Not a Member? Consider Joining ONA and ANA Now!

In October, ONA addressed the cost concerns of non-members by implementing a NEW membership option. As of March 1, YOU can join ONA and ANA for $15/month!

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Both nationally and internationally, the year 2020 has been declared the Year of the Nurse.

During the current legislative session, ONA is working to advance the nursing profession and improve access to care for all Oklahomans; to do that we need your support. There’s no better time than now – the Year of the Nurse – to join the professional organization for nurses in Oklahoma. There’s strength in our numbers, and together we make an impact by tackling the issues nurses face every day.

Join today by visiting: https://ona.nursingnetwork.com/page/72061-membership-join-today

Strengthening Workplace Violence Prevention

Addressing workplace violence against nurses and other healthcare providers is a part of ONA’s 2020 Legislative Priorities. This year, Senator Darrell has Weaver has introduced SB1290, Medical Care Provider Protection Act. ONA along with other organizations are working together to pass this legislation.

Donna M. Fountain, RN, PhD

In 2018, the Joint Commission acknowledged the seriousness of physical and verbal violence against healthcare employees, particularly among nurses, and other health care workers as a Sentinel Event (TJC). Federal policy against workplace violence is vital. However, dependency on legislative action alone is not enough. A dynamic leadership presence across patient-care units is needed to enforce efforts to prevent violence. Typically, sources of violent behavior against nurses vary from patients and family, visitors, and other colleagues. The nursing profession desperately

Not a Member? continued on page 10

Strengthening Workplace Violence Prevention continued on page 14
The Oklahoma Nurse February, March, April 2020

ONSA Consultant – Dr. Dean Prentice, Colonel (Retired), USAF, NC, MSA, BSN, NE-BC

ONYA MISSION STATEMENT

The vision of the Oklahoma Nurses Association is to empower nurses to improve health care in all specialties and practice settings by working as a community of professional nurses.

ONA VISION

- Ethical Care
- Professional Development
- Safe Quality Care
- Practice Competence
- Diversity
- Integrity and Accountability

ONA CORE VALUES

- Diversity
- Integrity and Accountability
- Safe Quality Care
- Practice Competence
- Ethical Care
- Health Parity
- Professional Development
- Educational Advancement

ONA MISSION STATEMENT

The Mission of the Oklahoma Nurses Association is to empower nurses to improve care in all specialties and practice settings by working as a community of professional nurses.

VISION

Creating opportunities through advocacy, education and collaboration to become the leading voice for the nursing profession in the State of Oklahoma.

BRAND PROMISE

Engaging Nurses to make a difference!
CEO REPORT

Jane Nelson, CAE
CEO, Oklahoma Nurses Association

As I write this column, the Oklahoma Legislature is weeks away from beginning session. Legislators need to hear from nurses. Solutions to many of the issues facing Oklahoma, including health care, education, and many other matters will have an impact on nurses and nursing in our state.

ONA’s legislative priorities for 2020 are listed below. We are focused on improving Oklahomans’ health status and nursing practices. Some of our specific issues include workplace violence, eliminating barriers to practice for all nurses especially APRNs, as well as funding for higher education that includes increased funding for nursing education programs. Legislators need to hear from nurses on the importance of all these issues.

**Improve Oklahomans’ Health Status** - Advocate for legislation that promotes health: A healthy Oklahoman is a productive Oklahoman.

**Nursing Practice and Workforce** - Support competent nursing practice by encouraging all licensed nursing professionals to practice to the full extent of their role.

**Governance** - Preserve the Board of Nursing, a consolidated, non-appropriated board that provides oversight and efficient focused regulation of the nursing profession.

**Funding** - Ensure adequate funding for vital health care related services, including direct care, illness prevention and health outcomes.

We often say, “Let Your Voice Be Heard,” but what does that really mean? It means being aware of current legislation affecting the nursing profession and patients. It means serving as Nurse of the Day and speaking to your legislators one on one about issues that are important to you and nurses throughout Oklahoma. It means participating in Nurses Day at the Capitol on March 3 (more information is available on the ONA website, and it means sending emails or making phone calls to your legislators.

Serving as Nurse of the Day is a great way to be involved. It ensures that we have a Nurse every day at the Capitol during session to discuss nursing’s perspective on issues. As Nurse of the Day, your Senator and Representative will introduce you on the floor, you’ll be provided the privileges of the chamber, and you will receive a resolution regarding your participation. It is a great way to talk to legislators regarding issues that affect your practice, your license and your patients. Learn more on the ONA website, oklahomanurses.org, by clicking on Events, then Nurse of the Day.

As a benefit of your ONA Membership, we will work to keep you updated with talking points and legislative alerts so that we can come together with one voice on these very complicated issues. To have an impact, we need you speak up and make your voice heard!

