Estimate of the Situation

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The Work Schedule: Master or Servant?

In many departments, the employee work schedule is practically automatic. People are assigned fixed days and times to work and that is what they do. As long as the amount of work to be done is fairly consistent and stable from period to period, it doesn't matter much.

In other departments the amount of work to be done can vary from day to day (and even hour to hour) and it can fluctuate wildly. Hospital labor expense still ranges between 50% and 60% of total expense so managing that expense has assumed great importance.

The employee work schedule is among the main tools used to control labor expense. Here are a few things to consider:

Staffing Standards and Benchmarks: Benchmarks and staffing standards are not the same thing. Benchmarks are simply a way to compare performance against an objective standard, usually derived from outside the organization. Benchmarks can be used to evaluate and calibrate standards but they should not be adopted as a staffing standard until it has been determined that the department is capable of operating at that level. Year-to-date performance is what matters, not individual pay period performance.

Scheduling Assumptions: Many departments are operating with "legacy schedules". This means that the template used for scheduling was adopted some time ago, in some instances many years ago. The assumptions that serve as the foundation of that template may or may not be applicable today and should be periodically evaluated. For example:

- Does the work schedule provide the right numbers of staff by job class given the amount of work to be done at different times throughout the day? Does it accurately reflect the flow of work through the department at different times on all staffed shifts as it occurs today? Careful examination of this question can produce surprising results.
- Does shift length support or inhibit works schedule modifications to respond to changes in workload? Does it do so in ways that don't result in employee dissatisfaction? A mix of 8, 10, and 12 hour shifts provides more options than 12-hour shifts alone.
- Does shift length work to promote clinical quality or does it potentially impair it. The literature shows that 12-hour shifts, particularly in critical care units, can produce a negative effect on both clinical and service quality.
- Does the department's mix of full-time and part-time employees permit the manager to make adjustments in real time that will enable cost-effective staffing while simultaneously insuring clinical and service quality and employee satisfaction?
- Do department boundaries and position specialization promote effective resource management or inhibit it? Many hospitals have learned that it makes sense to cross train employees in a number of clinical areas. Employees who can proficiently wear more than one hat are worth more to the hospital than those who cannot—and they can and should be compensated accordingly to produce a net cost saving to the hospital.

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