

# NENA<sup>SM</sup> TODAY

A PUBLICATION OF THE NEW ENGLAND NURSES ASSOCIATION



WINTER 2009

## The real cost of working off-the-clock

By Deb Rigiero, Associate Director, MNA Divisions of Organizing

As organizers we get the chance to talk to many non-unionized nurses about their working conditions. The issues they bring up frequently include:

- Unsafe staffing
- The lack of a real voice at work
- Inequity in pay and treatment
- Lack of respect
- No break/lunch or, if they do get to take a break or lunch, it is on the unit and often interrupted
- The lack of time to chart during their shift

For this article, I want to focus on the no break/lunch and charting issues. Please take a few minutes to answer the questions below and then refer to the chart that outlines the real cost of working off the clock.

1. Are you punching out or signing out and then completing your charting on your own time?
2. Have you been threatened with discipline for overtime use?
3. Are you denied overtime for charting?
4. During your lunch break (probably on

your unit) are you frequently interrupted or expected to be available?

If you answered yes to any of these questions you are not alone. Below is a chart for your consideration as to how much it actually costs to work off the clock. While looking at this, think of the MasterCard commercial.

The chart to the right is based on a wage of \$30 per hour.

Your life, your livelihood, your license: Priceless

Did any of the items in the chart strike a chord with you? Maybe you're a non-union nurse working without a protected voice, so there is the "fear factor" that keeps you quiet about such working conditions.

If that is the case, take a moment to think about the stress that is put on you and your family when you are often late or working from home. Think about the legalities of charting when you are not actually working. Think about the money you are willing to donate to your employer instead of having it

to pay your bills.

And think about protecting your license ... your livelihood.

ACTION	COST
Working "off-the-clock" one hour per week.	Weekly: \$45 Yearly: \$2,340
Savings of overtime costs to employer if 100 nurses work one hour "off-the-clock."	Weekly: \$4500 Yearly: \$234,000
Savings to employer because they do not need to hire more nurses to do the work.	Yearly: \$62,000 per nurse (does not include benefits)
Manager bonuses for keeping overtime costs under budget.	Varies (but have heard of managers getting up to \$10,000 bonuses)
Loss of nurse's credibility as witness for falsifying time records.	Immeasurable
Nursing license.	Priceless

## Survey says...

Thanks to everyone who participated in the NENA survey. The results are in.

Survey says:

- 52% said this was the first program they attended
- 52% work in a Hospital
- 7% work in Long Term Care
- 3% work in Rehabilitation
- 10% work in Home Care
- 21% work in Other-includes Physicians' Offices, Clinics, and Agencies
- 58% thought the programs were useful to their practices

Issues in the workplace:

- 55% staffing
- 37% salary
- 32% need a stronger voice in the

workplace

- 22% are concerned about retirement benefits
- 20% are concerned about healthcare benefits & workplace safety
- Also, respect, updating of skills, overtime, violence in the workplace and lack of ancillary help were issues identified in the survey

Topics for the next newsletter:

There were a lot of topics people wanted to read about in our newsletter. These included: coping with stress, pain management, patient ratio's and safety, increase in charting and paperwork, health & safety issues, and MRSA,

to name a few.

In response to the survey results, we are offering 2 CE programs in Connecticut and 2 CE programs in New Hampshire. These programs will include Conscious Sedation, Wound Care, and Managing Conflict. You can also visit the MNA website at [www.massnurses.org](http://www.massnurses.org) and participate in a few on-line CE programs. You will find interesting articles that may address many of the issues you identified in the surveys.

We look forward to seeing you in the Spring.