**Serve as Nurse of the Day and support your profession!**

This February – May, ONA is offering the opportunity to speak up about important nursing issues to legislators during the 2020 legislative session.

Register online: tinyurl.com/ONA Nurse of the Day

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nursing.okstate.edu
PRESIDENT’S MESSAGE

Karen Taylor, DNP, APRN-CNP, PMHNP-BC
ONA President, 2018-2020

Winter Greetings,

As I write this, the end of 2019 approaches. The end of a year marks a time when, traditionally, we reflect on the past year and resolve to make changes in the new year. With those thoughts in mind and heart, we become thankful and appreciative for the past year, excited and encouraged for the opportunities of the future.

TheONA 2019 Annual Convention, themed 8Be the Change: Your Nursing Journey, set the direction for nurses in 2020 and beyond. Many of the convention sessions reminded nurses of the need to practice civility. Although I was recently disillusioned to read a Facebook post that promoted berating colleagues, I am hopeful that with continued education and empowerment my nursing colleagues will cease these negative behaviors. While it may have been presented as a joke, it represented a negative image of nursing. As nurses, each of us is an example of the whole profession. Promoting, or liking, this type of message as a joke, it represented a negative image of nursing.

Happy, Healthy New Year!
The more we reflect on our past selves, the more opportunities we have to change how we move into the future. We make ourselves vulnerable when we consider our own leadership and attempt to determine our deficiencies. We all know we have them and, by most accounts, they’re usually not identified in our annual appraisal. How seriously do we complete an aggressive self-assessment of our leadership, identify our strengths and weaknesses, and look for ways to better ourselves and our organizations?

Leadership requires technical knowledge, a vision for the future, the ability to relate to people, and the skills to translate your organizational vision into something your followers can understand and pursue. Along with all these responsibilities, leaders deal with the whispers inside their heads that they wish would go away – the ones about what they risk every day in the decisions they make. Good leaders are constantly looking for the next “trouble spot,” which keeps them from accomplishing their mission when others don’t.

The fear of what we don’t know is actually greater than the identified weaknesses we are aware of in our own lives. When we fail to take the opportunity to honestly critique our leadership, or when we don’t ask mentors or trusted colleagues to pinpoint areas we need to work on, then we fail as leaders. Likewise, we as leaders cannot always truthfully identify our strengths. Sadly, not making the most of our strengths means we walk into uncertain situations like soldiers without their weapons. We are not prepared to know what we can do to make an impact.

Truthfully, as leaders, many times we don’t have the support needed. We have all been there when our boss dumps a project and runs, and all we want to say is, “Don’t leave me alone!” Conversely, how do we as leaders often respond to a colleague needing help? Maybe we feel we don’t have time, have too many tasks to accomplish, or maybe we are going to let them learn as we did – usually with the tired but faithful “trial-by-fire” method. We do not need – and they do not need – to be left alone.

Moving into the unknown takes courage, it takes determination, and it takes being resilient. Assessing your strengths, knowing your weaknesses, and having a support team will make the journey not only possible, but also successful. You cannot plan for everything that is ahead of you for this year, but you should know what you have on your side. You need to believe you can make anything happen. Moving forward this year — moving into the unknown — should create an expectation of amazing destinations you cannot wait to experience.

RN2LEADER

Into the Unknown

By Dr. Dean L. Prentice, Colonel (Ret), USAF, NC, DHA, MA, BSN, NE-BC

Welcome to the Profession

Tina Stewart, BSN, RN
ONA Emerging Nurse Director

After all the trials, tribulations, long-hours of rigorous coursework you have completed, and that daunting NCLEX – Congratulations! You are now one of the most trusted professionals. You are now in the spotlight with families, patients, doctors, and your nursing team. I can auscultate your racing heartbeat without a stethoscope, or palpate your trembling anxiety, as I too was once where you are at the start of my career.

Coordination of care can be arduous at times, but it is one of the most essential tasks you will do throughout your nursing career. While you are training in this new profession, my advice to you is to write down all of your resources and keep good communication with your preceptor. Ask questions. Ask why. Find the rationale behind anything you do not understand, look it up, learn it. Read the policies and procedures of the facility where you are employed, and always follow your scope of practice.

As one of the core professional standards, coordinating care starts the moment you receive the handoff report. You are the advocate, and you must continue this with each patient under your watch. It is your job, as a nurse, to facilitate continuity of care to improve patient safety and patient outcomes. Be the voice for your patient.

