North Carolina Nurses Association Position Statement on Mandatory Overtime

This position statement does not imply endorsement of any piece of related legislation.

Background:

Employment opportunities for registered nurses (RNs) are expected to grow by 22% between the years of 2008-2018, according to the US Bureau of Labor Statistics. Growth is being driven by technological advances in healthcare, an emphasis on preventive care, and the number of older adults needing nursing care (which is expected to grow rapidly during this timeframe). Additionally, the intensity of services required by the US population is likely to increase.

Although the demand for nursing services by the US population will increase over the coming years, Health Resources and Services Administration estimates project that the US will have a shortage of 1 million nurses by 2020. With this need for nursing resources and an inadequate resource pool to choose from, health care organizations may resort to previously used staffing methods to address their shortage of care providers. One such method that has been used is mandatory overtime. A universal definition for mandatory overtime does not exist at this time; however, one definition is a mandated increase beyond the number of hours that were mutually agreed upon at the time of employment. Such practices can have a negative impact on patient care by increasing the chances for medical errors and driving nurses away from bedside nursing.

Mandatory overtime can negatively impact practicing nurses by increasing their job-related stress and mental and physical fatigue, leading to errors and near misses in the administration of medications and procedures required during the provision of patient care. Nurses who work under these conditions while fatigued may use unsafe patient care practices, which can lead to patient harm and put the nurse in jeopardy of losing his or her license.

Professional organizations, such as the American Nurses Association and the American Association of Critical Care Nurses, agree that mandatory overtime is not an acceptable means of staffing a hospital.

Position:

The North Carolina Nurses Association (NCNA) opposes the routine use of mandatory overtime for staffing in any health care environment.

NCNA affirms that nurses who refuse mandatory overtime are not abandoning patients. NCNA supports instituting mandatory overtime only in real emergency situations.

NCNA further supports creative staffing solutions to pro-actively address staffing issues. The Association encourages nurse managers and nursing staff to work together in their efforts to provide adequate staffing to meet patient care needs. Safe staffing ratios and budgets that support safe staffing should be developed utilizing nationally recognized best practices and benchmarks. Guidelines endorsed by NCNA for staff nurses to use when directed to work Mandatory Overtime are:
1. Assess the clinical situation and what you are being asked to do at work. Additionally, assess your own personal state, i.e., fatigue level, commitments outside of work, etc.

2. Accept only the assignments that you are safe and competent to perform. Give thoughtful consideration to the implications that your extended work hours may have on patient safety. Do not accept an assignment when you feel unsafe because of lack of sleep or fatigued due to prolonged work hours.

3. Based on existing evidence, exercise caution whenever an assignment is expected to exceed 12 hours in a 24 hour time period or 60 hours in a 7-day work week.

4. Notify your immediate supervisor, in a timely manner, of your situation and of your decision not to work the extra hours.

5. If you get a response from your immediate supervisor that you are expected to work the extra hours, contact the next level of management.

6. Document the facts so that you have a clear record of the events.

7. Be aware that you may face disciplinary action by your employer.

8. Participate with management in problem solving and developing alternative work schedules in a proactive manner.

References:


Developed: 09/12/03 Commission on Standards and Professional Practice; Adopted: 10/01/03 NCNA Board of Directors

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