Does self-scheduling increase nurses' job satisfaction? An integrative literature review

Flexible work patterns can be beneficial for staff and employers. Clare Koning sets out the important factors to consider

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Abstract

Flexible work schedules give nurses the freedom and control to manage the demands of work and home, allow organisations to meet their staffing needs and can improve job satisfaction. This article reports the results of an integrative review of published peer-reviewed research and personal narratives that examined nurses' perceptions of the relationship between job satisfaction and a self-scheduling system. Results suggest that self-scheduling is one of a number of factors that influence job satisfaction, but that implementing and sustaining such a system can be challenging. The review also found that self-scheduling programmes underpin more flexible work schedules and can benefit nurses and their organisations.

Keywords
Nursing, nurses, self-scheduling, jobs satisfaction

Introduction

Poor job satisfaction in nursing worldwide can be addressed by allowing nurses to have more flexibility and control over their worked hours, resulting in improved work-life balance. One method for doing this is to introduce self-scheduling programmes, which have had variable success. Although nurses respond well to self-scheduling systems when they are successful, and report improved morale and increased job satisfaction, there are challenges to implementing these programmes, including resistance to change from nurses and managers.

It is important to adequately prepare before introducing any change, including

self-scheduling, by implementing strategies to ensure engagement of stakeholders and sustainability of scheduling practices.

Flexible work scheduling gives nurses the freedom to organise shifts around non-work commitments and increases their autonomy and control by allowing self-scheduling within a minimum set of requirements. Successful implementation of self-scheduling systems requires the involvement of staff and support from their organisations and can improve job satisfaction, morale, professionalism and work-life balance for nurses; it also has financial benefits for organisations (Hung 2002, Russell *et al* 2012).

Ensuring nurses' job satisfaction should be a priority for healthcare organisations and nurses. The Canadian Federation of Nurses Unions (2009, 2013) estimates that nurse absenteeism cost the health industry $734.3 million (£430.2 million) in 2012, and has found that nurses have a 55% higher rate of absenteeism than all other healthcare occupations.

It has also found that in 2008, 19% of absenteeism was due to family or personal responsibilities as opposed to illness or disability. Understanding the effects of nurse schedules and their relationship to job satisfaction has important implications for nurses' health and organisational productivity (Best and Thurston 2004, Cooper 2005, Ruggiero and Pezzino 2006, Beutell 2010).

The leadership and collaborative competencies inherent in the nurse leader role include ensuring quality improvement, respect and advocacy for the needs of the nurses, while maintaining awareness of organisational obligations (Canadian Nurses Association 2008). Nursing leaders have the sway

to empower nurses by increasing their sense of control over their work-life balance, which may lead to a decrease in the demands the work environment places on them (Karasek 1979). Implementing a flexible scheduling system can decrease absenteeism, improve nurses' health, better accommodate life and family responsibilities, and enable a more satisfied, productive workforce (Best and Thurston 2004, Cooper 2005, Ruggiero and Pezzino 2006).

Aim of the integrative literature review

This review explored the literature on nurses' job satisfaction and its relationship to self-scheduling. Specific objectives were to give an overview of existing literature on the topic, increase knowledge about self-scheduling and nurses' job satisfaction and make recommendations for further research and changes to practice and policy.

Methods

An integrative literature review allows for retrieval and integration of existing information on a topic, provides direction for research, and can 'provide a more comprehensive understanding of a particular phenomenon or healthcare problem and can add to nursing science, inform research, and policy initiatives' (Whittemore and Knafl 2005).

An online search was undertaken using Cumulative Index to Nursing and Allied Health Literature (CINAHL) and the University of Victoria's search engine Summon, which is a tool that searches the collection of books, scholarly journals, newspaper articles, e-books, dissertations, videos, maps, and manuscript collections available to the Canadian-based university. Additional hand searches of retrieved articles' references lists were also carried out. Using CINAHL, the words 'self-scheduling' and 'nurses' job satisfaction and self-scheduling' were used to identify relevant articles, with the search limited to full text and academic journals.

Summon searches used the term 'self-scheduling' and were limited to articles published in peer-reviewed journals with search terms 'nurses' and 'job satisfaction' added. Personal narratives were also used if they included discussions of nurses, self-scheduling and job satisfaction. Articles were not limited to geographic location or year of publication to maximise search results.

