

Flexible, Capable, Adaptable: A Dynamic Allied Health Workforce*

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Abstract

Objective: The Allied Health Executive at a major Metropolitan Health Service was experiencing an increasing number of flexible work requests and was keen to ensure that local and legislative requirements were met, our highly skilled and specialist staff were supported to remain in the workforce as their life outside work changed and the operational demands of a bed-based service delivery model were not negatively impacted.

Design: A root cause analysis was completed identifying three main contributing factors for the current, ad-hoc approach to flexible work requests. Current and past flexible work participants were surveyed, along with their managers and the Nurse Unit Managers of the clinical work areas. A literature review and environmental scan regarding frameworks for decision making for and supporting flexible work requests was undertaken.

Findings: There was a lack of consistent information as to how to establish and manage a flexible work request.

There had been an historical view that flexible work requests were difficult to operationalise and there were missed experiences with flexible work arrangements for the people involved, their managers and their colleagues.

Outcome measures: The combined data was then utilised to develop a framework to support decision-making around whether a role could operate as a flexible work arrangement. A framework on how to best support the staff considering and entering into these arrangements to ensure all the benefits of a flexible work arrangement are realised and many of the challenges minimised was also developed.

Conclusion: Flexible work arrangements should be considered in appropriate circumstances, and will have the best opportunity for success when supported by a consistent, evidenced-based framework.

Abbreviations: EFT – Equivalent Full Time; RCA – Root Cause Analysis.

Key words: flexible work; allied health; framework.

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Introduction

Defining flexible work arrangements

Flexible work arrangements are defined as a temporary or permanent reduction in work time fraction or Equivalent Full Time (EFT) allocation. [1]

Flexible work arrangements may result in a reduction in hours, or alternative leave arrangements such as 48/52 whereby a staff member ‘purchases’ an additional four weeks of annual leave. Most commonly flexible work arrangements equate to a job share/spilt/support request, as staff seek to reduce from a full time position to fewer hours, while retaining their position within a work area at their current classification. The differentiation between the various flexible work arrangements options of job split, job share or job support is provided in Figure 1.

Figure 1: Flexible work arrangements options

Job spilt: Where a position is spilt into relatively un-related part time roles. Generally the duties of the original role are divided.

Job share: Job responsibilities are shared between two or more people. Generally the duties of the overall position remain unchanged and are shared.

Job support: A staff member reduces their hours and a support person at a lower level is employed to undertake some of the task associated with the position.

Source: Federation University, Job spilt, job share, job support toolkit and case studies [1]

This article considers a variety of flexible work arrangement options, including job shares, job splits and job supports.

The benefits of a flexible work arrangement are articulated in Figure 2.

Figure 2: Benefits of flexible work arrangements

- Cost effective means of retaining skilled staff
- Recognised as employer of choice within industry
- Increased number of people returning to work after parental leave
- Improvement in staff morale
- Reduction in staff turnover (lower recruitment and training costs)
- Demonstrating that staff are valued by the organisation
- Reduced absenteeism
- Maintained and improved productivity through ensuring highly skilled employees are recruited and retained
- Improved organisational efficiency through benefits of long service (institutional memory, industry knowledge etc.)

Source: Australian Government, Best Practice Guide Work and Family [2]

Legislative position

As required of all employers, the Allied Health Executive at a major Metropolitan Health Service considers the various legislative requirements relating to flexible work requests, maternity leave and return from maternity leave. As a major Metropolitan Health Service we have an organisation wide procedure for applying for parental leave, which is inclusive of requests for flexible return to work arrangements. This procedure is based on the *Equal Opportunity Act (2010)* [3] and the *Fair Work Act (2009)*. [4]

Allied Health at a major Metropolitan Health Service

Allied Health bed-based services at a major Metropolitan Health Service are provided across five facilities, service a third of the population of south-eastern Melbourne across the life continuum and equate to approximately 400 EFT staff. Areas of service provision include acute bed-based, sub-acute bed-based, outpatient and emergency care across paediatric and adult populations. At the time of this piece of work, the Allied Health Executive consisted of a General Manager of Allied Health (professional responsibility across all Allied Health services including mental health and community, operational responsibility for bed-based allied health services) and two bed-based directors with operational and professional responsibility for the bed-based sites within their sector.

As part of routine practice, this major Metropolitan Health Service conducts exit surveys for all staff leaving the organisation. A review of staff feedback from 49 exit interviews in 2012 identified that although no Allied Health staff directly indicated that ‘Flexible work options – work hours were unrealistic/lacked flexibility’ as a reason for leaving the organisation, open text feedback within the survey suggests that Allied Health staff did in fact depart the organisation due to an inability to access flexible work arrangements, with individuals reporting that they had requests to reduce to part time hours rejected, and another advising that they were having a baby and did not want to work more than one to two days a week, implying that this was not an option in their work area.

