Flexible Scheduling

Exploring the benefits and the limitations.

By Robin Drouin, RN, BSN, and Mertie Potter, ND, APRN,BC

Flexible scheduling—any system that allows nurses to have control over the hours they work—has been shown to benefit patients, nurses, and the organizations for which they work. Job stress and dissatisfaction may be associated with absenteeism, tardiness, poorer patient care, more job injuries, and more mistakes. Strategies used to prevent job stress, such as choice of shift, may provide significant benefit to the nurse, the patient, and the organization. But there can be drawbacks—it’s important to discern which kind of scheduling system works best for each unit. For example, while self-scheduling (a form of flexible scheduling in which nurses determine their own work hours) may be empowering for the staff, it can also be disruptive if initiated in a unit that employs more than 35. Thus, it’s important to consider the effects of flexible scheduling on all parties involved.

**Benefits**

Having choices promotes autonomy among nurses, and flexibility empowers the staff—ultimately leading to more involvement in decision-making and commitment to teamwork.

**Improved health and sense of well-being.** Numerous studies have found that nurses are generally happier when they determine their own work schedules, which allows them greater balance between work, family, and social demands. In addition, when nurses control the time and sequence of their shifts, some health conditions—such as digestive problems, chronic fatigue, and psychological issues—have been shown to decrease. One study of a trial flexible scheduling system implemented at a large private hospital reported a 41% reduction in sick leave.

**Reductions in staffing concerns.** Lashinger and colleagues found that nurses who feel satisfied with their jobs are less likely to experience burnout and more likely to embrace organizational challenges and changes. They are even more willing to work extra shifts. Because flexible schedules accommodate nurses’ lives outside the workplace, recruitment and retention improve.

Furthermore, the longer a nurse remains within an institution, the higher the probability that she will stay, which will likely increase support of organizational goals. Finally, absenteeism and turnover also can be reduced with flexible scheduling, which many prefer.

**Job satisfaction.** Flexible schedules can result in increased job satisfaction and commitment to the organization. Evidence shows that nurses who have some choice and control of their shift patterns are more satisfied. Silvestro and Silvestro found benefits, such as addressing preferred staff work patterns, resolving off-duty conflicts, empowering staff, fostering teamwork and cooperation, and increasing morale. In addition, self-scheduling helps both workers and managers to be involved in decision making.

**Limitations**

**Self-scheduling.** One major concern about self-scheduling is that size of a unit affects whether or not this system is feasible.

Silvestro and Silvestro found that having more than 35 staff members on a unit was problematic for implementation of a self-scheduling system. Once the staff size grew beyond 35, it became extremely challenging for the manager to review the schedule effectively. In addition, complex problems within the schedule were more apt to occur and became more difficult to remedy. Street and colleagues reported that initiating a self-scheduling system caused constant struggles between nurses and management; nurses wanted more influence over their circumstances, and managers

Robin Drouin is a registered nurse at Caritas Holy Family Hospital Birthing Center, Methuen, MA. Contact author, Mertie Potter: mertiepotter@comcast.com.

ajn@lww.com
How One Unit Does It
A flexible scheduling system explained.

Six years ago at Caritas Holy Family Hospital in Methuen, Massachusetts, flexible scheduling was initiated on a trial basis on the labor, delivery, recovery, and postpartum units. Considered a success by both administration and nursing staff, the system has continued successfully since the trial. Following is an overview.

- A blank schedule covering a four-week period is posted in the nurses’ station approximately nine weeks prior to the start of the monthlong period; it also includes a list of staff members and required weekend shifts (nurses working 12-hour shifts are required to work every third weekend; those working eight-hour shifts must work every other weekend). If a nurse wants to take off an assigned weekend, she is responsible for finding another nurse to cover the shift.
- Nurses have three weeks to make requests for necessary days off. Per-diem staff can specify which days they are and aren’t available.
- A nurse chosen by management and familiar with the particular unit’s needs creates a schedule based on staff requests and appropriate skill mix, which incorporates both experienced and less experienced nurses.
- The nurse manager reviews and approves the schedule, which is then posted approximately two weeks in advance.

IMPLEMENTING CHANGE
Nurses should work with their organizations to develop flexible work schedules. Keep in mind that the way a shift change is implemented affects its success. Hung asserts, for example, that such changes go more smoothly if nurses within the system see a need for change. Likewise, job satisfaction, and ultimately recruitment and retention, increase when changes are implemented by unit nurses rather than administration. Because self-scheduling may be too complex for large units, Silvestro and Silvestro recommend that units with more than 35 staff members use a team-scheduling approach, a method in which the staff divides into teams, each of which has a representative responsible for designing the schedule. In units with more than 70 people on staff, any flexible system may be too complex. For units meeting this description, they recommend the use of a departmental schedule, in which a staff nurse designs the schedule and a manager approves it.

REFERENCES