# N95 respirators and toxic gases or vapors

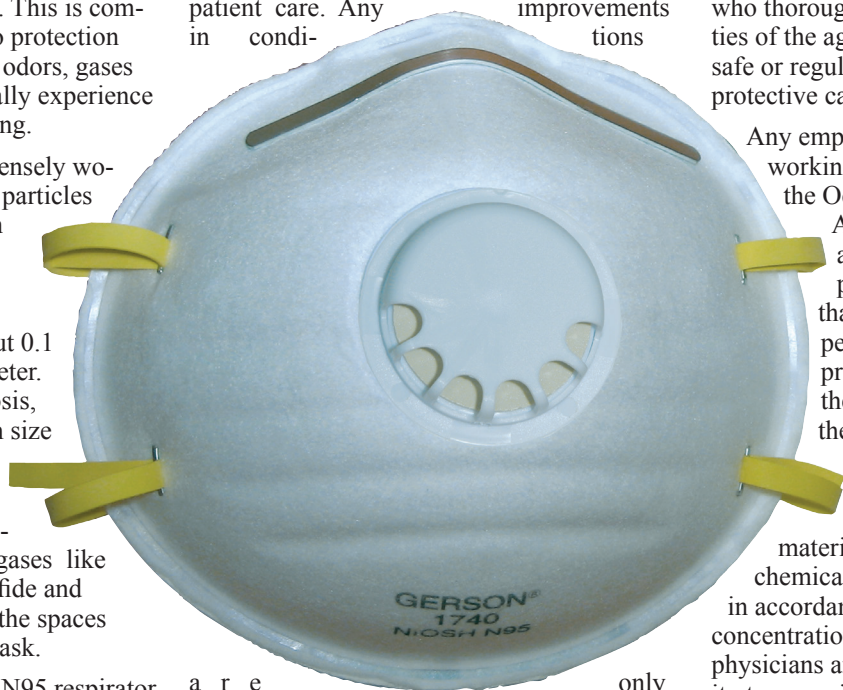
By Thomas P. Fuller, ScD, CIH

There is a common misunderstanding in health care that the N95 respirator can protect workers from gases and vapors. This is completely false. The N95 offers no protection from exposure to any chemical odors, gases or vapors that one would typically experience in a hospital or health care setting.

N95 respirators use a filter of densely woven fibers that can stop aerosol particles through impaction, interception and diffusion as the air being breathed in passes the mesh. They are 95 percent efficient in stopping particles down to about 0.1 micrometers (microns) in diameter. So they work well on tuberculosis, and other bacteria, that range in size from about 0.3 to 20 microns.

Gas molecules, however, range in size from only 0.0003 - 0.006 microns. As a result, gases like oxygen, chlorine, hydrogen sulfide and ammonia can all pass freely in the spaces between the fibers in an N95 mask.

to reduce the impact of a chemical gas exposure is comparable to the use of a placebo in patient care. Any improvements in conditions



agent is a complex process and should only be done by a qualified industrial hygienist who thoroughly understands the toxic properties of the agents, the workplace levels and safe or regulatory limits of exposure, and the protective capabilities of the respirator.

Any employer with hazardous airborne working conditions is required by the Occupational Safety and Health Administration (OSHA) to have a written respiratory protection program. The program requires that only knowledgeable and competent professionals implement the program, to include assessment of the specific hazards, selection of the respirator appropriate to protect the workers, medical clearance, fit-testing, and worker training. Just like only certain glove materials are protective for only certain chemicals, respirators must be selected in accordance with the airborne hazards and concentrations in the workplace. And just like physicians and nurses have the responsibility to prescribe and administer medicines safely and competently, industrial hygienists have the responsibility to assess workplace exposures and specify appropriate respiratory protection.

The recommendation to use an N95 respirator are

only perceived and are not real.

In order to remove gases from the air they must be either absorbed or adsorbed by a filter media. Absorption occurs when a gas or vapor penetrates a solid structure (like charcoal) and gets "trapped" in the constituent molecules, atoms and ions of the structure. Adsorption is a phenomenon where the gas or vapor interacts with the outer surface of a solid structure through either van der Waals attraction or a combination of chemical interactions.

For more information visit the Web site of the American Industrial Hygiene Association at [aiha.org](http://aiha.org) or contact Dr. Thomas P. Fuller by email at [tpfuller@aol.com](mailto:tpfuller@aol.com).



## CONTINUING EDUCATION ONLINE

[www.massnurses.org](http://www.massnurses.org)

Click on MNA ONLINE CE on the home page in the pink box.

### Programs Available:

- Workplace Violence**  
The goal of this program is to provide nurses and others with an understanding of the extent and severity of workplace violence in the health care setting, the effects this violence has on nurses and other victims and learn to identify hazardous conditions that can be corrected to prevent violence.
- Fragrance Free! Creating a Safe Health Care Environment**  
The goal of this program is to ensure a therapeutic environment in which the patient and the nurse can interact, as well as to create a healthy workplace in which employees can practice.
- Latex Allergy Program**  
The goal of this program is to provide nurses and other healthcare workers with information related to the frequency and severity of latex allergy and prevention strategies to protect themselves and their patients from allergic reactions.
- Fatigue and Sleeplessness**  
The purpose of the program is to enable nurses and health care providers to recognize the dangers associated with sleeplessness and fatigue on their own health and safety and on that of their patients, and to utilize skills to combat fatigue.

### Program Requirements

To successfully complete a program and receive contact hours, you must read the entire program, take and pass the Post-Test and complete the Program Evaluation. To pass the Post-Test, you must achieve a score of 80% or above. Your certificate of completion will be available immediately, from the "My Account Page", upon successful completion of the program.

