Managing nurses with health concerns

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Abstract:

Healthcare reform requires that hospitals take more accountability for providing the highest quality, most cost-effective care. It's accepted that nurses are critical in determining the quality of care in hospitals and nurse managers have the responsibility of ensuring that their staff members are capable of providing quality care. Although many factors can influence nurses' productivity and ability to provide care, one area that's often overlooked is the health of the nurses themselves. Research has documented that poor health in healthcare workers can impact their work productivity, job performance, and quality of patient care.[1–4] Most nursing units are likely to have nurses working with health problems that are impacting their job performance. Fear of litigation and lack of knowledge about how to address health issues may prevent managers from properly handling these concerns.[5]

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Common health problems in nurses

At some point, most nurses will suffer from a common cold or headache, both of which are known to impact work productivity and performance. However, chronic conditions have a profound impact on work efficiency, and are unlikely to be as short term as a cold. The most common long-term health problems known to impact productivity include arthritis, chronic pain, irritable bowel syndrome, obesity, and mental health problems such as anxiety and depression.[6] Although many nurses with health conditions effectively manage their problems, others may be unaware that their health is impacting their team members.

An example of health impacting productivity and quality of care can be evidenced in a nurse with chronic back pain and depression who works on a general medical unit. To compensate for her health conditions, this nurse always requests lighter assignments without heavy lifting and patients who are located closer to the nursing station so she can limit her walking. This request, although often honored, places an increased burden on the rest of the staff members who continually have to take higher acuity patients. As the shift progresses, the nurse's pain increases and the physical demands of the job overcome her ability to compensate. The nurse becomes short-tempered with patients, families, and staff. Because of the chronic pain and depression, the nurse has difficulty concentrating and focusing on her tasks, and an increase in medication errors and unfinished care is noted. Additionally, the nurse constantly asks her coworkers to assist with her patients, especially at the end of the shift when ordered medications and treatments haven't been given. Although at first supportive of the nurse's health limitations, the other staff members eventually start complaining and requesting different shifts away from this nurse. Ultimately, it takes several months before patient and staff complaints and the increase in errors make it to the attention of the nurse manager.

Nurse managers may need to rely on work performance to detect health-related productivity issues because sick time may not be used. There are few current studies that document average absenteeism rates in nurses, partly because absences are often tied in with personal leave time that can be used for vacation or illness. Research conducted on the impact of nurse absenteeism often uses self-reported absences, and most workers underreport.[7] One study of nurses with back pain found that less than one third took sick days due to pain.[8] Thus, many nurses with pain or health problems are likely to be at work despite not feeling well.

Nurse managers must be aware of performance issues such as medication errors, poor quality of care, absenteeism, increases in overtime hours, and patient or family complaints about care provided, but other behaviors may be less apparent. Specifically, coworkers may complain that the nurse is taking frequent breaks, asking for help during routine tasks, or leaving unfinished care at the end of the shift. At a time when minimum staffing has become maximum staffing, nurse managers have an obligation to guarantee that all staff members are productive and

providing the highest quality of care while not adding increased workloads to an already stressed staff.

Federal worker laws

Nurse managers can best assist a nurse who's struggling by acquainting themselves with federal worker laws and organizational policies, while also ensuring that quality of care and effective teams are maintained. Several laws don't specifically apply to workers with health problems but do impact how nurse managers hire and fire. First, the Equal Pay Act requires equal pay for equal work regardless of gender. Affirmative Action, Title VII, of the Civil Rights Act makes it unlawful to refuse to hire or fire anyone based on their race, color, religion, sex, national origin, or gender. The hiring of foreign-born nurses also requires that nurse managers be aware of The Immigration Reform and Control Act, which prohibits discrimination based on citizenship status. Finally, three other federal laws are most likely to impact nurse managers and their staff: the Americans with Disabilities Act (ADA), the Age Discrimination in Employment Act (ADEA), and the Family and Medical Leave Act (FMLA).

The ADA. This act protects employees from discrimination based on having a disability. Specifically, it prohibits discrimination in hiring, firing, advancement, compensation, and training for those with a medically documented disability. The ADA defines a "disability" as a physical or mental impairment that substantially limits one or more major life activities.[9] Activities may include seeing, hearing, speaking, sitting, walking, and/or performing manual tasks. Individuals with minor, nonchronic conditions of short duration, such as fractured limbs, aren't covered. Of note, alcoholism is considered a disability, although drug addiction isn't.

Back pain is the most common work-related health problem in nurses.[10] Nurses with back pain and other musculoskeletal disorders will often seek activity restrictions and may cite the ADA. A common request for nurses with a back or musculoskeletal disability is to have reduced lifting or shorter shift assignments. When considering the request, the nurse manager must take into account the typical physical requirements for all nurses on a particular unit.

The ADA doesn't legally require that all requested accommodations be provided. Specifically, accommodations don't have to be made if the restriction imposes "undue hardship" on the operation of the unit or hospital in terms of cost in relation to the size and resources available. It's important to note that to continue to be qualified for a job under the ADA, a nurse must still satisfy the requisite skill, experience, education, and other job-related requirements and must be able to perform job functions with or without reasonable accommodation.

