



## OPPOSITION TO MANDATORY OVERTIME

### I. STATEMENT OF POSITION

The Center for American Nurses is committed to safe, quality patient care. Recognizing that adequate numbers of qualified staff are essential to that care, the Center opposes the use of mandatory overtime. Mandatory overtime is defined as *the hours worked in excess of an agreed upon, predetermined, regularly scheduled full-time or part-time work schedule, as determined by established work scheduling practices, policies or procedures.* (American Nurses Association, 2001c)

### II. PURPOSE

The purpose of this position statement is to ensure patient safety and quality care by advocating for the health and welfare of Registered Nurses in the health care environment. With growing evidence that excessive work hours may result in harm to nurses and patients. The Center advocates for the establishment of policies and guidelines which limit the hours of overtime and the physical and mental burdens that overtime places on registered nurses.

### III. HISTORY/PREVIOUS POSITION STATEMENTS

The American Nurses Association has taken a position against mandatory overtime, (American Nurses Association, 2001c) with strong support for the utilization of more appropriate, pro-active staffing mechanisms by health care employers. The Center support ANA's position that employer dependence on the use of mandatory overtime, or the use of pressure/threats to ensure staffing levels results in negative outcomes for nurses and patients.

### IV. SUPPORTIVE MATERIAL

The Code of Ethics for Nurses with interpretive statements addresses both patient safety and the workplace environment of nurses. Provision 3 notes, nurses should promote, advocate and strive to protect the safety of patients by addressing "both environmental

system factors and human factors that present increased risk to patients.” (2001b, p. 14). The code in provision 5 addresses the individual responsibility of the nurse to address integrity and safety and to object to activities or expectations that “jeopardize either patient or nurse well being.”(2001b, p. 20). The code further states in provision 6 nurses should participate “in establishing, maintaining, and improving health care environments and conditions of employment conducive to the provision of quality of health care and consistent with the values of the profession” (2001b, p. 20). Nurses are directed not to accept “unsafe or inappropriate practices” (2001b, p. 21). While nurses are advised to care for themselves in order to meet the professional challenges of shift work (Hughes & Stone, 2004), this is difficult to accomplish in some work environments, where nurses have been threatened to work extra hours or face charges of patient abandonment (Kany, 2001, p. 67). This places nurses in the untenable position of be forced to work when exhausted thereby placing patients at risk, in violation of the Code of Ethics for Nurses.

Nearly half of the respondents to a recent ANA staffing survey reported mandatory overtime being used to cover staffing shortages (American Nurses Association, 2001a). In some areas, (mandatory) overtime is used as a component of staffing models and the phrase "mandation" has been coined to define the methodology. Nurses frequently report that employers *insist* they stay for an extra shift or more; many nurses perceive a threat of dismissal for insubordination, or being reported to the state board of nursing (BON) for patient abandonment for failure to comply with such demands.

Yet there is growing evidence that the use of overtime resulting in nurse fatigue places both patients and nurses at risk. In a study of over 600 nurses, Gold (1992) identified concerns related to rotating shifts and inadequate sleep patterns. Weinger & Ancoli-Israel (2002) also stated that the quality of patient care may be adversely affected by health care providers who are fatigued. The impact of fatigue on performance was demonstrated by Dawson & Reid, (1997), who found that persons experiencing prolonged wakefulness (17 hours) exhibited similar cognitive psychomotor performance as was observed in a person with a blood alcohol concentration of 0.05 percent; 24 hours of sustained wakefulness performance was equivalent to a blood alcohol concentration of 0.10 percent.

Further evidence of the threat that fatigued nurses pose to patient safety is found in several published reports. Rogers (2002) reported that nurses who are fatigued “may miss subtle signs of a patient’s deterioration” (Rogers, 2002, p. 469). In a study of 393 hospital nurses, errors were found more likely to occur when nurses worked shifts longer than 12.5 hours (Roger, Hwang, Scott, Aiken, & Dinges, 2004). A study of 502 critical care nurses also found the risk for error increased when nurses worked more than 12.5 hours consecutively (Scott *et al.*, 2006). Additionally it was reported “working more than 40 hours per week increased both errors and near errors” (Scott *et al.*, p. 35).

