PRESENTATION #2: REFUSAL OF WORK ASSIGNMENTS

There are two types of nurses in a hospital environment: those who will stand up for patient safety, and those who will not. Those least likely to stand up are the younger nurses, because they lack the experience and confidence; and the traveling nurses, because they are held less accountable for the consequences of their actions. Those most likely to stand up are the permanent, seasoned, and most competent nurses, and especially the union members.

At Washoe Medical Center, the unionization of nurses has made it more possible to stand up for patient safety; at least, you won't be immediately fired if you disagree with a work assignment. But even with a union, standing up for patient safety is a risky endeavor. Refusal of work assignments is quite rare at Washoe. More often, a nurse will object to an assignment, but then carry it out after ordered to do so by the supervisor. In this case, the union encourages the nurse to document the incident by filling out an Assignment Despite Objection form, known as an ADO. But even here, many nurses fear going on record in this manner; they fear management retaliation, and they have cause to be fearful. It takes courage

for a nurse to be a patient advocate. It helps when they have the support of other nurses on their unit. It will also help if nurses have the support of the legislature in speaking up for quality patient care in our hospitals, and I very much appreciate your giving us a hearing today.

The following true episode suggests some of the difficulties faced by nurses who work with a conscience. I'm going to speak with a certain discretion in this forum. However, I'd be happy to give the committee more particular information in a less public venue. While my example draws from Washoe Med, it could just as well have come from any hospital in the country. We are talking about industry-wide problems here.

Linda (not her real name) is a longtime Washoe RN who works in an acute care unit.

The acuity system in this unit rates patients as either low, medium, high, or X. A level X patient requires total care. They often have to be fed through a feeding tube. Their heart patterns are continually monitored. They're usually on a ventilator. They have to be bathed and turned. The patients in this unit are often in a confused state. They may be detoxing from alcohol or drug abuse. They'll thrash around, pulling out their IVs, trying to escape. A

pulled-out IV can take anywhere from ten minutes to two hours to replace in another vein. And during that time, the patient is not receiving his/her medication, a potentially life-threatening situation. In other words, the patients in this unit are a demanding group to care for.

A safe nursing assignment in this particular unit would consist of four patients, assuming only one is at level X. The more typical assignment, however, consists of five patients, a workload that pushes the envelope of patient safety as part of normal routine.

Linda's normal patient mix might include 1 X, 1 high, and 3 medium. But one morning, Linda was assigned a quite different mix--4 Xs, and 1 high--an assignment far outside the bounds of safety. How could such an assignment be handed out? Well, the charge nurse on the night shift has responsibility for preparing the starting assignments for the day shift. And as is too often the case at Washoe, the night charge nurse was a traveler. Washoe's traveling nurses tend to accept any and all patient assignments without complaint. While I have known some very excellent nurse travelers, as a group they simply do not have the same commitment to patient care as do the permanent nurses. When travelers are put in charge--which I believe

should never be done--they are more likely than are the permanent nurses to make inappropriate assignments.

Fortunately, Linda is a resourceful union member who knows how to respond to a dangerous assignment. Linda has developed the habit of coming in early before the start of her 12-hour day shift. This gives her time to evaluate her day's assignment. She'll go into the break room to wait for the other nurses to arrive, and they'll exchange information about their assignments. This way, if they have any concerns to address--including the possibility of assignment refusal--they can prepare for other nurses to stand with them.

On this particular morning, Linda was lucky in that two of the unit's most respected and assertive union nurses were on shift. They agreed to back up Linda in refusing her assignment, and they helped organize two other nurses to do the same. The team of five then proceeded to the nurses' station to inform the charge nurse of the refusal. Their action not only upset the charge nurse, but also upset the night nurses who, exhausted from their 12-hour shift, were forced to remain on until the issue could be resolved. The house supervisor and the department manager were brought in.

The managers addressed the problem not by bringing in another nurse, but by assigning some patients to the day shift charge nurse. This meant that the unit had no working charge nurse. Instead, the unit clerk gave out bed assignments for incoming patients that day--a duty that a unit clerk is not qualified for.

Later that morning, while passing the nurses' station, Linda happened to overhear the unit clerk assign a patient with pneumonia to a room where Linda knew an open-heart patient was assigned. Linda explained to the unit clerk that you can't assign an infected patient to the same room as an open-heart patient. So the pneumonia patient was held in ER until an appropriate bed was available. Had Linda not overheard the unit clerk's mistake, the open-heart patient might have been exposed to a life-threatening infection.

To top the morning off, the department manager called Linda into her office to reprimand her for having refused the assignment that morning. "You should have accepted it," said the manager, "and then assessed all the patients to see if any were ready to go home."

Remember: these were level X patients--the highest level of acuity--none were conceivably ready to go home. The department manager was simply attempting to intimidate a nurse who was standing up for patient safety.

Later that year, Linda's action on behalf of patient safety came back to haunt her in her annual performance evaluation. "I'm surprised at what you did," her supervisor commented in the evaluation. At Washoe, mind you, performance evaluations were linked directly to nurse raises.

Linda faced consequences from her employer for refusing the work assignment. But had she accepted the assignment, the consequences could have been greater--by putting her nursing license on the line in an unsafe assignment; and by putting patients' lives in jeopardy.

It is a sad state of affairs in health care when hospital management routinely forces nurses to make this hard ethical choice: Should I or should I not participate in unsafe, unprofessional practices. Yet, such circumstance is too often routine at Washoe and at hundreds of other hospitals. Nurses risk bad evaluations, suspensions, and a host of other disciplinary measures including termination—all for having dared to act out of conscience and say no to

unsafe assignments.

And for those who may not know, the Nevada State Board of Nursing offers no protection for such conscientious nurses. Oh yes: the nurse's license remains intact for refusing an unsafe assignment. But the Board will take no action against hospitals who create unsafe conditions. The Board will take no action to protect the jobs of nurses who speak up for patient safety. I hope that the Nevada legislature will take leadership to remedy this situation and establish a model for protecting quality care.

Thank you for your time.