The Allied Health workforce is experiencing an increasing number of requests from staff, including senior clinicians and managers, for flexible work arrangements. This is mainly in the setting of returning to work after having children, but may also occur when staff have work/life balance challenges for other reasons including, but not limited to; caring responsibilities, recreational interests (e.g. travel), study and private practice. The Allied Health Executive at this major Metropolitan Health Service was keen to explore models

and strategies to support the retention of experienced clinicians and managers.

Literature review and environmental scan

A literature review was undertaken using online search resources, including ProQuest Health, Emerald, Books@Ovid, FullText Clinicians Health Channel, Journals@Ovid, Ovid Medline, Embase and Maternity and Infant Care. There were a very limited number of results and no papers related to flexible work in Allied Health, therefore an electronic environmental scan was also undertaken. The literature review and environmental scan identified resources and processes for consideration of flexible work arrangements do exist within at least some Victorian Universities but no other Australian health services. This was emphasised by the high level of interest in this work by health service Directors when it was presented at the 10th National Allied Health Conference in 2013.

Federation University has a toolkit to support flexible work arrangements, which includes consideration of the following factors; the nature of the job; allocation of hours or days; responsibilities and reporting; communication between staff members involved, managers and other staff; infrastructure; performance review; and reviewing the arrangements. [1]

The variables to be considered when reviewing the success of the flexible work arrangements reflected the same factors. [1]

As there was a large amount of work undertaken and published in the education sector, which is similar in workforce size and also accountable for government funding, it was decided that the work in this sector was best positioned to inform the framework development. In summary, the main areas to consider in regard to flexible work requests were:

- complementary relationships and skills are important; job share participants choose to make a success of their job share;
- the whole is greater than the sum of two parts, that is, the combined skill sets of two different staff provides better value than one person with an individual skill set;
- the need for rules or principles around who has access to flexible work arrangements to ensure equal opportunity;
- decision around job shares in clinical roles should not be only based on agreement between the employee and manager, but also consider public needs and expectations – discontinuity of care risks;

- job share registers enable potential job sharers to find a potential partner;
- spilt tasks to match skill set; focus on what is being achieved, not how it is being achieved;
- forward planning, and ongoing individual, as well as joint support important;
- importance of involving the broader team in decision making around job shares.

Method

Root cause analysis

The project team undertook a Root Cause Analysis (RCA) to determine why Allied Health at a major Metropolitan Health Service had an historical ad hoc approach to job share requests, utilising the RCA framework presented at an internal leadership program by the Advisory Board. The full RCA can be viewed in Appendix 1.

Staff surveys

In order to determine the local lived experience of existing and recent flexible work arrangements in Allied Health and confirm the small amount of exit survey data, electronic surveys were distributed to Allied Health Clinicians, Allied Health Managers and Nurse Unit Managers in bed-based settings across the major Metropolitan Health Service to obtain qualitative data from this cross section of professional groups. This group was identified by the management team as people who had been part of or worked alongside a flexible work arrangement in the past 12 months. The survey was electronic, a mix of multiple choice and open-ended questions.

Survey responses were received from a total of 44 staff – 13 Allied Health Clinicians (30%), 23 Allied Health Managers (52%) and eight Nurse Unit Managers (18%). A total of 14 respondents identified as being part of a job share, although seven of the 14 identified their role is a job spilt rather than a job share.

Results

Root cause analysis

The RCA process identified three main causes of the current approach to flexible work requests in this major Metropolitan Health Service Allied Health team. The first was the lack of consistent processes around managing a flexible work request and setting up a flexible work arrangement, with no formal tool or framework currently available to support a consistent process. There was also a historical view that flexible work requests were too difficult to operationalise at

the manager level, counterbalanced by positive individual experiences of job shares that worked well.

Staff surveys

A thematic analysis of a staff survey was conducted and themes coded into two main categories: flexible work arrangement challenges and flexible work arrangement benefits.

The main themes identified regarding job share challenges included the time investment required to ensure good communication, often resulting in poor communication due to work pressures. There was slower decision-making by the people in flexible work arrangements due to the part time nature of their roles, and at times there was confusion around roles and responsibilities by those in the flexible work arrangement, as well as for those working with the people in the flexible work arrangement.

The main themes identified regarding job share benefits included retention of staff through support of optimal work-life balance; for some they felt there was good role clarity and delineation (very person dependent), and that the overlap in their roles helped them to do their work better. Working closely with another person also presented opportunities to increase knowledge and skills, as well as for better communication (again, very person dependent).

There is some overlap in the benefits and challenges themes. This supports the idea that these are key areas in regards to the success or failure of a job share, and have informed the development of the framework. Detailed results for the challenges and benefits are provided in Figures 3 and 4, respectively.

Benefits

Flexible work arrangements enable staff to optimise their work-life balance. Survey results indicated this was a strong theme for staff returning to work post parental leave. Many experienced Allied Health staff were not able to return to work full-time after paternity leave. Providing staff the opportunity to return to work part-time was positively regarded and encouraged senior staff to return to work, therefore maintaining their knowledge and skill base.

Role clarity and delineation if done well was perceived as a benefit, however, if there was confusion regarding the distribution of work and decision-making between staff in a job share role this had a negative impact on team functioning and created confusion within the team.

