

Absence of Leave and Job Morality in the ICU

Li-Ping Hsiao, Feng-Chuan Pan

Abstract—Leave of absence is important in maintaining a good status of human resource quality. Allowing the employees temporarily free from the routine assignments can vitalize the workers' morality and productivity. This is particularly critical to secure a satisfactory service quality for healthcare professionals of which were typically featured with labor intensive and complicated works to perform. As one of the veteran hospitals that were found and operated by the Veteran Department of Taiwan, the nursing staff of the case hospital was squeezed to an extreme minimum level under the pressure of a tight budgeting. Leave of absence on schedule became extremely difficult, especially for the intensive care units (ICU), in which required close monitoring over the cared patients, and that had more easily driven the ICU nurses nervous. Even worse, the deferred leaves were more than 10 days at any time in the ICU because of a fluctuating occupancy. As a result, these had brought a bad setback to this particular nursing team, and consequently defeated the job performance and service quality. To solve this problem and accordingly to strengthen their morality, a project team was organized across different departments specific for this. Sufficient information regarding jobs and positions requirements, labor resources, and actual working hours in detail were collected and analyzed in the team meetings. Several alternatives were finalized. These included job rotating, job combination, leave on impromptu and cross-departmental redeployment. Consequently, the deferred leave days sharply reduced 70% to a level of 3 or less days. This improvement had not only provided good shelter for the ICU nurses that improved their job performance and patient safety but also encouraged the nurses active participating of a project and learned the skills of solving problems with colleagues.

Keywords—Information, job rotating, human resource, intensive care unit.

I. INTRODUCTION

NURSING staff shares 40 to 60% of the number and works of the medical team of a hospital, yet is compensated with comparative low salary at around 25 ~30% of the total expenses[1]. Nurses care the patients in the first lines of almost every department, and that directly bring images to the patients and customers with their healthcare services. This means the service quality a nurse delivered significantly contributed to the patients' images toward the hospital. Job stress in the intensive care units is generally heavier and stronger than those in the general care units, in part because of the rapid changes of the patients require comprehensive and intensive cares and supports around the clock. In addition, supportive instruments are much more complex and complicated in terms of types and operation procedures. Nurses in ICU thus are required to equip

with additional knowledge and skills in addition to the general nursing skills. Even worse is the downsizing policy issued by the top management, of which tends to squeeze the leisure time of the nursing staff. ICU was staffed with a minimum level nurses due to the fluctuating rate of occupancy that was unable to correctly forecast prior to a meaningful period of time. This has made the deferred vacation mounting to the 10 days or more levels for ICU nurses. Consequently, the long-term excessive workload brought physical and mental fatigues to the ICU nurses and possible hazardous to the patients and the hospital [2]. A recent study has shown that excessive workload of the nurses with little free time has significant relationships with the expansion of nosocomial infections, complications, and longer hospital stay [3].

One solution for understaff is to recruit new members to fill. This induces new human resources problem in terms of the match of personal professionals and job specifications as well as the limited resources available for job orientation and new employee training. It is a serious problem to be solved to balance the cost and quality.

Currently, the ICU unit of the focus hospital is staffed with seven nurses (four or five nurses in real operation) for six ICU beds. The unit provides 24 hours service by three different work shifts. This means a nurse needs to care two or three patients in each of the work shifts either day or night. According to the regulations of personnel management, a nurse is entitled to have 82 days paid vacation or more per year, excluding the absences for on-the-job training, paid vacation for certain family events (such as marriage, funeral, give birth etc.), and business travels. As a result, it is common to find the deferred vacation growing month after month. Ironically, the one who needs to maintain a good health in order to care others becomes the one that needs to be cared for the short of sufficient rest.

One possible solution as the literature suggested, is the job rotation. Job rotation could be adopted either functionally intra-departmental or inter-department [4], of which the latter could be more useful and highly helpful for effective utilization of human resources. The prerequisites for inter-department or cross departmental rotation are the employees should be well-trained in multiple professionals and techniques for specific job requirements. This could be done through so called "cross-training" as part of on-the-job training program [5] by providing proper learning opportunities through careful education design. Careful design of the cross-training can make inter-departmental rotation possible and human resource development. As a result, this may improve nurses' job satisfaction and quality healthcare.

Another possible approach is to reasonably allocate the human resources by examining the reasonable staffing strategy

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for each unit. Sufficient staffing of nursing care in each medical department is important to foster a quality healthcare and patient safety in the hospitals. Studies have shown that the problem of insufficient staffing of nurses is account for around 20,000 unexpected deaths per year in the United States [6]. In Taiwan, the government regulated that a regional hospital should maintain a standard ratio of two nurses for 1 ICU bed to be qualified for hospital accreditation. In addition, each individual unit of impatient department should establish and maintain a standard operation procedure, of which could be easily available for new members' education [7]. All of these measures can make the cross-departmental rotation possible to reduce repetitive investment and possible idle or waste of human resource [8].

