Workflex and Health Care Guide

From Forced Flexibility to Effective Schedules

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Table of Contents

Introduction 4

What Is Workflex in Health Care Organizations? 5

How Does Workflex Benefit Health Care Organizations? 6

Scheduling in a 24/7 Care Environment 7

Avoiding Mandatory Overtime 7

Schedule Predictability and Self-Scheduling 11

Economic Security 12

Managing the Risk 13

Workflex to Retain Mature Workers 14

Work, with Benefits 16

Sharing Stories 17

Telehealth and Long-Distance Patient Care 17

Doctors Want Workflex 17

Shortages Exacerbate Work-Life Conflict 17

Workflex for Support Staff 19

Conclusion 20

Introduction

For 24/7 health care organizations, non-standard schedules are a matter of course. Doctors, nurses and technicians must be available around the clock to provide continuous, safe patient care. But round-the-clock scheduling doesn't end with clinical staff. Facility teams also work day and night, keeping hospital environs cleaned and prepped.

In some ways, the 24/7 operations model of patient care has already prepared health care organizations to think creatively about staffing and schedules. In fact, **data** from the National Study of Employers and the National Study of the Changing Workforce reveal that employers in health services are far more likely than employers in other industries to see workflex as a business tool rather than a favor or a perk.[1] In addition, they are more likely than employers in other industries to use workflex to attract highly skilled workers, and they provide much more flexibility than other employers.[2]

As Dawn Trivette, Administrative Director of Work and Family Services at Bon Secours Richmond Health System, puts it, "There's always been a lot of schedule choices. That made it easier, as we started to look further into the possibilities for flex, because we already had some of the less traditional hours going on."

Greater opportunity for workflex, however, doesn't negate the essential elements of an **effective workplace** (of which workflex is just a part)[3] or the unique patient needs that health care organizations must address. Dynamic, 24/7 scheduling requires enough supervisor support and employee autonomy to develop strong coordination and communication efforts to make sure all shifts have adequate coverage. Nurse-to-patient ratios are strongly correlated with patient safety, as adequate staffing levels have been shown to reduce errors, decrease complications and decrease patient mortality.[4] Meanwhile, U.S. physicians are reportedly suffering more burnout than any other American worker, limiting their capacity for creative and critical thinking.[5] For health care organizations, then, effective workflex can actually be a matter of life and death.

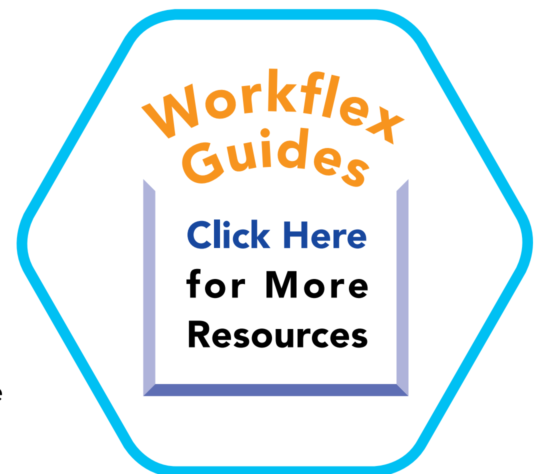
To complicate the issue, health care faces the additional challenge of skilled staffing shortages, for both doctors and nurses. In one Families and Work Institute study, 84% of health care employers reported difficulty filling highly skilled positions, compared to 68% of employers in other industries.[6] Whereas some industries can offer workflex through job shares and other part-time positions, that becomes difficult when an employer cannot recruit enough staff (part time or full time) to meet demand. Additional strategies, such as work efficiencies,

apprenticeships and training programs and technology, will be necessary for organizations unable to recruit large employee pools.

Due to the wide variety of roles and responsibilities in health care settings, flexibility will look very different for doctors, nurses, technicians and other support personnel. This Guide focuses on creating a more effective and flexible workplace for those employees who have responsibilities for providing direct patient care as well as those who maintain safe and clean physical environments and supplies.

The workflex strategies identified in this Guide are divided into four issues particularly relevant to health care:

- Scheduling in a 24/7 patient care environment
- Telehealth and long-distance patient care
- Economic security
- Retaining older workers



In addition, we discuss how task flexibility and universal design can support older health care professionals, an essential component of preparing for an increase in health care demands associated with the aging Baby Boomers and the Affordable Care Act.

Though health care organizations also have administrative personnel who are essential contributors, their responsibilities more closely align with more standard forms of flexibility, and, therefore, are not referenced in this Guide. Other free resources available at **WhenWorkWorks.org** such as the **Employee Toolkit** and **Workflex and Telework Guide** are great sources of support when providing workflex for those populations.

