Article Critique

**Problem and Purpose**

The problem statement was clearly stated. Nurse overtime has been utilized to address differences in patient census and chronic understaffing in hospitals (Bae & Brewer, 2010). Nurses work long hours without adequate rest between shifts. However, researchers have associated poor nurse outcomes including musculoskeletal problems and needle stick injuries with long working hours (Trinkoff et al., 2007). Further, long working hours lead to poor patient outcome (Trinkoff et al., 2011). Nevertheless, minimal studies have examined the relationship between voluntary and mandatory overtime and other factors. Some studies have shown an inverse relationship between overtime, nonunization and ownership.

Nonetheless, no studies have examined voluntary and mandatory overtime in newly licensed registered nurses. Newly licensed registered nurses play a significant role in providing care to patients when registered nurses leave hospitals, age and retire (Pellico, Brewer & Kovner, 2009). Mandatory overtime affects retention of nurses (Golden & Wiens-Tuers, 2005). Thus, understanding how mandatory overtime affects newly licensed registered nurses is important in order to develop strategies and programs targeting such nurses (Golden & Wiens-Tuers, 2005). There is inadequate knowledge of whether mandatory overtime regulations are successful in preventing mandatory nurse’s overtime and long working hours.

 Bae, Brewer and Kovner (2011) clearly stated the purpose of the research (Bae, Brewer & Kovner, 2011). The study was aimed at filling the gap by analyzing the newly license registered nurses mandatory and voluntary overtime and total working hours. In addition to that, the researchers analyzed the effect of mandatory overtime regulations on newly licensed registered nurses’ overtime regulations and total working hours (Bae & Brewer, 2010).

 Moreover, the researchers identified the dependent and independent variables. The independent variables include mandatory overtime regulations. The dependent variables include long working hours, overtime, and total work hours (Bae, Brewer & Kovner, 2011). Other variables related to nurse overtime including demand for overtime, work schedule, incentives and demographics particularly social needs. They showed the relationship between the dependent and independent variables. Mandatory overtime regulations are related to mandatory and voluntary overtime and the total number of working hours (Bae, Brewer & Kovner, 2011).

**Research Design**

 Bae, Brewer and Kovner (2011) employed quantitative research design because of its benefits. Quantitative research design enables investigators determine the association between the dependent and independent variables and hence the casual-effect (Bae, Brewer & Kovner, 2011). The quantitative design is important in showing the connection between mandatory overtime regulations and nurse mandatory overtime. Besides, the design is vital in showing the relationship between the mandatory overtime regulations and the total number of hours worked in a week (Bae, Brewer & Kovner, 2011). Apart from showing the relationship between variables, quantitative research design allows investigators to utilize a large sample size to ensure the results can be generalized.

In this case, Bae, Brewer and Kovner (2011) selected a large sample of 1996 nurses and 1706 nurses were included in the analytic sample. In addition to that, quantitative research design generates quantitative data and the data is analyzed using statistical methods including descriptive statistics and inferential statistics (Bae, Brewer & Kovner, 2011). Within this article, descriptive analyses were carried out to analyze the standard deviation and means of continuous variables. The descriptive statistics were also used to analyze the percentage of response choices in every categorical variable. Regression analysis was used to determine the relation between mandatory overtime regulations, mandatory overtime and total work hours. Thus the quantitative study design was in line with the study purpose as the researchers were able to determine the connection between mandatory overtime regulators, mandatory overtime, voluntary overtime and total work hours (Bae & Brewer, 2010).

 Suitable comparisons were made to improve interpretability of the results. Bae, Brewer and Kovner (2011) compared different dependent and independent variable to determine their association. They compared mandatory overtime and voluntary overtime to determine the association between the two variables. The findings showed the odds for nurses working mandatory overtime were 54% less than for nurses who worked voluntary overtime (Bae, Brewer & Kovner, 2011). Mandatory overtime regulations and voluntary overtime were compared to understand how the regulations affect voluntary overtime. There was no association between mandatory overtime regulations and voluntary overtime.

