# Case: Changing a work schedule at Provincial Health[[1]](#endnote-1)

There was one agenda item on Tuesday’s Board meeting. Staff wanted to discuss the report: *Staff Satisfaction at Provincial Health: Suggestions for Improvement.* Katie Thomas, the Director of Provincial Health, had let herself be talked into doing a survey of employees and she was questioning that decision now. Sure, there was some expression of dissatisfaction. But, a little dissatisfaction is okay.

Now, she had a report in front of her on a job satisfaction survey at Provincial Health. Staff satisfaction was at an all time low with 30% of the staff saying they were either dissatisfied (21%) or very dissatisfied (9%). While 49% indicated that they were very satisfied (10%) or satisfied (39%), a large number of employees (21%) were ambivalent about their work and the organization and generally wanted to just do their job and go home.

One of the many reasons for the dissatisfaction pointed to the difficulties of getting things done in the organization and the inflexible work schedule. Katie felt the results were a foregone conclusion because she knew that some staff had been lobbying for a change in the work schedule.

The survey drew attention to different types of schedules and the fact that health

organizations generally used a regular work schedule with set hours. It also highlighted other scheduling options in Table 15.1

***Table 15.1: Different Scheduling Options***

|  |  |
| --- | --- |
| Option | Impact |
| Regular | Set hours each week, arriving and departing at the same time each day |
| Flextime | Varying arrival and departure times around a "core" time at work |
| Compressed Work Week (CWW) | Working days off in exchange for longer hours each day. (e.g., Work a 10 hour day for four days and get 3 rather than 2 days off each week.)  |
| Part time | Reduced work week |
| Job sharing | Sharing a job with another employee on a part-time basis |
| Work-from-home/Tele-work | Work part or all of the work week from home |

Most of the employees at Provincial Health wanted a change. But, there was a wide divergence in opinion of the schedule that staff wanted as is indicated in Table 2.

***Table 15.2: Schedules most used in various health organizations and desired by staff***

|  |  |  |
| --- | --- | --- |
| Type of Schedule | Schedule used in various Health Organizations | Schedule that Provincial HealthEmployees Wanted |
| Regular work day | 58.9% | 25% |
| Flextime | 23.1 | 45% |
| Compressed work week | 14.2% | 25% |
| Part time | 3.9% | 5% |
| Formal tele-work in addition to other schedule | 1.1% | 25% |
| Shift work | 23.3% | 0% |
| Guerilla tele-work | 16.1% |  |

The results suggested that employees were juggling competing responsibilities and commitments daily, making the achievement of an effective work-life balance a challenge. There was no time for family or for pursuing education to improve one’s career. The report suggested that most employees felt the traditional nine-to-five work schedule was inflexible. Some employees wanted a flex-time schedule to accommodate their diverse work and family priorities. Others wanted a compressed work week, telecommuting, job-sharing, or working part-time.

While employees seemed to be calling for more flexible schedules, the administrative group hated it. Teresa, a coordinator in the administrative group was most vocal, “Flex schedules are systems from hell. We never know where people are. Half the time, they’re probably not even working.”

Janal, a supervisor in the Healthy Communities, had no problem with it, “I don’t care where they are or when they take their breaks. I trust them. We meet once a week and set out the priorities. And, then, their jobs are to get the work done.”

One of Katie’s concerns was the impact of scheduling changes on motivation of employees. She felt that flex-time and flexible schedules reduces a person’s time at work and commitment to the organization and profession. In the long run, she felt that work motivation would decrease.

The meeting went on for another two hours before they agreed that they would have to evaluate it in more detail. They could keep the current schedule and figure out better ways to help employees with their competing priorities, or they could contemplate different types of schedules such as flex-time, compressed work weeks, or tele-work. The problem is that different groups of employees and different employees within each group seemed to want different things.

After the meeting, Katie wrote a note asking you to prepare a presentation which assesses the different options.

