

Proposed Position Statement 15.26 Nursing Work Hours

Summary of Request:

Review the NPAC draft of new Position Statement on Nursing Work Hours and make recommendations for Board action

Historical Perspective:

There is growing evidence that health care professionals who work extended hours may be more susceptible to making errors. Defining the number of hours a nurse may work sets a benchmark for what is generally considered a safe limit and provides notice to the profession and the healthcare industry.

NPAC discussed current research findings and drafted a Position Statement on Nursing Work Hours at a public meeting on Friday, November 3, 2006. Confirmation of committee recommendations was obtained via e-mail from committee members and stakeholders.

Additional background was provided with the October 2006 Board meeting agenda item 7.4.

Pros: By proposing Position Statement 15.26 before adoption, the Board will receive input from stakeholders including both nurses and employers regarding the impact of excessive work hours of nurses on patient safety.

Cons: None.

Recommendations:

Move to propose new Position Statement 15.26 *Nursing Work Hours* as presented, with allowance for non-substantive word editing for purposes of clarity as may be deemed necessary by Board counsel. Draft Position Statement 15.26 *Nursing Work Hours* as attachment 1.

- Publish proposed Position Statement 15.26 *Nursing Work Hours* in January 2007 BNE Bulletin and in the *Texas Register* for public comment; and
- Schedule a public hearing to receive additional comments on Position Statement 15.26 *Nursing Work Hours* prior to the April 2007 Board meeting.

Position Statement 15.26: Nursing Work Hours

Purpose:

The purpose of this position statement is to provide guidelines for both nurses and employers regarding the impact of excessive work hours of nurses on patient safety. Nursing research is beginning to reflect similar trends seen in other disciplines where judgment and ability to implement correct actions quickly can be the difference between life and death for patients under the nurse's care. The hours that nurses work in providing direct patient care is of particular concern to the Board, both in the consecutive hours worked and the number of shifts worked without days off.

Background

The effect that excessive work hours may have on safe performance was first studied in the professions of truck drivers, locomotive engineers and airline pilots.¹ A study by the National Transportation Safety Board found that 50% of airline captains involved in accidents had been awake for more than 12-hours. The connection between prolonged work hours and increased pilot judgment errors was obvious. These findings initiated sweeping changes in the number of consecutive hours worked and increased rest time between flights for pilots.²

The medical profession took similar actions in 2003 after resident simulation studies demonstrated a direct correlation between medical errors and sleep deficit. The effects of fatigue included slowed reaction times, decreased attention to details, omission errors, and problem-solving difficulties. Concerns about rising rates of errors and public safety resulted in implementing a comprehensive plan which includes:

- Requiring a minimum of one day off each week;
- Requiring 8 hours between shifts; and
- Limiting Emergency Room residents and attending physicians to 12 hour shifts.¹

Nursing Research on Work Factors

Nursing is no different than other professions where the person must be alert and attentive or risk potentially catastrophic errors. Several studies have shown that when nurses worked longer than 12.5 hours, their error rate was three times higher than nurses who worked 8 hour shifts.³ This research has served as the basis for the Institute of Medicine (IOM) recommendations that nursing work hours be limited to no more than:

- 12.5 hours in a 24-hour period;
- 60-hours in a 7-day period and
- 3 consecutive days of 12 hour shifts.^{1,3,4}

Nursing Practice Act and Board Rules Related to Work Hours

Each nurse is accountable for making prudent judgment(s) with regard to patient safety.

The standards of nursing practice [Rule 217.11] require all nurses to:

(1)(B) Implement measures to promote a safe environment for clients and others;
(1)(S) Make assignments to others that take into consideration client safety and that are commensurate with the educational preparation, experience, knowledge, and physical and emotional ability of the person to whom the assignments are made;

(1)(T) Accept only those nursing assignments that take into consideration client safety and that are commensurate with the nurse's educational preparation, experience, knowledge, and physical and emotional ability.

Board Recommendations: Implications for Nurses and Employers

Recognizing the complexity of the challenges of safe nursing practice, the Board strongly recommends the following factors be considered by nurses and their employers when developing policies and scheduling both work and on-call shifts.