Tina Stewart, BSN, RN is ONA’s newly elected Emerging Nurse Director. She represents those nurses that are new to practice with less than five years of experience on the ONA Board of Directors.
Management is a highly challenging role with aims to coordinate and integrate organizational resources to meet strategy, mission, and vision. A manager is accountable for communication, decisions, practices, and outcomes. Leadership may have positive or negative influences on employees, patients, and other organizational stakeholders.

A nurse manager often works in a hospital setting and oversees a unit. The unit, as a complex adaptive system (CAS) within the overall organizational system, must function effectively within organizational guidelines. A dysfunctional unit creates system stress, much like a broken spoke stresses a wheel.

A manager should stay tuned in to unit dynamics and behavior to be cognizant of emerging patterns and trends. Staff absenteeism, tardiness, and deficits in quality are patterns and trends that cannot be allowed to escalate out of control. A manager who does not take charge or address these concerns is not meeting role expectations.

Leadership
A nurse manager’s leadership approach can make or break a unit; subsequently, a nurse manager should implement an evidence-based leadership style that promotes employee growth and excellent performance. A large body of research evidence suggests that transformational leadership is a leadership style that builds teamwork and inspires and motivates employees to achieve overall excellence.

Healthcare organizations are morally, ethically, and financially accountable to stakeholders. According to Almutairi (2015), transformational leadership can help to develop an accountability-based organization through shared vision, common goals, and empowerment that bolsters and motivates learning, technological innovation, commitment, and performance. Furthermore, Manning (2016) suggested that transformational leaders demonstrate positive leadership behaviors and serve as exemplary role models to help establish high standards of conduct.

The transformational approach encourages genuine communication between nurse managers and frontline nurses, thereby increasing understanding of unit needs and role expectations. Subsequently, higher levels of trust and commitment are likely between the nurse manager and frontline nurses. Boamah, Spence, Laschinger, Wong, and Clarke (2018) suggested that the transformational leadership approach influences employees’ behaviors and attitudes by establishing a supportive work environment.

Absenteeism
Employee absenteeism takes a toll on an organization's goal to provide excellent service at controlled costs. Absenteeism significantly increases costs and has detrimental effects on continuity of care, quality, patient safety, and outcomes. As well, absenteeism diminishes nursing productivity and morale, results in heavier workloads for other staff, and increases work-related stress.

Furthermore, absenteeism impedes staff performance, increases employee resentment and disengagement, and may contribute to nursing shortages (Beydoun, Darmi, & Daouk-Oury, 2015).

Tardiness
Provision 4.2 of the Code of Ethics for Nurses with Interpretive Statements (2010) emphasizes that accountability represents being answerable to oneself and others for one’s actions. Competent professional nurses are accountable for the delivery of high quality, timely nursing care. Nurses who are tardy may impede the timeliness of nursing care and the overall quest for excellence (Nursing World, 2019).

Deficits in Quality
Ambiguity, turbulence, and unpredictability are prevalent in the modern healthcare environment, and the continuous internal and external pressures alter organizational structures and dynamics. Subsequently, quality and change initiatives can be challenging to accomplish and maintain. A primary goal is to achieve a balance in workforce agility, proactivity, adaptability, and resilience to improve patient outcomes and safety (Snyder & Brewer, 2019). Transformational nurse managers should stimulate the adoption of new quality improvement initiatives by coaching and sustaining front line nurses through change processes. The nurse manager should present analogies, scenarios, or examples of the various ways the improvements will be beneficial to all.
Continual surveillance is essential for catching slips or alterations in intended change initiatives. Communicating a shared organizational vision is key to establishing high standards of conduct (Boamah et al., 2018). The transformational leadership approach demonstrates an overarching organizational vision that fosters unity in management-employee attitudes and goals. Nurse managers should advocate for the expansion of employee access to training and professional development opportunities. Clinical career ladders may provide a clear pathway and build staff engagement (Koppel, Virkstis, Strumwasser, Katz, & Boston-Fleischhauer, 2016).

Case Study: Leadership, Absenteeism, Tardiness, and Deficits in Quality

Jack (a fictitious name) is an experienced, previously successful manager whose unit is presently showing some concerning signs. Jack’s unit is having high absenteeism and tardiness, along with deficits in quality improvement. A high number of staff nurses are calling in sick shortly before their scheduled shifts, while other staff nurses often arrive 10-15 minutes late. Quality improvement initiatives are not adopted as planned; front line nurses tend to implement changes for only short periods before reverting to previous care methods. Rather than accepting personal accountability, Jack blames the nursing staff and high-acuity patients for the current state of his unit. Meanwhile, Jack’s supervisor, the departmental director, perceives that the identified trends are symptomatic of ineffective leadership. Subsequently, Jack’s supervisor met with the human resources manager and issued Jack a performance improvement plan (PIP) with reasonable timelines for addressing the unacceptable state.

