



March 7, 2018

The Honorable Steven Huffman  
Ohio House of Representatives  
77 S. High St., 12<sup>th</sup> Floor  
Columbus, OH 43215

RE: HB 456- Mandatory Work for Nurses

Good morning Chairman Huffman, Vice Chair Gavarone, Ranking Member Antonio, & Members of the House Health Committee. Thank you for allowing me to be here today to speak in support of House Bill 456.

My name is Brian Burger, and I am the President of Ohio Nurses Association and I am an Advanced Practice Registered Nurse who until recently has spent the last ten years at the bedside as a Registered Nurse. Today, I am testifying on behalf of all of our nurses across the state of Ohio who have experienced and seen the negative impact of mandatory work beyond their regular shift on patients, families and nurses. To effectively convey the seriousness of this issue, I have chosen to read a few of the many true stories from nurses mandated to work excessive hours with no choice-even if they know that they are not able to effectively perform due to exhaustion and fatigue.

My first story is from a nurse who is not only forced to work overtime, but he was also denied vacation. He represents many nurses in Ohio who are challenged with this same issue. They never have a chance to fully rest and regain their energy to work at full mental and physical capacity.

“Since I began nursing, I have been required to work 12-16 hours of overtime for the past 2 years. When I ask for time off, my request is denied because of “staffing issues.” When I try to NOT sign up for overtime, my supervisor will threaten me in emails or corner me in person saying that I will be reported to the manager, given poor performance reviews, or denied my request for time off. At the end of a fifty to sixty hour work week, I do not feel safe. I’m an accident waiting to happen. Whether that accident be a medication error, or crashing my car on the way home because I fell asleep. Leadership only cares about meeting minimum staff numbers and as long as the state allows this to continue, the nursing workforce will take the abuse.”

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The nurse who wrote the following comments is challenged with long hours as well. “The intense fatigue of getting five hours of sleep between a 12 to 16 hour shift is unlike anything I’ve experienced. I feel unsafe driving to work in those conditions, let alone providing life-saving care to critically ill patients. Often times, the family members and patients I provide care to express concern about why I left their side at 7:30 am, only to return at 3pm. I feel ashamed to tell them that I was required to come to work due to short staffing. They can see the fatigue in my face and often I don’t feel like they trust me to provide care. It is heartbreaking as a nurse to not give the kind of care I want to my patients. This is completely an unsafe practice that needs to end. I feel as if Ohio citizens would be mortified to know this practice continues.”

Imagine yourself or your loved one in the care of a sleep-deprived nurse who only wants to do his or her best, but despite how hard they try, they can’t escape the mental fog that comes with intense sleep deprivation.

The last two stories I will share with you also speak to the abuse of mandated work to fill gaps in the schedule. The nurses who wrote these comments have worked to severe exhaustion and they have been fortunate not to have paid the ultimate price with patients’ lives or their own.

“There were frequently times when I was required to work a double shift, then, return for my next scheduled shift. At that time, I had two very young children at home. It is unbelievably hard to work 16 hours, care for two toddlers, then be back to work in less than eight hours, and still be able to provide any kind of competent care for very ill patients. There were times that I literally fell asleep sitting on the toilet because I had worked so much. On one check, I had 124 hours in a two-week period. I got written up multiple times for medical errors, and several times I had been up for nearly 48 hours. I finally ended up having to leave a job that I enjoyed in nursing, for a job that I hated and paid a lot less.”

This next story almost ended up costing two nurses their lives.

“I was working the night shift, 7:00 pm to 7:30 am, and was mandated to stay over four hours. A friend and I ride together, so she worked an extra four hours also. We left work at 11:30 am and it takes us 40 minutes to go home. I had to get up at 4:50 pm to go back to work – another 12-hour shift on four hours of sleep. We left work at 7:30 am. My friend fell asleep. My eyes closed. Luckily, my friend woke up to see the car heading straight for



a sign and oncoming traffic. She woke me up by grabbing the steering wheel and jerking us back into our lane. Had she not woken me up, it could have ended very badly.”

Next, I’d like to share an example of mandatory overtime practices at a well-known hospital right here in the Columbus area told from a nurse colleague.

“At my facility, we are given a month-long schedule. This schedule always includes holes, or gaps, in the amount of nurses needed on a particular unit during a given shift. Some nurses volunteer to fill these gaps, but there are also many times where those obvious gaps remain within the schedule for weeks at a time.