If staff in a job share role had an overlap day, when they could meet face-to-face, this was perceived as a beneficial forum to share knowledge, handover cases, discuss team issues, and agree on a consistent course of action.

Figure 3: Perceived benefits of a flexible work arrangement

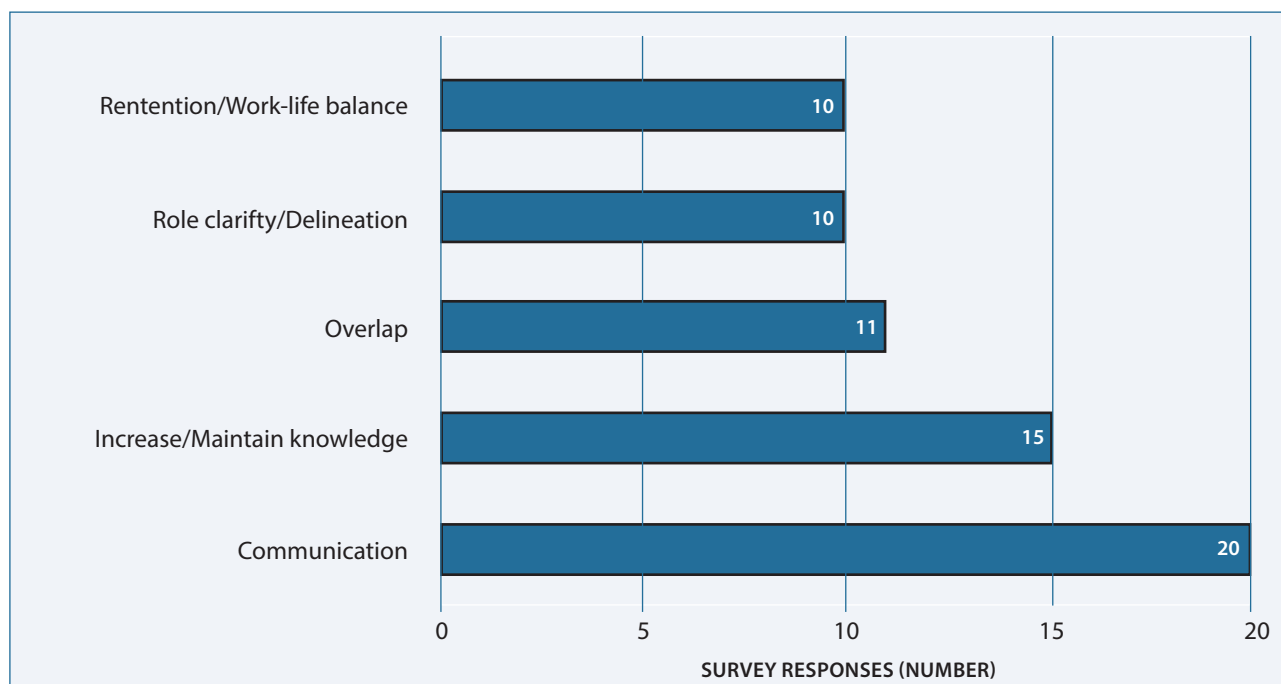
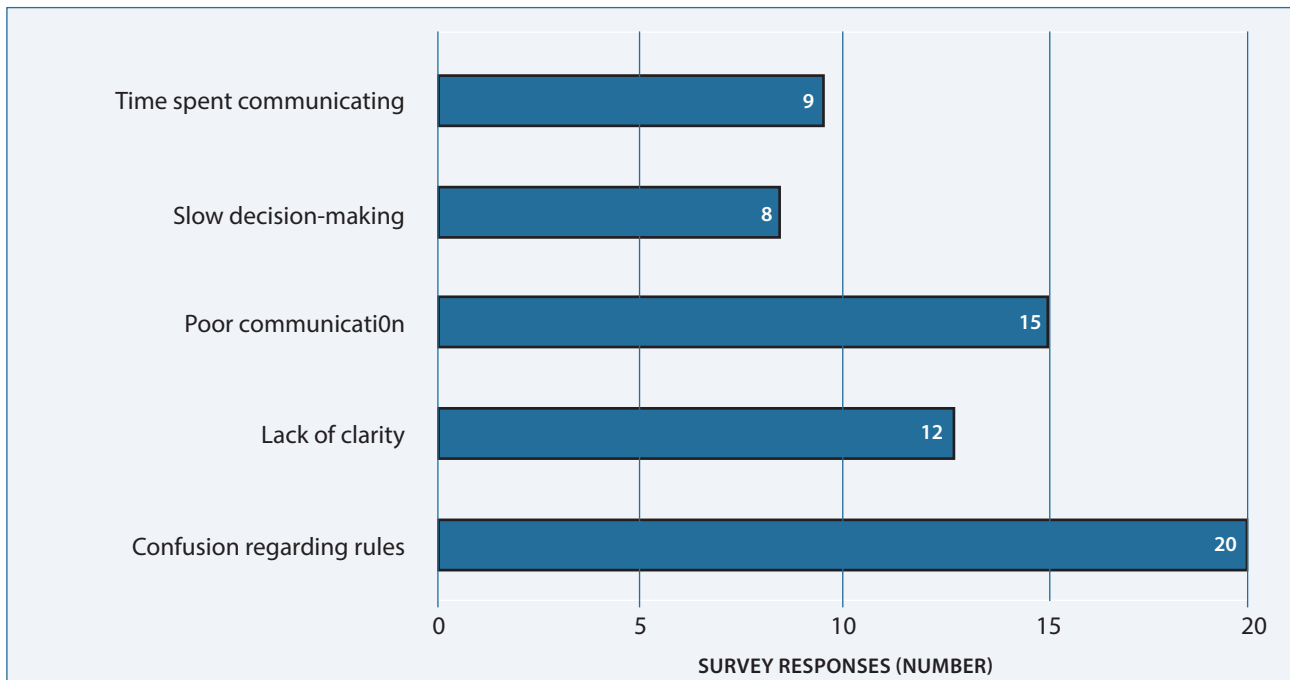


