Flexible Work Practices in Nursing

Background

Flexible working practices are being promoted by governments, employers and unions as an important element of efforts to recruit and retain skilled employees and to improve the deployment of available nursing skills. It has been cited as a means to retain older nurses in the workforce, and to retain new graduates. Flexible working practices are a particularly important issue in nursing, which is characterised by a highly feminised workforce and widespread workforce shortages.

Flexible working practices potentially hold benefits for both employers and employees. Not all types of flexible work practices will be suitable in all work environments, but the options available may include:

- Flexible working hours/shifts (flex-time)
- Self-rostering (self-scheduling)
- Part-time work
- Job sharing
- Annualised hours contracts
- Zero hours contracts
- Working from home
- Employer float pool
- Seasonal work
- Career breaks
- Purchased leave
- Phased retirement

Despite evidence that employers who offer flexible work practices are more likely to attract and retain skilled and valuable staff, there is evidence that the adoption of flexible work practices into nursing can be patchy, often ad hoc and reliant on the goodwill of individual managers and supervisors. In addition, many nurses report that workload pressures mean that taking standard leave entitlements – let alone pursuing more flexible work options – can be difficult and stressful, leaving their colleagues short staffed, and that access to continuing education and professional development can be hampered. Research in the UK has identified that this has contributed to low uptake of organisational and statutory-based family leave policies. In addition, some unions have cautioned that the adoption of flexible working practices has sometimes resulted in increased flexibility for employers, but reduced conditions and ability to control working hours for employees.

Key Messages

- Flexible work practices have mutual benefits to employers and employees/nurses. Contract negotiations must include all key stakeholder groups to ensure attainment of mutual benefits.
- Flexible work practices are favoured by nurses when they have choice or control over work schedule decisions. Choice includes staff engagement in selecting, designing and implementing work practices that best suit specific practice contexts.
- Nurses are predominantly female with unique needs as caregivers of children and dependent adults.
- Retention strategies for mature, experienced nurses should be considered as an important human resource initiative. In addition to typical flexible work practices, such as part-time schedules and seasonal contracts, specific flexible work practices geared to older nurses include phased retirement and call-back strategies.
Flexible Work Practices Defined

To employers, flexibility refers to flexible labour. Employers use a number of flexible work practices to meet consumer demands and adapt to economic pressures. To improve productivity, for instance, employers use flexible work practices to match staffing levels to varying workloads. Workload measures or metrics are often involved, and there are many challenges associated with current workload metrics.  

To employees, flexible work practices refer to their choice or control over work schedules. Employees’ work choices are based on three criteria: 

1. economic — earning enough money to meet living expenses;  
2. practical — achieving work-life balance; and  
3. emotional — enhancing work meaningfulness; decreasing work stress and burnout.

Employers’ flexible work strategies and employee’s flexible work preferences can complement each other. Policy analysts stress the importance of understanding and addressing gaps in employer-employee flexible work perspectives. Flexibility is a “human resource strategic imperative.”

Due to the nature of nurses’ work (i.e. 24 hour care delivery 7 days a week), work practices are significantly related to quality of work-life balance, physical health and nurse job satisfaction and retention.

Benefits to flexible work practices where nurses have influence or control: Improved health and well-being; Improved job satisfaction and organisational commitment; Reductions in organisational staffing concerns, such as absenteeism and turnover.

Choice is the critical link between flexible work practices and better outcomes.

Limitations to flexible work practices: Contractual agreements require multiple stakeholder input (e.g. unions, human resources, finances, administration, staff); Contracts must include rules and processes to manage conflict; There are overhead costs associated with contract development and maintenance; Large facilities/employee populations may be too complex to manage.

Some of these limitations can be remedied by engaging staff in planning and implementation through formal mechanisms, such as shared governance councils or work teams that represent staff interests.