Ultimately, Jack accepts his managerial accountability and decides to exercise his responsibility by addressing his unit’s high absenteeism, tardiness, and deficits in quality improvement. Jack has a genuine desire to retain the nurses; therefore, he develops a plan to address his concerns and promote success. Part two of this series will feature the PIP received by Jack and the subsequent plan for addressing unit engagement.

References


Part 2: The Buck Stops Here – A Manager Accepts Responsibility for Unit Engagement

Nayeon Lee, BSN, RN; Suzanne Mayeux, BSN, RN; and Paula Maisano, PhD, RN, CNE; The University of Oklahoma Fran and Earl Ziegler College of Nursing; Oklahoma City, Oklahoma

This article is Part 2 of a case study concerning a previously successful nurse manager whose unit is spiraling out of control. As a nurse manager, Jack (a fictitious name) oversees a patient unit in a hospital in the United States. Jack, a long-time employee, managed his unit quite well in the past; however, the unit currently is showing troublesome patterns and trends. High levels of staff absenteeism, tardiness, and deficits in quality are becoming the norm and undermining the hospital’s mission and vision for a safe, high-quality, cost-controlled healthcare environment. Jack dismisses his responsibility for the current state of the unit and blames deficits on the current nursing staff and high-acuity patients (Lee, Mayeux, & Maisano, 2020).

Jack’s departmental director, in concert with the human resources department, issues Jack a performance improvement plan (PIP) in the hope that Jack will re-establish an engaged unit. As a nurse manager, Jack is aware that a PIP addresses job performance and the failure to meet role expectations. Jack also is aware that a PIP provides opportunities to improve job performance in specific areas of concern. On the other hand, Jack knows that there are consequential repercussions if there is a failure to improve. Following is Jack’s PIP:

Performance Improvement Plan

This Performance Improvement Plan is to inform the named employee that job performance fails to meet the minimum requirements of the position and to provide an opportunity to improve job performance in the specific areas described. If there is a failure to improve performance or meet required standards by the specified time, a performance rating of “Inadequate Performer” may result, or the named employee may be subject to reassignment, demotion, or removal.

Employee's Last name: Somebody
First: Jack

<table>
<thead>
<tr>
<th>Date Issued: 01/03/2020</th>
<th>Rating Period: 01/03/2020 – 12/31/2020</th>
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<tbody>
<tr>
<td>Primary Problem</td>
<td>Root Causes Action Rationale Goal Time Frame</td>
</tr>
<tr>
<td>Nursing Absenteeism</td>
<td>Workplace factors (85.5%) and lack of control of absenteeism (82.5%) are the primary leading reasons for absenteeism (Al-Sharif, Kassem, &amp; Shokry, 2017, p.63). Factors contributing to absenteeism include family issues, heavy workloads, poor work environments, deficient equipment, unorganized decision-making processes, lack of reward programs, and noncompliance to organizational policy and standards (Al-Sharif, Kassem, &amp; Shokry, 2017).</td>
</tr>
<tr>
<td>Nursing Tardiness</td>
<td>Nursing tardiness is a time-related infraction where an employee comes to work after the sanctioned start time for a shift (Shapira-Lishchinsky &amp; Benoliel, 2018; Lee, Mayeux, &amp; Maisano, 2020). Provision 4.2 of the Code of Ethics for Nurses with Interpretive Statements (2019) emphasizes that accountability represents being answerable to oneself and others for one’s actions. Competent professional nurses are accountable for the delivery of high quality, timely nursing care; nurses who are tardy impede the timeliness of nursing care and the overall quest for excellence (Nursing World, 2019; Lee, Mayeux, &amp; Maisano, 2020).</td>
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<tr>
<td>Deficits in implementation of quality improvement initiatives</td>
<td>Five leading risk factors foster low staff engagement: Unrealistic and inconsistent expectations for employees; unfair group treatment and varying amounts of favor toward groups; micromanagement; lack of purpose or motivation to move forward; and workforce burnout (Tumer, 2019).</td>
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Jack Takes Responsibility for Staff Engagement

Jack appreciates the PIP’s discussion of the root causes of nursing absenteeism, tardiness, and deficits in quality, as well as the plan’s suggested actions, rationales, and goals. Jack reflects on his leadership approach, and realizes that he needs to improve. As a result, Jack sets goals to implement transformational leadership, engage the nursing staff, and reverse the dysfunctional trends in his unit. Following is Jack’s supplemental plan to achieve his goals:

First:

#1) Internalize issues, exemplify the organization’s values and standards, and be the most influential representative of the group (Tjer, 2015).

#2) Ensure staff nurses attend competency skill fairs twice a year.