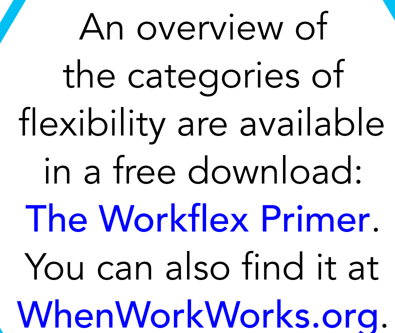
What Is Workflex in Health Care Organizations?

Conceptually, workplace flexibility or workflex is the same for any type of employee in any industry. It is a dynamic partnership between employers and employees that defines how, when and where work gets done in ways that work for all (employers, employees, families, clients and communities). Workflex is not merely a benefit, a form of compensation or punishment, or a collection of specific programs or policies. Unlike these standard organizational carrots and sticks, workflex is not something an organization does for or to employees, but rather is best accomplished with employees. The results of this process can look very different between industries and even among specific organizations in the same industry.

For workflex to be maximally effective it must respond to the unique combination of products and services, organizational strategies, federal and local employment laws, and employees present at a specific organization or worksite. This means that no two organizations — even

those in the same industry — are alike, and best practices in one organization may not make sense in another.

Similarly, specific policies like telework or shift scheduling may or may not work for any specific organization or team. Even when two organizations have the same programs, they may bear little resemblance to one another despite achieving the same great results for each. Workflex is like any other workforce strategy — it is most effective when everyone is open about the underlying issues and solutions are tailored to the specific situation.



Workflex also requires an open discussion of organizational culture to understand individual and organizational values and priorities. This is especially true in organizations with grand missions and high stakes for failure, such as health care, where it is easy for a culture of self-sacrifice to emerge encouraging managers and staff to believe that self-care can only come after everyone else's needs have been met. Leaders, managers and staff must commit to the sustainability of all resources including employee morale, engagement, and physical, mental and financial health in order to create an effective workplace.

How Does Workflex Benefit Health Care Organizations?

Nurses and doctors have stressful jobs (physically and emotionally) that require extreme attention to detail, constant personal interactions and difficult conversations. Yet, challenging work schedules and insufficient staffing can make that stress load even worse. Scheduling challenges are an unavoidable aspect of working in health care, but new staffing practices and technology can help you meet those challenges for the good of staff and patients.

Workflex, when effective, alleviates the stress of poor scheduling. The right staffing arrangements create positive clinical environments with higher levels of engagement and higher retention rates. Moreover, limiting stress and overwork is essential to quality care, allowing staff to stay energized and focused throughout the day.

When health professionals are satisfied with their jobs, absenteeism and turnover decrease, staff morale and productivity increase, and work performance improves.[7] Meanwhile, better employee retention leads to better teamwork, increased continuity of patient care and an ultimate improvement in patient outcomes.[8] Other work shows that workflex needs to be included in modern recruitment strategies, especially in rural communities where recruiting can be difficult,[9] workloads can be high in understaffed hospitals and relocation has effects on the entire family.[10]

Scheduling in a 24/7 Care Environment

New research from the American Public Health Association predicts a shortage of about 130,000 nurses in the U.S. by 2025.[11] While this number is far lower than earlier estimates, analysts suggest the shortage is still serious, potentially limiting hospitals' ability to keep all their units open.

In communities where shortages are an issue, organizations are challenged to provide care while positions go unfilled. As a result, nurses are reporting increases in overtime and workloads, short-staffing issues, excessive fatigue and extended shifts,[12] all of which can have an impact on the quality of patient care and organizational performance.

Common staffing problems in 24/7 patient care environments include:

- Persistent reliance on mandatory overtime
- Unpredictable schedules, with little advance notice
- Low census policies that cut staff hours
- Heavy manager burden to manage scheduling and change requests

These challenges are exacerbated, of course, by lean operational budgets, staff shortages and manager fatigue. The industry is reporting particular struggles recruiting and keeping nurse managers, as nurses leave these roles citing overwork and stress.[13] The American Organization of Nurse Executives (AONE) reported that vacancy rates for nurse managers are on average as high as 8.3% nationwide.[14] High demand situations with high stakes for failure, like nurse manager positions, can suppress people's ability to creatively problem solve and prompt reinvestment in traditional strategies even as one acknowledges the inadequacy of those strategies to meet current challenges.[15] Organizations that find that workflex and other innovations are not gaining traction should consider short-term project staffing or consultant support in order to assist managers in marshalling the focus necessary to develop new, more effective work processes and put them into action for long-term benefits. Similarly, temporary help can be used to provide professional respite services for overworked doctors. For example, Kansas sponsors a **Locum Tenens program** to fund temporary clinician coverage to underserved areas so that solo providers can have time off.

Avoiding Mandatory Overtime

All hospitals face occasional nursing shortages, due to unexpected census peaks, nursing vacancies or time off. As a short-term solution, overtime can be an attractive option for staff nurses who want to pick up some extra hours. Long term, however, overtime (particularly mandatory overtime) leads to fatigue and burnout.

