

# POLICY BRIEF

## Health Services

### Decent Working Time for Nursing Personnel: Critical for Worker Well-being and Quality Care

#### KEY MESSAGES

- Decent working time in the health sector is critical to providing quality care. It balances health workers' well-being with health services requirements, including the provision of health care for 24 hours a day, seven days a week. The ILO Nursing Personnel Convention, 1977 (No. 149) and the accompanying Recommendation (No. 157) establish standards for decent working time arrangements for nursing personnel.
- A predominately female health workforce, nursing and midwifery personnel constitute the largest occupational group in the health sector. The profession requires a range of working time arrangements, such as extended work shifts, night work, and on-call scheduling. Inappropriate use of these arrangements has been shown to negatively impact the health of nursing personnel, and their work performance and family life.
- Balanced working time arrangements are shown to improve employee productivity. Such arrangements also reduce rates of absenteeism and staff turnover, improve employee attitudes and morale, and translate into better organizational performance.
- In order to advance decent working time arrangements for nursing personnel, the brief calls for the promotion, ratification and implementation of Convention No. 149, Recommendation No. 157, and other relevant ILO standards; support for social dialogue and collective bargaining in the health sector; and engagement of stakeholders in developing and communicating good practices and guidelines.



## INTRODUCTION

Working time arrangements in the health sector have an impact on worker safety and health, personal outcomes, and organizational performance in terms of patient outcomes. The complexity of a sector that has to ensure 24-hour-a-day services seven days a week (24/7) poses enormous challenges for both workers' well-being and organizational performance.

The focus of this policy brief is on nursing personnel<sup>1</sup> as they represent the largest occupational group in the health sector, constituting nearly half of all health professionals<sup>2</sup>. Their working time arrangements vary and often exceed the conventional hours of work, comprising long hours, shift work, night work, and on-call scheduling. Inappropriate use of these arrangements has been shown to negatively impact the health and work-life balance of nursing personnel, and compromise the quality of care provided.

The ILO Nursing Personnel Convention, 1977 (No. 149) defines nursing personnel to include “all categories of persons providing nursing care and nursing services” (Art. 1). Categories and occupational titles vary according to national context and needs. Pursuant to the ILO Nursing Personnel Recommendation, 1977 (No. 157), “measures should be taken, in consultation with the employers’ and workers’ organisations concerned, to establish a rational nursing personnel structure by classifying nursing personnel in a limited number of categories determined by reference to education and training, level of functions and authorisation to practice”. Such a structure, in accordance with national practice, could include the following categories: nursing professionals, auxiliary nurses and nursing aides (para. 5).

The ILO International Standard Classification of Occupations (ISCO-08) references the categories of nursing professionals, nursing associate professionals and personal care workers. Nursing professionals assume responsibility for the planning and management of the care of patients, working autonomously or in teams with other health occupations. They can include clinical nurse consultants, district nurses, nurse anesthetists, nurse educators, nurse practitioners, public health nurses, and specialist nurses. Nursing associate professionals provide basic nursing and personal care, mainly under the supervision or in support of medical or nursing professionals, and can include assistant nurses or enrolled nurses. Personal care workers focus on personal care and assistance with daily living activities and may provide nursing care limited to assisting patients with oral medications and changing dressings. They can include health care assistants, nursing aides, or home-based

personal care providers (ILO, 2007b).

The World Health Organization (WHO) considers nurses and midwives to be frontline providers of health services, especially in rural and remote areas (WHO, 2013). The International Council of Nurses (ICN) underlines the scope of nursing practice as a combination of knowledge, judgment and skill that allows nurses to perform direct care giving and evaluate its impact, advocate for patients and for health, supervise and delegate to others, lead, manage, teach, undertake research and develop health policy for health care systems. The scope of practice is dynamic and responsive to changing health needs, knowledge development, and technological advances.<sup>3</sup>

This policy brief discusses the factors shaping working time arrangements in the health sector and describes the range of potential consequences associated with irregular working time arrangements. It also highlights the importance of balanced working time arrangements for workers' well-being and the quality of health care, and provides practical information and recommendations for addressing working time issues.

