

MANDATORY OVERTIME

POSITION

ANA opposes the use of mandatory overtime and supports the Safe Nursing and Patient Care Act which would limit the number of overtime hours a nurse may be required to work.

BACKGROUND

Nurses report a dramatic increase in the use of mandatory overtime as a staffing tool and fear potential consequences for the safety and quality of care provided to their patients. Today, overtime (mandatory and voluntary) is the most common method facilities use to cover staffing insufficiencies. Many nurses contend employers insist they work an extra shift (or more) or face dismissal for insubordination and being reported to the state board of nursing for patient abandonment. An ANA survey of nearly 5,000 nurses conducted in 2000 revealed that more than 67 percent are working unplanned overtime every month.

A ban on mandatory overtime would improve not only the quality of patient care but also nurses' working conditions. Providing a healthier work environment for nurses will increase nurse retention rate, decrease medical errors and patient mortality.¹ Nurses working more hours were found on average to be more fatigued, experienced more health complaints, and more musculoskeletal injuries. Therefore, nurse overtime is a vital issue in the United States.

Federal regulations place limits on the amount of time that can be worked in other industries in which the work directly affects public safety (e.g., aviation and transportation). Those regulations also set requirements for defined periods of time that workers must rest or be off duty before returning to work. Health care is exempt from such overtime regulations.

A 2003 report from the Institute of Medicine (IOM) (*Keeping Patients Safe: Transforming the Work Environment of Nurses*) noted that long work hours pose one of the most difficult threats to patient safety. The IOM noted that fatigue slows reaction time, decreases energy, diminishes attention and otherwise contributes to medical errors. The study concluded that elimination of mandatory overtime is essential to safe patient care and healthier nurses.

A 2004 report commissioned by the Agency for Health Care Research and Quality, and published in the July/August *Health Affairs* reconfirms the link between overtime and medical errors. This report, "The Working Hours of Hospital Staff Nurses and Patient Safety," found that the risk of making an error greatly increased when nurses worked shifts that were longer than 12 hours, when they worked significant overtime, or when they worked more than 40 hours per week. The study found that the likelihood of making an error was three times higher when nurses worked shifts lasting more than 12.5 hours. Disturbingly, in nearly 40 percent of the shifts studied, nurses worked at least 12.5 consecutive hours. More than 25 percent of the participants in the study reported working mandatory overtime at least once during a one-month period. Overall, nurses reported being unable to leave work at the end of their scheduled shift more than 80 percent of the time.

RATIONALE

ANA is concerned about the impact of mandatory overtime on the ability of our nation's acute care nurses to provide high-quality health care services. ANA understands that at times, due to unplanned emergencies, nurses may need to work beyond their regular work schedules. During such times, we urge all nurses to exercise their critical judgment in determining their ability to provide safe patient care. However, every day is not an emergency!

ANA believes that the elimination of mandatory overtime (the hours worked in excess of an agreed upon, predetermined, regularly scheduled full-time, part-time work schedule as determined by contract, established work scheduling practice, policies or procedures) for the nation's nurses is a critical step in efforts to improve the quality of health care, reduce medical errors, increase job satisfaction, and will provide a healthier work environment.

ⁱBae, S. (2010). Mandatory overtime regulations and nurse overtime. *Policy, Politics, & Nursing Practice*, 11(2), 99-107.