Memo Re: Flexible Scheduling at Provincial Health

To: HR Specialist

From: Katie Thomas

At a recent meeting with our employees, we agreed to assess the implications of different scheduling options – maintaining the current schedule, 2 different flex-time options and a compressed work week. Some people also talked about including tele-work in these options. Based on a recent job satisfaction survey, some employees indicated that they wanted us to consider adopting new schedules. I would appreciate it if you could prepare a briefing note presentation which assesses the strengths and weaknesses of different options. (see Web for briefing note structure).

Thank you,

*Katie*

## Appendices

## Appendix 1:

**Organizational Chart for Provincial Health**

Figure 1: Organizational Structure of Provincial Health

Provincial Health

Central Administration

Director: Katherine Thomas

Assistant Director: Sydney Harrington

CV

Population Health Assessment & Surveillance

Healthy Development

Environmental Health

Communicable Disease Prevention & Control

Healthy Community

## Appendix 2:

## Background Information: Changing a work schedule at Provincial Health

Provincial Health’s key strategic theme is to promote and protect health and prevent disease and injuries so that all people can live healthier lives.

In health care, this is not a simple task as there are many complex factors that affect health including: the use of tobacco, alcohol, and unhealthy foods; lack of physical activity; poverty, discrimination and social exclusion; climate change; and healthy development of children.

Within this overall strategic theme, the department also seeks to understand the health needs of people in the community before taking action. As the leader in this area, the Department of Provincial Health works in collaboration with district health authorities, communities, citizens, experts, and other government departments.

1. Provincial Health’s Administrative Group

Katherine Thomas and Sydney Harrington and 12 administrative support staff provide administrative and operational support services for the five other teams head the administrative group. Katie feels strongly that the traditional 5 day work week is best for her group.

*Mary Smith is an example of one employee in this group who has worked in the administrative group for 4 years. She spends a significant amount of time talking to clients and staff in the various teams and in coordinating activities. Alongside her busy work schedule, she is also a mother of two kids and wants to make sure that she spends enough time with them. Being a full-time time mom and full-time worker doesn’t leave her with much time for herself. The idea of a new scheduling option makes her ecstatic.*

2. Communicable Disease Prevention and Control

The Communicable Disease Prevention and Control team of 30 people provide a full range of services related to communicable diseases (e.g., influenza, mumps, lymes disease). They provide information for professions and coordinate immunizations for adults, children and schools.

*Hilary likes any idea of a flexible schedule. This would mean she could drive her kids to school every morning and be home for them when they got back in the afternoon. This flexibility allowed her to set her own hours and get her work done when it worked best for her. Her work hours allowed her to have a balanced work and family life, “It means so much to me that I can divide my time between work and my family.” Therefore, her typical work hours would be during the day when her kids are at school and in the evening. The only thing that she misses about regularly going into the office is the interaction she had between her workers and herself. She remembered how they used to talk about their lives and projects they used to work on.*

*All meetings are held over Skype, a software application that permits its users to make free voice calls to other Skype users over the internet free of cost. Also, as long as they connect to their work “Messenger”, they can easily chat with their co-workers and Team Leaders if any questions or concerns arise.*

3. Environmental Health

Environmental Health, as part of Provincial Health, works to prevent disease and injuries where people live, play and gather. The 15 staff assess the potential for natural disasters. They coordinate the assessment and response to reported or suspected health hazards in many settings and situations. These include housing, public swimming pools, personal service settings (i.e., nail, hair or tattoo salons), beaches, arenas and myriad other settings or conditions.