The policy brief contributes to the WHO-ILO-OECD Working for Health programme that assists countries in implementing the recommendations of the UN High-level Commission on Health Employment and Economic Growth. The Commission made a strong case for investing in decent health employment for achieving Universal Health Coverage and making gains across various SDGs (HEEG Commission, 2016). The Working for Health programme assists countries to expand and transform the health workforce to make progress towards achieving equal access to quality health care.

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1 In some countries, nursing and midwifery personnel belong to the same occupational group, while in other countries they are seen as distinct. Notwithstanding variations in nationally-specific classifications, both groups share the same working time concerns.

2 WHO estimated that out of a total of 43.5 million health professionals in 2013, 20.7 million were nurses and midwives. Reference: WHO. 2016. *Global strategy on human resources for health: Workforce 2030* (Geneva, WHO).

3 International Council of Nurses (ICN). 2013. *Scope of nursing practice: ICN Position Statement*. Available at [http://www.icn.ch/images/stories/documents/publications/position\\_statements/B07\\_Scope\\_Nsg\\_Practice.pdf](http://www.icn.ch/images/stories/documents/publications/position_statements/B07_Scope_Nsg_Practice.pdf)

## WORKING TIME ARRANGEMENTS AND DECENT WORK IN THE HEALTH SECTOR

The ILO Decent Work Agenda promotes opportunities for women and men to obtain decent and productive work in conditions of freedom, equity, security, and human dignity (ILO, 2007a). Decent working time arrangements are a central component of the agenda, and have been since the adoption of the first standard in 1919 – the Hours of Work (Industry) Convention, 1919 (No. 1).

Over the years, varied forms of working time arrangements have been developed and practiced to contribute to greater efficiency. Not all of these arrangements have worked to promote the overall well-being and productivity of workers. The ILO recognizes “the importance of working time, its regulation, and organization and management, to: (a) workers and their health and well-being, including opportunities for balancing working and non-work time; (b) the productivity and competitiveness of enterprises; and (c) effective responses to economic and labour market crises” (ILO, 2011, p. 28, para. 1).

### Box 1. Decent working time

Working time arrangements that promote health and safety; are “family-friendly”; promote gender equality; advance the productivity and competitiveness of enterprises; and facilitate worker choice and influence over their hours of work.

**Source:** ILO. 2007a. *Decent working time*.

Decent working time is a critical component for the provision of quality services in the health sector. The delivery of health care services requires round-the-clock responsiveness and high accountability. The 24/7 work requirements of the profession often expose nursing personnel to long and irregular hours of work, with possible negative consequences for the health and safety of both nurses and their patients. According to a 2011 study, the “continued vigilance required of nurses can be affected by excessive work hours, limiting their ability to detect adverse changes in patients in time to address them and prevent consequences; this could have profound consequences for patient safety and health” (Trinkoff et al., 2011). Long and irregular hours also negatively impact the recruitment and retention of nursing personnel. The provision of predictable work hours, in addition to supportive work climates and appropriate nurse-to-patient ratios, help to mitigate these effects and ensure quality patient outcomes (Stordeur et al., 2007; Trinkoff et al., 2011; Coetzee et al., 2013; Griffiths et al., 2014; Cho et al., 2015). As the largest occupational group in the health sector, the overall quality of care depends on both the health and the capacity of nursing personnel to perform their duties effectively.

A number of ILO Conventions related to working time are not applicable to nursing personnel, while others are

applicable, although with some restrictions. For example, the Weekly Rest (Commerce and Offices) Convention, 1957 (No. 106) applies to “establishments, institutions and administrative services providing personal services” only in countries that have formally accepted such application at the time of ratification. Nursing personnel are not excluded from the Holidays with Pay Convention (Revised), 1970 (No. 132); however, governments may, under certain conditions, exclude specific categories of workers from its application.

