# Workplace policies and practices to promote work schedule flexibility

Interventions mitigating health risks of shift work: Current knowledge and workplace practices November 6th 2012, Toronto

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# Self-rostering – an intervention study (The PRIO-project)

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... to shed light on different practices and on positive as well as negative consequences of selfrostering among shift workers on the individual and the company level







#### MAIN TAKE-HOME MESSAGES

Large potentials of prioritized working time:
 Positive effects on satisfaction with working time, work-life balance, sleep, restitution, health and well-being and to a

 Large differences in effects between interventions and between workplaces:

lesser extent, the psychosocial work environment

Reasons for implementation is crucial – increased influence for employees or for the organization?

Workplace context is crucial for implementation process



#### INFLUENCE ON OWN WORKING HOURS

A Cochrane review, based on 6 studies of temporal flexibility, concluded that flexible working hour interventions, which increase worker control and choice, are likely to have a positive effect on health outcomes, but that further intervention studies are needed

Joyce et al. 2010



### RESEARCH QUESTIONS (PRIO)

- What are the consequences of self-rostering at the individual level?
- What are the consequences of self-rostering for the working environment?
- How do collective, individual, and organizational considerations interact in the choice of working hours?



#### INCLUSION CRITERIA FOR INTERVENTIONS

- The workplace used a computerized tool for working hour scheduling
- The employees could continuously make their wishes for working time
- The employees could make wishes for which days and how many hours they wanted to work
- The employees could veto against working on specific days and times
- The management could continuously define the need for staffing

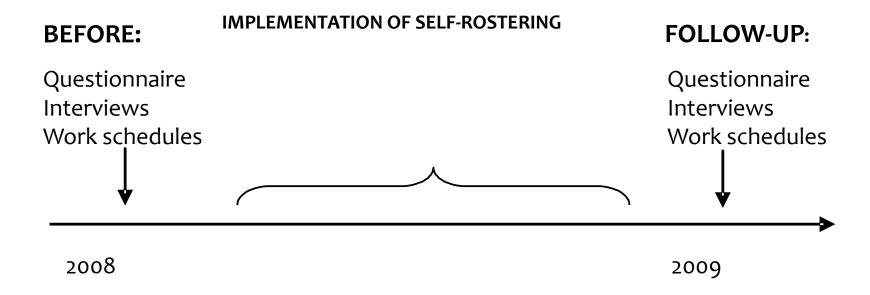


### RECRUITING WORKPLACES (PRIO)

- Advertisement through employees' and employers' organizations and the NRCWEs homepage
- ➤ The work units were assigned to either a reference or an intervention group of their own preference
- Each workplace had the responsibility of choosing, preparing, financing, and implementing their own intervention



### DESIGN (PRIO)





#### **PARTICIPANTS (PRIO)**

- 840 employees at baseline (785 at follow-up) from 28 workplaces in the social- and health-care sector and in the financial sector (call centre)
- Response rate: 79 % at baseline, 73 % at follow-up
- 90 % women
- About 50 % working full-time



#### **3 TYPES OF INTERVENTIONS**

A. Main objective: optimize recruitment and minimize turnover

Participants were requested to think of private life before working time Large flexibility concerning start and finish times and length of shifts Flexi-time/time-bank and puzzle phase Organizational changes

B. Main objective: optimize recruitment and minimize turnover

Possibility to choose between a limited number of shifts No flexi-time/time-bank and no puzzle phase Few organizational changes

