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Modification of Working Hours of Nursing Staff in Oncological Surgery

The Gustav Roussy Institute, the first European centre of cancerology, is situated in the south of Paris, in the Villejuif district. Its four hundred beds are divided between different sectors of medicine: paediatrics, general and cervico facial surgery. The "Tarn" unit, affected by the time table change, is situated in general surgery. This sector of twenty-six beds caters for the "difficult" patients in gynaecology and sarcoma.

The care of severe patients has important physical and psychological implications for nursing staff. Also, the institute's location in the inner-ring suburbs of Paris, its Ile de France environment and its access difficulties have made us consider the improvement of working conditions for several years now.

The care management, in agreement with the general management and the department of human resources, offered staff the possibility to switch from working 8 hour shifts to 12 hour shifts. Being aware of the derogatory nature of this timetable, the switch over to 12h was done on a voluntary basis, with an evaluation after 3 and 6 months in order to find a win-win solution. The renewal process in the unit's workforce with a decrease in the average age also favoured this request of the unit staff. Our wish to modify the working hours had to take into consideration the economic situation and could not envisage an increase in workforce.

Methodology

The implementation of this new timetabling model was achieved in several stages:

An analysis of the Ile de

France and institutional context by nursing staff, medical staff and human resources. The assured commitment of these groups to the project was also important;

Collaboration and proposition of the feasibility study concerning the switch to 12 hours with the nursing staff of the unit;

The analysis of the organisation of care and the handling of patients with the staff, the unit's doctor, the nursing manager and the manager in charge,

The analysis of the roles of registered nurses and auxiliary nurses by an ergonomist bringing to light organisational problems.

This was then shared with the team and organisational targets set for the new context;

The development of an acceptable scenario for each type of patient treated in the unit and the calculation of direct care workload with the head nurse. The goal of this was to reassure staff of the feasibility of the switch to 12 hours in terms of care time as compared with the current workforce;

The adaptation of premises and material for the new organisation;

The development of the framework for the schedule;

Development of a complete dossier of opportunities and organisation and presentation of this dossier to the administrative and union (works council) authorities;

Development of criteria for the evaluation of the operation's success;

Implementation and follow up by the manager in charge, and Evaluation after 3 and 6 months of implementation.

Conclusions

We now have 6 months hindsight since the switch to 12 hour shifts for the registered nurses of the Tarn unit. The long process (a - round one year) that we took to implement the modification of hours has permitted a better understanding of the issues at stake and a newfound respect for the different professions contributing to care. We had a very positive response from patients who knew "their" nurse for the day (sector of care) and at the most for the 2 following days.

The working atmosphere in the unit changed: different specialities realised their organisational impact on each other and their interdependence.

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Six months into the switch to 12 hours, we observed a 40% decrease in absenteeism due to ill health. We also reclaimed hours dedicated to permanent training. Transfer requests have also stabilised.

Our demand for replacements for 12 hour shifts (when necessary) are easier filled by temporary replacement registered nurses. Finally, the unit staff have expressed a real satisfaction concerning the improvement of their working environment.

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