Descriptions of Flexible Work Practices

The following descriptions of “full-time”, “part-time” and “flexibility” are based on literature from relatively well-resourced countries, such as Canada and the USA. They assume a level of regularity and stability that is becoming less common in today’s health care systems. In many low income countries, particularly in rural and remote areas, nurses often work variable hours with variable pay. They may need to work multiple nursing jobs or do other work to
supplement their incomes and achieve a living wage. They may migrate to more affluent countries, creating a “brain drain” in their own countries. Even in countries such as Canada, workforce policies related to the global recession and austerity measures have resulted in approximately 50% of its nurses working less than “full-time” hours. A recent ICN workforce communique emphasized the importance of responsible policy with respect to health workforce planning.

**Full-time employees** average 35 to 40 hours per week. Full-time status is associated with guaranteed hours, benefits and, in many instances, full-time nurses have priority shift choices (with part-time staff fitted around them).

**Part-time employment** is the most common flexible work practice that involves less than full-time hours of work. Part-time nurses typically commit a certain number of hours to their employer, and this may be as little as two shifts in a two-week pay period. Part-time nurses do not receive benefits, but they may receive an additional pay percentage (e.g. 13%) in lieu of benefits. Part-time work can provide nurses with more work-life flexibility than full-time work, and some nurses prefer the additional pay percentage in lieu of benefits.

Although many nurses choose part-time work as a flexible work practice, there is evidence that during economic recessions, nurses may be required (involuntary) to work part-time. A Canadian study found that nurse preferences of part-time versus full-time work resulted in greater satisfaction when work choices were voluntary versus involuntary or imposed by employers.

The majority of nurses do shift work, providing patient care in shifts or specified time periods over a 24-hour period. Best outcomes for patients and staff are associated with self-scheduling. **Self-rostering** is the process that nurses use to collectively plan and implement their work schedules, typically on a monthly basis. Scheduling rules and guidelines should be jointly determined by staff and management to effectively address the organisation’s staffing needs and the personal and professional considerations of nurses. Self-scheduling is associated with decreased physiologic stress symptoms, and is an effective retention strategy for younger and older nurses. Self-scheduling success depends on management support and staff engagement in all aspects of self-scheduling. Unionized environments often have pre-determined self-scheduling mechanisms that are governed by collective agreements. There is some evidence that large units of over 70 staff may not benefit from self-scheduling.

**Flextime** is a contractual arrangement where employees can vary their work schedules within specified guidelines (e.g. negotiations with employers and unions). Employees, for instance, can negotiate the start and end times for their shifts and there may be contractual clauses related to flexible lunch periods. Despite the assumption that women with caretaking responsibilities most value flextime, a national survey study from the USA showed that 68% of men and 70% of non-parents (both male and female) used flextime when it was available to them.

**Job-sharing** is one way to have both part-time hours and full-time benefits. Two people occupy one full-time equivalent position and negotiate/share work hours that suit their needs. The most common framework is one in which each job-share partner works a five-day span.
consisting of two days in one week and three days the next week. This provides job continuity without requiring a straight five-day commitment from either partner. Weekend, holiday, on-call coverage can be arranged between the partners. One Canadian study showed that job-sharing had a greater positive impact on nurse job satisfaction than either full-time or part-time status. The main problems associated with this arrangement are employee concerns that the position might be converted to a part-time position and that individuals do not fulfill their responsibilities (i.e. covering all shifts for which they are responsible).

Float pools or resource teams are typically comprised of permanent staff and casual or relief staff who work on an “as needed” basis to fill short-staffed shifts. Employers use float pools to better meet census fluctuations, deploying float nurses as needed to various patient care areas. Float pools have also been used to hire and retain new graduates, although there are special considerations with respect to proper orientation and support for new nurses. Floating is a source of stress for many nurses, but there are nurses who voluntarily choose to join float pools because they appreciate the patient care variety and other incentives associated with float pools, such as self-scheduling opportunities.

Zero-hours contracts are employment contracts where an employee is required to be available for a certain number of hours each week. Most countries have specific compensation stipulations to protect employees when there is no work or limited work.

Annualised hours contracts are contracts that state the agreed number of guaranteed hours an employee is contracted to work through a 12 month period. Shifting from traditional hours worked per week (e.g. 38 hours) to annualized hours contracts can give employees more flexibility over a longer period of time. This approach provides employers with the means to better adapt to seasonal demands, and reduce overtime and the need for casual or temporary workers. Because these types of contracts can negatively influence employees’ distribution of working time and the quality of their working conditions, laws and collective bargaining agreements are necessary to protect workers.