Adapting workflex strategies can help alleviate overtime needs. Relief pools and alternative scheduling options are two talent-focused ways to address overtime. In addition, organizations are looking to technology and infrastructure changes to better manage staff time. Keep in mind

that any specific workflex strategy doesn't have to be an organization-wide effort. Unit managers, working within their full-time employee staffing limits, may also have opportunities to rethink the following workflex strategies on a team or departmental level.

- **Float Pools and PRNs.** Many hospitals have developed full-time float teams to cover deficiencies in staffing. Unlike floor nurses who typically work the same unit, float nurses may get called to a wide variety of clinical areas. Float nurses are typically paid a higher wage rate to compensate for their willingness to flex their workplace and work time so extensively. However, forced floating, in which nurses are pulled off their regular unit to fill understaffed areas, has been identified as a key nurse dissatisfier.[16] Nurses are often uncomfortable working in an unfamiliar unit or clinical area. Hospitals can alleviate some of that stress through better unit orientations, financial incentives and backup staffing resources that allow nurses to decline float requests without consequence. In addition, cross-training efforts that acquaint nurses with a few units, clinical areas and staff teams can help prepare nurses for greater flexibility.

At **Bon Secours**, administrators make a concerted effort to avoid all forms of overtime — voluntary or not. The organization uses a variety of strategies including soliciting volunteers from part-time employees, transferring employees to understaffed areas and calling on float pools and per diem registered nurses (PRNs)[17] to cover unexpected staffing needs.

Nurses who opt to join the float pool typically aren't eligible for benefits, but they do receive increasingly higher rates of pay — depending on when and where they're willing to work.

Ohio based **Aultman Hospital** revamped its floating policy to increase nurse satisfaction. When floaters are needed, the hospital first taps nurses working in areas with low patient census. Nurses are asked to float in rotation to ensure no one nurse is asked to float more than others. Nurses are allowed to decline the request, in which case, they do need to take time off without pay or use benefit time. If no one agrees to float, the hospital turns to its specialty float pool to fill the vacancy. Aultman has dubbed it their "Willing to Walk" program and emphasizes to managers that nurses should not be pressured or experience negative consequences for declining a float request.[18]

Though the Willing to Walk program requires nurses to use personal time to refuse a float request, this system provides two important effects that support a workflex culture. First, it provides nurses a straightforward, formally accepted option to resolve a schedule conflict so they don't have to fight with their managers to refuse a float request. Second, managers don't have to feel trapped between the twin ideals of employee sustainability and cost reduction. The program provides an organizationally endorsed (and pre-budgeted) reason for supporting employee sustainability over strict short-term cost reduction.

- **Alternative Scheduling.** Clinical units may offer staggered start times and overlapping shifts in order to "staff up" during peak periods of the day while reducing staff loads during less active periods. Shorter days and other nontraditional schedules may appeal to many employees while alleviating the burden for staff working more traditional eight or 12-hour shifts.

Anita Culler, is a radiologic technologist who introduced flexible scheduling options with her team at **UNC Rex Healthcare**. Before workflex, Culler's team worked three traditional eight-hour shifts, with everyone starting and ending their shift at the same time. The unit was often short staffed during peak afternoon hours, and technicians were regularly asked to stay late to cover demand.

Culler began by combing through patient demand data and identifying trends, on a seasonal and hourly basis. Then she sat down with staff, presented the idea of staggered, alternative schedules and asked for input and volunteers (a common practice among physicians in emergency departments and hospitalist services).

Several technicians volunteered for 12-hour shifts while others volunteered to shift their daytime hours. As a result, instead of the entire first shift running from 7:30 a.m. to 3:30 p.m., Culler had select technicians working 9:00 a.m. to 5:30 p.m., 10:00 a.m. to 6:30 p.m., and 11:00 a.m. to 6:30 p.m. She also found a PRN (a parent with school-age kids) who was happy to take a midday shift from 10:00 a.m. to 2:00 p.m., providing extra daytime support and lunch coverage for the team. For every employee working a 3/12 schedule, Culler gained four hours of FTE time she could use to schedule the PRN or other overlap help.

Culler admits the change was difficult at first, despite her attempts to create a collaborative scheduling environment. "But then people started to see the benefits," she said. "People don't like a lot of unexpected overtime, and after we implemented the new schedules, first shift could usually leave on time."