In general, recent studies indicate that “overtime is associated with poorer perceived general health, increased injury rates, more illness, and increased mortality in 16 of 22 studies” (Caruso *et al.*, 2004, p. 27).

The Institute of Medicine (IOM) report, *To Err is Human: Building a Safer Health System* (2000), identifies a number of potential hazards to health care workers including fatigue which may result in injury to workers and others; fatigue is implicated as a contributor to errors. A subsequent IOM report, *Keeping Patients Safe: Transforming the Work Environment of Nurses* (2004) noted the critical link between the work conditions of nurses and patient safety and documented the patient safety implications of nurse fatigue. The report also recommended improving the working conditions of nurses by limiting hours worked to improve patient safety. The IOM report stated “limiting the number of hours worked per day and consecutive days of work by nursing staff, as is done in other safety-sensitive industries, is a fundamental safety precaution” (2004, p. 227). The recommendations of the IOM called for eliminating overtime, to improve patient safety. The IOM report noted “there is no evidence to suggest any amount of training, motivation, or professionalism is able to overcome the performance deficits associated with fatigue, sleep loss, and the sleepiness” (2004, p. 236). The IOM recommended limiting “nursing staff from providing patient care in any combination of scheduled shifts, mandatory overtime, or voluntary overtime in excess of 12 hours in any given 24 hour period and in excess of 60 hours per 7 day period” (2004, p. 237)

In light of the growing evidence of the relationship between overtime work demands, nurse fatigue, and patient safety, more than 19 states have introduced legislation addressing mandatory overtime for nurses. The American Nurses Association is supporting federal legislation to prohibit mandatory overtime for nurses. The Safe Nursing and Patient Care Act of 2005 (HR 791/S 351) limits the amount of hours nurses may work to no more than the scheduled shift (work period) of the nurse: no more than 12 hours in a 24 hour period and no more than 80 hours in a 14 day period.

## **V. RECOMMENDATIONS**

- A. Educate nurses at all levels of practice using the evidence-based research that delineates the risk of errors associated with increased work hours and fatigue.
- B. Encourage nursing leaders and individual nurses to be cognizant of their responsibility and accountability for quality patient care and safety, and maintain hours worked within the evidence-based recommendations.
- C. Continued vigilance and advocacy efforts by nurses to assure that statutes and regulations protect nurses who decline overtime assignments in the interest of patient safety.

- D. Support the development, implementation, and evaluation of Registered Nurse staffing plans and models that do not include mandatory overtime as a staffing method and seek proactive, creative and alternative methods to enhance staffing.
- E. Encourage healthcare organization and system compliance with evidence-based recommendations for number of hours worked and hours of release time.
- F. Continue efforts to expand the supply of nurses through enhancement of the nurses work environment and creative retention efforts.
- G. Support legislation promoting patient safety and workforce safety at the state and federal level.

## **VI. SUMMARY**

The use of overtime hours, particularly mandatory overtime, to provide adequate Registered Nurse staffing is pushing nurses beyond their capacity to work safely and to provide appropriate, quality care to patients. Extended work hours contribute to nurses' job dissatisfaction (Institute of Medicine, 2004; U.S. General Accounting Office, 2001). The absence of policies and guidelines related to safe work hour limits may contribute to health care errors, as well as work-related illnesses and injuries among nursing staff.

*The Center opposes the use of mandatory overtime and calls for utilization of the IOM recommendations to reduce errors and ensure patient and nurse safety. No employee of a health care facility should be required or forced to work overtime. Individual nurses are expected to exercise their critical judgment in determining their ability to provide safe patient care.*

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