

# Nursing Overtime: Is the Benefit Worth the Risk?

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## INTRODUCTION

the rapid increase of licensed nurses inconsequential in the struggle to keep up with demands (Cho E, 2016).

the key factors for the exodus from nursing is burnout due to poor working environments to include a lack of

equipment to do the necessary tasks. Nursing is physically and emotionally exhausting and due to the many shortages

amount of overtime without the underlying issues of

a “progressive psychological response to chronic work stress” called burnout. Burnout is characterized by emotional exhaustion, depersonalization (also called compassion fatigue), and a decline in the perceived ability to perform

nursing professionals will continue to rise (DSa V, 2018).

**EVIDENCE SUMMARY:** According to Bae, 60% of U.S. nurses work overtime which has been linked to an increase in errors, fatigue, injuries, and adverse patient outcomes. There is also a relationship between overtime and sick time used by nurses an increase of 3.3 hours used for every 10 hours of overtime worked) which creates a vicious cycle of needing to replace the sick nurse with another nurse who is likely now on overtime as well. Nurses who work overtime

regularly experience higher injury rates, decreased immune function, hypertension, insomnia, and even increased mortality rates. According to the study by Wu et al., each

hour of overtime worked raised the prevalence of nurse-reported injuries by 20-30% on average. One study also links increased burnout to the worker’s perception of working overtime. If the nurse feels the overtime is required due to a lack of resources and autonomy, the nurse is more likely to experience burnout. In several studies, the perception of the nurses surveyed indicated a severe dissatisfaction with the work environm

were scored lowest amongst surveyed nurses as the least satisfactory aspect of their work environment observed that over 65% of respondents rated the quality of care as poor.

increase in patient falls, pressure ulcers, rescue failures, unplanned estuations, and urinary tract infections. Medication errors are the most frequently reported consequence of nursing fatigue. Multiple studies have linked as little as 4 hours of overtime regardless of the length of shift with a higher incidence of wrong-dose medication errors (Rabenu E, 2017).

**EVIDENCE-BASED PRACTICE RECOMMENDATION:** While the needs of patients are at the forefront of the healthcare worker’s priorities, studies have found a strong correlation between working more than eight-hour days with being harmful and working more than a 12-hour limit to be exceedingly dangerous. It is therefore recommended

12-hour shift has been completed regardless of what work was not accomplished. The nurse must also have enough recovery time between shifts for sleep. “A greater occurrence of inadequate sleep was found for nurses working 9-11 hours per day versus 8 or fewer”. On a weekly basis, working over 80 hours per week is highly discouraged due to a higher prevalence of burnout according to Martine recommend working not more than 60 hours per week and suggest that the institution should take on accountability for hours nurses are working . The recommendation for any facility is to adopt a schedule with a maximum of 48 hours per week and no mandatory overtime.

**KEY STAKEHOLDERS:** Identifying key stakeholders is extremely important for implementing change. It allows the discussion of proposed changes and decreases

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