

## Nurses Offer Feedback on Proposed Nursing Work Hours Position Statement

The Board of Nurse Examiners voted to send proposed Position Statement 15.26, Nursing Work Hours, back to the Nursing Practice Advisory Committee (NPAC) for further discussion and revision during its April 19-20, 2007, meeting.

*The Board voted to send the proposed position statement on nursing work hours back to NPAC for further discussion and revision. There is no set time line on when this draft position statement must be brought back to the Board.*

In October 2006, the Board charged NPAC to develop a position statement to highlight the emerging research that correlates increased work hours with increased incidence of nursing errors. The Institute of Medicine (IOM) maintains that nursing work hours should be limited to 12.5 hours/day, 60 hours/week, and no more than 3 consecutive 12-hour shifts. The draft position statement (published in the January 2007 BNE Bulletin) proposed the same time frames, as research to date indicates patient safety diminishes when a nurse works beyond these limits. The Board delayed taking action on the



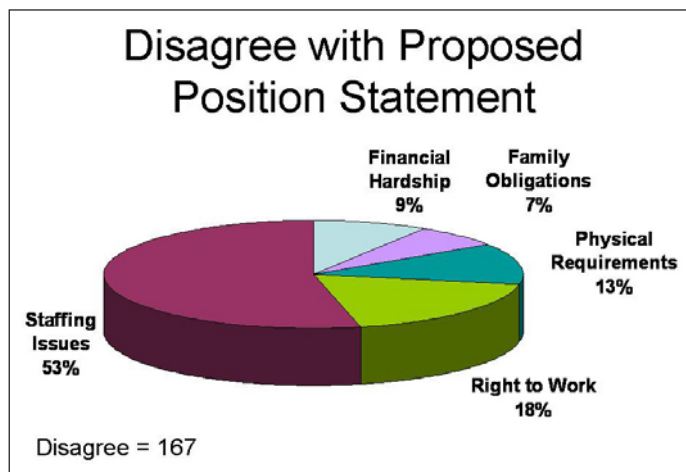
**The BNE Public Hearing on Nursing Work Hours was attended by more than 75 people**

proposed position statement in January so that consideration of feedback from nurses and the public could be considered.

The Board received 11,785 individual responses to the online survey (see **Figure 1 on following page**), approximately 200 additional written comments, and verbal input from nurses and nursing representatives at a public hearing held April 18, 2007 in Austin regarding nursing work hour limitations. Over 95% of the responses felt that regulatory limits on nursing work hours should not be imposed by the BNE, while 88% felt that employers should not limit work hours as outlined in the

proposed position statement.

The reasons why nurses disagreed with the recommended work hour limitations were divided into 5 categories: Staffing Issues, Right to Work, Physical Requirements, Family Obligations, and Financial Hardship (**fig. 2**). Comments on *staffing issues* related primarily to special staffing plans that



**Figure 2 - Reasons Respondents Disagreed with Proposed Position Statement**

have evolved to meet needs for nursing coverage while also appealing to nurses for the flexibility and financial incentives offered. For example, practice areas such as surgery, cath labs, and flight nursing may offer 24-hour work/on-call schedules where staff may have “down-time” or rest periods during a 24-hr period.

Nurses submitting *Right to Work* comments believed that no one has a right to place any kind of limit on the amount of hours a nurse works, even if the nurse works full-time 12-hour days at one job and full-time 12-hour nights at another job, with rotating and/or overlapping shifts on the same day. Comments that fell into the *Physical Requirements* category were mainly from night nurses. These nurses felt it was more disruptive to restful sleep patterns and biorhythms to have frequent breaks in their work week (e.g., 2 nights on and 1 night off, 3 nights on and 2 nights off, etc.). They felt they functioned better on and off the job, and had higher job satisfaction when they could self-schedule to work longer stretches, such as 5 days on and 5 days off. Comments noting *family obligations* such as work schedules that do not conflict with child care needs and *financial hardships* such as the need to work extra shifts to supplement income were also submitted.

