Overtime fatigue threatens to jeopardize patient care, say RNABC members

Voting delegates at this year’s Annual Meeting have asked RNABC to collaborate with BCNU to try to put a stop to mandatory overtime.

Mandatory overtime not only threatens patient care, it also leads to more burnout of nurses, say RNABC members. And they want it to stop.

Voting delegates at the Association’s Annual Meeting in April voted overwhelmingly in support of a late resolution calling on RNABC to collaborate with BCNU to lobby government to enact legislation prohibiting mandatory overtime for nurses.

Currently, employers can invoke mandatory overtime in an emergency, but it is unclear as to what constitutes an emergency. Some employers argue that the nurse shortage constitutes an emergency and require nurses to work additional hours beyond their regular shifts when shifts are short-staffed.

But nurses say working too many overtime hours often leads to fatigue and they worry that they won’t be able to provide safe care and meet the RNABC Standards for Nursing Practice.

Jane Ellis, director of RNABC Practice Support, said registered nurses know they cannot leave clients with no one to care for them. However, it is unreasonable and potentially dangerous for employers to expect a nurse to work a second consecutive shift or additional hours if the nurse is fatigued. According to the Standards for Nursing Practice in British Columbia, registered nurses have an obligation to self-assess their competence and fitness to practice. Furthermore, they need to advise their manager of their assessment and the potential risk to patient safety.

“A manager cannot take away a registered nurse’s right to exercise his or her own judgment,” Ellis said. “Nor should a manager threaten registered nurses when they say no to a request to work longer than the established work schedule.”

More on this topic will be featured in an upcoming Nursing BC article. A copy of the article is now available on the RNABC Web site.

Voting delegates approved three other resolutions at this year’s Annual Meeting. One of these resolutions encourages nurses to keep the history of British Columbia nursing alive by acknowledging retired nurses in their communities and supporting the work of the RNABC History of Nursing Professional Practice Group in collecting written stories from retired nurses so they can be handed down to others.

Another resolution asked RNABC to facilitate the development of a rural practicum placement directory and increase students’ access to rural nursing practicums.

Voting delegates also approved a resolution calling on the Board of Directors to develop a statement advocating for a comprehensive and consistent approach to health in schools.

RNABC’s 1996 position statement on Comprehensive School Health was rescinded in 1999 because the Board felt the main policy concepts in the position statement were outlined in the Association’s 1999 policy statement The New Health Care.

In addition to debating resolutions, the more than 500 RNABC members who attended this year’s Annual Meeting discussed a number of topics of interest.

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Final recommendations require further study

Following six years of consultation and review, the much anticipated final report of the Health Professions Council (HPC) was finally released by Health Minister Corky Evans in late March.

A preliminary review indicates that some of the concerns nurses had with the HPC's preliminary report on registered nursing scope of practice appear to have been addressed, said RNABC President Lorraine Gillespie. However, she said, "a considerable amount of work still needs to be done to ensure that the final scope of practice and legislation governing registered nurses allows RNABC and nurses to continue to meet the health needs of British Columbians."

The 1,400-page report, entitled Safe Choices: A New Model for Regulating Health Professions in British Columbia, includes the HPC's findings and recommendations following the legislative and scope of practice reviews of a number of B.C.'s health professions, including registered nursing.

Governance of Nursing

RNABC has said that it can support repeal of the Nurses (Registered) Act and designation of registered nursing under umbrella legislation provided that all professions fall under such legislation. However, the Association has been adamant that changes would have to be made to the Health Professions Act before the Board of Directors could support designation under this act.

The HPC has heard RNABC's message and is recommending that registered nursing be designated under the Health Professions Act, but not until changes are made to the act.

The Board previously said it would support changing the name of RNABC to the College of Registered Nurses of B.C. as recommended by the HPC.

RN Scope of Practice

The report sets out a new way of regulating health professionals by eliminating exclusive scopes of practice — something nursing has never had. Instead, a system of shared scopes of practice and reserved acts is recommended.

Scope of practice statements describe in general terms what a profession does and how it does it. On the other hand, reserved acts, defined as those "tasks and services involving a significant risk of harm," may only be carried out by professions to whom they are, on a non-exclusive basis, assigned, and so long as those performing them are acting within the scope of practice of their profession.

The scope of practice statement for registered nursing recommended in the final report is similar to the HPC's preliminary recommendation. However, the HPC heard the concerns of nurses at the public hearing last June and in their submissions and is recommending that "palliation" of illness and injury be added to the scope of practice statement for registered nursing.

RNABC had recommended that "diagnosis" be included in the scope statement for registered nursing, similar to certain other professions. In its final report, the HPC is recommending that "diagnosis" be eliminated from the scope statements of all professions and be dealt with under reserved acts. It recommends that registered nursing be granted nursing diagnosis.

The HPC recommends that registered nursing be given more independent authority to initiate reserved acts than it
recommended in the preliminary report. However these recommendations would create a complicated system of specific authorities under each reserved act.

Reserved acts that were originally recommended to be granted in full to registered nursing now have restrictions. For example, a recommendation in the HPC's preliminary report would have allowed registered nurses to catheterize for acute urinary retention without an order. Now it is not clear if they can.

Under the final recommendations, registered nurses would only be able to do some reserved acts if they are assessing the client or if it is an activity of daily living. Registered nurses would still need an order for treatment to carry out a procedure to ameliorate or resolve a disease, disorder or condition. Lack of clarity around these restrictions would leave registered nurses in the same ambiguous situation as currently exists regarding their authority to act.

The HPC final recommendations continue to suggest that much of nursing practice be guided by orders. For example, a series of reserved acts could only be performed by registered nurses "if the act is ordered by a health professional who is authorized by legislation to perform the act."