The ILO Nursing Personnel Convention, 1977 (No. 149) and the accompanying Recommendation (No. 157) provide minimum standards for decent working conditions for nursing personnel. Countries that ratify the Convention commit to ensuring that nursing personnel enjoy conditions at least equivalent to those of other workers in relation to hours of work, including regulation and compensation of overtime work, inconvenient hours, and shift work, as well as entitlements to weekly rest and paid annual leave. The Recommendation contains additional provisions on issues such as time periods to be counted as working time; the progressive reduction of working hours to a maximum of 40 hours per week; limits on daily working hours; meal and rest breaks; advance notice of work schedules; weekly rest (36 uninterrupted hours as a minimum, with steps to be taken to increase it to 48 consecutive hours); limitation and compensation of overtime work, work at inconvenient hours and on-call duty; the regulation of shift work and the avoidance of split shifts; paid annual leave (which should progressively reach 4 weeks for one year of service); and reduction of working hours and/or increase in rest periods (without any decrease in total remuneration) for nursing personnel who work in particularly arduous or unpleasant conditions.

## GLOBAL CHALLENGE: NURSING PERSONNEL SHORTAGES

Working time in the health sector has to be considered in the context of global health workforce shortages. The global shortage of nursing personnel is not a new phenomenon. The challenges to attract and retain sufficient numbers of nursing personnel has been linked to poor employment and working conditions (ILO, 2005). Demands for nurses in high- and middle-income countries increased labour migration of nursing personnel, with international recruitment becoming a common strategy to address shortfalls. The international migration of nurses often compromises working conditions and quality of care in source countries, which are unable to counter the loss of skilled and experienced nursing personnel (Kingma, 2001; Kline, 2003; Aiken, 2007; Lorenzo et al., 2007; Li et al., 2014). The WHO Global Code of Practice on the International Recruitment of Health Personnel provides for measures to be taken by countries to establish sustainable health workforce planning which reduces the need to recruit nurses from other countries (WHO, 2010).

The 2008 financial crisis and its outcomes produced growing concerns over working conditions in the health

sector. Austerity measures included reductions in nursing personnel and salary cuts, which resulted in high attrition rates, increased workloads, long working hours, low productivity, and poor retention and recruitment (Alameddine et al., 2012; EFN, 2012; EPSU, 2013). The WHO estimated for 2013 a needs-based shortage of 9 million nurses and midwives worldwide (WHO, 2016).

In 2012, the United Nations General Assembly endorsed Universal Health Coverage (UHC) as a key strategy towards achieving the goal of health for all, and urged governments to accelerate the transition towards universal access to basic health services as well as protection from financial hardships (UN General Assembly, 2013). The High-level Commission on Health Employment and Economic Growth (HEEG Commission) made a strong case for the need to invest in the health workforce if UHC and Sustainable Development Goal (SDG) 3 on good health and well-being for all were to be achieved. According to ILO estimates, in 2014, 84 per cent of the population in low-income countries, and half of the rural population worldwide, had no access to health care due to health worker shortfalls (Scheil-Adlung, 2015). Increasing demand for health services is expected to generate around 40 million new jobs for health workers by 2030, mainly in high- and middle-income countries (Liua et al., 2016). At the same time, projections suggest a shortfall of 18 million health workers by 2030, primarily in low- and lower-middle-income countries (HEEG Commission, 2016).

In addition to global demographic and epidemiologic or disease transitions, the aging health workforce has also impacted the demand for nursing personnel (Crisp & Chen, 2014). In 2015, 40 per cent of nurses and midwives in Australia were aged 50 years or more, while in the United States half of the registered nurses were in that same age group (AIHW, 2016; NCSBN, 2015). The demand for nursing personnel must be addressed in order to prevent serious and long-term impacts on the health of populations, and to ensure the productivity and well-being of health workers. Investments in the health workforce will enhance progress towards the achievement of various SDGs, particularly SDGs 3 (good health and well-being), 4 (quality education), 5 (gender equality), and 8 (decent work and economic growth) (HEEG Commission, 2016).

## FACTORS INFLUENCING WORKING TIME ARRANGEMENTS OF NURSING PERSONNEL

The way work is organized and performed is shaped by the structural components of health care institutions. Organizational culture, administrative capacity, and consultation or negotiation mechanisms impact the working time arrangements and working conditions of nursing personnel. Interviews with nursing personnel and other health professionals from Brazil, South Africa, and the Republic of Korea revealed the presence of rigid hierarchical structures and ineffective lines of communication within institutions. These conditions

affected the organization of working hours, and contributed to low motivation and the undervaluing of the nursing profession. Shortages of qualified personnel, combined with the 24/7 demands of the sector and poor working time arrangements, resulted in long working hours, extended and consecutive night shifts, and the mismanagement of personnel responsibilities. Collective bargaining and the ability of workers to arrange their working hours were identified as positively impacting individual and organizational performance. The rigid hierarchical structure within institutions has constrained the ability of nursing personnel to participate in consultations that could achieve balanced working time arrangements or ensure compliance with national regulations (Messenger & Vidal, 2015).