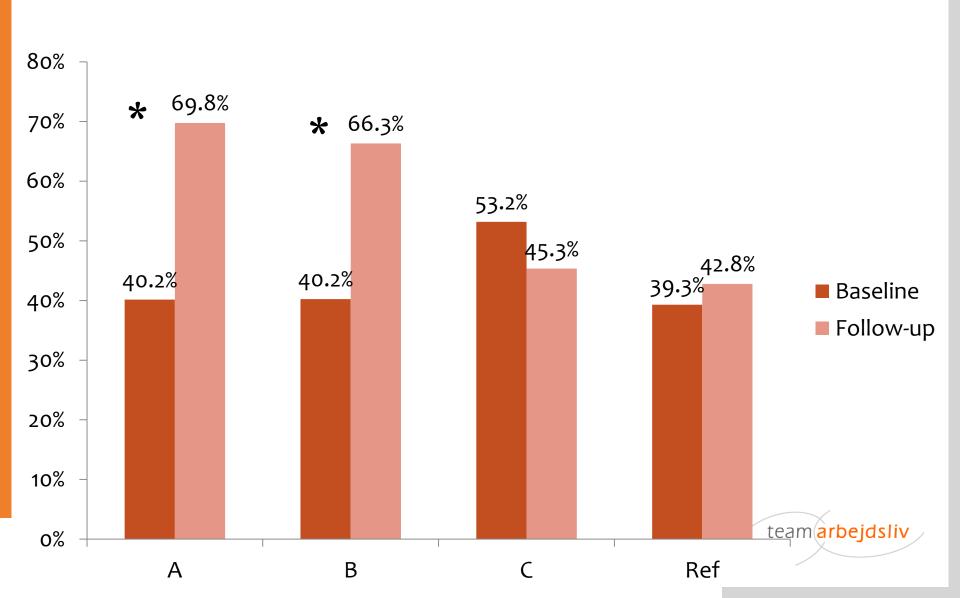
C. Main objective: Increase organizational flexibility, adjust staffing needs

Flexi-time/time-bank and puzzle phase Buffer zone of 45 minutes around shifts Few organizational changes