#3) Include front-line nurses in the decision-making process regarding disciplinary procedures of attendance issues.

#4) Review current hospital policies and procedures related to attendance and absenteeism.

#5) Recognize employees’ collective actions, reward their efforts, and continually foster the accomplishment of common goals.

#6) Leaders and frontline nurses can question existing policies and protocols and reach an agreement by devising creative, desirable solutions to issues.

#7) Reviewing policies and procedures will alleviate misunderstandings or misconceptions and help to establish accountability.

#8) This may form secure attachments and command loyalty, subsequently leading to increased job commitment and the development of a friendly work environment (Al-Sharif, Kassem, & Shokry, 2017).

#9) Include front-line nurses in the decision-making process regarding disciplinary procedures of attendance issues.

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Management Concerns, Desired Outcomes, Actions, and Rationales

<table>
<thead>
<tr>
<th>WHAT</th>
<th>HOW</th>
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<tbody>
<tr>
<td>Management Concerns</td>
<td>Desired Outcome</td>
</tr>
<tr>
<td>Leadership Approach</td>
<td>The transformational leadership approach will improve human relations and gain staff buy-in.</td>
</tr>
<tr>
<td>Staff attendance and tardiness</td>
<td>Staff will meet time and attendance protocols.</td>
</tr>
<tr>
<td>Quality improvement</td>
<td>Quality improvement initiatives that improve patient safety, nurse efficiency, and unit costs will be set forth and monitored.</td>
</tr>
<tr>
<td>Just, blame-free, safe culture</td>
<td>There will be a just, blame-free, safe culture.</td>
</tr>
<tr>
<td>Change innovation</td>
<td>The application of Lewin, Bridges and Kotter’s change theories will promote successful change.</td>
</tr>
<tr>
<td>Frameworks and strategies</td>
<td>The application of evidence-based frameworks, strategies, and decision-making tools will promote patient safety, quality, healthcare performance, and management initiatives.</td>
</tr>
<tr>
<td>Decision making</td>
<td>Evidence-based decision-making approaches, activities, and tools will lead to appropriate decision making and group cohesion.</td>
</tr>
<tr>
<td>Clinical judgment and reflection</td>
<td>Improved managerial clinical judgment and reflection will build self-confidence, contribute to professional growth, and promote accountability.</td>
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Sequoyah & Howard Gratz
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CAMP NURSE NEEDED!
Part 2: The Buck Stops Here...continued from page 9

By accepting his responsibility and accountability for his leadership role, changing his leadership style, and taking deliberate action to engage his staff, Jack reversed his unit's damaging trends and met his role expectations within six months. Jack became a role model for other unit managers. A lesson to be learned is that successful nurse management does not evolve naturally. Deliberate, strategic action is essential to engaging staff and addressing trends such as staff absenteeism, tardiness, and deficits in quality. A nurse manager who is tuned in to unit dynamics and behavior, alert to emerging patterns and trends, and continually in pursuit of staff engagement through transformational leadership likely will achieve overall success.

References


The American Nurses Association (ANA) has released an update to its “Principles for Nurse Staffing” (the Principles), a guide to help nurses and other decision-makers identify and develop processes and policies to improve nurse staffing for the best interest of patients and nurses. Drawing on decades of research and best practices, the updated Principles address the complexities of nursing practice in today’s health care system and the demands placed on nurses who care for patients across all care settings. ANA believes that providing appropriate nursing resources must account for human factors including a nurse’s years of experience, knowledge, education, skill set and patient mix, acuity and intensity. This flexible approach to nurse staffing is associated with improved patient outcomes, including reduced mortality rates, shorter stays, lower readmission rates and reduced incidence of hospital-acquired conditions. Direct-care nurses, working with nurse managers and financial managers, are the best judge of what patients need day to day and even hour by hour.

“No two health care settings are the same, and no single health care setting is exactly the same from one hour to the next. Our approach to nurse staffing accounts for the many factors that impact how nurses attend to patients in their care,” said ANA President Ernest J. Grant, PhD, RN, FAAN. “It is essential that nurses have a substantive and active role in staffing decisions, as they know best how to ensure they have the necessary time, resources and team members to meet patients’ care needs and their overall nursing responsibilities. When that happens, the outcomes are more favorable for everyone.”