Working time arrangements are also shaped by national policies and regulatory frameworks. These include legislation on labour standards and basic conditions of employment, occupational health and safety, and policies such as South Africa's 1998 *Code of Good Practice on the Arrangement of Working Time*. In the European Union (EU), the 2003 Working Time Directive sets limits at 48 hours per week, including overtime, averaged over a reference period not exceeding four months. It also sets minimum standards regarding rest breaks, daily rest (minimum 11 hours), weekly rest (normally 24 hours plus the 11-hour daily rest), and the length of night work. The Directive, however, allows derogations from these requirements in certain circumstances, including "in the case of activities involving the need for continuity of service or production, particularly: (i) services relating to the reception, treatment and/or care provided by hospitals or similar establishments" (Art. 17(3)). Derogations may also be introduced through collective bargaining. Such derogations may, among others, establish reference periods of up to one year for the averaging of working hours (Art. 18 & 19).<sup>4</sup>

Working time arrangements are further determined by government allocation of resources, broader health workforce planning and deployment, communication and decision-making processes, and accountability mechanisms (Dieleman & Harnmeijer, 2006).

<sup>4</sup> Directive 2003/88/EC of the European Parliament and of the Council of 4 November 2003 concerning certain aspects of the organisation of working time. Available at: [http://eur-lex.europa.eu/legal-content/ EN/ALL/?uri=CELEX:32003L0088](http://eur-lex.europa.eu/legal-content/EN/ALL/?uri=CELEX:32003L0088)

## WORKING TIME ARRANGEMENTS OF NURSING PERSONNEL

In the nursing profession, shift work has been generally divided into three eight-hour shifts. In recent years, 12-hour shifts emerged as a trend, and were advocated as contributing to greater efficiency and a better work-life balance. Longer daily working hours with 12-hour shifts have raised concerns about the quality of care provided, and the impact of excessive hours on the safety and health of nursing personnel (Griffiths et al., 2014). Table 1 captures the range of working time arrangements and shift patterns in the nursing profession as applied in the United Kingdom.

**Table 1. Common shift working terms and patterns**

Common terms used in shift work	Type of shift pattern
Rotating shifts	Working a pattern of days and nights, this refers to the speed and direction in which workers change shifts. Shifts can be forward (from morning to afternoon to night shifts) or backwards rotating (the reverse of forward).  Rotation can be fast; for example changing from early to late shifts every day or so, or doing a week of 'earlies' then a week of 'lates' <sup>5</sup> .
Night shifts	Typically starts anywhere between 8pm and 10pm and runs for 10-12 hours.
Split shifts	This involves the shift being split into two parts; for example, a worker may work the first part of the shift between 6am-10am and the latter part between 4pm-8pm.
12-hour shifts	12-hour shifts are worked instead of the more traditional eight hour shift arrangement.
'Earlies' or morning shift	Typically a 7am-3pm or 8am-4pm shift.
'Lates' or evening shift	Typically 2pm-10pm, but in part-time work can be 5pm-9pm.
Continental shift	This is a continuous three-shift system that rotates rapidly; for example three mornings, then two afternoons, then two nights.
Three-shift system	The day is divided into three working periods of eight hours each – morning, afternoon and night. This kind of shift work can involve a week of mornings followed by a week on evenings and a week on nights.
Double days/ two shift	This is normally two shifts of eight hours each; for example 6am-2pm and 2pm-10pm. Shifts are usually alternated weekly or over longer intervals.

**Source:** RCN. 2012. *A shift in the right direction* (London, RCN).

5 Clockwise rotating shifts (forward rotation) appear to correspond more closely to the endogenous circadian rhythm, which has a period of more than 24 hours, and for that reason is considered to be a healthier option (ILO Encyclopedia of Occupational Health and Safety: <http://www.ilocos.org/documents/chpt43e.htm>).