Figure 4: Perceived challenges of flexible work arrangements

Flexible work arrangements enable an organisation to retain experienced, knowledgeable staff that are able to provide significant leadership in clinical areas to expedite safe patient discharges. These leaders also have a vital role in succession planning and mentoring the more inexperienced members of the Allied Health workforce.

The time required to communicate and handover was seen as a challenge but if done effectively this was also seen as a positive process. Colleagues working in a job share role could continue to provide a patient-centred service if communication was free flowing, assessment information shared and clear information provided regarding discharge planning. Survey results also suggest that a trusting relationship between staff in a job share role is also important. If staff members trust each other and are committed to making the job share arrangement work there is an increased likelihood of success.

The data from Allied Health clinicians, managers and nurse unit managers supports the importance of encouraging respected, skilled and knowledgeable Allied Health practitioners to return to the healthcare workforce. These experienced clinicians are highly valued as leaders in healthcare and mentors of junior staff. These leadership skills align with increased communication and the professional development opportunities made available to staff. For example, with a senior clinician job share arrangement, junior staff benefit from the support of two experienced

practitioners, providing insights into different working styles and providing greater access to a broader knowledge base. To maximise the effectiveness of these flexible work arrangements, clear role clarity, role delineation and communication between the staff in the job share role is imperative.

Challenges

Survey results indicated that a significant response theme with flexible work arrangements is that communication is both a benefit and a challenge.

Due to the nature of a job share arrangement, with two staff functioning in the one role, decision-making can be delayed. If a staff member on a team would like to reduce their hours, or if there is conflict between staff that needs to be managed, decision-making and management of issues may need to be shared and discussed with the two staff in the job share role. If there is not an overlap day, timely decision-making and consultation can be delayed. In some cases an immediate response may be required but this may not take place if team leaders in the job share role are not able to communicate with each other, or communication is delayed.

Initial findings suggest that regular and effective communication has a positive impact on the flexible work arrangement, and poor, ineffective and sporadic communication has a negative impact. Staff in flexible work arrangements who communicate regularly with each

other and have a clear delineation of tasks and clarity of understanding regarding the execution of work, report that flexible work arrangements can then be optimised and are more likely to operate successfully.

The challenge identified by participants related to the time commitment required to maintain a high level of quality communication and the impact that this therefore potentially has on the availability of clinical time. Team leaders did report time spent handing over either face-to-face, through email or over the phone was onerous and time consuming. When managing excessive caseloads it was not uncommon for staff in a job share role to provide a handover outside of business hours.

One significant issue identified from the research related to role confusion, which correlates strongly with well-defined role clarity being perceived as a benefit of a flexible work arrangement. Where one role was split between two clinicians it was identified as having the potential to create some confusion for staff regarding to whom they should report and how work and various tasks were distributed and allocated. For example, if a staff member needs to take annual leave who do they communicate with? Would they need to get permission and communicate with both clinicians in the job share role or just the one? Tasks undertaken and role clarity need to be very clearly articulated to reduce the likelihood of confusion amongst staff. With flexible work arrangements decision-making can be slower and communication can be adversely affected. Clinical staff in a job share role must have excellent and well communicated systems and processes in place to ensure that timely decisions are made, staff are aware how tasks and roles are distributed and that clear, regular and consistent communication occurs.

In summary these results indicated that offering a consistent, transparent and equitable opportunity to request and consider a flexible work request is important to managers and employees. Key areas to consider when determining the viability of a flexible work request are the logistics of the job share, both from an operational and relationship perspective. When implementing a flexible work arrangement, communication strategies are the key point of determining success or failure, between the participants in the flexible work arrangement, their immediate and wider work groups.

Discussion

There are a number of potential benefits to be realised with flexible work arrangements, for the employer and employee.

