

Innovative Working Time Models for Nursing Staff in Hospitals: A Qualitative Study on the Opportunities, Challenges and their Potential Benefits

Background: Skills shortage, a high fluctuation and personnel deficits due to illness are central problems of nursing and other occupational groups at the hospital. Many hospitals are struggling to fill nursing positions, especially on a long-term basis. Many nursing staff report high levels of mental stress and general exhaustion due to excessive workloads, caused by shift work, irregular scheduling and overtime, among other things. Many employees in the care sector work part-time in order to reduce this overload. This favors a more flexible organization of work, but can also exacerbate issues related to the shortage of skilled workers. Innovative working time models are optimally aligned with the needs of the employees and reduce known stress factors of nursing staff (e.g., excessive workloads without adequate recovery phases or a lack of compatibility between work demands and family). As a result, job satisfaction increases, absenteeism decreases and the likelihood of leaving the profession is reduced. Innovative working time models can thus also counteract the ongoing skills shortage.

Objective: First, innovating working time models for nursing staff that are applied in German hospitals are inventoried. Qualitative interviews are conducted to explore employees' and managers' experiences with these working time models as well as their perceived strengths and improvement potentials. Based on the results of the study, we want to derive recommendations for action on the transferability of the models to other hospitals.

Methods:

1) Search for different working time models

Relevant specialist journals and portals, particularly from the nursing and hospital sector, are searched using a keyword search. Additionally, international databases are searched. The search period will be limited to the last 5 years to ensure that the models are sufficiently innovative. The models identified in this way are then classified in terms of a content analysis, i.e., inductively assigned to different categories according to their common features (e.g., longer daily working hours with fewer working days, reductions in working hours with (partial) wage equalization, flex pools). This inventory then forms the base for the upcoming qualitative interviews.

2) Qualitative interviews (single or group interviews)

To describe and analyze the selected working time models, we will conduct interviews with employees from selected hospitals who work according to these models. The models are chosen based on pre-defined criteria. Several interviews will be conducted for each working time model (at least 20 interviews in total). All interviews are carried out digitally or via telephone. The transcripts are sorted, structured and evaluated based on the research questions and contents of the interviews. Data analysis is aligned with common tools of established methods of social science and is carried out in the sense of a structuring (qualitative) content analysis. The software MAXQDA 2024 is used.

Relevance: Recommendations for action will be derived from both interview parts (with employees and managers), outlining advantages and disadvantages of the models analyzed as well as the framework conditions that are necessary to successfully implement these models in the long term. These recommendations will be published in, e.g., specialized journals with a practical orientation in the hospital and nursing section, and they will also be promoted via online and specialist portals. Furthermore, the results will be submitted in the form of a publication in an international journal with peer review. Hospitals (and potentially other health and social facilities) that are interested in this topic can thus receive several suggestions and practical tips to improve their organization of working times.

This can improve working conditions of nursing staff in German hospitals, and it might also serve as an instrument to face skills shortage in the nursing sector.

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