ANA’s “Principles for Nurse Staffing” emphasizes:

- Nurses at all levels must have a role in nurse staffing decisions
- All health care settings have well-developed staffing guidelines with measurable outcomes
- Nurse staffing needs are based on multiple factors, including patient status and nurse competencies
- Nurse staffing is more than numbers, and one size does not fit all
- Flexibility and teamwork are essential to effectively meet the ever-changing needs of patients

ANA updated the Principles in response to years of research demonstrating that appropriate nurse staffing leads to better patient outcomes and fewer adverse events. An infographic highlighting the Principles for Nurse Staffing is included in this issue. Studies also link appropriate nurse staffing to cost savings achieved through reduced complications and readmissions. In today’s health care environment, where administrators often respond to financial stressors by cutting personnel to reduce expenses, these improvements can save billions of dollars each year without staff reductions. Additionally, proper nurse staffing reduces nurse turnover. Currently, each percentage point of nurse turnover costs the average hospital $300,000 per year.

“Our goal is to shift the paradigm about nurse staffing so that nurses’ contributions to positive patient outcomes are understood, valued and viewed as a priority investment rather than a discretionary expense,” said Grant.

As the leading voice for the nation’s four million registered nurses, ANA is a strong advocate for appropriate nurse staffing in all health care settings. ANA plans to educate nurses about the updated principles and how to apply them in their work environment through a webinar being released on October 2nd and other tools.

In addition to widely sharing the updated Principles and shifting the paradigm, ANA is working with federal officials to compel the Centers for Medicare & Medicaid Services to provide Congress with information about how the agency assesses “adequate” nurse staffing levels as part of its 2020 budget request.

**Updated Principles for Nurse Staffing Released by American Nurses Association**

ANA’s “Principles for Nurse Staffing” emphasizes nurses’ critical role in providing patients and communities quality, safe, cost-effective care.

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12-hour Shifts: Summary of Data-based Literature

Dr. Betty Kupperschmidt, BSN, NEA-BC (Retired)

A review of data-based literature revealed sobering real and potential negative consequences as a result of 12-hour shifts: These consequences are especially troubling for RNs working four or more 12-hour shifts per week.

Brief History

Twelve-hour shifts were devised by Baylor University Medical Center to attract registered nurses (RN) to hospital nursing and to address turnover. In the Baylor Plan, staff RNs worked three 12-hour shifts and were paid for and accrued benefits for a 40-hour work week. The Institute of Medicine (IOM) (1999) asserted that nurses’ long work hours are one of the most serious threats to patient safety whereas the Joint Commission (TJC) warned that the evidence strongly suggests that shifts greater than eight hours significantly increases RN fatigue and impair performance (2007). As early as 1935, a compelling article from the American Journal of Nursing (AJN) archives noted that nurses’ jobs make great physical and emotional demands upon them; therefore, nurses “should have a shorter workday.”

Purpose of This Article

This article summarizes and pulls together pertinent studies that specifically address the negative impact of 12-hour shifts upon staff RNs’ health and well being. For example, data pulled from the Nurses Work life and Health Study (2273 RNs) concluded nurses were working too long, some RNs reported working more than one shift. This study included reports of nurses working successive 12-hour shifts noted as biological rhythms. Researchers began to study consequences of 12-hour shifts and accompanying sleep. We will briefly review some of the more recent studies that stated nurses are working too long, working more than 50 hours per week, and getting inadequate sleep and rest between consecutive shifts.

Caruso & Hitchcock (2010) expressed concern for RNs’ cognitive decline, especially when working 7 P.M. to 7 A.M. These nurses sleep at irregular times and out of sync with their normal circadian rhythm. Cognitive decline includes the frightening phenomenon called microsleeps (short episodes of sleep lasting a few seconds during which the brain is not processing information). Errors of omission and commission; impaired information processing and learning; short-term recall and working memory decline; decreased awareness of one’s environment; and decreased communication skill comprise cognitive decline. Sleep deprived RNs cannot control and may even be unaware of the occurrence of microsleeps; therefore, microsleeps are very dangerous when occurring at critical times. Evidence does not support that the effects of sleep deprivation can be overcome through motivation, professionalism, training or experience. Fatigue-related changes include decreased nursing vigilance (surveillance), increased needle-stick injuries, and an increase in neck, shoulder and back musculoskeletal disorders. Other health consequences include hypertension, diabetes, and impaired glucose tolerance.

Geiger-Brown & Trinkoff (2010) noted research demonstrated that staff required “much more than a few full nights of sleep for study participants to return to full neurobehavioral functioning” (2010, p. 10). These researchers queried why, given the data-based problems reported in the studies, the alarm had not sounded among nurse administrators to pull the plug on 12-hour shifts.