In addition to revamping its float pool, **Aultman Hospital** developed short-term alternative scheduling options for nurses working less than a full-time equivalent position. Those nurses are offered a financial incentive to work an extra eight-hour shift, in prescheduled four or eight-week stints.[19]

- **Centralized Staffing Offices.** Clinical managers spend a significant amount of their time dealing with common staffing problems, including staffing imbalances, underutilization, overtime, frequent staffing escalations and labor cost overruns. Instead of providing care and mentoring younger staff — tasks for which they are uniquely suited — these highly skilled clinicians are handling administrative issues that could be handled by others. These administrative responsibilities frustrate clinical staff, decrease patient satisfaction and undermine the organization's health care mission. One option is for hospitals to use a centralized staffing office to shift the responsibility for unit staffing away from unit managers and towards dedicated administrative personnel. This allows skilled nurse managers to allocate more time to patient

care rather than staffing concerns and creates more opportunity to schedule talent across multiple clinical areas. This can be an especially effective recruiting tactic for rural communities where offering doctors the opportunity to focus on medicine over administration can help create a more attractive recruitment package.[20] This system does require significant communication between unit managers (who know what is needed) and any centralized department (which tracks schedules and skill sets). Yet, this system allows everyone to play to their strengths: unit managers focus on identifying the clinical demands, and administrative personnel do the scheduling and paperwork to meet those demands.

- **Mobile Scheduling.** Mobile scheduling technology helps limit involuntary overtime by providing a more efficient way to fill last minute vacancies. With the right software, managers can send automated email and text notifications to qualified staff, requesting help with an urgent staffing need. When a staff member accepts the shift, a second message will automatically notify everyone that the job has been filled.

In 2010, **Champlain Valley Physicians Hospital (CVPH)** created a centralized staffing office to shift the burden of staff scheduling from individual unit managers to a core office for resource management.[21]

The new scheduling department (called Patient Care Operations) evaluates each shift (real time and prospectively) to build schedules, balance staffing and fill last minute needs. They manage staffing for about 70% of the hospital staff, including nurses, technicians, facilities and foodservice.

The staffing office is the first point of contact for staff who are calling out or who are going to be tardy to their scheduled shift. CVPH uses Blackboard Connect (a mass notification system) to announce shift openings and mobilize talent. The hospital also implemented Smart Square, a software solution that uses predictive analytics to forecast patient volumes and automate scheduling.

According to Rhonda Kowalowski, Manager of Patient Care Operations, Smart Square analyzes 18 months of historical data as well as recent trends. And, once the schedule is built, it continues to assist with "census smoothing."

With the new scheduling tool, it's easier for nurses and other cross-trained staff members to pick up shifts in other departments or locations. This bird's-eye view was nearly impossible when managers limited their focus to their own units.

Moreover, employee satisfaction improved as managers were able to spend more time working within their unit. After implementation, the organization reported a savings of over seven hours of work per unit manager for every pay period.[22] "It's about being there, shoulder to shoulder, working with their staff and mentoring younger employees," Kowalowski says.

Keep in mind that staff may not embrace any of these options instantaneously. Though they may appreciate the flexibility being offered, they may fear retaliation for exercising their ability to refuse overtime requests or other commonly forced work arrangements. It may take time and several examples of successful usage of these options before a

majority of employees trust in the new system. It is also essential to communicate frequently with managers to ensure they understand the policies and what they can and cannot require for the good of the organization, patients and staff. If a manager is struggling to find ways to make workflex a reality on a team, it's important to look at the demands on that team and make sure they are reasonable. If similar teams are able to make workflex successful with the same staffing and responsibility levels, it may be worthwhile to provide some manager training. If the team is short-staffed or overburdened compared to similar teams, it is essential to restructure the demands on the team. Otherwise, managers may feel no other option but to suppress workflex in order to achieve their goals, creating negative repercussions for all involved.

Schedule Predictability and Self-Scheduling

In 2014, the American Nurses Association issued a position statement which was noted as indicating nursing schedules should be "regular and predictable."[23] But that's a challenge in health care, where patient census and acuity creates a constant fluctuation for staffing needs. This means many nurses receive their work schedules with little advance notice, are asked to remain on call or are called off after reporting to work. (See Economic Security section.)

Managers are challenged to build fair and accurate schedules that rotate nurses through preferred shifts and limit short-notice staffing needs. But, without insight into future patient volume and acuity, they can't get a clear view of future staff needs. The resulting schedule changes create significant work-life stress for nurses and other health care providers.

HEALTH CARE ANALYTICS

Big data and predictive analytics is a rapidly emerging trend in health care. Hospitals are using the analytics to improve patient care and reduce costs. These new advances in health care analytics make it easier and more affordable to predict patient demand while simultaneously improving the scheduling process for clinicians and their managers. Sophisticated data models generate better patient forecasts that analyze historical demand trends along with current data sources such as the CDC and Google flu indexes, weather patterns, holidays and even local event calendars. The software analyzes historical patterns and demand trends and helps guide decision-making related to staffing needs during different times of the year. These tools help managers and leaders avoid the kind of guesswork that can lead to units being under- or overstaffed.

