

Using flexible work practices to organise nursing staffing: impacts on the activity of caregivers

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THE WORK IN CONTEXT

Nursing staffing is an essential component of managing human resources in hospitals. The performance of any healthcare organisation is dependent on their continuous ability to have a sufficient number of qualified workers, who must be deployed judiciously in an enabling work environment. Studies show that having adequate nursing staff has a positive influence on quality of care and on the health of caregivers. However, problems such as the shortage of nursing staff or the financial demands imposed on hospitals often constrain this possibility. The aim of this research was to explore the different types of flexible practices used to organise hospital nursing staffing and their consequences on the activity of caregivers. The study was carried out in the hospitalisation units of the Department of Neurology of a large Parisian hospital and responds to a request from the director of the department. This department suffers from a permanent shortage of caregivers, which affects the possibility of ensuring a continuous quality of care. This shortage of personnel leads the nursing managers to readjust the organisation of the teams according to the available personnel. Results aim to contribute to the reflection of decision-makers to find ways to improve the organisation of nursing staff.

KEYWORDS

Flexibility, nursing staffing, quality of care, activity-centred ergonomics

A brief outline of the work carried out

A qualitative exploratory study was carried out in seven hospitalisation units of the Department of Neurology, belonging to two services: general neurology and oncological neurology. Twenty-eight nurses and care-assistants (*aide-soignantes*) from the five teams that work in the seven hospitalisation units participated. These teams work in alternating morning and evening shifts, two of them alternating in two different hospitalisation units.

Data collection was carried out using the analysis methods in activity-centred approaches in ergonomics. In the first stage, four days of systematic observation were carried out on two nurses and two care-assistants for each hospitalisation unit during a full day of work (28 sessions of observation in total, recorded with paper and pencil). The objective was to identify the solutions used daily by nursing managers to organise the nursing staff as well as their impact on work. In a second stage, 20 caregivers (2 nurses and 2 care-assistants of each hospitalisation unit) were interviewed using a semi-structured protocol in order to know their opinion on these solutions, taking into account the consequences they may have on the quality of care and the health of caregivers.

Findings/solutions (the outcome)

The results of the observations showed that nurse managers make daily adjustments to cope with staff shortages involving the use of different types of flexible work practices. Five types of adjustments were identified that are used by nurse managers according to the characteristics of the hospitalisation unit: replacing staff, work hour arrangements, pooling of internal staff, partial pooling of internal staff and no replacement. The practices identified throughout the research have an impact on the caregiver activity, potentially affecting their health and performance. The analysis of the verbal protocols also showed that these consequences depend on the type of strategy adopted by nurse managers, but also of the characteristic care needs according to the typology of patients that each hospitalisation unit receives. The categorisation of the responses provided by the caregivers also made it possible to recognise four types of situations or "scenes" that may affect their performance and health in different ways. The results revealed that many of the observed adjustments are underproductive and/or detrimental to the wellbeing of the caregivers when staff are improperly organised.

Impact

The study provides insights into the difficulties of applying nurse staffing models in contexts of great uncertainty such as staff shortages. To achieve health care objectives, staffing configurations need to be adaptable to each care situation by sustainably combining both numerical and functional resources from the available personnel. Thus, beyond focusing on staff shortages, achieving an appropriate mix of caregiver skills help ensure stability of the organisation's resources. On the contrary, consideration of isolated components such as staff numbers, formal staff qualifications or individual caregiver skills does not appear to be a guarantee of quality of care and of an enabled work environment.