It is essential for health services like this major Metropolitan Health Service to provide the opportunity for employees to request flexible work arrangements in the interests of balancing work, personal needs and family commitments, and in the interest of retaining these employees and their knowledge in the workforce. Any request for flexible work arrangements needs to include consideration of business operations and how any challenges will be addressed. An important underlying principle is a shared understanding that a flexible work request may not be possible due to operational or other reasonable limitations.

Opportunities of flexible work arrangements

Where managers have multiple requests for flexible work arrangements this is an opportunity to enable better capacity to meet flexible requests, e.g. two requests for flexible work arrangements may support a job share position. As part of a flexible work arrangements, staff may request alternative start and finish times or different work days that may support a broader provision of service that better meets the needs of patients and their families. There are opportunities for junior employees working alongside flexible work arrangements with more senior staff to learn about the roles of these senior staff as they deliver a successful flexible work arrangement. Flexible work arrangements may support team relationships to develop and evolve – negotiating work allocation and flexible hours within a team provides an opportunity for understanding each other's work better.

Challenges of flexible work arrangements

As outlined above, a flexible work arrangement is not without challenges. These can include multiple employees may request the same days off, creating a gap in service, or all employees wishing to start later, creating a gap in service at the beginning of the day. Finally, often the elephant in the room for these discussions is that employees who request a flexible work arrangement may have roles that are not conducive to flexible work arrangements due to complexity, seniority or tasks required of the role.

Framework 1: Considerations in determining what roles have the potential to be a successful flexible work arrangement

A framework depicting how the process may be undertaken when considering a flexible work arrangements request is provided in Figure 6. In assessing whether a request for flexible work arrangements can be met, factors that may be considered include:

- The effect on the business in approving the request, including but not limited to impact on our consumers efficiency, productivity and financial operations;

- The wider team the position operates in, including but not limited to:
 - Number of other flexible work arrangements within the team;
 - Number of part time roles within the team;
 - The requirement for clinical, professional or student supervision that forms part of the role;
 - The ability to organise the work of the team within the team;
- The practicality of the arrangements that would need to be put in place to accommodate the request;
- The nature of the work done by the role, and whether this can be done on a part time, job share or other type of flexible work arrangement;
- Allocation of hours, days of the week;
- Responsibilities and reporting;
- Infrastructure required;
- Engagement with and communication strategy for key stakeholders.

Any flexible work arrangement that is agreed to should be subject to a three-month trial period to ensure the arrangement meets the operational requirements of the business and the personal needs of the employees involved.

If the trial period is successful, the arrangement should continue to be reviewed quarterly to ensure all deliverables are being met, the quality, quantity and timeliness of the work is to the required standard and the impact on the other members of the team is not detrimental to the overall performance of the team. It is also important to continually assess whether operational requirements are being met, the employee is complying with the terms of the arrangements and that the arrangement is meeting the needs of the employer.

Each arrangement should stand for 12 months at a time, be evaluated and re-negotiated as required.

If the arrangement is a job share, it is important to note that the arrangement would be considered void if any one of the job share participants was unable to continue their portion of the job share, e.g. paternity leave, secondment or resignation.

Managers may have concerns that agreeing to one flexible work arrangement will result in a number of further requests. It is important that each request is evaluated on its own merit; however, part of that evaluation does include consideration and engagement with the broader team environment. It may not be possible to offer more than a

certain number of flexible work arrangements within a team or ward or at a certain clinical classification.

Figure 5 summarises the responsibilities required of both the manager and employee throughout the flexible work arrangements process from application to evaluation.

Framework 2: Supporting job shares to be a success

Once it has been agreed that a flexible work arrangement is viable it is essential to undertake the necessary operational tasks around documentation, variation of contracts and recruitment as required. Once these tasks have been completed, the Manager should look towards developing a plan to support the introduction of the flexible work arrangement, a communication strategy and a plan to support employees in the flexible work arrangement to function as a high performing team.

The type of support required will differ depending on a number of factors, the most important being the type of flexible work arrangement. There would be different needs for each type of flexible arrangement (job share vs. job spilt), but also depending on the individuals in the flexible work arrangement. It is important to take the time to forward plan the finer details of how the flexible work arrangement will function. [5]

There are some interventions that may assist flexible work arrangements to work more efficiently, and many of the below suggestions should apply not only to flexible work arrangements, but also the broader team on a day-to-day basis. [6]

Buddy systems

Every employee cannot be an expert on every aspect of each other's role, but it is important for at least one other person to have a good understanding of particular projects or pieces of work being undertaken by someone on a flexible work arrangement – either the other person in the flexible work arrangement or someone in the broader team. A task list held centrally may be a good way to document this.