Predictive analytics software can help managers identify demand patterns and forecast staffing needs to more effectively schedule staff, manage costs and maintain quality care. (See sidebar.)

Self scheduling allows nurses to choose their own hours within predefined parameters. Software tools can integrate with your organization's time-and-attendance system to track parameters such as licensure and certification, float profiles, rotations (turn to float or have shift cancelled) and seniority. In addition, self-scheduling software brings transparency and autonomy to how organizations fill shifts. Research shows that employees experience less work-life conflict when

they feel like they have a measure of control over their schedule.[24] Accordingly, stress levels decline as employees are given more opportunity to influence their work schedule and manage schedule conflicts.

At **WellStar Health System**, predictive analytics and scheduling software allows the organization to plan schedules further ahead than previous manual scheduling methods, up to 12 weeks in advance. Staff satisfaction increases as employees have more time to plan ahead for vacations, doctor appointments and school activities. Accordingly, shift change requests and callouts also decline.

Meanwhile, the organization better utilizes its core staff and can be more proactive in planning for float nurses and other contingency resources. (See more in the Health Care Analytics sidebar.)

At **Champlain Valley Physicians Hospital (CVPH)** scheduling technology has given staff online visibility into their schedules along with the ability to track special schedule requests. "They can validate they put a request in and see when their manager has done something with that request," says Rhonda Kowalowski, Manager of Patient Care Operations. "Paper requests get lost, and that was a source of frustration."

Economic Security

Closely tied to the issue of *schedule* predictability is one of economic predictability or economic security. Nurses and health care support workers — such foodservice, housekeeping and facilities staff — need jobs that provide dependable incomes.

Online nurse discussion boards are rife with low census staffing complaints, a common practice in which organizations send staff home when patient demand dips below expectations. Nurses report being "forced to flex," by having their regularly scheduled shifts cancelled with almost no notice. Others report being sent home due to low patient demand, but being forced to remain on call — for little or no pay — in case they were needed again.

Such policies are untenable for parents who need child care in case they are called in to work. At just two or three dollars per hour of on-call pay, paying for child care creates a net loss of income during their on-call hours. And, without a commitment to a minimum number of hours each week, nurses can't count on a regular paycheck for their household budget.

Moreover, in many hospitals, nurses are asked to use their PTO (or opt for no pay) on days they're called out. That leaves nurses without family vacation time because they've depleted their PTO in order to maintain a stable income.

Managing the Risk

The challenge for organizations is to come up with a process to address census fluctuations while still supporting an effective work environment for staff. To that end, some organizations are addressing the problem by accepting the financial risk for overstaffed units, rather than shortchanging staff paychecks. Though this does entail some financial costs for the organization, these employers believe that employees with less economic insecurity induced stress and work-life conflicts will be more productive and likely to stay. In addition, economic insecurity has been found to have negative effects on health,[25] a fact which makes employee economic security a part of health care employers' mission statements.

Such solutions include:

- **No Cancellation Policies.** These policies stipulate that employees are not sent home if there is a low patient population for any given shift. Instead of going home, the employees pursue other responsibilities that might not receive full attention during busy hours such as fulfilling training obligations or conducting quality audits. The net result is a more highly-trained staff in a well-maintained environment that is better prepared for periods of high demand.
- **Minimum Hour Guarantees.** Similar to no-cancellation policies, minimum hour policies guarantee that employees will receive at least a set number of hours each week at their usual pay rate. Employers may be able to provide more than the minimum, but employees are guaranteed pay, even if they are not required to work.

At Bon Secours Health System, administrators ask for volunteers when patient census drops. "We usually have enough people who would like the extra time," says Dawn Trivette, Administrative Director of Work and Family Services, "but no one is forced to go home."

Moreover, Bon Secours teams take advantage of slow times to go through required training. "All of our training programs are available online," Trivette says, "so when the census is low, managers will often use that time to get their team through safety classes and other requirements."

Likewise, Kaiser Permanente has instituted an official no-cancellation policy for its northern California facilities. On low patient census days, nurses have a number of options, including completing mandatory annual competency training, continuing education or special unit projects, such as quality audits.[26]

Cooperative Home Care Associates, a New York-based home care staffing agency, has offered guaranteed minimum hours for years. Employees in the program are guaranteed at least 30 hours of work each week, provided workers make themselves available for regularly scheduled weekday shifts and every other weekend. Workers can call their coordinator to indicate they cannot work a particular day, and those hours of unavailability reduce their guaranteed minimum accordingly.[27]

Workflex to Retain Mature Workers

Like any employer, health care organizations stand to lose institutional knowledge — and a critical labor supply — as older workers retire. Registered nurses delayed retirement through the recession, but now Baby Boomers may start to leave the workplace in greater numbers.[28] Workflex options are a key strategy hospitals are using to delay retirements and leverage their older talent, longer.