Evidence Accumulates

Linda Aikens’ cross-sectional survey of 31,627 nurses in 12 European countries noted 12-hour shifts nurses reported four times more care not completed, and poorer concern for patient safety. Chen, et.al. (2014) surveyed 130 staff RNs working 7 A.M. to 7 P.M. These nurses experienced high levels of acute fatigue (too tired after previous work schedule to engage in normal non-work activities), moderate levels of chronic fatigue, and poor inter-shift recovery. Although survey data from 22,275 RNs in four states showed that respondents were satisfied with staffing schedules, as nurses worked shifts longer than 13 hours, burnout and patient dissatisfaction with care increased (Stimpfel, Sloan & Aiken, 2012). They recommended cultures that respected nurses’ time off, nurses’ right to refuse overtime, and educating RNs about the importance of taking breaks. Sleep-deprived RNs cannot control and may even be unaware of the occurrence of microsleeps; thus, relying on nurses to self-regulate their work hours should take a back seat to staff RNs' accountability to understand the stressed RN’s accountability to understand the stressors of their work environment and to assume personal responsibility to modify these factors. NANN stressed RN’s accountability to understand the role of rest and sleep and the significant impact that 12-hour shifts and accompanying sleep deficit have upon their personal health and welfare.

Johnson, Jung & colleagues’ (2014) study found that 56% of the 12-hour RNs studied reported feeling sleep deprived and making more patient care errors. Hanlon, Tasali & Leproult (2016) found that insufficient sleep associated with a 33% increase in the hormones that control hunger; thus, sleeping less than recommended hours is a risk factor for obesity. The rule of thumb is that adults age 26 and older need approximately seven to nine hours of sleep.

Considering the data-based documentation of the negative impact of 12-hour shifts upon staff RNs’ health, the question must be asked: Why has this staffing model remained the industry standard? What are the barriers to changing this staffing model?
Barriers to Changing the Staffing Model

The greatest barriers to changing this staffing model are staff RNs and nurse leaders: Staff RNs reportedly like, demand, and have become accustomed to the 12-hour staffing model. Staff RNs like the increased income potential and perceive they have more time off with this staffing model. Nurse leaders resist the major organizational culture change required to make the change. In addition, the 7 P.M. to 7 A.M. shift facilitates staffing the 3 P.M. to 11 P.M. shift, a shift reportedly most difficult to staff.

Addressing Negative Impacts

A multi-level organizational fatigue risk management system (FRMS) was proposed at a large academic medical center (Steege & Pinekstein, 2016). The FRMS includes evidence-based decision making at the organizational nurse leader level, unit nurse leaders’ monitoring adherence to breaks and adopting software scheduling systems. Staff RNs were expected to monitor sleep quality and quantity and to practice self care.

One fatigue management program differentiated fatigue (body’s response to sleep loss) and sleepiness (tendency to fall asleep). Younger nurses reported a higher incidence of acute fatigue and all staff reported less than ideal time. Duty-free breaks, limiting shift duration to 12.5 hours under normal circumstances, and inter-shift recovery. Nurse leaders must consider the change. In addition, the 7 P.M. to 7 A.M. shift required new staff RNs were expected to monitor sleep quality and practice self care.


Stimpfel, A., Slaone, D. Aiken, L. (2012). “The longer the shifts for hospital nurse, the higher the levels of staff nurses’ burnout and dissatisfaction.” Health Affairs 31(11): 2501-2509.


Kupperschmidt’s (also AKA Dr. K’s) swan song. Advances in Neonatal Care 15(5): 311–317.

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needs stronger policy guidelines to identify, prevent, and mediate all forms of violence at work. Studies have shown that violence against hospital nurses reduces their:  
• job satisfaction  
• self-esteem  
• health and well being  
• engagement levels  
• retention rates  
• ability to provide optimal levels of patient-centered care

The American Nurses Association (ANA, 2015) Position Statement on Incivility, Bullying and Workplace Violence has driven the change among nurses to increase their awareness of the problem of violence in health care settings and to devise effective strategies on a system-level (2015, 2018). Since health care organizations respectively create their unique set of policies against employee violence, also referred to as “Zero-tolerance” or “Anti-Workplace Violence” policies, this continues to pose a challenge for researchers. In a recent ANA Workplace Violence webinar (2019, June 6), presenters Fountain and Zankowski asked nurse participants to respond to the following two-part poll question “Does your organization have a workplace violence policy in place?” Reporting Yes were 68.5% of nurses who had a workplace violence policy at work; 9.9% reported No policy, and 21.8% indicated that they were Unsure. Moreover, for the participants who reported Yes to having a violence policy in place, when asked if they perceived it to be effective, 28.1% indicated Yes; while 42% indicated No; and 29.9% indicated that they were Unsure.

The ANA End Nurse Abuse Professional Panel (2015) recommends a system-level approach to prevent workplace violence using the three levels of prevention:  
1. Primary prevention through education and prompt identification of the occurrence of workplace violence, such as a Zero-tolerance employee education program.  
2. Secondary prevention by screening, ongoing surveillance, and treatment of employees of workplace violence incidents with swift interventions to mitigate the potential negative consequences; such as a reporting and a systematic improvement program.  
3. Tertiary prevention to provide rehabilitative services and employee assistance to minimize the long term post-violence employee limitations; such as Employee Assistance Programs and After-care.

