

Working the Holiday Shift

Be gracious for the sake of your fellow nurses and your patients

Like so many of my nursing peers, I've worked my fair share of Christmases and New Year's Eves, sacrificing family time to spend the holidays instead with PICU patients and their families in the last place that they wanted to be: the hospital. I cannot begin to count the children my team and I cared for during the holiday season, in a unit decked with holiday-themed decals on the glass windows, poinsettias encircling the nurse's station and an artificial Christmas tree in the corner.

In a perfect world no one would ever get sick, hurt, give birth or otherwise be in need of hospitalization during the holidays. But since we live in less than a perfect world hospitals must remain open and staffed to care for the sick and injured. As providers of essential services, nurses must be available all days of the year.

Seniority or a Lottery?

It's not uncommon for the CNO, DON or head nurse to walk the tight rope of fairness when assigning nurses to work the holiday shifts. They wonder if they should assign the shift based on seniority. Or perhaps the single nurses should work, allowing nurses with spouses and children the opportunity to spend the holiday with their family? Or use a lottery and let chance choose who is off on these coveted holidays?

When I was in management, I usually opted for the volunteer method. Should there be no volunteers, the fairest method was to rotate the shifts allowing each nurse to take a turn. When you're part of a team it's only fair that each person sacrifice at least one of the

"big" holidays away from our families.

I could always tell which nurses resented working the holiday shifts by simply answering the phone and listening to their last-minute excuses why they couldn't work that particular Thanksgiving, Christmas or New Year's Eve, leaving me or another member of the nursing team to cover for them.

Personally, I never resented taking those shifts. I concluded early in my career that holding such resentment was not productive. I always worked the graveyard which meant my family and I could squeeze in an early celebration before I left for the hospital.

While I was the DON in Bakersfield, I was finalizing the Christmas work schedule when I received a call from one of the ICU nurses. She was requesting the week before Christmas off so she and her husband could go on a special trip to Chicago. She was a relatively new hire and hadn't accrued enough days. But something inside me encouraged me to try to accommodate her request. After securing a promise that she'd

work Christmas Day, I wished her and her husband a happy and safe trip. Little would I know that her husband would suffer a coronary at the end of their

week together, as he climbed the stairs at home to get some cough medicine for their child. When I learned of his sudden death, I was grateful that I'd had given her that week off, a poignant gift that she later thanked me for when we gathered at her husband's wake.

We all need to remember that generosity is the true essence of the Christmas spirit.

"Work Family" Values

For some, holiday shifts can seem like an eternity spent away from their home and children. For others, it's a chance to be with their second family — their health-care professional peers. We all have two families, those at home and those at work, and sometimes being with our "work family" Christmas morning can be a rewarding experience.

As many of my readers know, I am from France originally. My first American-style Christmas was spent in Topeka, Kansas many years ago when my husband was stationed in Vietnam. I'd made friends with several of my nursing peers and we regularly met for coffee and chitchat after class and work, coming to each other's homes for small get-togethers throughout the year.

When Christmas rolled around, I learned of the gift exchange tradition that is so common in the American workplace, and of course the potluck. Our unit's break room was brimming with homemade treats and gifts placed under the unit Christmas tree.

Imagine my surprise to find that one of my nursing cohorts had included handmade gifts for my children. She had learned that my husband was still stationed overseas and wouldn't be home for Christmas, and she thought my children could use a little something extra under the tree. My children were so sur-



prised to learn that this nurse, who didn't know them at all, had taken the time to make each of them something special. My second oldest still has that handmade teddy bear. Even though it is worn and frail, it still holds a place of honor on her bed.

When I learned of her husband's sudden death, I was glad I'd let her take off the week before Christmas

Nurse Angels

We also often went the extra mile for our patients and their families during the season. This was especially true in Columbus, Georgia, where our patient population was primarily working class and poor. Our County hospital, like so many in this country, provided care to all who crossed its threshold regardless of ability to pay.