The literature search resulted in 56 retrieved articles and after duplicates were removed 31 articles were yielded using CINAHL, of which three research articles and five personal narratives were included in the review. Fifteen articles were yielded using Summon, but none was included as most had already been retrieved through CINAHL. Hand searches

of reference lists of selected articles resulted in three additional articles, of which one was included. Figure 1 shows how the retrieved articles were tracked and the inclusion/exclusion criteria.

Nine published journal articles relating to nurses' self-scheduling and job satisfaction were retrieved during this literature search, and these are summarised in Table 1 (page 24). Four were peer-reviewed studies and five were personal narratives of registered nurses who had experience of self-scheduling. Publication dates ranged between 1993 and 2012, with seven of the studies originating in the US and two were conducted in Denmark. All involved nurse participants in self-scheduling; seven referred to acute care and two referred to community care settings.

Results

The literature was reviewed with a focus on patterns, regularities, contrasts, paradoxes and irregularities. The dominant themes that emerged are discussed here.
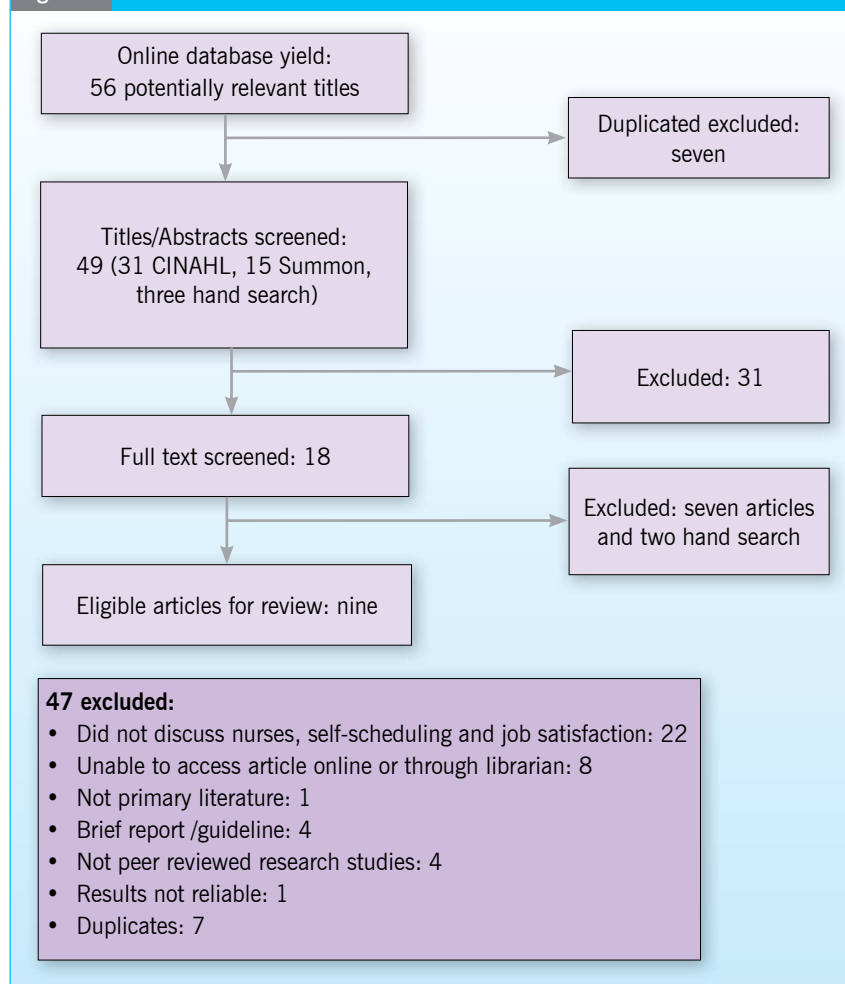

Figure 1 Selection of articles for review

Online database yield:
56 potentially relevant titles

Duplicated excluded:
seven

Titles/Abstracts screened:
49 (31 CINAHL, 15 Summon, three hand search)

Excluded: 31

Full text screened: 18

Excluded: seven articles and two hand search

Eligible articles for review: nine

47 excluded:
- Did not discuss nurses, self-scheduling and job satisfaction: 22
- Unable to access article online or through librarian: 8
- Not primary literature: 1
- Brief report /guideline: 4
- Not peer reviewed research studies: 4
- Results not reliable: 1
- Duplicates: 7