For several years, AARP conducted an annual awards program recognizing Best Employers for Workers over 50. Health care organizations were always among the top performers, usually filling a majority of the top 10 slots. The industry, it seems, is well ahead of the curve when it comes to attracting older workers. The following workflex options were frequently cited by health care organizations appearing in AARP's list:[29]

- **Shorter shifts** – Offering older workers eight-hour or shorter shifts to reduce fatigue.
- **Seasonal work** – Arrangements for nurses to work three, six or nine months at a time.
- **Snowbird programs** – Travel nursing or seasonal nurse retention programs in areas where retirees relocate for the winter.
- **Phased retirement** – A staged retirement in which older workers gradually cut back their hours over months or years.

FAMILY CAREGIVERS

Health care workers, particularly nurses, face a particular demand to help out when family members are sick.

"Because they are caregivers, a lot of time, they are expected to care for someone in the family that has health issues," says Dawn Trivette, Administrative Director of Work and Family Services at Bon Secours Richmond Health System. "And not just their own parents or grandchildren, but aunts and uncles, too. They have the skills, so there's this expectation or pressure that they'll take time away from their jobs to meet that family need."

Bon Secours offers eldercare benefits to assist employees caring for aging family members. But the organization recognizes that sometimes support systems just aren't enough.

"If they need time away, we make it possible for them to do that," Trivette says.

- **Benefit retention policies** – Allowing retirees to work part time or PRN status and still receive retirement benefits.

- **Retirement trial** – Inviting employees to return to work within a set time period if they decide they aren't ready to leave the workforce. Employees can return to work with full benefits.

- **Project work** – Leverages experienced nurses to do special project work, such as policy updates and quality initiative. May be offered in tandem with telecommuting.

Task flexibility and attention to universal design principles can also improve retention for older workers. As nurses age, the bending, lifting and pulling that's part of their daily work becomes more difficult. And, like any aging person, nurses may be experiencing a gradual decline in strength, stamina, visual acuity and joint flexibility. Task flexibility allows older workers and those with disabilities to exchange physically demanding tasks with other employees. Universal design, on the other hand, focuses on designing and adapting tasks and tools to minimize the physical requirements of the employee so that the widest range of people possible are able to perform the necessary tasks.

By finding ways to support older workers, organizations get to keep these productive, knowledgeable people on the job longer. Gradual retirement transitions give the retiring employee time to train a successor and mentor younger staff. Retirement transition programs may also serve as a general staff retention strategy as younger employees stay in the organization with intention of using these workflex options themselves later on. For younger employees taking on more physically demanding tasks, it is important to emphasize the mentoring and training responsibilities of the older employees and

At the **Robert Wood Johnson University Hospital** in New Brunswick, New Jersey, administrators realized that nurses were retiring sooner than other employees. The hospital interviewed recently retired nurses to find out why and then implemented a variety of changes aimed at reducing the physical demands of the job.

Adaptations included moving medication refrigerators from the floor to countertop-level and purchasing anti-fatigue mats. (The hospital also identified that a lack of flextime scheduling was also contributing to nurse retirements, and they addressed those concerns.)

At San-Diego based **Scripps Health**, the hospital implemented lift teams, a group trained in safety lifting and repositioning patients. The hospital also provides special lift apparatuses which nurses have the option of using.

Environment adaptations should focus on limiting the need for nurses to bench or crouch and providing larger print visual displays. Other strategies identified in the older nurse retention literature include rotating difficult assignments, reserving low patient acuity jobs for older workers and rethinking task mix based on physical needs. Meanwhile, health providers can use their purchasing decisions to encourage pharmaceutical companies and equipment designers to create packaging and equipment designed for a range of physical capabilities.

ensure that the amounts of work in all groups is about equal even if the kinds of work are different. If the program is structured as a mutually supportive relationship where younger employees are getting more experience and guidance and older employees are able to remain in the workplace, everyone wins.

What's more, employers may also find that by giving workers the option to take extra time off before retirement may lessen their financial liability to pay out vacation when the employee leaves.

Mercy Health System, based in Janesville, Wisconsin, is a network of 70 health care facilities including hospitals, clinics, home health care and hospice staff. When company leaders evaluated average employee age and realized they were facing a looming labor shortage, they conducted a series of focus groups to find out what would make employees stay.

