

Studies Relating to Effects of Excessive Overtime by Nurses

1. **Institute of Medicine (IOM) Report (2004), *Keeping Patients Safe: Transforming the Work Environment of Nurses*. Editor: Page.**

Strong evidence links prolonged work hours (more than 12 hours in a 24-hour span, or more than 60 hours in 70 days), rotating shifts and insufficient breaks to: slowed reaction time, lapses of attention to detail, errors of omission, compromised problem solving, reduced motivation, and decreased energy for successful completion of required tasks (p. 12). Prolonged periods of wakefulness can produce effects that are similar to the effects produced by alcohol intoxication – working in excess of 16 hours can produce performance decrements equivalent to a blood alcohol concentration of .05 percent (pg. 6).

A separate survey by IOM in 2003 found that 27% of full-time hospital and nursing home nurses reported working more than 13 consecutive hours one or more time per week. The IOM recommends that states prohibit nurses from working more than 12 hours in a 24 hour period or more than 60 hours per week.

2. **Health Affairs: The Policy Journal of the Health Sphere, Vol. 23, No. 4, *The Working Hours of Hospital Staff Nurses and Patient Safety*, (2004). Authors: Rogers, Hwang, Scott, Aikens & Dinges.**

Found the likelihood of making an error was three times higher when nurses worked shifts lasting 12.5 hours or more, and that nurses, indeed, worked longer than scheduled on a daily basis, and generally worked more than 40 hours a week (pgs. 202-212).

3. **Michigan Nurses Association, *The Costs of Mandatory Overtime for Nurses*, (2004). Author: Public Policy Associates, Incorporated.**

It is widely recognized that overtime work among nurses and patient safety are related, and this association is routinely described as one in which increased overtime (voluntary or mandatory) is associated with reduced patient safety (pg. 2). Determined that a ban on mandatory overtime could save 351 lives annually and \$29 million in annual health care organization liability within Michigan (pgs 6-11).

4. **New England Journal of Medicine, Vol. 346, No. 22, *Nursing in the Crossfire*, (2002). Author: Steinbrook.**

Determined that nursing is a very stressful job with a very flat career path. Found RN's are discontented for many reasons including inadequate levels of staffing for both nurses and support staff and excessive workloads. Quotes a recent national survey of working nurses that 61% of

respondents said they had observed increases in overtime or double shifts during the past year, and 48% said the amount of overtime required had increased and more than 52% said it was either mandatory or “voluntary but feels like it is required” (pgs. 1757-1766).

5. **New England Journal of Medicine, Vol. 352, No. 2, (2005), *Extended Work Shifts and the Risk of Motor Vehicle Crashes Among Interns*. Authors: Barger, Cade, Ayas, Cronin, Rosner & Speizer.**

Research examining consecutive hours worked by medical interns and residents also found that after extended work shifts there was an increased risk for both patient errors while at work and motor vehicle crashes leaving work. Found that long, unpredictable hours suggest a link between poor working conditions and threats to patient safety (pgs. 125-134).

6. **American Journal of Nursing, Vol. 106, No. 4, (2006), *How Long and How Much Are Nurses Working?* Authors: Trinkoff, Geiger-Brown, Brady, Lipscomb & Muntaner.**

Recent research with 2,273 RNs documented that more than half of the hospital nurses in their study typically worked 12 hours or more per day and more than 50 hours per week. Further, nurses were likely to work many days consecutively, without sufficient rest between shifts and during scheduled time off (pgs. 60-71).

7. ***Wall of Silence – The Untold Story of the Medical Mistakes That Kill and Injure Millions of Americans*, LifeLine Press, (2003). Authors: Gibson and Singh.**

Notes October 2002 study by the Journal of the American Medical Association shows that the number of patients who die in the hospital increases when nurses are assigned to care for too many patients (pg. 100). Describes the growing trend of hospitals using forced overtime, noting that hospitals now “typically maintain enough nursing staff only to cover core functions, if even that much. When patient admissions spike, the core staff have to cope. Mandatory overtime has become a way of solving a much bigger problem than it was intended to solve, and it is driving away the very nurses that are needed” (pg. 107).