asked me, ‘Is it better to have a tired nurse or no

nurse?’” Badzek said. “I always tell them that if they decide to work, they are still accountable for their practice.”

Another aspect of overtime centers on economics.

Pierce contends it’s crucial that the ANA and nurses work with the health care industry to ensure nurses are financially compensated appropriately so they don’t have to work extra shifts to make ends meet.

And finally, Rogers points to the need for nurses to consider themselves when making decisions about sleep and work hours.

“We’re always encouraging patients to engage in health-promoting behaviors, like eating right, exercising, and getting adequate rest,” she said. “We need to take care of ourselves by applying those same principles to our own lives.” ▼