More research is needed to cultivate and sustain effective strategies to improve healthy work environments for all healthcare providers, particularly for nurses. Health care managers and staff should align to ensure daily efforts are made to prevent workplace violence through the use of realistic policies and ongoing monitoring of violent incidences and prompt remediation.

References:  


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Three Essential Skills Every New Nurse Needs

Novices can build a strong foundation for a lifelong career by focusing on patient safety, clinical judgement, and time management.

By Adrianne Duvall, DNP, APRN, CNEcl, FNP-BC

Medical errors can have catastrophic consequences for both patients and nurses. In one recent instance, a nurse was arrested after making a medication error. The best protection against this sort of scenario is a combination of training and experience.

According to a recent report from Oklahoma Works, over 1,800 new registered nurses are licensed in the state every year. Although all RNs in Oklahoma enter the field with a college degree, research shows that novices make a large percentage of the errors caused by nurses. To avoid mistakes and build a strong foundation for your nursing career, here are three essential skills to prioritize during your first year on the job.

1) Constantly Monitoring Patient Safety

Patient safety is one of your primary responsibilities as a nurse. Safe medication administration is an imperative skill to master in your first year. You are the final check between the prescribing provider and the administration of a medication to the patient. If something feels “off”—maybe the dose seems too high based on doses you have given before or the medication doesn’t seem to fit your assessment of the patient—take a timeout and ensure the prescription is accurate. Mistakes happen even in computer-driven processes, whether a decimal point is missed, a duplicate therapy is accidently prescribed, or a medication is placed in the wrong slot of a medication dispenser. Before giving any medication, ask yourself, “Are all of the correct pieces in place for me to give this medicine right now?”

Learning to safely calculate medication dosages goes far beyond a textbook. Learning tools like UWorld’s Clinical Med Math allows students to practice and perform dosage calculations without the risk of patient harm if they make a mistake. With the NCBSN recently highlighting a need to improve math education in nursing, now is the time to take advantage of a hands-on resource that helps you study for drug calculation exams during school and also provides experience to prepare you for real-world nursing.

Another major safety concern is patient falls. Precautions here may include rounding on older patients more frequently or enabling a bed alarm. Precautions here may include rounding on older patients or a medication is placed in the wrong slot of a medication dispenser. Before giving any medication, ask yourself, “Are all of the correct pieces in place for me to give this medicine right now?”

2) Developing Clinical Judgment

The ability to recognize potential or current complications that could cause harm is a strong asset to cultivate. This skill involves understanding the pathophysiology behind different disease processes and identifying the signs of improvement or decline. From there, the priority is determining the most important action you can take in the moment to ensure the best outcome for your patient. A textbook cannot teach you how to anticipate patient needs or develop clinical reasoning. You develop clinical judgment by applying your classroom knowledge to the actual patients in front of you.

As you refine your ability to assess patients and interpret clinical data, you reach the point where you can look at a patient and know something is not right—the monitors might look fine, but your assessment and instincts say otherwise. This is an important part of clinical judgment, and it is your job to dig deeper and advocate for your patients. Of course, this critical thinking must occur while also keeping up with scheduled medications at the same time that you are admitting a new patient and discharging another. Developing clinical judgment to juggle these moving pieces takes time.

3) Structuring Your Day for Maximum Efficiency

Time management is another key skill to learn in your first year of nursing. You should be able to look at your whole shift and plan a timeline based on medication schedules, planned procedures, and provider rounds. If all four of your patients have medications due at the same time, how do you organize your time so everyone receives their medications within an appropriate window? Many nurses have their own system of handwritten notes that they keep in their pocket to help organize their day. Asking to see your preceptor’s note system is a great way to get ideas during your clinical rotations in school or during the internship at your new job.

Structuring your day in the most efficient way possible helps develop a “clustered care” mindset where you complete a few tasks together so you don’t leave a room, only to return 15 minutes later. These organizational choices help you accomplish tasks in a seamless, resourceful way. The skill of effectively planning an entire shift comes with time. Do not be afraid to ask questions and learn from other nurses. Pay attention to colleagues who seem particularly organized and solicit their advice—even the smallest tip or trick can make your nursing practice stronger!

Adrianne Duvall, DNP, APRN, CNEcl, FNP-BC is the director of nursing strategy & research at UWorld, an education technology company that provides online resources for nursing students for NCLEX prep and medication math skills. Dr. Duvall is also a clinical faculty member at a Texas university. You can reach her at aduvall@uwworld.com.

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