The effort led to Mercy's "Work to Retire" program which allows older workers to customize their retirement plans. Employees can opt for a different job in the company, cut back to seasonal work or shift to a part-time, flexible schedule while keeping their benefits. The program is open to any employee age 50 and older, regardless of their job role.[30]

Work, with Benefits

A number of health care employers offer pension or other retirement benefits to partially-retired employees. Examples of those practices and other steps health care organizations are taking to retain older workers include:

- **Atlantic Health System's** 1,000 Hour Club, a program for employees age 50 and over, allows retirees to return to part-time and per-diem work in as early as three months after they have begun receiving retirement benefits. Retirees in the club can work up to 999 hours each year while continuing to collect their benefits.[31]
- **Bon Secours** offers employees age 65 and older the option to work part time and still receive the same benefits as if they were fully retired. **Scripps Health** gives older employees the same opportunity.[32]
- **Lee Memorial Health System** offers flexible schedules, phased retirement and a seasonal months-off program for up to six months. The hospital also allows employees to work reduced schedules for up to six months without losing benefits.[33]
- **Baptist Health Systems** allows employees age 59.5 and older, with at least 10-years' company tenure, to begin to draw on their pension and still work part time. Older workers who retire can return to the company within five years without losing their benefits.[34]

Sharing Stories

Be aware that retention policies should be supported through internal communication efforts and other demonstrations of management support. Employers must actively market these options to older workers, particularly when a program is new or underutilized.

Dawn Trivette, Administrative Director of Work and Family Services for Bon Secours, says the organization uses its newsletter and other communication vehicles to publish stories of people who've returned to work in their retirement.

"People who were thinking they wanted to retire see those stories and say, 'That looks good to me. I get to work for the same organization and take time off.'" Trivette says. "Plus, telling those stories shows that our leaders really embrace these work options and encourages our managers to pilot and try new things."

Telehealth and Long-Distance Patient Care

Nurses aren't the only clinical practitioners in short supply. The U.S. could face a shortage of 90,000 physicians by 2025, according to the Association of American Medical Colleges. Rural Americans, in particular, will be critically underserved.[35] Meanwhile, physician burnout is on the rise, with more than half of all doctors reporting emotional exhaustion, loss of meaning in their work or feelings of ineffectiveness.[36]

Workflex is one tool to delay physician retirement and address burnout, but organizations may need additional resources — in terms of staffing or technology — to increase access to flexible work.

Doctors Want Workflex

Doctors want flexible or part-time work and, as in-demand talent, they're often in a position to negotiate for it. In 2011, a study co-sponsored by the American Medical Group Association found that 22% of male physicians and 44% of female physicians worked less than full time.[37]

Physicians from two particular demographics are driving this. Men nearing retirement age and women at the beginning or middle of their careers are most likely to work part time or to insist on a flexible work schedule.[38] The study found that part-time work options were most available in large, physician-owned practices, while the percentage of part-time physicians in hospital-based practices was relatively low.

Shortages Exacerbate Work-Life Conflict

Yet, doctors in small practices and rural locations likely have the hardest time finding flexibility. We spoke with one radiologist (who asked to remain anonymous) who runs a physician-owned practice in the Midwest. She and her clinical partner struggle to recruit talent to their small city.

That means she's on call every other night and every other weekend, sometimes working 12- or even 18-hour days. "We waste a lot of time and money on recruiting," she says. "Our last partner was here for three years, and then he left for a bigger city."

One partial solution, she says, is to join a larger radiology group that could provide some remote support through teleradiology (transmitting medical images to be read by radiologists in a remote location). Indeed, remote medical care (aka telehealth or telemedicine) is a growing trend. As one 2014 study suggests, 42% of U.S. hospitals had already adopted some kind of telehealth platform, with adoption rates significantly higher in rural areas.[39] Telehealth researchers and advocates point out that remote medical services increase access to health care, creating situations in which patients are diagnosed and treated earlier. Telehealth is also credited with improving patient outcomes as highly specialized doctors can serve wider treatment areas, ensuring rural patients can have 24/7 access to niche medical specialists.

Not all specialties have equally easy access to telehealth options, and even those that do require easy, reliable and secure access to health records. Though telecommunications has already revolutionized medicine, not every health care employee is positioned to make full use of it. It is important to be clear with staff and patients about what situations work with telehealth technologies and why. Investments in appropriate technology (e.g., cameras with enough resolution to properly assess symptoms and secure servers and computers accessible from multiple locations) is also necessary to have a successful telehealth program. It may be helpful to review the **Workflex and Telework Guide** for additional considerations on finding success with a dispersed workforce.

Leaders at the University of Pittsburgh Medical Center (UPMC) believe telehealth can address the doctor shortages that will increase as more people gain insurance coverage. Plus, they see it as an opportunity to provide better, more affordable care.

"It allows the system to better manage patients, and it will be a cost benefit because we are not going to have patients who end up unnecessarily being admitted to a hospital or showing up in an emergency department because they didn't have the ongoing maintenance and care that they needed," said Natasa Sokolovich, UPMC's Executive Director for Telemedicine, in an interview with the *Physician Leadership Journal*.[40]

UPMC is establishing multispecialty tele-consult centers in rural communities. Patients can use the virtual medicine centers for pre- and post-operative visits with a surgeon; appointments with an endocrinologist, cardiologist or prenatal care specialist; or more. Almost 80 subspecialists and 70 primary care providers are providing telehealth services at UPMC.