*Marie Brown is an inspector. Marie is in her mid-twenties and as much as she enjoys working, she spends a considerable amount of time at the gym and hanging out with her friends. Martin often tries to make it to the office where she can work and interact with her co-workers but if she has any plans or appointments during the day, she can easily choose to book off that time and ensure that her daily tasks are completed later on the day. The flexibility of working from home and/or at the office provides the freedom to enjoy what she does and when she’s most productive, “I’m much less stressed since I was able to work from home. Some days, I just feel like working from home works best for me because I can just work quietly from the comfort of my own home. I still make sure that the work is done on time.”*

4. Healthy Communities

This group of 7 people focuses on creating a supportive environment, healthy policy and community action to promote well-being and health. Key areas are healthy eating, injury prevention, reducing health disparities and inequities, sexual health and tobacco control.

*Gwen has been working for the company for 3 years now and she finds her job very rewarding. Her Team Leader, also referred to as Team Manager, works very closely with others to ensure accurate information.*

5. Healthy Development

The team in Healthy Development team of 10 people is most concerned about health promotion and illness and injury prevention across the life span. However, the team emphasizes early childhood and school aged children and youth.

The team works collaboratively with the District Health Authorities, community organizations and other partners. It seeks to develop and implement healthy public policy, provincial standards, strategies and initiatives that improve the health of children, youth and families in a multitude of settings (home, school and community).

 *Joni Lee has been a researcher with Healthy Development for 5 years. Joni was in a tragic accident when she was a child and has since lost sensation in both his legs and has been in a wheelchair since the age of 7. She had grown a strong interest in computers and programming videogames since she was in high school and knew that programming was what she saw himself doing as a career when she finished school. Due to his hard work and excellent programming skills, she was recruited in his last year of university by the same company she now works for. Healthy Development made sure that she was comfortable in and around the office thereby making his space wheelchair accessible. They provided her with all the necessary office furnishing that may be of help to her. Due to her sense of humor and charm, everyone at the office enjoys working with Joni. She is very good at her job and knows exactly what is expected from her. When Joni was offered the flexibility of working her own hours, she was very pleased. She was relieved to know that on rainy or snowy days, she didn’t need to wake up extra early to make sure that she caught the earlier bus to allow for delays, “This is a really great policy. As an employee, I feel respected by my employer to work from home. On days that are difficult for me to get in, not having the stress about going in allows me to be productive at home.”*

6. Population Health Assessment and Surveillance

Population Health Assessment and Surveillance (PHAS) provides the methods, tools, and human resources required to support data, information and knowledge needs for public health programming. They gather and analyze qualitative and quantitative information to aid decision-making for the other teams. They provide leadership in informatics, evaluation, and surveillance. The Informatics area supports assessment and evaluation of qualitative information. Evaluation provides answers to questions about the impact of a program and use the information to improve programs. Surveillance focuses on ongoing and systematic collection of health data to understand population trends.

The 10 people in this team work very independently and, as far as they are concerned, they would work from a home office.

**The Problem of Shifting to a New Schedule**

According to some people, the 5-day, 9-to-5 schedule that organizes many work lives is disappearing. But, not fast enough for some people and too fast for others. There is nothing inherently magical about this schedule. A majority of organizations use the traditional work schedule and most do this because they have always done so.

Yet, the needs of society seem to be changing. The pressures for flexible work arrangement come from many sources, including the growing number of women in the workforce and their needs to balance work and family, an increase in the number of single-parent and dual provider households, and an older population.[[2]](#endnote-2) There are increased interests in taking advantage of non-work opportunities, including education, and the changing perceptions of work and non-work. Most recently, new technologies have provided tools for computer-based work to be done from home or from almost any location.

Provincial Health decided to assess a range of scheduling options – a traditional schedule, two flex-time schedule options, and a compressed work week. In comparison to a traditional work schedule such as a 9:00am to 5:00pm day, employees have a core work period (perhaps, 50% of the working day) when employees are expected to be at work. For example, they were expected to be available in person or virtually for a core period between 10:00am to 3:00pm. Beyond that, they could choose when they worked to make up the required daily, weekly, or monthly hours. The flex-time work schedule they were interested in assessing was of two sorts:

One flex-time option that they were considering is what they called *Peak-Hour Flex-Time.* Employees still work an 8 hour day with this schedule. Instead of the normal 8-5 schedule, an individual could work other schedules such as between 6:30 – 3:30, 7-4, 7:30 - 4:30 9:00-6:00. A valid 8 hour day is any arrangement of work within an hour day. However, the level of service must be maintained during peak hours (e.g., 12:00 to 3:00). Therefore, supervisors will need to coordinate the schedules of all flex-time participants to ensure ample coverage during these hours.