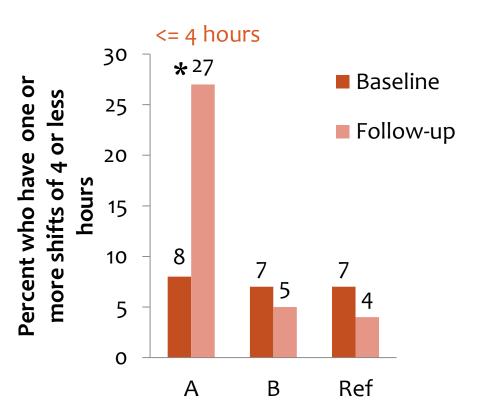
REF – reference group

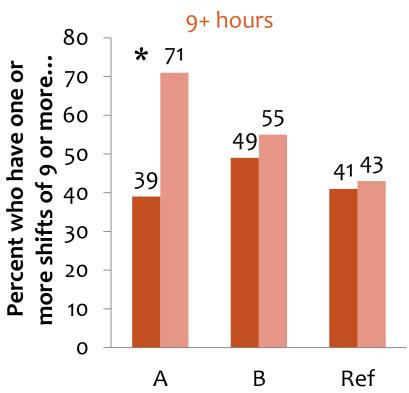


### PERCENTAGE WHO OFTEN OR ALWAYS HAVE INFLUENCE ON THE PLANNING OF THEIR OWN WORKING HOURS



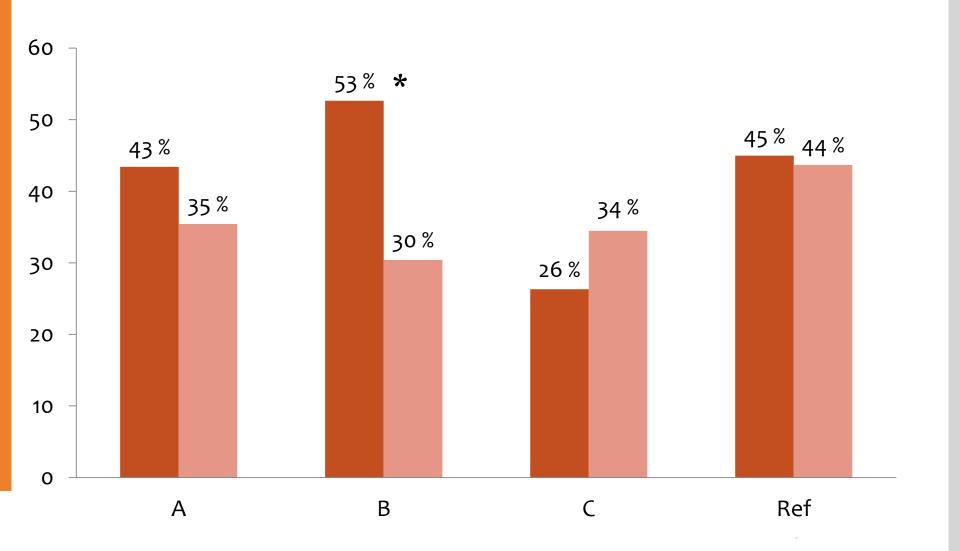
## PRIORITIZED WORKING TIME – VARIABILITY IN HOURS WITHIN A 4 WEEK PERIOD



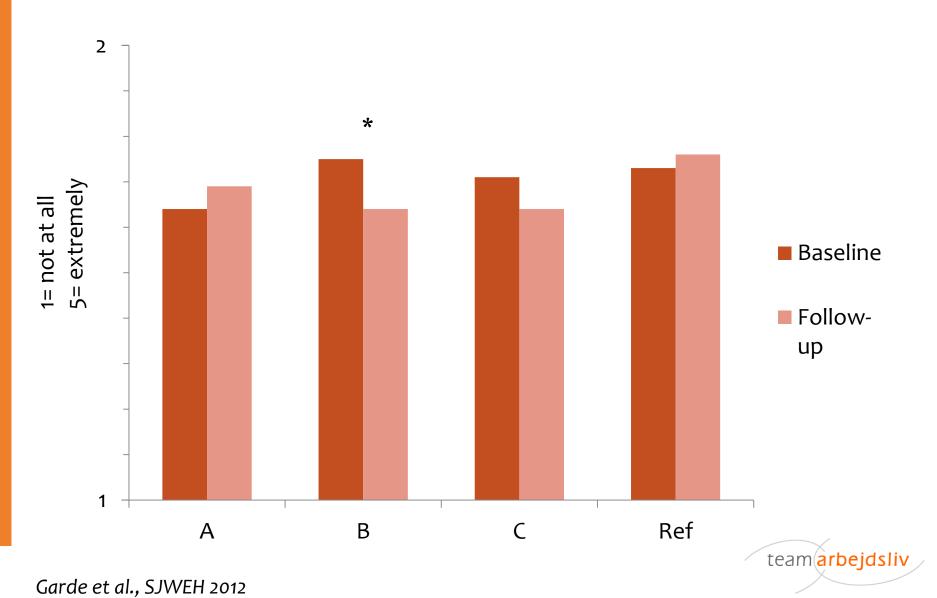




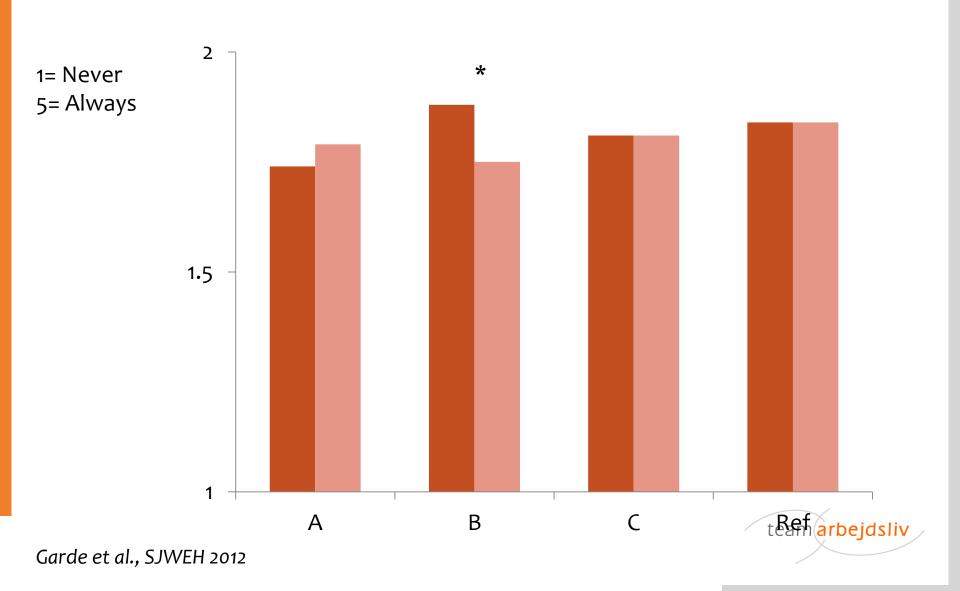
### PERCENT WHO EXPERIENCED THAT WORK TAKES ENERGY AWAY FROM PRIVATE LIFE TO A CERTAIN OR TO SOME DEGREE