- (1) Nurses and employers are recommended to work collaboratively to develop staffing methodologies that assure patient, client and staff safety. On-call and/or scheduled work hours should allow for sufficient (preferably ten hours or more) recuperation time. Scheduling, including self-scheduling, should adhere to policies that take into consideration hours worked in conjunction with on-call hours.⁵
- (2) A nurse, who is delivering direct patient care should work no longer than:
 - 12.5 hours in a 24 hour period;
 - 60 hours in 7 consecutive days; or
 - 3 consecutive days of 12.5 hour shifts.
- (3) The nurse accepting work duties and/or on-call duties is accountable for his/her own fitness to practice as outlined in the NPA and rules. The accountability for patient/client safety cannot be assumed by the nurse's employer(s).⁶

The nurse who is given an employer mandate to work hours beyond the above recommendations may question assignments and consider invoking Safe Harbor Peer Review so that more effective internal mechanisms to address staffing needs can be developed. See www.bne.state.tx.us/safe.pdf for request for Safe Harbor form.

- (4) A nurse reported to the Board for violations of the NPA or rules who is found to have worked excessive hours with one or multiple employers may face Board action for engaging in unprofessional conduct that disregarded the safety of and was likely to injure a patient or the public. Excessive work hours for the purpose of this Position Statement are defined as nursing work hours providing direct patient care with one or more employers that exceed Board recommendations.
- (5) The Board encourages employers to support the safety of both clients/patients and nursing staff by developing policies and procedures that promote adequate rest between shifts, and overall hours worked that comply with the Board's recommendations. Facilities should develop policies regarding disclosure of work hours between multiple simultaneous employers. The Board understands that emergency circumstances may arise and those will be considered on a case by case basis.

REFERENCES:

¹ Page A., (Ed.). (2004). *Keeping Patients Safe: Transforming the Work Environment of Nurses*. *Quality Chasm Series* The National Academies Press: Institute of Medicine.

² Strauss S., (2002). Pilot Fatigue: Fatigue and flight operations. *Aerospace Medicine* NASA/Johnson Space Center; http://aeromedical.org/Articles/Pilot_Fatigue.html.

³ Scott L.D., Rogers A.E., Hwang W-T., and Zhang Y. (2006, January). "Effects of critical care nurses' work hours on vigilance and patients' safety." *American Journal of Critical Care* 15(1), pp. 30-37.

⁴ Rogers A.E., Hwang W., Scott, L. Aiken L. and Dinges D., (2004). The Working Hours of Hospital Staff Nurses and Patient Safety. *Health Affairs* (23) 4, 202-212.

⁵ Trinkoff A., et all (April 2005). "How Long and How Much Are Nurses Now Working?" *American Journal of Nursing* (106)4: 60-72.
http://www.nursingcenter.com/library/journalissue.asp?Journal_ID=54030&Issue_ID=637484

⁶ AORN (2005) Standards, Recommended Practices, and Guidelines. *Guidance Statement: Safe On-Call Practices in Perioperative Practice Settings* Retrieved 11/9/06 from <http://www.aorn.org/about/positions/pdf/Final%20PS%20on%20Safe%20Call.pdf>

Other Resource References:

1) Lamond N. and Dawson, (1999). *Journal of Sleep Research*. Quantifying the Performance Impairment Associated with Fatigue. December, 8(4), 255-62.

2) Limiting Fatigue in Medical Residents: Improving awareness by increasing rest. *Joint Commission Perspectives on Patient Safety*, May 2005, Volume 5, Issue 5

3) Mann M.B., (1999) Testimony: National Aeronautics and Space Administration Hearing on Pilot Fatigue before the Aviation Sub Committee of the Committee on Transportation Infrastructure United State House of Representatives August 3, 1999.
<http://www.hq.nasa.gov/office/legaff/mann8-3.html>

4) People for Puget Sound (2001). Exxon Valdez: 12 Years Later What Have We Learned? http://www.pugetsound.org/pdf/publications/2001_valdez_12yrs_later.pdf

5) Anesthesia Patient Safety Foundation (Spring 2005). Fatigue & the Practice of Anesthesiology; http://www.apsf.org/resource_center/newsletter/2005/spring/

6) Anesthesia Patient Safety Foundation (Spring 2005). Managing Fatigue 24/7; http://www.apsf.org/resource_center/newsletter/2005/spring/