Flexible shift work arrangements are seen as a more appropriate alternative to traditional shift work, as they allow employees to negotiate for shifts that best suit their needs. The planning and organization of flexible shift work is more complex, and requires a high degree of accountability from all nursing personnel to ensure its proper implementation (RCN, 2008).

Table 2 presents an overview of working time arrangements in Brazil, including those that promote greater working time flexibility. These working time arrangements allow nursing personnel to hold multiple jobs, which are often undertaken to make up for low salaries. If not properly designed, increasing flexibility could produce inefficiencies, lead to increased workload and reduced rest time, and diminish the quality of care. Interviews with health professionals revealed that those with two jobs or more often exceeded weekly working hours, and were at greater risk of compromising both their health and also workplace safety (de Oliveira, 2015).

**Table 2. Overview of working time arrangements in Brazil's health sector**

Arrangement	Characteristics
12x36	Workers have a shift of 12 hours followed by a rest of 36 hours
6x1	Workers work six days a week and have one day off, while usually working six hours a day
Shift working arrangements of 12 hours/24 hours	The worker compresses his/her working time in intense periods of 12 or 24 hours
Fixed working arrangements	Daily work of four, six or eight hours a day, usually on weekdays, sometimes working on one weekend day
Combined extended work and leave periods	Characterized by a number of weeks working in remote areas of the country followed by a number of weeks off work
On-call work, zero hours or "as and when required" arrangements	Characterized by a requirement that physicians or coordinators of sectors or departments be available to work when called
Working time banking arrangements	Characterized by the possibility of accumulating hours, which can be taken off as extended leave in a subsequent period
Regular overtime hours arrangements	Characterized by hours worked in addition to the contractual or hours usually worked, compensated at a higher rate by the employer

**Source:** de Oliveira. 2015. *Brazil: Case study on working time organization and its effects in the health services sector* (Geneva, ILO).

During the height of privatization and contracting out in the United Kingdom, zero-hours contracts were seen as a model of flexibility and cost savings (von Hagen & Winckworth, 2012). These are contracts in which the worker is not guaranteed any hours of work,

but may be required to make themselves available for work with an employer (ILO, 2016). In 2013, an estimated 27 per cent of health care employers in the United Kingdom were using zero-hours contracts. In England, 307,000 workers in the private care sector were on such terms of employment (UNISON, 2016).

## IMPACTS OF INADEQUATE WORKING TIME ARRANGEMENTS

Irregular working time arrangements can have negative implications for the health and work-life balance of nursing personnel (ICN, 2009; ILO, 2007a). Effects on health may include increased emotional and mental fatigue, disruption of normal sleeping and waking hours, depression, and various illnesses such as musculoskeletal disorders (Harris et al., 2015).

### Box 2. Interview with a registered nurse at a tertiary public hospital in South Africa

“We are supposed to work 40 hours per week, 160 hours per month. If you come from Monday to Friday 7 a.m. to 4 p.m., that is 40 hours. With the 12-hour shifts, some weeks they work more than 40 hours, some weeks they work less than 40 hours. People often work more than 160 hours per month, they are owed a lot of overtime pay by the Department of Health. People are stressed out and burnt out. There was a time that management was asking them to work on their off-duties, because they wanted to improve much needed patient care. Sometimes there is only one sister to 30 very sick patients. Most wards have 32 beds, for most of the them they will have one professional nurse and one enrolled nurse and two assistant nurses.”

**Source:** Kisting, S., Dalvie, A., & Lewis, P. 2017.

These arrangements could also produce diminished capacity to manage workload, job dissatisfaction, burnout, absenteeism, and poor service delivery and productivity (Aiken et al., 2002; Conway et al., 2008; Rajbhandary & Basu, 2010). Longer shifts (working 12 hours or more), longer weekly hours of work (more than 40 hours per week), insufficient breaks, overtime, and on-call hours have been linked to adverse nursing outcomes, including needle stick injuries, physical discomfort, and accidents. Shift lengths and weekly work hours should be regulated in order to prevent potential negative impacts on both nurses and patients (Bae & Fabry, 2014). The effects of zero-hours contracts include uncertainty about income, work schedules, access to state benefits, and applicability of employment rights. The lack of guaranteed minimum hours could lead to low motivation and high staff turnover, and present challenges with maintaining quality care services (EPSU, n.d.).