So not only do managers knowingly create a schedule that includes short staffing, but those gaps remain apparent for weeks. And instead of staffing a unit appropriately from the beginning, or using contingent nurses to fill the gaps, nurses are consistently and increasingly mandated the day of to work an extended shift. This is just not safe.

As an example, my colleague Lisa is a hard-working nurse and single mom who works 7am to 7pm. Nine times during a one-month period, she was told that she was mandated to come in early during her shift the next day, beginning her day at 3am. Nine times, she prepared herself the best she could for an excruciatingly long day, and made arrangements for extended childcare. Thankfully during those nine times, she received a call at 1am canceling the mandated assignment.

But then there was the 10<sup>th</sup> time. Lisa was utterly exhausted and on top of that could not find the impromptu childcare that she needed. She is a single mom after all. Lisa refused the assignment due to safety concerns and personal reasons and was disciplined by her manager.

But let’s say Lisa didn’t refuse the shift and that she did work the mandatory overtime. What would her situation look like? Let’s walk through it together.

Lisa is working her regular 7am to 7pm shift. Around 5pm, she is told that she is mandated to report to work at 3am the next day – 4 hours before her next scheduled 7am to 7pm shift.

Lisa spent the last 2 hours of her current shift caring for her patients while also distracted, worrying how she would find someone to watch her children so last minute.



Lisa's shift ends at 7pm. After charting, report and patient hand-offs, she doesn't leave her floor until 8pm.

Lisa waits a half hour to catch the bus that will take her to the shuttle lot. She finally gets to her car at 8:45pm.

Lisa lives in Mechanicsburg – an hour away. Lisa drives home, and finally pulls into the driveway at 9:45pm.

Lisa checks in on her sleeping kids and quickly makes sure both the kids and her are ready-to-go for another long day apart from each other.

Lisa falls asleep at 10:45pm.

Lisa's alarm goes off at 12:45am. She gets ready, makes sure the babysitter is at the house, kisses her kids goodbye as they sleep, and hurries out the door by 1:15am. She drives the hour-long route half asleep, finally arriving at the medical center shuttle lot at 2:15am. She catches the bus on time to report to her mandated overtime shift at 3am. Lisa proceeds to work until 7pm that night.

Lisa would have had two hours of sleep, and then been responsible for the lives of upwards of 7 people for 16 continuous hours."

Would you want to be one of her patients? Is that the kind of care your constituents deserve?

At this same medical facility, the nurses at an entire hospital were sent an email threatening discipline if they refused overtime, forcing nurses to have to choose between their job and the quality care they know patients deserve.

Lastly, I'd like to share just a small portion of a colleague's story. She, like so many other Chief Nursing Officer's, left their jobs as a nurse executive because of their frustration with unsafe nurse staffing practices.

"A few years ago, I was employed as a Chief Nursing Officer (CNO) of a specialty hospital for an organization that owns several hospitals throughout the United States. I reported to a regional supervisor, who was also a nurse. During my tenure, we would have weekly financial conference calls, and during the call the CNOs' were often reminded of their responsibility to *tow the company line*, and if unable to do so, we were told in no uncertain terms that the organization could and would find someone else that to do it for them.

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Also note, that conversations regarding short staffing were always encrypted. We were too afraid to say “my nurses are too fatigued to continue to work these hours.” So, I say to you - when you meet with hospital executives, no one is going to say these staffing issues exist or these issues are wide spread, but they are. Nurse managers and CNO’s are not going to verbalize their concerns for many reasons - fear of job stability, or fear of liability. It is the elephant in the room. I am free to talk about it now because my job is no longer on the line. I no longer have the fear of retaliation.”

In closing, I would like to say, it doesn’t need to be this way. There are many hospitals that are responsibly scheduling by hiring the staff needed to fill gaps in the schedule with contingent nurses and other options. Also, there are almost 4,000 nurses in Ohio out of work who are actively seeing employment. There are enough new nurses graduating from Ohio colleges to meet the demand. As a matter of fact, there were nearly 14,000 newly licensed RNs during the Ohio Board of Nursing’s 2017 fiscal year. We are at a critical time in healthcare. Our patients look to us for help. We are there to keep them safe and nurse them back to health. We cannot accomplish this by working in unsafe conditions.

We are here today because we need your help. Help us make conditions safe for our patients, nurses and families. On behalf of the Ohio Nurses Association, thank you.

Sincerely,

A handwritten signature in black ink, appearing to read "BJB", with a long horizontal flourish extending to the right.

Brian J. Burger MSN, APRN, AGACNP-BC, CCRN  
President, Ohio Nurses Association