The HPC recommends that there be either a direct order (patient-specific) or an indirect order (non-patient-specific) for such activities as taking blood by a finger poke or removing a foreign body in the surface of the cornea. RNABC and many registered nurses have stated that they do not support indirect orders. One concern expressed by registered nurses to RNABC is the difficulty in getting physicians to sign indirect orders. Another is the difficulty in outlining the complex decisions registered nurses make in an indirect order.

The HPC acknowledges that registered nurses carry out activities such as managing labour and delivering babies, and RN First Call. It recommends that legislative or regulatory mechanisms be established to enable RNABC to develop a formal regulatory system similar to the regulatory framework approved by the RNABC Board in 2000.

Consultation with members and a full analysis still need to be done before RNABC can come to conclusions on the HPC's final report. Nurses who have signed on to assist RNABC in lobbying related to the HPC recommendations will be kept apprised of the Association's position through Neusline. This information will also be reported in Nursing BC and on the RNABC Web site. The entire HPC report can be accessed through RNABC's Web site www.rnabc.bc.ca

Students outside B.C. eligible for RNABC membership

In response to a resolution from the South Peace Chapter, the RNABC Board agreed to amend the Rules under the Nurses (Registered) Act with respect to student membership to enable nursing students in approved or recognized nursing education programs in Canada to become student members of RNABC. As student members, nursing students from other provinces can receive clinical experience in B.C. The Board also agreed to pursue amendments to the Act to make explicit provisions for out-of-province students.

In addition, the Board approved policies regarding nursing student employment and amended the Rules to allow nursing students to use the title "nurse" so they can be employed in a health care facility during or between semesters in their nursing education programs.

Election information for nurses

RNABC will be providing support to members in making healthcare an issue in the upcoming provincial election.

The Board of Directors agreed in March that RNABC will engage in political activity by being highly visible in identifying issues in the health care system as well as solutions to the issues. RNABC will encourage and support individual members to ask candidates about their positions on critical health issues and provide members with the Association's position on, rationale and solutions to critical issues. RNABC will encourage members to take positions with candidates that advocate for the health interests of the public and will support nurses who wish to organize all candidates meetings on health issues.

To support nurses, RNABC has developed several resources including: a booklet entitled 2001 Provincial Election Information for Nurses; information on holding an all candidates meeting; writing to newspapers and MLAs; and strategies for making the nurse shortage a top issue during the election. Copies of these resources were distributed at the Annual Meeting and are included with this issue of Neusline. Information is also available from RNABC's Web site www.rnabc.bc.ca

RNABC also plans to launch a radio advertising campaign during the election to make finding long term solutions to the nurse shortage a top priority of the next government.
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during the Issues and Open Forums, including: improved safety on buses, such as mandatory seat belts; the lack of support by nurses for the Registered Nurses Foundation of B.C., which provides nursing education bursaries to students; non-nurse managers overseeing nursing units; entry-level education requirements for nursing; and assistance for students in nursing education programs.

Nurses refrained from discussing the nurse shortage during the Issues and Open Forums, hoping instead to raise the issue directly with Health Minister Corky Evans who was scheduled to address members on the second day of the meeting. Unfortunately, RNABC received last minute regrets that Evans would not be able to attend. RNABC President Lorraine Gillespie nevertheless introduced the Health Minister and allowed members to ask questions of the Minister in absentia. The Minister's phone number and e-mail address were provided to members so they could contact him directly with their questions.

RNABC also forwarded these questions to the Health Minister.

In her annual meeting address, Gillespie told members she had not yet met with Health Minister Evans despite several attempts to arrange a meeting. In meetings with his predecessors in the Health Ministry, Gillespie said RNABC has focused on the frustrations of all registered nurses who are trying to deliver health care services in the midst of a severe nurse shortage. These frustrations are compounded by barriers, such as the lack of long term health human resource planning and the lack of nursing education seats in B.C. despite wait lists of applicants who want to get into nursing programs.

RNABC Executive Director Laurel Brunkie echoed Gillespie's sentiments and said it was time for nurses to take control of their situation and for others to listen to nurses. "Too long we have stood by and let others drive our agenda. Why? Because we're afraid of being seen as self-serving. The time to stop worrying about this is now."

The greatest challenge facing nurses right now, she said, "is to find a way out of the (nurse) shortage that preserves and protects the ability of registered nurses to work with patients to provide them the care they deserve. Short sighted solutions, put forward by government and others, are not the way out of this."

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Resolutions approved at the 2001 Annual Meeting

The following resolutions were approved by voting delegates at the 2001 RNABC Annual Meeting April 5-6. They will be referred to the Association's Board of Directors for consideration.

Comprehensive School Health

RESOLVED, That this assembly recommend to the Board of Directors that RNABC make a statement advocating for a comprehensive and consistent approach to health in school communities in B.C.

Retired Nurses

RESOLVED, That RNABC assist in identifying retired nurses to the members of RNABC so that districts, chapters and/or individual nurses may have the opportunity to acknowledge these retired nurses (this is especially appropriate during Nurses Week); and

RESOLVED, That RNABC lobby government, regional health boards and community health councils to support, facilitate and provide resources to enable increased rural practicums for student nurses, including funding for accommodation and for nursing program development of rural practice placements.

Mandatory Overtime

RESOLVED, That the RNABC Board of Directors collaborate with the BCNU council, following bargaining, to lobby the government to put "no mandatory overtime" legislation in place.

RESOLVED, That in conjunction with the History of Nursing Professional Practice Group, RNABC encourage the general membership to collect memories – stories of the lived experiences of those retired nurses – for the purpose of handing down these writings to others.

Rural Practicum

RESOLVED, That it be recommended that the Board of Directors facilitate the development of a rural directory accessible to nursing students and instructors when considering rural practicum placement; and