

Working overtime linked to less collaboration between nurses and doctors

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Working overtime may negatively influence nurses' collaboration with fellow nurses and physicians, finds a new study by researchers at NYU Rory Meyers College of Nursing.

The study, published in the *Journal of Nursing Administration*, showed that a third of nurses work beyond their scheduled shift, the average of which is nearly 12 hours.

"One in three nurses reported working longer than scheduled. This appears to be a chronic problem for nurses—one that extends an already long work day and appears to interfere with collaboration," said Chenjuan Ma, Ph.D., an assistant professor at NYU Meyers and the study's lead author.

Collaboration among healthcare professionals is critical for quality care and patient safety. Previous studies have shown that patients receive superior care and have better outcomes in hospitals where nurses collaborate well with other healthcare providers. In fact, a study published May 2 in the *International Journal of Nursing Studies* by Ma and her colleagues finds that both collaboration between nurses and physicians and collaboration among nurses are significantly associated with patient safety outcomes.

However, nurses frequently work long shifts, irregular hours, and unexpected overtime, putting them at risk for fatigue and sleep deprivation. Fatigue and sleep issues can lead to impaired emotional, social, and cognitive processing, which could, in turn, hurt nurses' ability to collaborate. This study sought to evaluate how shift length and working overtime impact nurses' perceptions of collaboration with other care providers, specifically with other nurses and physicians.

The researchers used 2013 survey data from the National Database of Nursing Quality Indicators, analyzing responses from 24,013 nurses in 957

units from 168 U.S. hospitals. Collaboration on a unit was measured using the [nurse-nurse](#) interaction scale (RN-RN Scale) and nurse-physician interaction scale (RN-MD Scale). Shift pattern was measured in three ways: average shift length, average overtime, and the proportion of nurses on a unit who worked overtime.

The average shift length was 11.88 hours across the five types of nursing units measured, suggesting that 12-hour shifts are the predominant shift schedule for hospital nurses. Critical care and step-down units had slightly but significantly longer average shift lengths—both 12.17 hours—compared to other units (medical, surgical, and medical-surgical).

On average, nurses worked 24 minutes longer than their scheduled shift. A third (33 percent) of the nurses on a unit reported working longer than initially scheduled and 35 percent of nurses said that the amount of overtime needed from nurses on their unit increased over the past year.

The researchers did not find a significant relationship between average shift length and collaboration, meaning that longer scheduled shifts did not necessarily lead to less collaboration. However, after controlling for shift length, unit, and hospital characteristics, they found that collaboration suffered in nursing units with longer overtime shifts and more nurses working overtime.

One hour of overtime was associated with a 0.17 decrease on the RN-RN scale and was marginally associated with a 0.13 decrease on the RN-MD Scale. In other words, a 0.17 decrease from the mean score on the RN-RN scale suggests that a unit's rank on the RN-RN score would drop from the 50th percentile to roughly the 30th percentile.

"Our research suggests that the more overtime hours nurses work, resulting in extended periods of wakefulness, the greater difficulty they have in

collaborating effectively," said Amy Witkoski Stimpfel, Ph.D., RN, assistant professor at NYU Meyers and the study's coauthor.

The researchers provided suggestions for nurses, nurse managers, and hospital administrators for sustaining good [collaboration](#) between healthcare professionals. Most importantly, they recommend using overtime as minimally as possible. However, given that longer shifts are the norm and completely eliminating overtime may not be possible, they also suggest offering fatigue management training and education, as well as training to help nurses and physicians communicate effectively and respectfully.

"Our findings support policies that limit the amount of overtime worked by nurses. In practice, nurse managers should monitor the amount of overtime being worked on their unit and minimize the use of overtime," Ma said.

Provided by New York University

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