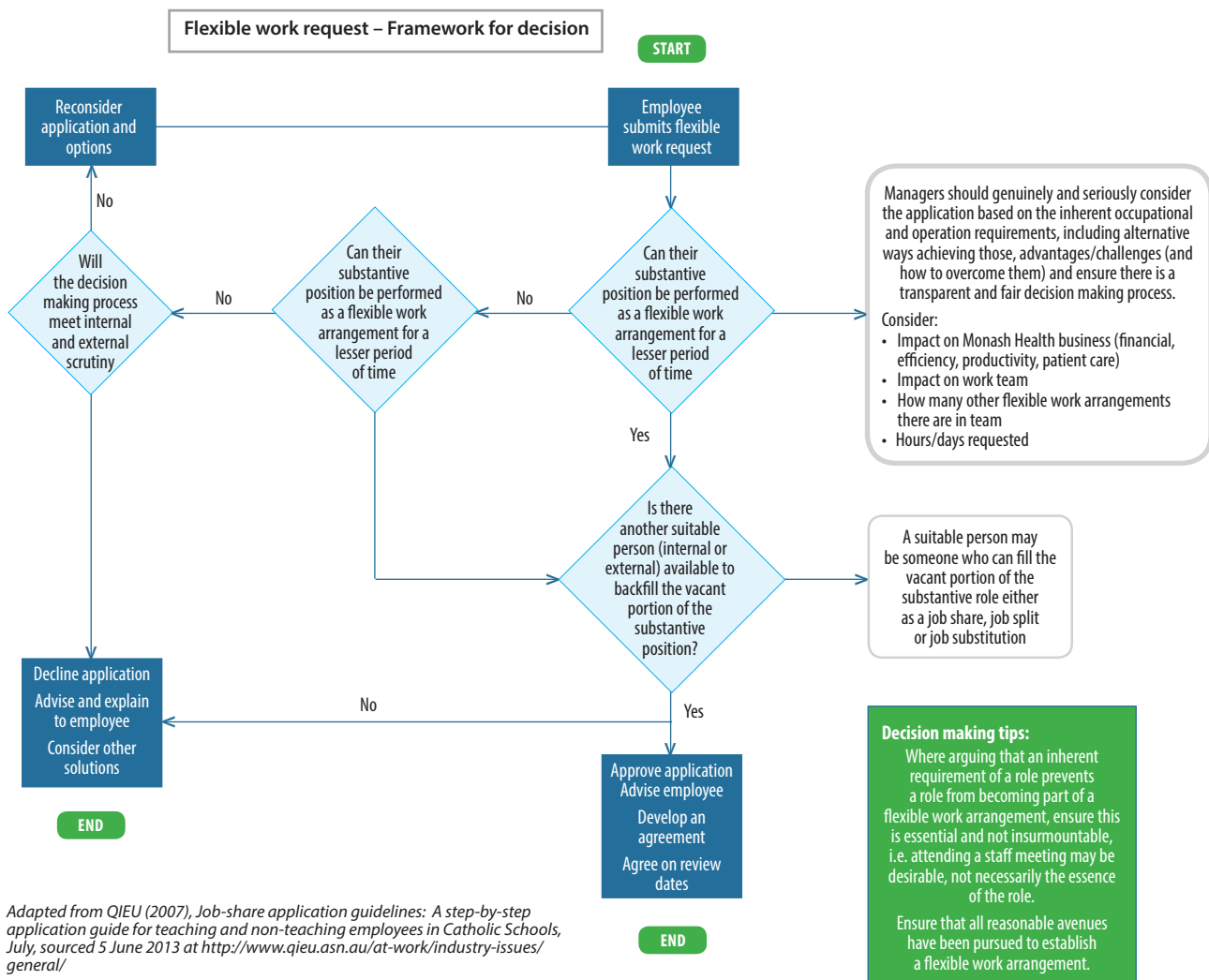
Aim for all employees to attend team meetings

If this is not possible then try to ensure all flexible work participants work at least some hours that overlap each week, and work to hold staff meetings at this time. Attending staff meetings may help employees to feel connected to the broader team and provides managers with a forum for communication. If employees miss meetings then ensure time is planned to update them on what they have missed. Consider alternative means of attendance at meetings – teleconference, use of mobile technology.

Figure 5: Responsibilities of the Manager and Employee in considering a flexible work request

MANAGER	EMPLOYEE
<p>Consider each application on its merits.</p> <p>Consult team or relevant work group regarding impact of application.</p> <p>Applying the relevant business procedures in relation to the application.</p> <p>Have an understanding of a range of flexible work arrangement options and how to manage them.</p> <p>Support the career progression of staff working flexibly.</p> <p>Evaluate the success of the arrangement.</p>	<p>Identify personal needs and possible solutions.</p> <p>Be realistic about what is possible.</p> <p>Take responsibility for delivering</p> <p>Be willing to review and modify flexible work arrangements as personal circumstances or operational requirements change.</p> <p>Consider the personal and financial impacts of a flexible work arrangement.</p> <p>Actively participate in the review of flexible work arrangements.</p>

Figure 6: Decision making framework [7]



Source: Independent Education Union of Australia – Queensland and Northern Territory Branch. Job-share application guidelines: A step-by-step application guide for teaching and non-teaching employees in Catholic Schools. [7]

Transferring of phones

Ensure that when away from the office phones are transferred to people in the office or a suitable message bank system is available (and utilised). This should be supported by a standard 'script' for people taking these calls on behalf of others to ensure a consistent message is provided.