A similar approach is seasonal work contracts. These arrangements have the same employer benefits as annualized hours contracts. These contracts are particularly effective when there are consistent census fluctuations, such as census peaks during winter months and census dips during summer months. For one seasonal staffing model, participating employees’ annual work schedule was compressed during the peak season. This equated to an additional 4-12 hours maximum per week. Three-month sabbaticals were granted to employees over off-peak times. To avoid leave of absence without pay during the sabbatical period, participating employees became salaried employees with wages distributed evenly during the entire year. In a US survey study, seasonal staffing models were an identified incentive to extend retirement among older nurses with a strong preference (50%) to work winter months with summers off.

Purchased leave is a voluntary arrangement where employees can purchase additional leave from work. Employees can usually purchase between two and eight weeks of additional leave in a 12 month period. Purchased leave is funded through reductions in ordinary rate of pay. Salary payments are annualized and paid in 26 equal instalments.
over a 52 week period, thereby spreading the salary impact of taking off up to eight weeks leave without pay.\textsuperscript{52}

**Work-at-home** jobs provide flexible opportunities for nurses. Telehealth, or the delivery of health-related services via telecommunications technology, provides many at-home opportunities for nurses.\textsuperscript{63} Nurses, for instance, can perform triage, provide health care information and advice, and check on patients’ health status via telephone. Other work-at-home nursing jobs that can be conducted via telecommunications include case management (i.e. coordination of patient care), legal consultation, and staff recruitment and scheduling. Some components of nurse management and project management can also be done by home via telecommunications.\textsuperscript{64} Work-at-home options are becoming increasingly important to nurses as the frequency of family care needs increases, particularly with respect to senior relatives.\textsuperscript{65}

**Career breaks** are associated with extended leave for personal reasons, particularly motherhood.\textsuperscript{66} In countries where maternity leave is not subsidized, “family leave” career breaks may have negative effects on salary, job status and career progression. In an Australian study that surveyed women who took career breaks, a large proportion of women who took child-related career breaks preferred to work part-time (45%) or stay at home (21%) versus full time work (15%). Women with pre-school (0-5) or young (6-13) children were most likely to prefer working fewer hours.\textsuperscript{67} Policies of statutory maternity leave and family-friendly flexible work practice policies should be in place to enable women to re-enter employment without penalty.

**Special Considerations**

**Mature, experienced nurses** are a valuable human resource, given their experiential knowledge.\textsuperscript{68} There is research evidence that nurses who are 46 years old or older are particularly taxed by physical workplace demands, long shifts, rotating shifts, overtime and inflexible scheduling.\textsuperscript{69} These nurses often stay in full-time positions to gain the best retirement benefits. Superannuation benefits are typical in health care, meaning that retirement benefits are based on final salary: part-time work means reduced pension salary.

Later in their careers, nurses desire reduced hours (per shift, per schedule) and less physically demanding work.\textsuperscript{70} Some flexible work practices that may particularly suit older nurses are: four, six or eight hour shifts and job sharing.\textsuperscript{71} A popular model is the 80/20 model where older nurses work 80% of their schedule in direct care and 20% of their schedule mentoring and supporting new nurses.\textsuperscript{72} Another way to retain older nurses is **phased retirement.**\textsuperscript{73 74 75} Progressively reducing working hours as a nurse approaches retirement can improve older nurses’ perceived ability to do their work.\textsuperscript{76} Older nurses may also be interested in **call-back** after retirement, depending on flexible work options.\textsuperscript{77}
The International Council of Nurses is a federation of 135 national nurses' associations representing the millions of nurses worldwide. Operated by nurses for nurses, ICN is the international voice of nursing and works to ensure quality care for all and sound health policies globally.

The International Centre for Human Resources in Nursing was established in 2006 by the International Council of Nurses and its premier foundation the Florence Nightingale International Foundation. The Centre is dedicated to strengthening the nursing workforce globally through the development, ongoing monitoring and dissemination of comprehensive information and tools on nursing human resources policy, management, research and practice.

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