Better patient outcomes are closely associated with safe staffing and lower workloads (ICN, 2015; PSI, 2015). Safe and effective staffing is assured through minimum

nurse-to-patient ratios. The more patients a nurse has to care for the higher the work intensity, which can result in an increased risk of accidents and work-related stress, and consequently, injuries and ill health including fatigue and burnout. Inadequate staffing levels also have implications for patient safety and quality of care in terms of higher morbidity and mortality (Poghosyan et al., 2010; Zhu et al., 2012; Aiken et al., 2014). High levels of sick leave and absenteeism have also been linked to unequal nurse-to-patient ratios (Messenger & Vidal, 2015). Reducing absenteeism in the health sector could involve improving the working conditions of nursing personnel and other health professionals (Rajbhandary & Basu, 2010).

Irregular work schedules and work overload may also contribute to work-family conflict within the predominantly female health workforce, which could lead to lower levels of satisfaction in work and life (Yildirim & Aycan, 2008). Night shift work, weekend schedules, and multiple job holding may affect personal and family responsibilities. Given social expectations regarding household work, female nursing personnel are especially challenged in balancing work and family life (Messenger & Vidal, 2015). Inflexible working time arrangements can also influence women’s decisions regarding maternity and motherhood, with some nursing personnel choosing to delay pregnancy until reaching higher positions in their careers (Nihon Iroren, 2014; Messenger & Vidal, 2015).

### Box 3. Flexible working time

The ILO’s Workers with Family Responsibilities Convention, 1981 (No. 156) provides for the time and flexibility workers need to handle their family responsibilities. “Family-friendly” working time measures need to be designed to help meet the needs of parents – both women and men – to have sufficient time to care for their families on a daily basis. By allowing individuals to flexibly adjust their work schedules to meet these essential domestic obligations, “family-friendly” working time benefits workers and their families as well as society as a whole.

**Source:** ILO. 2007a. *Decent working time*.

On the other side, women in nursing professions who cannot reconcile their work schedules with their family responsibilities may have to opt for part-time solutions, which lowers their income and benefits and can also negatively affect their career prospects.

## DECENT WORKING TIME IN THE HEALTH SECTOR: EXAMPLES FROM PRACTICE

Taking steps to improve working time arrangements can increase productivity, reduce rates of absenteeism and staff turnover, and improve employee attitudes and morale. Decent working time allows employees to balance their personal lives with paid work, and also promotes the health and safety of nursing personnel and patients (ILO, 2007a).

Guidelines and good practices are important for advancing decent working time arrangements. The guidelines below were selected based on the credibility of the proponents, their mandates or advocacies, and their ability to positively influence nursing working time arrangements. These references are based on their respective national, sectoral and organizational contexts, and are mostly developed to guide stakeholders in dealing with the demands of the round-the-clock job and an aging health workforce.

### DEPARTMENT OF LABOUR OF SOUTH AFRICA, CODE OF GOOD PRACTICE ON THE ARRANGEMENT OF WORKING TIME, 1998

Applicable to employers and workers both within and beyond the health sector, the Code defines and limits a range of working time arrangements:

- The frequency of night work, weekend work, and work on public holidays should be limited as much as possible for each worker;
- The frequency of shift rotation should take into account the difficulties workers may experience in adapting to night work;
- Preference should be given for shift rotation in a forward direction (morning to afternoon to night), bearing in mind workers' preferences, local conditions, and difficulties in scheduling a long period of rest after spells of night shifts;
- Night shifts should not be longer than morning and afternoon shifts. Where long night shifts are used, strategies to avoid excessive fatigue should be adopted. Successive long night shifts should be avoided to the fullest possible extent;
- A minimum number of rest periods for shift workers should be scheduled on weekends in a given period.