Patient satisfaction with the program is quite high, averaging 4.8 on a five-point scale. What's more, a UPMC survey revealed 40% of patients would have skipped medical care rather than drive further for a face-to-face medical visit.

Workflex for Support Staff

Mention health care staffing, and most people think of clinical jobs like nursing, imaging or pharmacy positions. But hospitals and clinics are also operated by large support teams, including employees in maintenance, housekeeping, foodservice and security.

These positions are essential to ongoing operations, and organizations would do well to remember these employees when promoting workflex. Managers should also recognize that employees in low-wage positions may work more than one job to meet their household financial needs. These employees may have an even bigger need for schedule predictability in order to reliably coordinate multiple work schedules. Moreover, these employees may have greater work-life stressors (such as unreliable transportation or child care resources) than employees with higher financial resources.

WellStar Health System has more than 200 employees on its Environmental Services (ES) teams, charged with facilities and housekeeping. Just like their clinical counterparts in the hospitals, ES team members work around the clock. Shifts overlap with teams designated to clean patient rooms, clinic areas and surgical suites according to the appropriate time of day.

Schedules are regular and predictable, and facilities teams can also count on keeping their hours, even when patient census is low. "We don't send people home," says Carolyn Christmas, Executive Director of Environmental Services at WellStar. "When our volumes drop, that's when we take an opportunity to do a deep clean."

What's more, Christmas says managers are flexible when employees want a shift slightly outside the norm. "If someone can't start at 7:00 a.m. for some reason, we work with them," Christmas says. "If they need to come in at 7:30 or 8:00 a.m., we'll make adjustments for that."

For Christmas, that kind of flexibility means fewer attendance issues and less employee turnover. "I do believe there's a degree of loyalty," she says. "Team members know we're willing to work with them, and that we're setting up an environment where they can be successful."

When calloffs do happen, managers consult a running roster of volunteers who want extra time on their day off. The hospital system is currently working on an initiative to cross-train and coordinate schedules among its five regional facilities, so that team members can volunteer for shifts at multiple locations.

Christmas believes WellStar's employer reputation aids recruiting efforts. "I'll often be interviewing people and hear, 'I've been trying to get in here for a year. I've been applying for everything that comes up.' They're aware of our initiatives," she says. "They come in the door knowing those things."

Conclusion

Clearly workflex is already practiced in the health care sector. But efforts to introduce more flexibility may meet with resistance when its primary purpose is to support just-in-time staffing models in which employees have little control or predictability in their schedules. In order for flexible scheduling options to be effective, they must meet the needs of *both* the organization and the employees.

For many health care organizations, the challenge is less one of how to offer flexibility, but one of how to schedule in a way that reduces stress and work-life conflict for their employees. For health care, workflex, in large part, represents strategies for building part-time talent pools, providing greater employee autonomy over schedules and reducing last minute shift changes. Interestingly, the employers and communities faced with the largest challenges are often the best place to look for innovative strategies.

We hope that this Guide advances the workflex conversation at your organization and provides fresh insight into the opportunities for creating more effective workplaces in health care. If you would like to share your story about how to make scheduling work better for both employees and their health care employers, please email us at **WhenWorkWorks@familiesandwork.org**.

WHEN
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When Work Works is a nationwide initiative that brings research on workplace effectiveness and flexibility into community and business practice. Since its inception in 2003, When Work Works has partnered with an ever-expanding group of communities from around the country to: share rigorous research and employer best practices on workplace effectiveness and flexibility; inspire local employers to create more flexible and effective workplaces to benefit both business and employees; and recognize exemplary employers through the When Work Works Award and local community events. **www.WhenWorkWorks.org**

The **Society for Human Resource Management (SHRM)** is the world's largest HR professional society, representing 285,000 members in more than 165 countries. For nearly seven decades, the Society has been the leading provider of resources serving the needs of HR professionals and advancing the practice of human resource management. SHRM has more than 575 affiliated chapters within the United States and subsidiary offices in China, India and United Arab Emirates. Visit us at **shrm.org**.

Families and Work Institute (FWI) is a nonprofit center dedicated to providing research for living in today's changing workplace, changing family and changing community. Since the Institute was founded in 1989, our work has tackled issues in three major areas: the workforce/workplace, youth and early childhood. In 2016, Mind in the Making, our major child development initiative, became a program of the Bezos Family Foundation and the National Study of the Changing Workforce, the National Study of Employers and When Work Works became projects of the Society for Human Resource Management (SHRM).
www.familiesandwork.org

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When Work Works produces Workflex Guides to help businesses and organizations explore ways to #ReinventWork and create effective and flexible workplaces for their employees.