Table 1	Summary of retrieved articles				
Author(s)	**Publication date**	**Methodology**	**Geographical location**	**Contextual setting**	**Participant(s)**
Bailyn, Collins, Song	2007	Mixed method	US	Acute care: intensive care unit and step down	70 RNs
Bluett	2008	Personal narrative	Personal narrative	Addiction treatment centre	RN supervisor
Downton	2008	Personal narrative	Indiana, US	Haematology and oncology unit	RN
Griesmer	1993	Personal narrative	Massachusetts, US	Intensive care unit	RN
Nabe-Nielsen, Garde, Aust, Diderichsen	2012	Quantitative	Denmark	Elder care centres and elder home care	5% RNs, 52% social healthcare helpers, and 43% other direct care healthcare workers
Niemchak, Canipe, Frazier	2008	Personal narrative	North Carolina, US	Medical intensive care unit	RNs
Pryce, Albertsen and Nielsen	2006	Quantitative	Denmark	Psychiatric ward	60% RNs and 40% healthcare workers
Robb, Determan, Lampat *et al*	2003	Personal narrative	New York, US	Department of nursing, Mayo Clinic	RNs
Teahan	1998	Program evaluation	US	Neonatal intensive care unit	RNs

Morale

Nurses that use self-scheduling programmes show higher levels of morale. For example, Downton (2008) experienced a sense of shared ownership and decision making that increased her motivation and morale while using self-scheduling. Similarly, Niemchak *et al* (2008) found increased participant morale one year after designing and implementing self-scheduling, while Bailyn *et al* (2007) reported that nurses expressed a sense of 'morale boosting' due to managers' willingness to accept sudden changes that required schedule adjustments.

Although there was initial resistance, Pryce *et al* (2006) reported improved worker influence, social support and staff morale while using a flexible scheduling system. Meanwhile, team building and morale increased with self-scheduling, according to Teahan (1998). Staff were less confrontational and noted a more pleasant and positive work environment.

Control

Nurses who use self-scheduling programmes expressed an increased sense of control and power over decision making. For example, nurses interviewed by Bailyn *et al* (2007) said they enjoyed more freedom and control over their time and personal lives, and delivered better patient care while participating in self-scheduling. Bluett (2008) and Griesmer (1993) suggested that in their experience nurses felt more empowered, had a refreshed sense of control over their work and life, and improved job satisfaction while using self-scheduling. Staff participation in the design, development and modification of self-scheduling added to a sense of control, according to Robb *et al* (2003), while Teahan (1998) reported that the intrinsic need to change the status quo resulted in a nurse-driven scheduling process that increased their control over the planning, process and outcomes of self-scheduling.

Staff turnover and absenteeism

Bluett (2008), Downton (2008) and Griesmer (1993) discussed how staff retention and commitment improved with self-scheduling programmes, while Nabe-Nielsen *et al* (2012) reported that self-scheduling caused major changes in how worked hours were planned and that this increase in flexibility resulted in fewer incidents

of nurses being called to work at short notice. Niemchak *et al* (2008) found that after a year of self-scheduling, staff turnover was less than the previous year; similarly Teahan (1998) reported a decrease in sickness absence following self-scheduling implementation, and the system was used as a solution to staffing difficulties.

Flexibility

Nearly all the nurses surveyed by Bailyn *et al* (2007) said self-scheduling improved flexibility in worked hours, while participants in Nabe-Nielsen *et al*'s (2012) study reported increased flexibility in which shifts they would accept or reject in their work schedules, and that self-scheduling led to a sense of individualised work hours.

Work-life balance

Balancing work, life and other commitments is often a challenge for shift workers, and self-scheduling enhances this. For example, Bailyn *et al* (2007) reported that nurses expressed pleasure at being able to schedule their work around their non-work needs without difficulty; nurses' quality of work and life was improved by self-scheduling (Pryce *et al* 2006); and that nurses found a better balance between work and family commitments using the system (Downton 2008).

Other considerations

The literature revealed several limitations to self-scheduling programmes, including a lack of willingness by managers to hand control over to staff, unsupportive leadership, lack of programme structure and communication, too little training and education, prioritising personal needs over unit needs and a disregard for scheduling rules and guidelines (Griesmer 1993, Robb *et al* 2003, Bailyn *et al* 2007, Bluett 2008, Nabe-Nielsen *et al* 2012). There is also evidence of a certain amount of resistance to change from nurses and management when implementing self-scheduling (Teahan 1998, Pryce *et al* 2006, Bailyn *et al* 2007, Bluett 2008, Nabe-Nielsen *et al* 2012).