Another flex-option they were considering was an *Adjusted Lunch Period.* With this variation, an employee could adjust the lunch period and, perhaps, take a 30 minute to a maximum of 2 hours for lunch. Employees who want to go to the gym might in a longer lunch hour attractive. Or, they might leave work later, perhaps at 6:00 rather than 5:00.

Some employees expressed interest in a *compressed work week,* where an employee works a 40 hour week in less than 5 days. For example, a popular compressed work week is the 4-10 plan, where the employee works four 10 hour days. In some cases, an employee might work this schedule on a two week rotating basis, working the 4-10 plan every second week.

**Employees also expressed interest in an e-work option so they could work from home.** While the traditional work schedule meant that employees travelled to the office location four or five days a week, the e-work schedule suggested that employees could work from home on a regular basis and only have to come in for scheduled meetings. They got the idea from a blogging company, where employee who worked around the world and connected virtually, met twice a year to make policy decisions and set objectives of what they needed to do in the next six month period. Jamal took the idea and suggested a system where employees met once a week and then they didn’t have to come in at all, but had to be available virtually during the core period of the flex-time system.

Overall, employee interest is very high regarding a need to develop better scheduling options. However, the options put on the table need more thought. Generally, while employees want a change and might be less dissatisfied, it is not clear that the change will improve motivation, but just take people away from work. Most of the concerns of any new schedule relate to managing employees when they are not around and making sure they are accountable and productive. Customers are used to the traditional schedule.

## Appendix 3

## Possible briefing note structure for presentation of case

Briefing notes often follow a standard format, but THERE ARE MANY VARIATIONS on that format. A suggested structure might be:

* Introduction(usually stated as the issue and need, purpose and objective)
* Background
* Framework or key criteria for analysis
* Discussion or review of options
* Conclusion and Recommendations (a conclusion and recommendation or other advice, or both)

These three main parts are presented under some or all of the following section headings.

**Introduction**
A concise statement of the issue, proposal or problem. This explain about what the issue is and why it matters.

Background
The writer might provide a bit more detail to help the reader understand the issue (how a situation arose, previous decisions/problems, actions leading up to the current situation). This can provide a brief summary of the history of the topic and other background information. What led up to this problem or issue? How has it evolved?

Framework or key criteria for analysis
In buying a car, the key criteria might be cost of purchasing, cost of maintaining, etc. In making our decisions, what are the criteria (and possibly relating to objectives in our strategic plan) that are most important to observe? Some people combine this subsection with the discussion subsection. However, there are advantages of a separate section here which defines the criteria or considerations which need to be taken into account.

Discussion and review of options
This can be a summary of strengths and weaknesses of each option in relation each criterion.

**Conclusion and/or Recommendations**
The conclusion pulls together the information before offering a recommendation.

**References**

1. This case is from Chapter 15 in Cunningham, J. B. (2016). Strategic Human Resource Management in the Public Arena: A Managerial Perspective. London and New York: Palgrave-MacMillan. This case is copyrighted by Palgrave-MacMillan. [↑](#endnote-ref-1)
2. Allen, T.D., Johnson, R.C., Kiburz, K.M., & Shockley, K.M. (2013) Work-family conflict and flexible work arrangements: Deconstructing flexibility. *Personnel Psychology*, 66: 345-376; McGuire, J.B. & Liro, J.R. (1987) Absenteeism and flexible work schedules. *Public Personnel Management*, 16: 47-59. [↑](#endnote-ref-2)