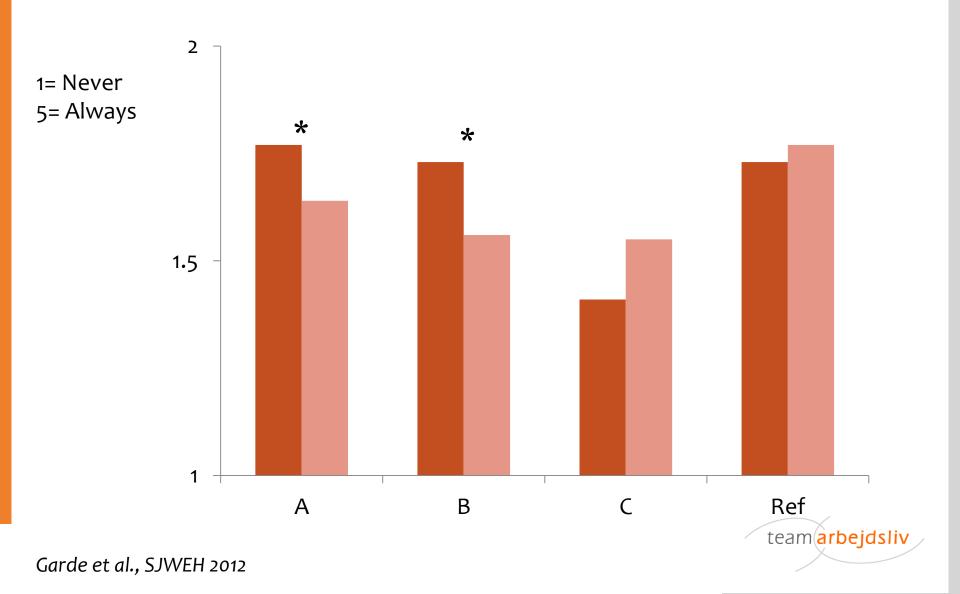
#### **SOMATIC SYMPTOMS**



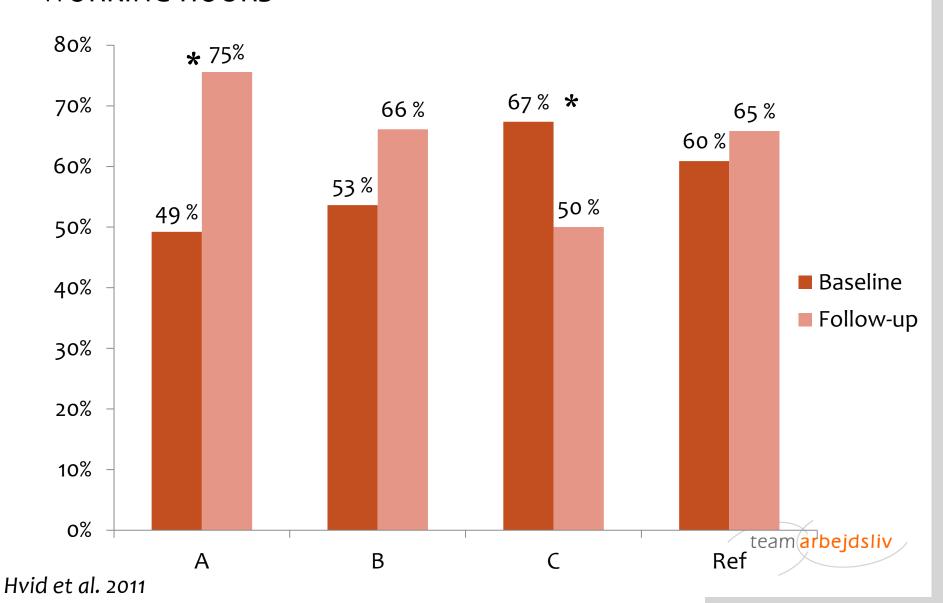
#### MENTAL DISTRESS



#### NEED FOR RECOVERY

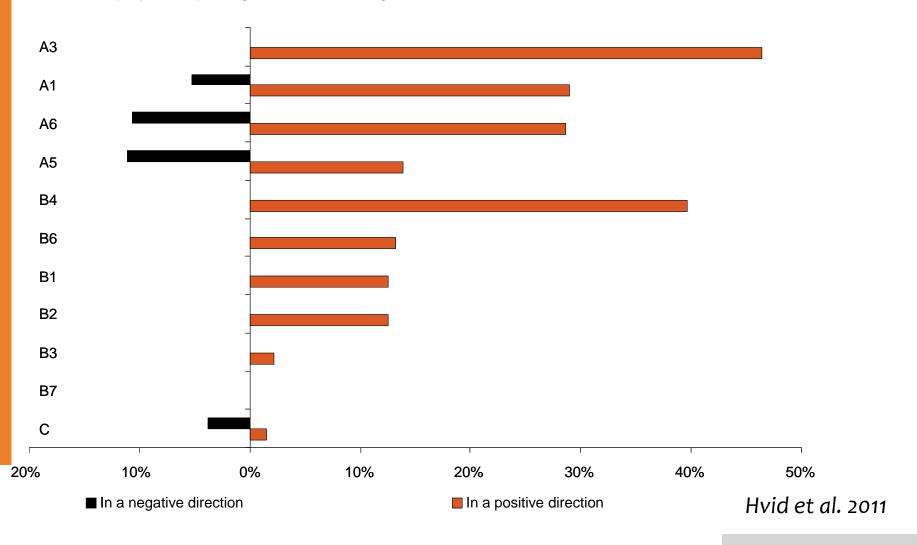


## PERCENTAGE WHO ARE (VERY) SATISFIED WITH THEIR WORKING HOURS



## RELATIONS WITH CUSTOMERS, CLIENTS OR PATIENTS AND QUALITY OF WORK AFFECTED BY SELF-ROSTERING

% employees reporting that self-rostering affected their work



#### SUMMARY OF QUANTITATIVE FINDINGS

	Improved	Deteriorated
Influence on schedule	A & B	
Work-life balance	В	C
Somatic symptoms	В	
Mental distress	В	
Need for recovery	A &B	
Psychosocial work environment	(A) & B	C
Satisfaction with work schedule	Α	C



#### **SUMMARY - CONCLUSIONS**

- Most improvements in group B, with a less comprehensive intervention, and less organizational changes
- Also positive changes in group A, with a comprehensive intervention and larger organizational changes
- Deterioration in group C, with buffer-zone and focus on employer flexibility



#### QUALITATIVE FINDINGS, AWARENESS POINTS

- When self-rostering is implemented:
- Working hours is a sensitive issue; small changes may result in large interruptions in everyday life
- Very high expectations may lead to disappointments
- When the possibilities for influence are already high, only a few improvements should be expected by IT-software tools



#### QUALITATIVE FINDINGS, AWARENESS POINTS

- When self-rostering is implemented:
- Work-life balance may be improved, but increased demands and responsibility may follow
- The quality of the service and the relations to the clients may be influenced negatively by less time for exchange of information between shifts and positively by increased adjustment to client needs
- The collaboration between employees may be affected both positively and negatively



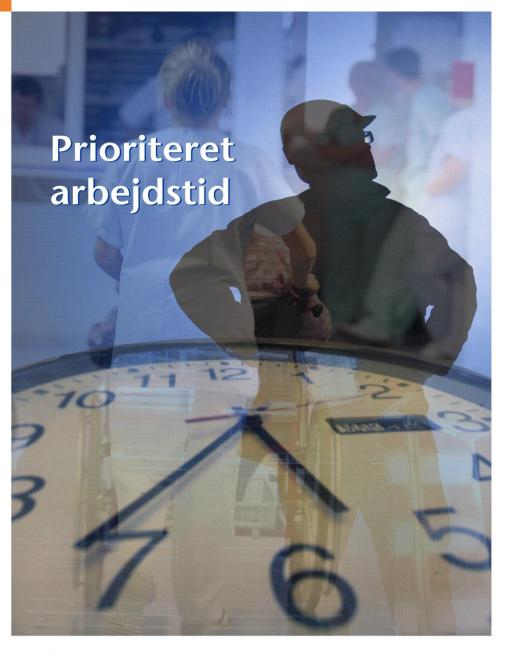
#### **MAIN TAKE-HOME MESSAGES**

 Large potentials of prioritized working time in the form of increased health and well-being of employees

 Large differences in effects between different kinds of interventions and between workplaces

 Objectives behind intervention and the workplace context is crucial





# THANK YOU FOR YOUR ATTENTION!