### DEPARTMENT OF HEALTH, NORTHERN TERRITORY GOVERNMENT OF AUSTRALIA, NURSING AND MIDWIFERY SERVICES: BEST PRACTICE ROSTERING AND STAFF DEPLOYMENT PRINCIPLES, 2012

Australian territory-wide best practice principles were identified in collaboration with trade unions and hospital employers to improve nursing services provided by the government. The document contains guidelines for 12-hour shifts, which stipulate that such shifts must not be compulsory. According to the guidelines:

- There should be no more than three consecutive night shifts;
- There should be no more than three consecutive day shifts;
- There should be no more than four consecutive shifts (as long as the four shifts are two days then two nights then a minimum of three days off);
- There should be a reasonable distribution of days off between blocks of shifts;
- Shifts should not be compacted to produce an excessively long break;
- The roster pattern will be planned over a period of four weeks;
- Full-time nurses will work 152 hours/month;
- Part-time workers will have the opportunity to increase or decrease their contracted hours to best fit their 12-hour roster.

Good practices demonstrate the ways in which working time arrangements can be improved. These practices are developed through the efforts of governments, public and private employers, and trade unions. Nursing professional associations have undertaken such initiatives. In 2005, for example, the Registered Nurses' Association of Ontario (RNAO) launched a research-based project to evaluate the implementation of the Healthy Work Environment Best Practice Guidelines (HWE BPG). Research findings in 2010 showed improvements in staffing and workload practices, as demonstrated in Box 4.

#### Box 4. Developing and sustaining effective staffing and workload practices

After the implementation of the Workload Staffing HWE BPG:

- Nurses reported fewer average overtime hours over a three month period;
- The average hours of voluntary paid overtime decreased from 4 hours and 30 minutes to 2 hours and 31 minutes after six months;
- The average hours of voluntary unpaid overtime per week decreased from 3 hours and 19 minutes to 34 minutes after six months;
- Nurses indicated improvements in the quality of patient care.

**Source:** RNAO. 2010. *Pilot evaluation of implementation and uptake of Healthy Work Environment Best Practice Guidelines: Summary report.*

There has been a significant growth of flexible working agreements in the health sector across Europe, with unions playing a central role in developing workplace agreements on flexible working time, as captured by the Finnish example in Box 5.

### Box 5. Working time flexibility in the Finnish health sector

An innovative method of shift planning for nurses was developed by SuPer, a Finnish nurses' union, in partnership with Trade Unions of the Public Welfare Sectors (JHL), the Union of Health and Social Care Professionals (Tehy) and two employer organizations. The participatory planning model enabled staff to organize roles and tasks in a collaborative manner. The model adopted principles of ergonomic working time based on two mornings, two evenings, two nights and four days off. This included 8-10 hour shifts, at least 11 hours off duty between shifts, no more than 48 hours of working time a week, and consecutive days off. The participatory shift planning took into account skill mix, staffing levels, and the preferences of other workers. This form of participation led to high quality nursing, effective use of resources, motivated and committed workers, and better retention of staff.

**Source:** ETUC. 2011. *Working time in the health sector in Europe.*

Health care facilities have also initiated working time reforms. In order to improve the quality and efficiency of services, as well as recruit and retain nursing personnel, a Swedish health care facility for elderly patients experimented with a six-hour working day without a change to wages. Preliminary findings point to decreased sick leaves and increased productivity (Box 6).

### Box 6. Preliminary findings from the six-hour working day in Sweden

"During the first 18 months of the trial the nurses working shorter hours logged less sick leave, reported better perceived health and boosted their productivity by organising 85% more activities for their patients, from nature walks to sing-a-longs."

**Source:** Savage, M. 2017.

Critics have, however, argued that the six-hour working day is not economically sustainable. Other trials across sectors suggest that a six-hour working day may only be appropriate in certain settings, such as hospitals and retirement facilities (Savage, 2017).

### Box 7. Flexible working time guidelines for the aging health workforce

In order to implement flexible working time arrangements for older health professionals, the following actions should be considered:

- Developing a set of options including shift work patterns, part-time and phased retirement
- Developing a range of step down arrangements for those who wish to reduce their responsibilities by choice or due to diminished capabilities
- Establishing coaching and mentoring of less experienced staff to enable transfer of skills and knowledge

**Source:** EPSU & HOSPEEM. 2013. *EPSU-HOSPEEM guidelines and examples of good practice to address the challenges of an ageing workforce.*

Partnerships between employers' and workers' organizations have produced guidelines on good employment practices that promote flexible working time for an aging health workforce. The joint guidelines developed by the European Federation Public Service Unions (EPSU) and the European Hospital and Healthcare Employers' Association (HOSPEEM) provide examples of good practices on flexible working time arrangements for older workers (Box 7).





