

Working time arrangements

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VALORISATION

This thesis focuses on the fit between the work schedule and private life, which is studied as a potential resource in relation to work participation. The current work has provided new insights that the work schedules indeed could be a resource to improve work participation, in terms of motivation, well-being and sickness absence of nurses working in residential elder care. It also shows the role of the home domain as a domain that threatens work participation. Despite the results of this research being gathered in an observational study, several findings can potentially be valorised.

What should be valorised?

First, as mentioned above, one solution to increase work participation could be to optimise the fit of the work schedule with an individual nurse's private life. This thesis underlines that it is important that a nurse has a work schedule that, according to her, fits with her private life to increase well-being and motivation. This fit with private life could, for example, be discussed with (HR) supervisors and nurse managers. If the nurse has health complaints, or is already absent, the occupational physician can advise that the nurse should have a work schedule that fits better with her private life. To get more insight into that fit, the employee can first complete the WSF questionnaire ('work schedule fit with private life'), which is described in chapter two and is available from the authors in English and in Dutch (1). Ultimately, this instrument might be processed as E-health application so that nurses can monitor and adjust their fitness on regular bases.

Second, the new typology of work schedules presented in this thesis could be introduced in the context of human resource practices. Some types of work schedules (e.g. type 3 rotating work schedule) seem more demanding than for example type 1 work schedule (which is a fixed early shift). Firstly, the typology can be used to identify risk groups for reduced work participation, which seem to be the nurses working in constantly in rotating work schedules (type 3). These nurses are in need of more support on dealing with irregular working hours and its consequences and combining work and private life. As the majority of young nurses work in type 3 schedules, human resources management easily overlooks this risk group.

Secondly, it can be used in the context of job crafting (2): nursing and care staff working in residential elder care homes can adapt their work environment to their needs. Job crafting seems to be a dynamic process between the person and the environment. In particular for nurses, changing to another type of working time arrangement may be a mean to optimise work participation during different phases of the lifespan. These are examples of so-called HR Bundle of 'accommodative' practices which are specifically aimed at 'sparing' (i.e. giving fewer obligations and more privileges to) workers or bundle HR practices that could help nurses to maintain their current levels of functioning in the face of new challenges, or to return to previous levels after a loss.

The insights from this thesis that, in addition to job resources, home demands are related to, or can influence, work participation, also provides input for interventions among care workers in nursing homes. In training or in workshops by for example consultancy companies, the individual reduction of home demands must be part of group and individual training sessions. Different adaptive strategies to improve work-life balance can be taught and implementation of these strategies in individual lives be supported.

Because in the current research no influence was found of a healthy lifestyle and work time control on work participation, it seems to be unnecessary to focus on this to improve work participation in the short term. This thesis also emphasizes the importance of health complaints with respect to work participation. There is an ongoing discussion on responsibility for employees' well-being, but it should be monitored by the employer on a regular basis. This is in line with our findings that job resources seem more important to decrease sickness absence than personal resources.

Further, to improve work participation of nurses, more attention should be paid to notice (early signs of) emotional exhaustion, general fatigue, psychosomatic health complaints, lack of work engagement, and negative work-home interference. This can be done informally and in performance interviews in which the fit with the work schedule is also a central point. This requires that supervisors are trained to register these signs and in starting an (in)formal conversation on these signs and on solutions with the nurse. There are indications that such supervisor behaviour is an important factor that strongly influence or prevent the consequence of work related demands (3-5). In a more formalized way, these complaints can be checked during health checks, but again such check needs to be followed by a conversation on solutions. This thesis and earlier research show that the youngest nurses working in type 3 schedule, (rotating three shift pattern) or nurses with a low lifespan age are an important group to focus on with respect to work participation. Irregular working hours are still an important reason for nurses to leave the job. Students also expect that it will contribute to problems in social life, health and performance after their transition to longer and irregular working hours. However, during the study little attention is paid to working in irregular working hours. Therefore, it seems useful to prepare students for irregular working hours during their working phase (6). This problem has been confirmed in qualitative research by a HAN-Sport Studies student (7). Recent American research (6) shows that nursing students need support during their education to deal with irregular working hours in relation to their personal performance. Such support could take place by workshops, educational units and / or as a point of attention during internship interviews. The WSF questionnaire could serve as input for organizing workshops and directing internship interviews.

