

Working Around the Clock

The Pros and Cons of Overtime



By Cathy Cassata

Keeping staff happy with their hours can be a balancing act. Perhaps some employees feel like they put in too much overtime, while others wish more overtime was available. Legally, overtime in health care settings is regulated by the Fair Labor Standards Act, which mandates that nonexempt employees receive at least one-and-a-half times their regular rate for hours worked over 40 in a workweek, and in some settings, over eight hours in a day.¹

“I often see practices get into trouble, not because they refuse to pay overtime, but because they allow or overlook off-the-clock tasks like charting or callbacks after hours,” says Edward Hones, managing attorney and owner of Hones Law in Seattle, Washington. “Legally, if the employer knows or should reasonably know that work is being per-

formed, that time must be paid.”

He notes that supervision is not a shield. “The first rule I tell practice managers is this: Overtime isn’t optional just because it wasn’t preapproved. You can discipline unauthorized overtime, but you still have to pay it,” says Hones.

Time’s Up

When staff raise concerns about too much overtime, Hones finds the issue is generally a staffing or workload problem, not a legal one. Hiring floaters, cross-training roles, or rotating responsibilities can make coverage more equitable, he notes.

Lynn Kincaid, CMA (AAMA), a practice manager at a rheumatology practice in northern Virginia, has implemented similar strategies. “We’ve altered our schedule to ... give ourselves about an hour at the end of

the day to avoid this problem by scheduling our last patient at 4 p.m., so the staff is out at 5 p.m.,” she says.

In instances where staff must stay a few minutes late, she ensures they get to leave early another day.

When the root cause of the need for overtime is understaffing, Monica Havens, CMA (AAMA), regional director of training and education at a primary care organization, collaborates with the provider or practice owner to justify hiring additional part-time or per diem help. “In other cases, I modified our scheduling process, such as [by] staggering start times or cross-training staff to handle multiple roles, which reduced bottlenecks and prevented burnout,” says Havens.

She also implements regular check-ins and morning huddles to allow staff to voice concerns early, which she finds improves both efficiency and job satisfaction.

Time for a Chat

When staff is dissatisfied with too much or too little overtime in the practice, Kimberly Best, RN, MA, says practice managers need to stop assuming they know the problem and instead ask the following questions:

- What is not working about our current system?
- What would make this more manageable?
- What do you need from management?
- What can you do, and what is asking too much?

“The answer might be hiring more help. It might be changing how you schedule or shifting responsibilities around. But you won’t know until you ask and really listen,” she says.

To get ahead of issues related to overtime, Best recommends the following practices:

- **Communicate regularly:** Do not wait for crisis mode. Build ongoing conversations about workload and capacity into your routine.
- **Negotiate and be flexible:** What works for one person might not work for another. Consider who can opt in to overtime and who cannot, and whether you can rotate who covers extra shifts.
- **Be genuinely appreciative:** While recognition and compensation matter, a sincere “I see how hard you’re working, and I’m grateful” also goes a long way.
- **Create real buy-in:** Help your team understand why overtime is needed and involve them in finding solutions.

A 2022 study published in *Frontiers in Public Health* found that a positive work environment promotes employee performance within organizational circuits and increases employee commitment and loyalty.² Kimberly Best, RN, MA, dispute resolution expert and founder of Best Conflict Solutions, has seen this in her work with health care teams. “I’ve found that people are willing to stretch when they have high buy-in to the [practice’s] success. That buy-in comes from feeling heard, valued, and treated as partners in problem-solving—not as interchangeable resources,” she says. “When employees are unhappy with overtime policies, it’s time for [a] conversation.”

Minding the Minutes

If staff are upset that no overtime is available, Hones blames pay rate issues. He suggests offering extra duties or incentive pay for special projects to give high performers upward options. Kincaid’s practice did this when they transitioned to a new electronic health record system in fall 2025. “We knew

there would be issues we’d have to work through that would require extra time to figure out and that might delay getting to our regular work like charting and whatnot, so the doctors agreed to offer overtime compensation to whoever wanted to come in early,” she says. “People were willing to do it as a special project, and they felt rewarded.”

When medical assistants want more hours at Havens’s practice, she reviews the practice’s workflow and patient volume trends to see whether overtime is being used efficiently. Then she creates a rotation system to ensure overtime is distributed fairly when available.

“Open communication about scheduling decisions was key to maintaining transparency and morale,” she says. “Having also been a CMA (AAMA) in their position, I find that allows me the unique perspective of understanding workflow and expectations.”

Havens has also faced unsupervised, off-the-clock overtime work claims, including staff staying after hours to finish charting or prep for the next day without prior

approval. This is problematic for both legal and cultural reasons, cautions Best. “If people feel they need to work off the clock, something in your system needs attention. Everyone’s time is valuable and should be respected,” she says.

In this instance, Havens approached the problem with quick diligence, despite appreciating medical assistants’ dedication. “I had to address it immediately to stay compliant with labor laws and protect both the employee and the practice. I documented the incident, compensated the employee appropriately for the time worked, and used it as an opportunity to reinforce policy—that all overtime must be preapproved and logged accurately,” she says. She also reviewed workflow inefficiencies that might have caused the need for extra time, so she could prevent recurrence.

Generally, she recommends telling staff, “I’m noticing work is happening off the clock. Help me understand what’s driving that.” Based on the feedback, address the real issue—whether it is unrealistic workload expectations, inefficient processes, or inadequate staffing—rather than just approving or denying claims. “I advocate [that] for every ‘no’ give a ‘yes,’ [which means knowing] what you *can’t* do—that’s healthy boundary setting—and then name what you *can* do,” says Best.

“I always advocate for work-life balance as a leader and manager,” says Best, “so it’s important to ask, am I streamlining work processes so that my employees can have that balance?”

“There aren’t ‘people problems;’ there are communication and systems issues,” says Best. “Build a culture where people can be honest about their capacity, where workload is negotiated rather than mandated, and where staff feel like valued partners in the practice’s success. That’s how you create teams willing to step up when it really matters.” ♦

References

1. Fact sheet #54 – the health care industry and calculating overtime pay. US Department of Labor. Updated July 2009. Accessed February 15, 2025. <https://www.dol.gov/agencies/whd/fact-sheets/54-healthcare-overtime>
2. Zhenjing G, Chupradit S, Ku KY, Nassani AA, Haffar M. Impact of employees’ workplace environment on employees’ performance: a multi-mediation model. *Frontiers Public Health*. 2022;10:890400. doi:10.3389/fpubh.2022.890400