Our PICU had many children who spent weeks and often months in our unit. We tried to brighten their Christmas by designating a nurse "angel" who was usually a member of that patient's care team. He or she would pass the hat and then be responsible for buying an appropriate gift, wrapping it and making sure it made it under the tree so the patient had something to open on Christmas morning. We also had some generic gifts on hand for that unfortunate boy or girl who found themselves suddenly hospitalized on Christmas.

Our physicians were equally generous with their time and money. Unlike television's infamous Dr. House, Columbus Medical Center had no Scrooges on its medical or nursing staff. Our hospital neurosurgeon stood out since he was always willing to accept barter in lieu of payment. Though this business model did not make him a wealthy man, he was surely rich in the number of friends he had in our community.

Working the holiday shift is something we should do with grace for our fellow teammates, which is easy to do when the request is fair and not punitive. If upon the rare occasion it is punitive, chalk it up to experience and try not to resent your fellow nurses and team members. Working during the holidays can be lonely and tedious, or it can be memorable and even enjoyable time spent with the nursing staff and patients — it's what you make of it. **WN**



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Control the Season (Don't Let it Control You!)

I thought I would share with our readers some suggestions for controlling the chaos of the holiday season that have worked for me.

1. Don't overcommit yourself.

All too often, we overbook ourselves with social and seasonal events, especially if we feel guilty for working on special days. Know your limits!

2. Like Santa, make a list and check it twice.

Good organizational skills are helpful now. Making lists can keep you focused, on track with your projects and plans, and more importantly, alert to whether you are overdoing it — see item 1.

3. Be honest about your work schedule.

Explaining in advance that you have to work Christmas Eve/Day or New Year's Eve can go a long way to soothing feelings of abandonment that your family — especially your children — may have when you are not home on the holidays. Instead, plan special celebrations with your loved ones at "non-peak" times.

4. It's not just about you.

Remember you're not the only one who is not thrilled about being in a hospital on Christmas Eve. Your patient probably had other plans as well. So try and think "happy thoughts" and enjoy the holidays with them. You can ease their emotional pain and feelings of loneliness in ways that you cannot imagine.

5. Avoid overindulging at parties.

Don't let the festivities render you incapable of providing safe nursing care to your patients. It's irresponsible and unsafe to show up at work with a hangover or overly fatigued from a late party the night before.

6. Say it again: Don't overcommit!

December Healthcare Reform Update

What nurses need to know now

By Genevieve Clavreul, RN, Ph.D.

The Incoming Congress

It's been predicted that the outcome of the November midterm elections and the soon-to-be Republican control of the House of Representatives may have widespread ramifications on the Affordable Care Act.

The leadership change will not occur until the new year, and yet a flurry of bills designed to strengthen or change the Affordable Care Act have been submitted by both Democratic and Republican members of both the Senate and House. This means that the new year will continue to find even more discussion and debate about healthcare reform. Stay tuned.

Impact on Practicing Physicians

A recently-published survey and report commissioned by Boston-based The Physicians Foundation predicts healthcare reform will dramatically change how physicians conduct business, seeing the possible demise of full-time, independent, private practitioners accepting third-party payment.

The report, *Health Reform and the Decline of Physician Private Practice*, also predicted that physicians will become employees, part-time employees, administrators, concierge practices or leave medicine altogether.

Some other conclusions from the national survey of 2,400 physicians, conducted by physicians recruiters Merritt Hawkins, revealed that only 26 percent said they would continue practicing the way they are in the next one to three years. The remaining 74 percent said they would retire, work part-time, close their practices to new patients, become employees and/or seek non-clinical jobs.

The full report can be downloaded from The Physicians Foundation at www.physiciansfoundation.org.

NOTE: Each issue, *Working Nurse* will keep you informed as the "Patient Protection and Affordable Care Act" is enacted. **WN**



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