However, Bae, Brewer and Kovner (2011) identified different predictors that influenced nurses’ decision to work voluntary overtime. They included workload, unionization, total work hours, organizational commitment and age. Lastly, the researchers compared mandatory overtime regulations and mandatory overtime to determine whether the regulations have an impact on nurses’ mandatory overtime (Bae, Brewer & Kovner, 2011). The study results showed that the odds for mandatory overtime were lower by 81% in states that regulated mandatory overtime after 2003 compared to states that did not have regulations governing mandatory overtime (Bae, Brewer & Kovner, 2011). Also, the odds for nurses working mandatory overtime in states with mandatory overtime regulations were less than 59% than odds for nurses working in states with no regulations. They also compared workload and mandatory overtime. The findings revealed that the odds for nurses working mandatory overtime increased by 5% when the workload increased. The odds for mandatory overtime increased by 5% as the total number of work hours increased. The odds for nurses working mandatory overtime reduced by 6% if the organizational commitment increased by a single unit. Hence, comparing the variables makes it easy for the reader to interpret the findings (Bae, Brewer & Kovner, 2011).

 The number of data collection points was appropriate as the researchers used data gathered from the newly licensed registered nurses study gathered from august 2004 to July 2005. The quantitative design did not minimize biases and threats to external and internal validity. The researchers did not use blinding or minimize attrition (Bae, Brewer & Kovner, 2011).

**Population and Sample**

 Bae, Brewer and Kovner (2011) identified the sample and provided a detailed description of the sample. The sample consisted of newly licensed registered nurses who became NLRN between august 2004 and July 2005. The following criteria were used to include and exclude the nurses to ensure they represented the population being studied. Only nurses who worked full time were included in the study. Nurses who worked for over 12 weeks in the past 12 months were included as nurses assume full workload 3 months after being employed. Nurses who earned $100 or less per week were excluded as this was considered an error in the data. The sample comprised of 3,686 nurses. Some of the nurses in the sample were not working in a hospital (Bae, Brewer & Kovner, 2011). In addition to that, 264 nurses were not working full-time. Two out of the 2,410 nurses remaining did not provide details regarding their total working hours. 195 nurses did not work for a minimum of 36 hours in a week. Five nurses worked more than 84 hours in a week. 167 out of the 2,208 nurses remaining were excluded as they did not work for over 12 weeks during the past 12 months. 45 nurses were who earned below $100 in a week were not included (Bae, Brewer & Kovner, 2011). Therefore, 1,996 nurses were included in the study as they met the inclusion criteria. Nevertheless, 1,706 were included in the analytic sample due to the missing values for the chosen variables. The researchers included only the nurses who met the inclusion criteria and excluded those who did not to make sure the study findings are valid and reliable (Bae, Brewer & Kovner, 2011). However, a power analysis was not utilized to estimate the sample size needs. Instead, the sample was selected using the inclusion and exclusion criteria. Further, the sample size is adequate as the researchers selected a large sample size to make sure the research findings can be generalized. A small sample size makes it hard to generalize the findings to other nurses (Bae, Brewer & Kovner, 2011).

**References**

Bae, S.H., & Brewer, C. S. (2010). Mandatory overtime regulations and nurse overtime. *Policy Nurse Practitioner*, 11, 99-107.

Bae, S., Brewer, C. S., & Kovner, C. T.(2011).State Mandatory Overtime Regulations and Newly Licensed Nurses’ Mandatory and Voluntary Overtime and Total Work Hours. *Nursing Outlook*, 1-12

Golden, L., & Wiens-Tuers, B. (2005). Mandatory overtime work in the United States: Who, where, and what? *Labor Studies Journal*, 30, 1-26.

Pellico, L.H., Brewer, C.S., & Kovner, C.T. (2009). What newly licensed registered nurses have to say about their first experiences, 57, 194-203.

Trinkoff, A.M., Johantgen, M., Storr, C.L, et al. (2011). Nurses’ work schedule characteristics, nurse staffing, and patient mortality. *Nursing Research,* 60, 1-8.

Trinkoff, A.M., Le, R., Geiger-Brown, J, et al. (2007). Work schedule, needle use, and needlestick injuries among registered nurses. *Infection Control Hospital Epidemiology*, 28, 156-64.