Shared calendars

Provides transparency in work arrangements and allows professional handling of colleague or patient enquiries in the absence of a staff member.

Create work schedules

Employees start and finish time and general work arrangements (work from home etc.) should be agreed and clearly documented in a work schedule. This work schedule should be shared with the broader team. There should be a clear distinction between days not worked and telecommuting days.

Handover and other communication strategies

This should be considered in the context of the flexible work arrangement and the people involved. This may include written handover, emails at end of shifts, phone calls or designated jointly worked hours each week. It is important the purpose of these jointly worked hours is clearly articulated to the broader team so that they are not perceived as wasteful. [6]

'Out of office' message

Staff working part time or who will be out of the office for an extended period of time, should use this function to outline when they will be back and who can be contacted if a matter is urgent.

Email signature detailing hours and days worked

Employees should use their email signature to clearly communicate their availability as well as providing an alternative contact.

Transparent filing systems

Good filing (paper and electronic) systems ensure that all employees know where to find information. It will ensure continuity of work whether an employee is physically in the office or not.

Communication to broader team

It is important to inform the broader team and other work colleagues regarding the working hours of people in a flexible work arrangement, as well as any delineation in work area or responsibility. It should also be clear how and where any challenges are to be escalated. In healthcare, this

broader team may include medical staff, nursing staff or other allied health professionals. Environmental or security staff may need to be informed if a flexible work arrangement involves work hours outside the norm for a work area.

Negotiate supervision, performance enhancement plans

Time must be allocated to plan joint and individual supervision and support and to negotiate performance enhancement plans. Depending on the skill set and expertise of the staff in the flexible work arrangement, this process and its implementation may require the involvement of the organisational learning and development team.

Crisis planning

There should be an agreed and clearly documented plan around how unplanned leave will be managed within the flexible work arrangement, and this should be communicated to the broader work team.

Planned trial period, review and evaluation

This should be agreed and clearly documented, along with any performance measures, regardless of whether the arrangement is temporary or ongoing.

A flow chart outlining the process of supporting job shares within Allied Health at a major Metropolitan Health Service is provided in Figure 7.

Conclusion

The Allied Health Executive team is committed to supporting flexible work arrangements in Allied Health in order to retain expert clinicians and managers. The first framework provides an equitable and transparent methodology to support decision making around the feasibility of each flexible work request and the second framework guides managers in supporting staff to achieve a successful outcome for all flexible work requests, which is not only to the benefit of our staff but the patients and community they provide care to. The Allied Health Executive is in the process of implementing this framework across Allied Health and plan to evaluate the implementation of the flexible work arrangements frameworks for success factors and challenge points in the near future.

Competing Interests

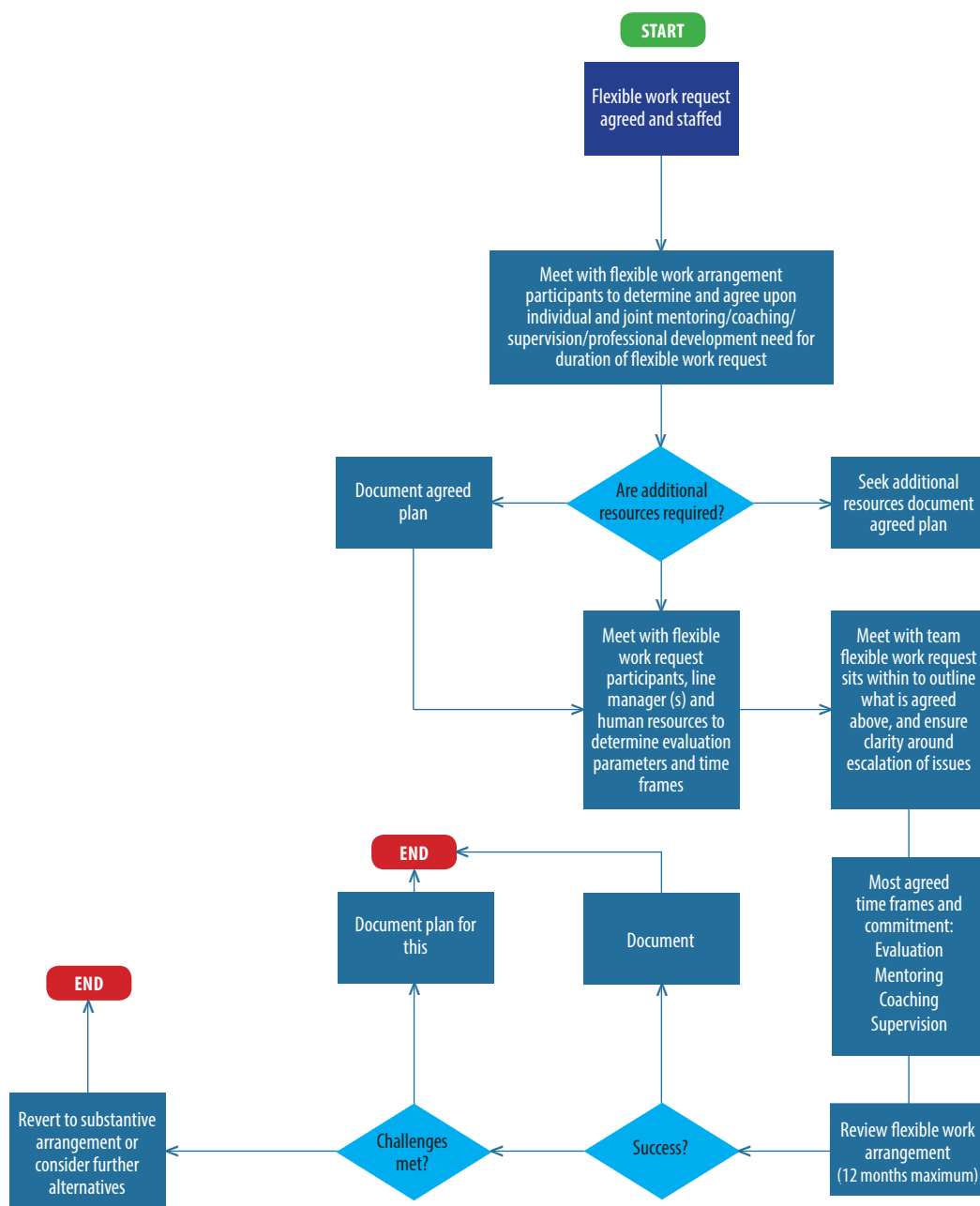
The authors declare that they have no competing interests.

