



Marcel La Haye

## Mandatory overtime: This has gone on too long!

The use of this administrative measure to maintain services despite the nursing shortage is forcing thousands of nurses to sacrifice their family lives and their health. It is clearly an unacceptable response, one that is causing growing dissatisfaction and in the long term will end up worsening the shortage.

The phenomenon of overtime work by nurses has grown exponentially and spread to all regions of Quebec. It has now reached three million hours. Between 1997-1998 and 2005-2006, the average annual increase in overtime hours across the province was 17.4%. In some regions, it was even worse: 24.5% in Lanaudière, 19.5% in Laval, 20.9% in Laurentides, 20.7% in Montérégie, and 28.1% in Nord-du-Québec. In 2000-2001, it rose by 28.9%; in Montréal-Centre, an increase of 33%, and in the Eastern Townships, 56%. The rate of increase has been less steep in the past two years, but the phenomenon persists. The proof is in the requests for help that I regularly receive – such as those that recently arrived from nurses at Hôpital Sainte-Justine, Hôpital Sainte-Croix in Drummondville and the CSSS Sud-Ouest-Verdun. In addition, the newspapers are full of criticism of the situation.

I can't help but be surprised by the general lack of response to such a critical issue. It is as if everyone has given up on trying to find a solution. In fact, to me it is a disease eating away at the profession and a time bomb that threatens the entire healthcare system. The Order is not a union, and in theory is not supposed to intervene in matters relating to working conditions. But given the seriousness of the situation, I feel that I must speak out. I believe it is also a matter of public interest. Not only has the overtime problem taken on tremendous proportions, but it has become a

mandatory practice in many cases. The profession may never recover from this abuse of power targeting a group of professionals, mainly women, who should not be obliged to pay for past administrative errors. The massive retirements in 1997 can no longer serve as an excuse for government inaction. That was almost ten years ago, after all!!

### Individual and collective ethics

I am appalled by the threats directed at nurses. They are threatened with being reported to the Syndic of the OIIQ if they refuse to work overtime. On March 10, 1999, in a personal letter to all members of the Order concerning overtime work, I wrote that nurses can no longer be asked to bear the brunt of this situation on grounds of their professional responsibility, when it is up to society and the government to solve it. Nurses, I said, cannot be released from their professional responsibility for providing the care required by their clients. But this obligation cannot be interpreted as requiring nurses to stay on if there is no one to replace them on overtime shifts and cannot be used as an excuse when coping with a predictable shortage of professional resources.

I believe that our profession's *Code of Ethics* must not be used to unduly threaten nurses. The Code specifies their duties and obligations toward patients, from the perspective of individual responsibility. Employers may not use it as a pretext for managing a foreseeable

lack of resources.<sup>1</sup> In other words, employers may not invoke the *Code of Ethics* to force nurses to work overtime hours planned in advance, sometimes even by several weeks. But what will happen to patients who cannot be operated on or hospitalized because of a shortage of nurses? This is a serious problem, but it is not the **individual nurse's responsibility**. It is a collective responsibility, one that properly falls to local administrations and government authorities. The more visible the consequences of the nursing shortage, the more urgent and necessary the search for alternative solutions will become, rather than an issue that can be avoided and shunted aside for the time being.

Despite their best intentions, nurses who agree to work overtime hours often live in fear of making mistakes because of their fatigue. Remember that the Code of Ethics requires them to refrain from practising when they are in a state liable to impair the quality of care and services or patients' safety.<sup>2</sup> A nurse's job calls for a great degree of concentration, in particular for assessing clients, clinical monitoring and administering drugs.

### Juggling work and family

Nurses who have children and do not know when they walk into the hospital how many hours they will have to work are faced with a serious ethical dilemma. Why should they care more for patients than for their own children? I myself have three children, who have now grown into young adults. I often wonder how I could have coped had I never been sure, during their elementary school years, how much time I would be able to spend with them, because of overtime imposed by the hospital. Later, when our children have grown, we would like to spend time with our grandchildren or with our parents, a sick sister ... or just enjoy life!

Nurses must not be asked to choose between their right and duty to care for their families and their professional obligations. Otherwise the logical choice is to change profession. In fact, this may explain the growing popularity of private recruitment agencies as a way of escaping these demanding schedules. Given the mandatory nature of overtime work, one might think that nurses do not have the same civil rights as other people. Yet there is certainly legislation somewhere banning forced labour in our Western societies.

Baby boomers are coming up to retirement, that much is obvious, and the entire approach to planning

and managing the nursing workforce must be reconsidered. We can no longer accept the status quo, and even less stand for more errors to be made. Errors such as the recent case of offering a lower hourly wage for the first eight levels of a clinical nurse position. This must be corrected as soon as possible. If we want to maintain nursing services at an acceptable level in the healthcare system, it is essential to avoid discouraging any group within the profession.

I will be asking the Minister of Health to focus as much as possible on the question of overtime, and especially mandatory overtime. No one can say for sure just how many overtime hours are forced on nurses, in what institution or clinical sector, whether it is younger or more experienced nurses who are the most affected, what impact they have on absenteeism, retention and retirement rates, etc. A study should be done by a reliable independent party. The mandate should include a plan for eliminating mandatory overtime. I sometimes wonder if the money spent on overtime wouldn't be better used to attract new people to the profession.

Some other immediate, concrete measures should also be put forward – for instance, setting a maximum number of overtime shifts per month and per week, and a maximum number of hours of work in a 36-hour period. Similarly, the right to refuse overtime work on personal and family grounds should be recognized. I feel that nurses have long since proven their commitment, and they should never be accused of abdicating their responsibilities because they refuse to work overtime.

Mandatory overtime has gone on too long. It is time nurses were given the respect they deserve. ●



Gyslaine Desrosiers  
President

1. 2. The OIIQ Syndic, "Making enlightened decisions about overtime."  
*The Journal*, Vol. 2, No. 1, Sept./Oct. 2004, p. 7.