Examples of employer initiated policies and programs on flexible working time arrangements for an ageing health workforce are documented in Box 8.

### **Box 8. Flexible working time for the ageing health workforce in the United States**

*Mercy Health System offers weekend-only work, work-at-home opportunities, and seasonal work that allows employees to take extended leaves.*

*Lee Memorial Health System offers flexible schedules as well as phased retirement and a seasonal months-off program for up to six months during a slow season for full- and part-time employees. Lee Memorial also allows employees to work reduced schedules for up to six months without losing benefits.*

*Bon Secours Richmond Health System allows employees who are age 65 and older to work up to 24 hours per week and receive the same benefits they would get if fully retired.*

*Baptist Health Systems allows employees with at least 10 years with the company who are age 59 ½ or older to begin to draw on their pensions while still working part-time. In addition, older workers who retire can return to the company within five years without losing their benefits.*

*Carondelet Health Network implemented a “snowbird” program for its registered nurses. The program allows nurses to work for three, six, or nine months at a time, which offers opportunities to retain registered nurses who reside in Tucson, Arizona only during particular months of the year (Tishman, Van Looy, & Bruyère, 2012).*

**Source:** Harrington, L. & Heidkamp, M. 2013. *The aging workforce: Challenges for the health care industry workforce.*

## **WAY FORWARD: POLICY OPTIONS**

Maintaining appropriate staffing levels of nursing personnel is a fundamental precondition for decent working time. Safe staffing not only reduces the likelihood of stress, errors and health risks for both patients and staff, but also promotes better care and enhances productivity in health services.

Balanced working time arrangements in the health sector aim to reconcile the needs of nursing personnel with the requirements of health service provision. Guidance on how to improve working time organization can be drawn from the five dimensions of decent working time:

- promoting and protecting the safety and health of nursing personnel;
- prioritizing family-friendly working time arrangements;
- promoting gender equality;
- enhancing health facility performance;
- facilitating worker choice and influence over their hours of work (ILO, 2007a).

Within the framework of international labour standards, national legislation and regulation, and where appropriate through collective agreements, working time policies in the health sector should consider the nature of nursing work and take the necessary measures to:

- establish work schedules, shift rotation rosters, working time limits and rest periods that are commensurate with the health and safety of nursing personnel. This also requires workforce planning and staffing standards at national and organizational levels that take into account the need for safe staffing. Guidance is provided in the ILO Nursing Personnel Convention, 1977 (No. 149), the accompanying Recommendation (No. 157), and other ILO standards on working time arrangements, and can be drawn from scientific evidence as well as experiences made with different working time and safe staffing models;
- develop, in consultation with employers and workers, working time arrangements that are family-friendly while simultaneously promoting gender equality. The adoption of flexible working time arrangements that are predictable and gender responsive, allow and encourage men as well as women to better balance their work and family responsibilities. This includes the principle of equal treatment of part-time and full-time nursing personnel, in line with the ILO Part-Time Work Convention, 1994 (No. 175);
- enhance the performance of health services by integrating decent working time arrangements. The well-being and health of nursing personnel is interlinked with the efficiency and effectiveness of health facilities. Organizations in the health sector that provide decent working time arrangements are more successful in attracting, recruiting and retaining competent nursing personnel, thus reducing major costs due to turnover and attrition;
- promote participatory approaches in designing working time arrangements. Facilitating choice and influence over their hours of work expands the opportunities of nursing personnel to adjust work requirements to their individual situation and needs. This can, in combination with the adoption of flexible working time models, also benefit health sector employers in better coping with peak hours or staff turnover. Constructive social dialogue and collective bargaining are essential means in developing working time arrangements that meet the needs and preferences of both nursing personnel and health sector employers.

Engaging relevant stakeholders – nurses, researchers, employers, policy- and decision-makers, trade unions, health professional organizations – contributes to building evidence and consensus for effective policy-making concerning the design, piloting, and evaluation of working time models in health care.

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