The success of self-scheduling programmes appears to rely on the formation of staff-led steering committees, shared ownership, fairness, collaboration, structured implementation and organisation. The reviewed literature suggests that self-scheduling programmes need to account for contextual differences, for example: differences in practice settings, staffing ratios, current scheduling practices, required hours of work and union, organisational, or regulatory requirements. Nurse

leaders need to manage resistance to change and find a balance to meet the staff's personal needs and the staffing requirements of organisations (Robb *et al* 2003, Bluett 2008, Downton 2008, Nabe-Nielsen *et al* 2012).

Discussion

Understanding the factors that influence individuals and organisations when change is introduced can provide an insight into how nurses can lead and ensure the success of programmes such as self-scheduling. The literature reviewed here indicates that individual power dynamics and resistance to change play a role in the success or failure of self-scheduling programmes (Griesmer 1993, Teahan 1998, Pryce *et al* 2006, Bailyn *et al* 2007, Bluett 2008).

The development of a self-scheduling programme requires a staff-led approach that focuses on practical implementation and emphasises the relevance to staff who will use it (Patton 2008). Resistance can be minimised by involving those affected by the change, having transparent intentions and planning for common resistant responses (Kelly and Weber 1995, LeTourneau 2004).

Leadership and senior management have a duty and organisational obligation to support change and optimise performance by keeping the healthcare system adaptable and functioning. To avoid conflicting ideals between staff and organisations, Smollan (2011) suggests planning and assessing potential disturbances to various stakeholders and understanding that there will be people who stand to lose something.

Furthermore, through examining self-scheduling initiatives that were unsuccessful by assessing what went wrong and/or why there was resistance, there is the potential to address practices that hampered the desired outcome. Nurses can begin this process by performing a needs assessment, redefining change management models, assessing the goal they would individually like to achieve and examining 'how these needs and goals best fit the needs of' the organisation and the nursing profession (Waddell and Sohal 1998, Skalla and Caron 2008).

Relevant to this literature review is the theoretical framework designed by Karasek (1997) whose research found that a combination of a lack of control over one's job and high job demands are associated with mental strain. He developed the job strain model, which recommends a redesign of the current working pattern to decrease the effects of mental strain on employees. According to Karasek, when jobs include a component of high strain and low decision authority, such as nursing,

the result is unresolved strain that can lead to job dissatisfaction. Nurses and nurse leaders have the potential to support an environment that moves towards participatory stress prevention by giving nurses more control over their work schedule.

Nursing leaders have the responsibility to identify a new philosophy of management that empowers staff and shares control by practising collaboratively, while integrating evidence into practice and recognising the importance of theory in management (Teahan 1998, Canadian Nurses Association 2008). Only then can self-scheduling programmes truly be seen as a success and improvement in nurses' job satisfaction an outcome.

Limitations of the literature review

Only articles that were available online, contained primary research and were written in English were included in this review. Grey or unpublished literature, and articles in other languages, were excluded. There was no geographical exclusion in an attempt to create a culturally unbiased lens through which to view this topic. The representation and application of the research findings may be limited due to the contextual differences and the small amount of available published research found, which might not be representative of all of the nursing population. There was an overall impression that although there is much research on the health benefits of

job satisfaction, there is scant high quality, recent literature that links self-scheduling to nurse job satisfaction.

Recommendations

Recommendations include evaluating nurses' job satisfaction in relation to scheduling practices and adapting organisational policy and procedures, current practice standards and change management models to support positive change. Leadership recommendations include an increased awareness of collaborative practice, using resistance as a catalyst for change and empowering nurses to improve their job satisfaction. Recommendations for further research include evaluating existing self-scheduling programmes, including economic evaluation, and analysing their effect on nurses' job satisfaction.

Conclusion

The findings of this integrative literature review indicate that more flexible work schedules can benefit nurses and their organisations. Introducing self-scheduling using an approach that engages all stakeholders could result in a change in practice that empowers nursing staff and makes financial savings. Organisations and leaders need to understand the core concepts of job satisfaction, develop strategies to support employees' needs and negotiate ways to improve nurses' job satisfaction by enhancing personal and organisational growth and development.

Online archive

For related information, visit our online archive and search using the keywords

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