A project is then organized with a purpose of alleviate the loading of ICU nurses through several approaches specifically to solve the problem of deferred vacation.

II. MATERIALS AND METHODS

A. Conceptual Framework

A framework of PDCA cycle, as the Fig. 1 shows, is then followed to trace back the major factors causing the deferred vacation days and to develop the alternatives for implementation and appraisal that will eventually result in an optimal solution.

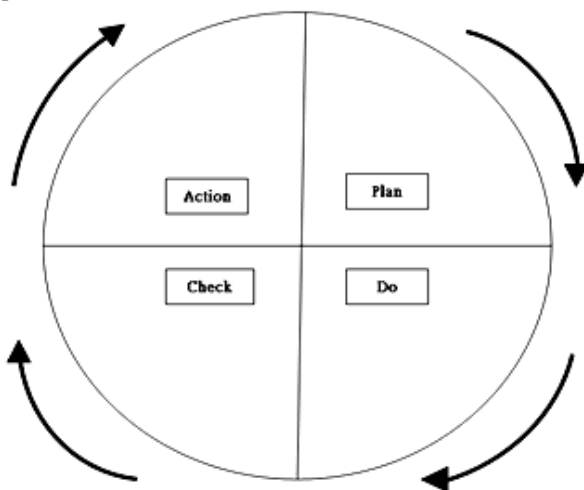


Fig. 1 PDCA cycle

B. Alternatives

Several alternatives has been raised and agreed from the cross-departmental meetings with similar functions.

(1) To develop a "Human resource pool" plan across departments that are distinctive to each other yet require similar techniques and make it available to the personnel department as well as unit heads.

(2) To establish a system of "Impromptu leave" that allows the unscheduled absence of leaves when the low occupancy is present.

(3) To establish a job rotation mechanism across

homogeneous departments, and simplify the rotation procedure with a written announcement.

C. Implementation

Major activities have been done for each stage for the period of October 1st, 2010 to June 31st, 2011.

(1) Adjust the staff scale for each work shift from two or three nurses to two nurses for each shift. (2) Establishes an "Impromptu leave" schedule that allows temporary leave on the basis of hour as a unit. Number of nurses required for the following work shift will be decided on 14:00 for the day shift, 20:00 for the early night, and 06:00 for the late night each day. Priority of having an option of leave is bind with the number of days deferred. This decision is made by the shift leader and informed by telecommunication. The head nurse withholds the ultimate power on when and how many nurses will on duty for each shift. (3) Identifies the source units that are able to provide cross-departmental rotation. A list of nurses is identified from the units of internal medicine department, emergency unit, and hemodialysis.

III. RESULT

The amount of deferred vacation has been reduced 57 days and 4 hours by the shift adjustment. Cross-departmental support reduced 15days and 4 hours. By the end of the June, 2011, the sum of deferred of the entire ICU unit has been squeezed to a level of 25 days, or less than three days in average, shown as the Fig. 2, a nearly 77% improvement.

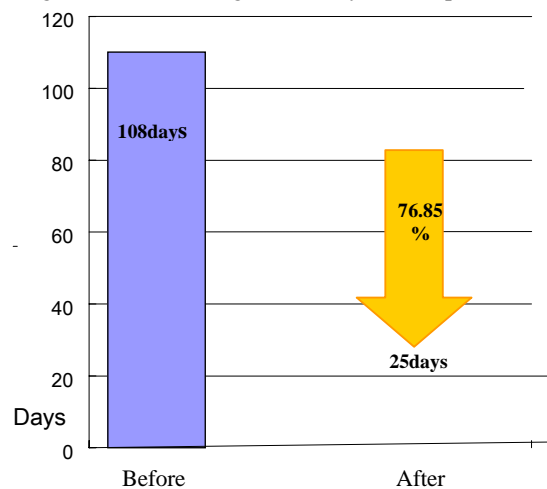


Fig. 2 Improvement of Deferred Vacation by Job Rotation

IV. CONCLUSION

ICU nurses' morality was seriously threatened by endless overloading of intensive care and an abnormal deferred vacation. Continuous tension perceived by the nurses may jeopardize the life of the ICU patients who require seamless monitoring and cares. As a result, quality care and good hospital image may become impossible. The problem of deferred absence days for the case unit has mounted up to 10

more days for each individual nurse. The problem is expanding with the end invisible. A project team is organized to solve the problem. Several approaches has been agreed from meetings, and duly adopted with satisfactory results. The number of deferred vacation has been sharply reduced 77% to a low level of three days. This improvement has not only reduced the vacation problem, but also eased the tension and improved the morality of the team without any price of the service quality. In the meantime, more nurses received addition professional training on ICU services. The project is success in multiple aspects.

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