### Accreditation

The Massachusetts Nurses Association is accredited as a provider of continuing nursing education by the American Nurses Credentialing Center's Commission on Accreditation.

\*All programs are free of charge to MNA members and others.



MASSACHUSETTS NURSES ASSOCIATION

MNA/NENA

NEW ENGLAND NURSES ASSOCIATION

## Get a Union

If you are ready to organize with a professional association or want more information, please contact Eileen Norton at 1-877-637-6276, email: [enorton@mnarn.org](mailto:enorton@mnarn.org) or visit our website at [www.nenurses.org](http://www.nenurses.org).

# Moving violations negative impacts of standing and walking in nurses' health

By Thomas P. Fuller, ScD, CIH, MSPH, MBA and Evelyn Bain, M.Ed., RN, COHN-S, FAAOHN

You might just think your feet or legs hurt after working that 12-hour shift, but it is a fact. Several studies have shown that walking and standing are associated with a wide variety of lower extremity disorders. Long periods of walking and standing are associated with plantar fasciitis, tendonitis, cumulative muscle fatigue, and varicose veins. Chronic venous disease including primary/idiopathic abnormalities of the venous system and secondary sequelae after deep venous thrombosis have also been associated with women who work in standing positions. In general, long periods of walking and standing without adequate rest periods is bad for your health.

In a study of over a million female workers in a variety of industrial sectors it was shown that hospital workers had substantially more injuries to the lower extremities. Disorders include significant discomfort and pain in the legs, knees, ankles and feet.

The primary reason for increased lower extremity musculoskeletal injuries is the extension of work-hours of healthcare workers over the past several years. Insufficient sleep or recovery time between extended exposures can increase risks of cardiovascular morbidity. The lack of sufficient physical and psychological recovery periods can exacerbate the health effects associated with prolonged work exposures and cognitive stress-related demands.

Changes in health care work organization and the physical layout of hospital facilities have both been shown to result in negative impacts on worker health. In the past two decades there has been a substantial shift in the hours that nurses work. Many nurses and hospital administrators see benefits in working longer days, more hours per week, and/or both. Whether it is more pay, fewer hours spent commuting, or reduced overhead costs, both workers and employers are accepting the work hour changes.

A 2006 study of 2,273 nurses showed that more than half of those sampled reported they typically worked 12 or more hours per day, some over 13 hours. A third reported working more than 40 hours per week, and/or six or more consecutive days, periodically. Many reported working extra shifts on scheduled days off and vacation days, working through scheduled breaks, working more than one job, and working rotating shifts that interfered with sleep schedules. Many nurses

reported working 50 to 60 hours per week and up to 15 hours per day with insufficient time for rest and recuperation between shifts. The demanding workloads, pressing time schedules, psychological stresses, and poor work organization then lead to increases in lower extremity disorders.



The selection of shoes and stockings is the next most important factor associated with lower extremity disorders. Comfortable and properly fitted footwear is essential in reducing fatigue and discomfort in lower extremities for workers who stand

affect footwear comfort. For example, a narrow toe box tends to increase the strain on the medial side of the forefoot, and thus, it is recommended that standing workers should wear shoes with a wide toe box. Heel height also has an effect on the foot pressure distribution and vertical impact force. Reports indicated that high heel height generates greater vertical impact force, whereas flat shoes tend to produce lower impact force. Heel height also affects the ankle movement, muscle activity, center of gravity, and ground reaction force (GRF) patterns. Shoes should be designed with arch support to reduce muscle fatigue in the calf and disperse arch pressure across the foot.

Shoes should have outsoles with 1.5 cm (about 3/8 inches) thickness in the metatarsal zone in order to produce lower metatarsal pressure, vertical impact force, and reduce low back discomfort. Shoes should have soft leather uppers to encase and protect the feet while allowing the foot to breathe and midsoles made from ethylene vinyl acetate (EVA) or polyurethane (PU) materials that increase whole body and foot comfort. Shoe outsoles should be designed with heel height between 1.8 and 3.6 cm to generate lower heel pressure and vertical impact force in the forefoot and to reduce ankle discomfort. Some key features to consider when purchasing shoe are listed in Table 1.

Prolonged upright postures tend to disrupt the circulation of the lower leg and reduce the effectiveness of venous-muscle pump mechanisms. It has been shown that wearing compression hosiery can enhance venous return, and alleviate edema. Compression hosiery also demonstrated a positive effect on reducing the subjective feelings of discomfort in the lower back, knee, calf, and in the metatarsal and heel regions.