The majority of nurses who spoke at the public hearing on April 18, 2007 felt that limiting nursing work hours would

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worsen the nursing shortage due to limiting income and decreasing flexibility in scheduling. These nurses also felt strongly that increased nursing salaries, better nurse-patient ratios, and better working conditions would alleviate the nursing shortage. These nursing issues are not unique to Texas.

Unfortunately the BNE does not regulate employment issues or facilities, thus these issues are all outside of the Board's jurisdiction. Even the agencies that do regulate different types of practice settings cannot establish rules that mandate nurse-patient ratios, or employment issues such as salaries, benefits,

and working conditions, unless they are directed to do so by the State Legislature. Staff would also like to emphasize that Board Position Statements and Guidelines are not state laws or agency rules. Position statements, guidelines, and other board documents are intended to offer guidance to nurses in how to determine their individual scopes of practice, and how to determine what "best practice" is for given situations. For more information on position statements, please refer to the front page article of the archived April 2005 issue of the *BNE Bulletin*; archived issues are located under "About the Board" on the Board's web site.

Figure 1 - Survey Data Results

### BNE Online Survey for Nursing Work Hours Response Results (N=11,785)

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| <p><b>1. Please indicate type of nursing license:</b><br/>           LVN - 18%<br/>           RN - 76%<br/>           RN w/APN Authorization - 6%</p>   | <p><b>6. How often do your work more than three (3) 12-hour shifts in a row?</b><br/>           Never - 17%<br/>           Rarely - 14%<br/>           Sometimes/Varies - 33%<br/>           Frequently/Routinely 36%</p>   |
| <p><b>2. Highest Education Credential Held:</b><br/>           Certificate - 20.0%<br/>           Associate - 30.5%<br/>           Bachelor - 40.5%<br/>           Master - 8.6%<br/>           PhD - 0.4%</p>  | <p><b>7. Do you feel nurse's work hours should be limited as outlined in the draft position statement?</b><br/>           No - 90%<br/>           Yes - 10%</p>   |
| <p><b>3. Please indicate your Practice Setting (check all that apply):</b><br/>           Administrator/Supervisor - 7.1%<br/>           School Nurse - 1.4%<br/>           Faculty/Educator - 1.0%<br/>           Correctional - 1.4%<br/>           Acute Care/Hospital - 37%<br/>           Staff Nurse - 44.1%<br/>           Community/Public Health - 0.5%<br/>           Military - 0.4%<br/>           Home Health - 1.5%<br/>           LTC/ALF - 1.3%<br/>           Clinic/Office Nurse - 1.3%<br/>           Other - 3.0%</p> | <p><b>8. Do you feel overtime and hours worked for nurses should be regulated by the BNE? In other words, should a nurse face sanctions on his/her license for potentially violating no other standards but working too many hours?</b><br/>           No - 95%<br/>           Yes - 5%</p>   |
| <p><b>4. How often do your work more than 12.5 consecutive hours?</b><br/>           Never - 14%<br/>           Rarely - 21%<br/>           Sometimes/Varies - 43%<br/>           Frequently/Routinely - 22%</p>  | <p><b>9. If your work hours and/or overtime meet any of the criteria questioned in #4-6 above, is this work time mandated by your employer, voluntary or both?</b><br/>           Voluntary - 81%<br/>           Mandatory - 2%<br/>           Both - 17%</p>                                 |
| <p><b>5. How often do your work more than 60 hours/week?</b><br/>           Never - 20%<br/>           Rarely - 33%<br/>           Sometimes/Varies - 34%<br/>           Frequently/Routinely - 13%</p>   | <p><b>10. Do you feel employers and facilities should have to limit the hours they allow or mandate nurses to work as outlined in the draft position statement?</b><br/>           No - 89%<br/>           Yes - 11%</p>  |
|   | <p><b>11. Who should monitor the hours a nurse works (between on or multiple employers)?</b><br/>           Nurse's Employer(s) - 14.4%<br/>           BNE - 0.8%<br/>           Nurse Him/Herself - 73.8%<br/>           All of the above - 6.8%<br/>           None of the above - 4.2%</p> |