LETTER TO EDITOR OPEN ACCESS

Revisiting Nurse Scheduling Practice

Yusrita Zolkefli[1*] & Mohamad Yusri Haji Zolkefli[2]
[1]PAPRSB Institute of Health Sciences, Universiti Brunei Darussalam.
[2]Internal Medicine Services, RIPAS Hospital, Ministry of Health, Brunei Darussalam
*E-mail: yusrita.zolkefli@ubd.edu.bn

Dear Editor,

It is widely recognised that nurse scheduling is a complex process. To satisfy the nurses' expectations and maintain the ward's seamless operation in an efficient and risk-free manner, a number of approaches and structures have been considered, some of which have been implemented, while others have been abandoned. This commentary sheds light on the current scheduling practises and considers whether or not the preferences of nurses should take precedence over other salient factors, such as fatigue.

Jenkinson (1), who initiated a self-scheduling initiative at St. George's Hospital in London, was the first to document such scheduling in 1963. This indicates that the concept has existed for a considerable amount of time. Since then, numerous initiatives have been implemented to facilitate the implementation of self-scheduling systems. Due to this practice, the nursing staff has more control over their shifts. It allows nurses to choose the schedules they prefer to work or during which they will be unavailable and gives the group responsible for creating the shift schedule. Additionally, they have the option to negotiate their schedules. This initiative is laudable because it can enhance the autonomy of nurses and their level of job satisfaction, thereby increasing employee engagement and satisfaction and alleviating some of the pressures nurse managers may face. Providing nurses with more shift scheduling options and flexibility has also enhanced their health and well-being (2). Research has also proposed that such flexibility optimises schedules and increases job productivity (3).

However, this option to set one's own schedule presents numerous challenges, especially if it is inadequately facilitated. It has been observed, for example, that nurses place a high value on control because it allows them to accommodate their personal requirements within their work schedules (4). However, we cannot rule out the possibility that they may lose sight of the risk of fatigue when making the scheduling requests. Numerous empirical studies and reviews provide evidence that poor roster patterns, inappropriate work scheduling, and inadequate time for rest between shifts might result in fatigue (5, 6, 7).

When making scheduling decisions, nurse managers have an obligation to prioritise numerous factors, including nurse-to-patient ratios, the appropriate number of staff members per shift, and an evenly distributed workload. Although nurses may not value these factors highly, the ethical challenges and scheduling constraints these present for nurse managers are very real. In addition, having a set of fixed schedules is not always negative when viewed from a more pragmatic perspective. This is because such a schedule imposed limits on the number of shift changes and overtime hours worked. After all, evidence (8) found a strong relationship between self-scheduling and increased requests from management for last-minute schedule changes, which can be challenging for nurse managers to manage and navigate. Consequently, they asserted that nurse supervisors should consider implementing fixed scheduling to maximise both the efficient use of resources and adequate safety. This does not, however, imply that self-scheduling should be entirely dismissed as a viable option.

To promote fairness and rationality, there has been a growing necessity for nursing managers to embrace more humane scheduling practices (9). This includes the establishment of specialised monitoring of shift employees to monitor signs of fatigue at an earlier stage (10), as well as the recognition and possible abandonment of any outdated practices, such as laborious manual scheduling process (as an example, nurses still use pen and paper to submit requests for shift scheduling), especially in situations requiring changes and human input. But as we have seen, we should also be cautious about placing too much weight on the debate between self-scheduling versus fixed-scheduling. The nurses' voices and preferences would unquestionably be accorded greater weight from the outset if nurses participated in the scheduling process. It is also true, however, that nurse managers have an important duty to find an equilibrium between accommodating nurses' preferences and preventing fatigue (11).

In conclusion, determining the optimal scheduling approach can sometimes be a challenging task. The prioritisation of an improved and systematic scheduling practice that ensures a safe, effective, and reasonable scheduling procedure is, in our opinion, of greater importance for nurse managers to consider seriously. In addition, while we realise that there is no one-size-fits-all solution to improving scheduling practises, we feel that it is preferable to exercise some degree of flexibility in scheduling practises to create a situation where everyone can benefit. This indicates that a streamlined approach, such as the use of scheduling software, may be one of the solutions for achieving this goal. Last but not least, implementing flexible scheduling practices has the potential to generate meaningful benefits for both nurses and nurse managers. However, suppose nurses fail to appreciate flexibility as a strategic approach and instead view it as an inherent right and privilege. In this case, the fundamental premise for flexibility in scheduling for nurses will be undermined, resulting in negative effects on the standard of patient care.

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REFERENCES

1. Hung R. A note on nurse self-scheduling. Nurs Econ. 2002;20(1):37–9.
2. Turunen J, Karhula K, Ropponen A, Koskinen A, Hakola T, Puttonen S, et al. The effects of using participatory working time scheduling software on sickness absence: A difference-in-differences study. Int J Nurs Stud [Internet]. 2020;112(103716):103716. Available from: http://dx.doi.org/10.1016/j.ijnurstu.2020.103716
3. Dall'Ora C, Ball J, Reinius M, Griffiths P. Burnout in nursing: a theoretical review. Hum Resour Health [Internet]. 2020;18(1):41. Available from: http://dx.doi.org/10.1186/s12960-020-00469-9
4. Kubo T, Takahashi M, Togo F, Liu X, Shimazu A, Tanaka K, et al. Effects on employees of controlling working hours and working schedules. Occup Med (Lond) [Internet]. 2013;63(2):148–51. Available from: http://dx.doi.org/10.1093/occmed/kqs234
5. Garrubba M, Joseph C. The impact of fatigue in the healthcare setting: A scoping review. Centre for Clinical Effectiveness, Monash Health, Melbourne, Australia [Internet]. 2019. Available from: https://monashhealth.org/wp-content/uploads/2020/03/Health-worker-fatigue_Scoping-Review2019_FINAL.pdf
6. van de Ven, H. A., Hulsegge, G., Zoomer, T., de Korte, E. M., Burdorf, A., & Oude Hengel, K. M. (2021). The acute effects of working time patterns on fatigue and sleep quality using daily measurements of 6195 observations among 223 shift workers. Scandinavian Journal of Work, Environment & Health, 47(6), 446–455. https://doi.org/10.5271/sjweh.3964

7. Peršolja, M. (2023). Effects of nurses' schedule characteristics on fatigue: An integrative review. Nursing Management, 54(4), 28–37. https://doi.org/10.1097/01.numa.0000921904.11222.11
8. Kullberg A, Bergenmar M, Sharp L. Changed nursing scheduling for improved safety culture and working conditions - patients' and nurses' perspectives. J Nurs Manag [Internet]. 2016;24(4):524–32. Available from: http://dx.doi.org/10.1111/jonm.12352
9. Liu S, Wang C, Jiang Y, Ren H, Yu T, Cun W, et al. Nurse scheduling in COVID-19-designated hospitals in China: A nationwide cross-sectional survey. J Nurs Manag [Internet]. 2022;30(8):4024–33. Available from: http://dx.doi.org/10.1111/jonm.13832
10. Peršolja M. Effects of nurses' schedule characteristics on fatigue: An integrative review: An integrative review. Nurs Manage [Internet]. 2023;54(4):28–37. Available from: http://dx.doi.org/10.1097/01.NUMA.0000921904.11222.11
11. Ejebu O-Z, Dall'Ora C, Griffiths P. Nurses' experiences and preferences around shift patterns: A scoping review. PLoS One [Internet]. 2021;16(8):e0256300. Available from: http://dx.doi.org/10.1371/journal.pone.0256300