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Flex*Bulletin #*81 – **Collaboration Heals Hospitals – Rx: Team Self-Scheduling**

July 8, 2013

Please register for our July 9 ***TLNT webinar*** and join the discussion: **"As Turnover Rises, Will Flexibility 'Recruit and Retain?' It All Depends."** This is the first in our *Assumptions & Realities* series.

I have written in the last year about a major work process transformation. The Flexible Work Arrangements of the last two decades are giving away to the stage we call Collaborative Scheduling. The emergence and ascendance of the larger "Flexible Era" are as significant and far-reaching as the major epochs in work process change that preceded them.

The first half of the 20th century saw production move from small shops to massive assembly lines in which centralized control directed every aspect of work. After World War II production lines were eclipsed by highly standardized cubicle farms in which managers – rather than totally managed processes – enforced synchronized labor.

By the early 1970s the content of work, technology and a more educated workforce combined to enable and insist on new ways of working. You all have lived that story. A little flextime at first, some experiments with compressed work, some part-time and job share. And then came the tsunami of telework in all its forms, applications and payoffs. Each of us helped make this happen, and we are all quite close to it.

I believe that if we step back and take the long view, we will realize that much of the programmatic flexibility to date has served primarily as a great national pilot project. We have demonstrated that one can work, produce, innovate and contribute in part, compressed and shared time, onsite or off, as exempts or hourlies. Pilots are designed to surface, chart and overcome fears. That has been done randomly but convincingly by millions of people working flexibly and successfully.

This period of the pilot program is drawing to a close. The time has come to take its essential teachings and apply them. Each workplace has the opportunity to extend them creatively and comprehensively. At their heart, the emerging ways of working involve collaboration, delegation of control and the evolution of new skills. Their anchor is time and place and one decent description of them is Collaborative Scheduling.

Sixteen New York hospitals and their unionized RNs embody that next stage.

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"Now people here are more likely to work together. Team Self-Scheduling has opened up the dialogue between management and staff." -- 1199SEIU RN Leader

Scheduling Talent in 24/7 Continuous Process Facilities

Hospitals "process" people, not products. But they are no stranger to the range of work styles and need for flexibility that affects other large, complex organizations. All organizations depend on scheduling; hospital scheduling can literally be a life-and-death matter. New York City is home to more than 100 hospitals grappling with these issues. All face challenging patient demands and a tough labor market for nurses. Among these hospitals is a unique sub-group: more than a dozen hospitals and the 1199SEIU union which represents their RNs.

> The hospitals face an ongoing struggle recruiting and retaining RNs to enhance quality patient care. And the nurses' union insistently champions their members' need for greater control over their very demanding schedules. A joint task force of the League of Voluntary Hospitals (16) and the SEIU1199 union that represents their RNs concluded that the dominant system of nurse manager control of schedules needed revision.

These leaders understood that "flexibility" for these RNs was hardly telework, but more a question of input into and predictability of schedules. They also recognized that change in the way RNs were scheduled could lead to flexible schedules for administrative staff and changes in how all categories of support staff worked.

Developing a Collaborative Scheduling Approach

This initiative benefitted from the long history of negotiation and collaboration among its hospital and union leadership. They were deeply involved in the long-term work, collaborating with our firm to build and sustain a problem-solving approach. They insisted on and authorized an even-handed diagnostic of hospital union leaders and members and hospital leaders and nurse managers. They wanted to understand what drove and would drive RNs away and what would keep and engage them. And over the whole project hovered intense concern for patient care – a hospital's form of customer service.

We designed and conducted extensive interviews and focus groups in these sixteen hospitals in Bronx, Brooklyn and Queens. Both nurses and nurse managers showed great interest in what they called self-scheduling. What emerged as a goal was a mutually beneficial process called Team Self-Scheduling. From the leaders to the nurses in the units, a consensus developed that this collaborative approach could increase overall job satisfaction, reduce sick calls, lower turnover and improve the quality of patient care. The task was to turn this finding into a major cultural change.

The leadership team fully endorsed and funded the approach. Over a two-year period:

- A model was developed for nurse manager delegation of scheduling to RN teams
- Pairs of nurse managers and RN union members were selected to launch the process
- Diagnostics results and the collaboration plan were distributed to 6,000 RNs and managers
- Two days of Mutual Respect Skills training was delivered to 60 RN/Manager pairs
- Ongoing monitoring, coaching and training of teams and new participants continued for two years

Differentiators and Outcomes of this Co Scheduling Initiative

A crucial outcome of this initiative was the strengthening of managers' skills as well as the communication, collaboration and conflict resolution skills of the RNs. The impact varied among the hospitals, but in many cases there were ripple effects in patient care, staff scheduling and hospital-union relationships. As one union leader put it, and could have been speaking for many organizations:

"We wanted to train managers in leadership and coaching skills. In the hospital, managers were either weak or micro-managers." -- Emergency Room RN

Effective collaborative scheduling requires several key elements, and this project embraced them all.

1. ***Leadership:*** *The line drives, with HR support, remains engaged and pursues innovations*
2. ***Culture:*** *An ongoing initiative sets and insists on shared collaborative standards & practice*
3. ***Diagnosis:*** *IDs scheduling solutions to operations problems that build engagement, contribution*
4. ***Supports:*** *Tools are developed and/or provided to support excellence in implementation*
5. ***Training:*** *"Mutual Respect Skills" training offers collaborative capacity to managers, employees*
6. ***Monitoring:*** *Automated tools identify progress and challenges, triggering coaching and training*

Team Self-Scheduling (TSS) proved a very popular practice. Initial reports showed high levels of satisfaction with the process and the schedules that regularly resulted. Once the initial trainings were completed, we developed a train-the-trainer process and materials to broaden usage. The desired satisfaction, recruitment and retention results began to occur.

Several questions on a 16-hospital study showed convincingly positive results for trainees:

- *79% of RNs were "more satisfied with TSS than with the way we used to schedule"*
- *64% of Nurse Managers agreed that "TSS has improved the morale of the RNs in my unit"*
- *68% of RNs agreed that "because of TSS, I am more likely to continue working here"*

As significantly, participants observed that the practice of collaborative scheduling carried over into the relationship between labor and management and into improved patient care:

"We've seen definite improvement in the way staff works together. With patient flow, there has been definite improvement." -- Hospital Executive

This was a "flexibility" project in that it sought greater control over how and when people worked. But with collaboration as both the goal and the means of achieving it, significantly greater results were obtained.

We welcome your comments on this Bulletin. When you write, please email me at:
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Co Scheduling Resources

Unemployment is falling, turnover is on the rise, and genuine control of how people work is moving to the top of the HR agenda. If you are considering retooling your approach to flexible work, please feel free to contact us to discuss:

- Diagnostic tools to assess high value initiatives
- Strategies to turn flexibility experience into collaborative change
- Targeted training in collaborative skills (Mutual Respect)
- Online training and guidance vehicles
- Proposal, auto-coaching and monitoring systems

Best regards,
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