How it was valorised

During the PhD research, several activities were performed to valorise the findings of this research:

- First, the main findings were reported during the two moments of data collection to the HR-managers of the participating organizations and, via newsletters, reported to the nursing and care staff of the participating residential elder care organizations.
- Second, both instruments (the WSF and the new typology of work schedules) were used in a questionnaire that was implemented for educational purposes for Bachelor students within the HAN University of Applied Sciences within the work and health theme [Healthy Business] to assess the type of work schedule and the fit with private life of employees from different types of labour organizations.
- Third, the results from the two research waves were presented during: Symposia of Shiftwork and working Time 2011 and 2015 attended by professionals from science, consultancy firms and practice organizations; during the 15th Conference of the European Association of Work and Organizational Psychology in 2011, and during the Sustainable Employability conference: Challenges for HRM Innovation 2013.
- Fourth, practical recommendations have been processed based on chapter five for the magazine for occupational and insurance medicine [Tijdschrift voor Bedrijfs- en Verzekeringsgeneeskunde, TBV] and the questionnaire has been used in another PhD trajectory in the US.
- Fifth, manuals for using the WSF questionnaire in Dutch and English were developed, with cut-off points based on the 25th and 75th percentiles.
- Sixth, the WSF questionnaire was made available for use by "Bevlogenleiderschap.nl", a consultancy organization, for a training in management life and vitality in health care ["Leidinggeven aan bevlogenheid"].

It is important for the valorisation to realize that the context in the Netherlands has changed during the period that the research took place and from the moment this thesis was completed. Major changes have occurred with respect to the job content of nurses in elder care in the Netherlands. In 2015 the Social Support Act (Dutch: WMO) and the Chronic Care Act (Dutch: WLZ) were introduced to replace the Exceptional Medical Expenses Act (Dutch: AWBZ). Less elderly have entered residential elderly care: 119,063 elderly in 2010 and 115,321 elderly people in 2017 (8), and more elderly people continue to live at home. For example, in the age group of 70 years or older, in 1997 1,413,049 elderly lived at home, in 2015 1,993,253 elderly lived at home and in 2018 2,239,579 elderly lived at home (9). Research by the Dutch Healthcare Authority (NZa) shows that 94% of all 65- years old and of all over 85-years old 70% still live at home (10). Because of this, only high-level care is provided to clients in nursing homes and all medium and low-level care at home. These changes have contributed to an increasing complexity and intensification of care in nursing homes. More and higher educated personnel is needed because patients in nursing homes have more complex problems. This is accompanied by an increase in work related load and a greater turnover and a shortage of nursing staff (11).

As a consequence, the relevance of the role of the work schedule and the fit between the work schedule and private life has gained importance. This is particularly the case for nursing staff working in residential nursing homes, but also, for example, for hospital staff.

Overall, the results of this thesis are relevant to many stakeholders such as nurses of residential elder care organizations, nurse managers, supervisors, Human Resource-professionals and occupational physicians. They can use the findings during their practice. Also, the findings can encourage these professionals to improve their work activities on an individual level. Hopefully, it contributes to keeping a sustainable nursing population and consequently to the quality of care for older people staying in residential elder care homes.

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APPENDIX 2 DE PROF VRAGENLIJST

PRoF-vragenlijst (**Prive-Rooster-Fit**) om de ervaren fit van het rooster met het privéleven te monitoren. De score op elke vraag varieert van 1 (heel ontevreden) tot 5 (heel tevreden). De totaalscore wordt berekend door de score op elke vraag te sommeren. De totaalscore kan variëren van 14 tot en met 70. Een hoge score veronderstelt een hoge mate van fit van het rooster met het privéleven. Vervolgens kan in onderstaande tabel gekeken worden in welke mate men een fit ervaart tussen het rooster en het privéleven. Een score van 51 of hoger veronderstelt een goede fit van het rooster met het privéleven.