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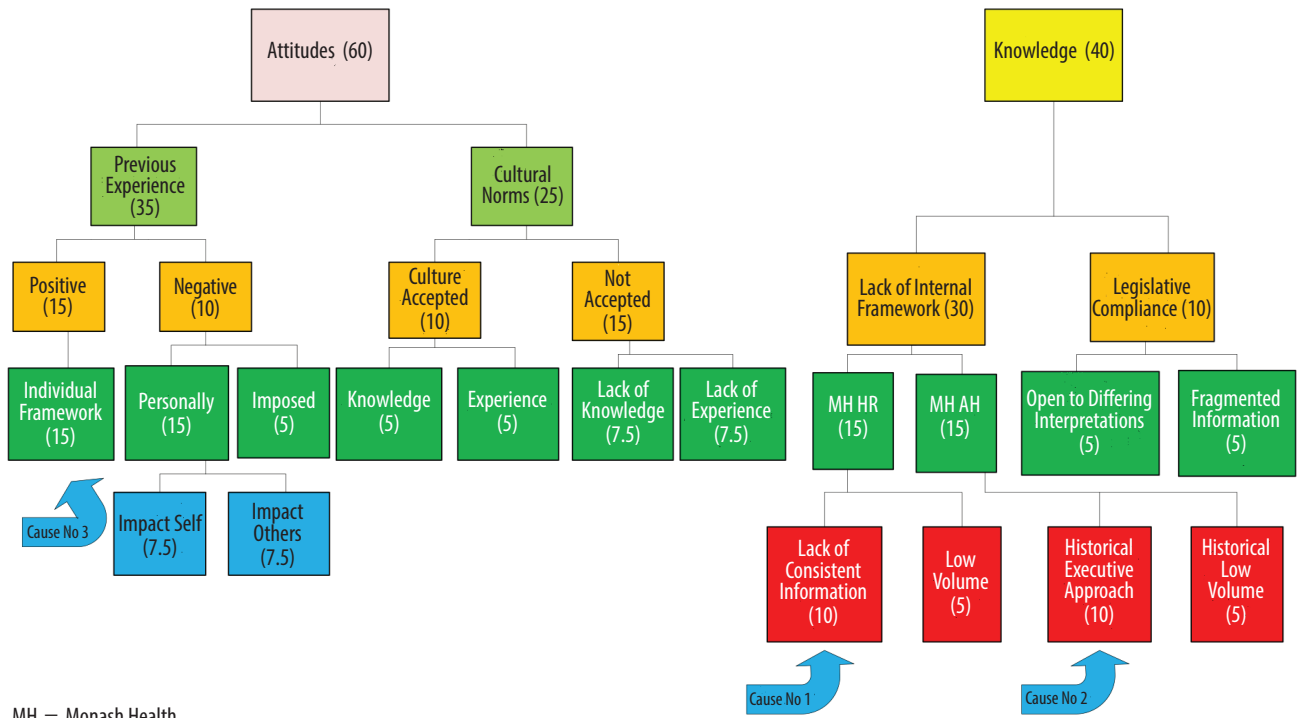
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Figure 7: Support for flexible work request framework



Source: Independent Education Union of Australia – Queensland and Northern Territory Branch. Job-share application guidelines: A step-by-step application guide for teaching and non-teaching employees in Catholic Schools. [7]

Appendix 1: Root Cause Analysis



MH = Monash Health
 HR = Human Resources