There have been a multitude of recent court cases involving nurses who've made summary judgments stating that heavy lifting on a job isn't a routine activity. Heavy lifting has also been determined not to be an "essential function" of an RN, even if it's in the nurse's job description. Nurses may only spend part of their day doing lifting, while the rest of their time is involved

with patient assessment, providing treatments, and teaching. Hospitals are known to employ unlicensed assistive personnel, orderlies, and lifting teams to assist nurses in patient care activities. Nurses with a documented disability that prevents lifting (such as a fused spine) must be provided accommodation with lifting if a hospital's resources allow.

Disability work restrictions are determined on a case-by-case basis with no specific rules. Thus, it's advisable that nurse managers always seek assistance from human resources and higher administration when receiving an accommodation request. Information on workplace disability, specific to healthcare workers, can be found at the Equal Employment Opportunity Commission.[11]

The ADEA. Because health problems are likely to increase as nurses age, nurse managers need to familiarize themselves with the ADEA. In organizations with greater than 20 employees, the ADEA protects individuals who are age 40 and older from employment discrimination based on age. The ADEA also prohibits mandatory retirement in most work settings. Although few legal cases citing the ADEA have been filed by nurses, the Equal Employment Opportunity Commission recently reported a 50% increase in age discrimination complaints from 1997 to 2010, likely due to the economic downturn.[12] Thus, nurse managers must avoid mentioning a nurse's age in any discussion or written documentation about performance issues.

The FMLA. This act applies to all organizations with 50 or more employees. The FMLA was designed to help employees balance family and work responsibilities and is administered through the Department of Labor. Employees can take up to 12 weeks of unpaid, job-protected leave each year, and group health benefits must be maintained for the birth and care of a newborn, adoption or foster care, caring for an immediate family member with a serious health condition, or the employee's own serious health condition. The amended FMLA (the National Defense Authorization Act) also allows up to 6 months of unpaid leave for employees to care for family members who've been injured while on active military duty or 12 weeks of leave when an employee's family member has been called up for active duty service.

FMLA leave can be taken at one time or in increments. Employees are eligible for leave only if they've worked for the organization for at least 12 months (1,250 hours). Nurse managers must also be aware of any individual state laws pertaining to FMLA leave time. For example, Massachusetts allows 24 hours of unpaid leave every year to take part in a child's school activities; New York State allows leave for blood donations.

FMLA absences can't be used as the basis for any negative action against a nurse. The absences can't detract from perfect attendance bonuses or awards or be the reason for absentee discipline. Nurse managers must accurately track leave that's being used as FMLA time to ensure that a nurse isn't violating permitted time off.

Beyond the laws

When a nurse has health problems that interfere with his or her productivity, the nurse manager must take corrective action to ensure quality of care and the satisfaction of all team members. First, all nursing staff must be aware of their specific job requirements and expectations. Evaluation criteria should specifically address the quality of a nurse's work; the quantity of work; time spent on the job, including absences, tardiness, and overtime hours; and cooperation with other team members. These criteria need to be fair and consistently applied to all nursing staff. Before disciplinary action, the nurse manager should also consult with a human resource professional to ensure the correct interpretation of existing federal and state laws and organizational policies.

Many organizations have corrective action forms that should be utilized during disciplinary action. If a form doesn't exist, it's imperative that all communications still be placed in writing. (See Table 1.) Space should be allowed for the nurse to offer his or her own statements. Signing a document doesn't mean one agrees with what's stated, it simply means the documentation was received by both parties. All corrective action communications should also be conducted face-to-face.

During the conversation, the nurse manager should solicit ideas for improvement from the nurse and add them to the documentation. All conversations must be held in a private location with adequate time allowed for full discussion. It's important that the nurse manager focus on specific behaviors and not on personality or secondhand information. A follow-up meeting should be scheduled at the conclusion of the meeting. Finally, the manager must follow up by assessing if behaviors have changed, and if there's an improvement in the nurse's performance, by the stated date.

Table 1: Documentation that must be included on a corrective action form

• Clear statements of the issues and policies that will be discussed in the conversation.
• A summary of the facts and events leading up to the meeting written as precise statements in a nonpunitive tone.
• An action plan with measurable steps to improve performance within a specific target date.
• Resulting actions if the nurse doesn't follow through with the plan

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Nurse health in the future

Health problems in nurses will likely increase as the workforce ages and work environments continue to be highly stressful. Nurse managers have an obligation to ensure the highest quality of patient care through a productive nursing staff that works well as a team. Because many health conditions are known to impact worker productivity, nurse managers must be aware of health problems interfering with a nurse's performance and cooperation with other team members. To prevent litigation, nurse managers must be conscious of existing federal laws that protect workers. By understanding worker laws, nurse managers not only assist their nurses in

maintaining productive employment, but also make sure worker rights aren't violated when administering corrective action.

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