Walking and standing for long periods of time puts excessive strain on the lower extremities. Over the past several years there has been a trend for nurses to work longer hours and this is leading to an increase in adverse health effects. Occupational health practitioners need to take a proactive approach with both management and nurses to convince them to seek alternatives in work practices, footwear selection and facility design.

**Table 1.**  
**Recommended shoe features for health and comfort**

- Cushioned soles
  - >1.5 cm at metatarsal zone
  - 1.8 – 3.6 cm at heel
- Arched footbeds to match the feet
- Wide toe boxes
- Leather uppers
- Adjustable to fit snugly but not too tight

for extended periods. The foot bed should have a cushion to protect the foot from hard surfaces and be arched to properly support the foot.

The functions of the shoe midsole and outsole are mainly to provide shock absorption, friction, and to reduce the foot impact force when walking. The shoe-sole material and thickness influence the shock absorption effectiveness. Wearing viscoelastic (gel like) material in soles can relieve leg and foot pain for extended-standing workers.

The dimensions of shoe shape, such as instep height, toe box depth, and forefoot breadth,

**Date: April 16, 2009**

Hartford Marriott Farmington,  
15 Farm Springs Road, Farmington, CT

**Conscious Sedation\* \*\***

6:30 p.m.-8:30 p.m.,  
Registration 6:00 p.m.-6:25 p.m.  
[Register by April 10, 2009](#)

**Description:** This program will enhance the nurse's professional practice and the quality of care while caring for patients requiring intravenous conscious sedation. Major areas of discussion will include: nursing implications of monitoring the patient receiving conscious sedation, pharmacological agents and interventions and post sedation monitoring and assessment in the acute care setting.

**Speaker:**  
Charlene Richardson, BSN, RN,  
CEN, LNC

**Contact Hrs.** will be provided.

**Date: April 20, 2009**

The Derryfield, 625 Mammoth Road,  
Manchester, NH

**Wound Care: Dressing for Success\* \*\***

5:15 p.m.-9:00 p.m.  
Registration 5:00pm-5:15pm  
[Register by April 13, 2009](#)

**Description:** A comprehensive overview of wound care and strategies for managing complex wounds. A review of products will showcase the optimal dressings based on clinical findings. Newer modalities of wound management, such as growth factors, hyperbaric oxygen, electrical stimulation, cultured skin replacements and vacuum-assisted closer devices will also be discussed.

**Speaker:** Carol Mallia, RN, MSN

**Contact Hrs.:** 3.5

**Date: April 23, 2009**

Courtyard by Marriott Shelton, 780  
Bridgeport Avenue, Shelton, CT  
06484

**Managing Conflict: The Verbal Solution\* \*\***

6:30 p.m.-8:30 p.m.,  
Registration 6:00pm-6:25pm  
[Register by April 17, 2009](#)

**Description:** This program is designed to provide the nurse with the basic skills for managing conflict in the workplace environment. Conflict resolution strategies, including situational analysis and effective listening and communication skills will be addressed. The program will conclude with an interactive discussion of case scenarios related to conflict management.

**Speaker:** JoeAnn Fergus, RN, MA

**Contact Hrs.:** 1.9

**Date: April 30, 2009**

Courtyard by Marriott Hanover/  
Lebanon, 10 Morgan Drive,  
Lebanon, NH 03766

**Conscious Sedation\* \*\***

6:30 p.m.-8:30 p.m.,  
Registration-6:00pm-6:25pm  
[Register by April 24, 2009](#)

**Description:** This program will enhance the nurse's professional practice and the quality of care while caring for patients requiring intravenous conscious sedation. Major areas of discussion will include: nursing implications of monitoring the patient receiving conscious sedation, pharmacological agents and interventions and post sedation monitoring and assessment in the acute care setting.

**Speaker:** Charlene Richardson,  
BSN, RN, CEN, LNC

**Contact Hrs.** will be provided.

**You must preregister for the above listed continuing education courses by calling NENA at 1-877-637-6276**

*\*Contact Hours will be provided.* Continuing Nursing Education Contact Hours are provided for all programs by the Massachusetts Nurses Association. To successfully complete a program and receive contact hours you must: 1) sign in, 2) be present for the entire time period of the session and 3) complete and submit the evaluation.

The Massachusetts Nurses Association is accredited as a provider of continuing nursing education by the American Nurses Credentialing Center's Commission on Accreditation.

Program Cancellation: MNA reserves the right to change speakers or cancel programs for extenuating circumstances.

*\*\* Beverages and Snacks will be provided*

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