Tabel 1: Normscores voor de PRoF (n=453)

| | | | | |
|------------------|----------------|---|-------|------------------|
| "Hoge fit" | 55 | ≤ | score | |
| "Gemiddelde fit" | 45 | ≤ | score | < 55 |
| "Lage fit" | | | score | < 45 |
| M | 49.6 | | Med | 51 |
| SD | 8.27 | | IQR | 10 |
| SE | 0.39 | | Min | 14 |
| | | | Max | 70 |
| | | | | |
| "Hoge fit" | 75e percentiel | ≤ | score | |
| "Gemiddelde fit" | 25e percentiel | ≤ | score | < 75e percentiel |
| "Lage fit" | | ≤ | score | < 25e percentiel |

PRoF -vragenlijst

Instructie De volgende vragen gaan over de (on)tevredenheid over uw onregelmatige werktijden in combinatie met andere aspecten van het dagelijks leven. Geef aan in welke mate u hierover tevreden bent. Doe dit door één van de vijf cijfers te omcirkelen. De cijfers hebben de volgende betekenis:

| 1= | 2= | 3= | 4= | 5= |
|-------------------------|--------------------|--------------------------------|----------|---------------|
| Heel <u>o</u> ntevreden | <u>O</u> ntevreden | Noch ontevreden /noch tevreden | Tevreden | Heel tevreden |

| | | | | | | |
|-----|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|---|---|---|---|
| 1. | Hoe tevreden bent u in het algemeen met uw onregelmatige werktijden? | 1 | 2 | 3 | 4 | 5 |
| 2. | Hoe tevreden bent u met de tijd die u door onregelmatige werktijden voor uw gezin, familie en/of kennissen kunt vrijmaken? | 1 | 2 | 3 | 4 | 5 |
| 3. | Hoe tevreden bent u met de tijd die u heeft voor hobby's (sporten, uitgaan, verenigingen e.d.)? | 1 | 2 | 3 | 4 | 5 |
| 4. | Hoe tevreden bent u met het benutten van de slaap vanwege onregelmatige werktijden? | 1 | 2 | 3 | 4 | 5 |
| 5. | Hoe tevreden bent u met het feit dat u vaak in het weekend moet werken door onregelmatige werktijden? | 1 | 2 | 3 | 4 | 5 |
| 6. | Hoe tevreden bent u met de mogelijkheid om door onregelmatige werktijden op doordeweekse dagen inkopen te kunnen doen (kleren, cadeaus e.d.)? | 1 | 2 | 3 | 4 | 5 |
| 7. | Hoe tevreden bent u met de mogelijkheid buiten werktijden zaken te kunnen regelen door onregelmatige werktijden (auto naar garage, schoonmaken, reparaties aan huis e.d.)? | 1 | 2 | 3 | 4 | 5 |
| 8. | Hoe tevreden bent u met het feit dat u door onregelmatige werktijden wel eens met feestdagen moet werken? | 1 | 2 | 3 | 4 | 5 |
| 9. | Hoe tevreden bent u met het volgen van een normaal eetpatroon vanwege onregelmatige werktijden? | 1 | 2 | 3 | 4 | 5 |
| 10. | Hoe tevreden bent u over de combinatie onregelmatig werk-vrije tijd? | 1 | 2 | 3 | 4 | 5 |
| 11. | Hoe tevreden bent u over de afwisseling in uw werk door onregelmatige werktijden? | 1 | 2 | 3 | 4 | 5 |
| 12. | Hoe tevreden bent u over het contact met familie, vrienden en kennissen vanwege de onregelmatige werktijden? | 1 | 2 | 3 | 4 | 5 |
| 13. | Hoe tevreden bent u in het algemeen over de dienstroostering van onregelmatige werktijden? | 1 | 2 | 3 | 4 | 5 |
| 14. | Hoe tevreden bent u over de extra inkomsten vanwege uw onregelmatige werktijden? | 1 | 2 | 3 | 4 | 5 |

SOM +