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CASE STUDY

for health care providers worldwide

How Johns Hopkins Aramco Implemented Tiered Self-Scheduling

Reducing overtime and increasing nurse satisfaction

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Overview

The challenge

Unit managers typically develop the complex staff schedules for their units. This process often fails to account for staff preferences, leading to unplanned vacancies. This can force organizations to use costly overtime measures to fill gaps in staffing, in turn causing nurse dissatisfaction, staff disengagement, and turnover.

The organization

Johns Hopkins Aramco Healthcare (JHA) is a 263-bed hospital in Saudi Arabia. It is a joint venture between Saudi Aramco and Johns Hopkins Medicine.

The approach

Tiered self-scheduling allows nurses to craft their own schedule with approval from nursing leaders. To address staff concerns about excessive overtime, JHA piloted the approach on two units before rolling out the strategy across the organization.

The result

Using tiered self-scheduling, JHA has reduced overtime usage across their organization and increased staff satisfaction of work-life balance.

Approach

How John Hopkins Aramco used tiered self-scheduling to reduce overtime

Johns Hopkins Aramco updated their scheduling system to reduce the amount of overtime staff worked and create more flexibility in the scheduling process. This document focuses specifically on the three elements of JHA's tiered self-scheduling process.

The three elements

01 Tier the approach to unit scheduling

02 Set scheduling parameters for staff

03 Address common fears about self-scheduling

01 Tier the approach to unit scheduling

To address the challenge of excessive overtime, leaders at JHA introduced a tiered self-scheduling process that includes checks and balances. Tiered self-scheduling allows nurses to craft their own schedule with approval from nursing leaders. By choosing shifts that work for them, nurses are less likely to have unplanned absences that result in overtime.

There are four steps to JHA's tiered approach:

1. Staff members enter their shifts into a master schedule up to eight weeks in advance using unit-based guidelines.
2. A unit-based committee, composed of two or three senior nurses, reviews the schedule with organizational targets and leave coverage in mind. The committee adjusts the schedule as needed to ensure that the unit has the right complement of staff on each shift (e.g., mix of novice and more experienced staff).
3. Unit managers review and approve the schedule and send it to the central staffing office.
4. The central office tracks daily variations and fills any unforeseen gaps, such as sick leave.

02 Set scheduling parameters for staff

To ensure staff members select appropriate shifts, leaders at JHA set clear guidelines for self-scheduling. Any necessary adjustments to the schedules are based on these parameters, which eliminates potential contention over the changes.

Staff nurse guidelines

At JHA, nurses must follow three parameters when scheduling their shifts:

- Sign up for one or two weekend shifts monthly, depending on unit needs
- Sign up for five to seven night shifts every month
- Verify proposed leave time with managers before inputting into schedule

Unit-specific guidelines

The unit-based scheduling committee has their own set of guidelines to follow:

- Double check leave requests with leave allotment for the unit
- Confirm everyone has appropriate distribution of nights and weekends
- Ensure good mixture of experienced and novice nurses per shift

While these guidelines worked at JHA, they should be adjusted for each organization's unique needs. Consider how far in advance staff should sign up for shifts, weekend and night shift frequency, planned and unplanned leave, and experienced and novice staffing mix.

03 Address common fears about self-scheduling

Leaders at JHA recognized that managers and staff would have questions about the self-scheduling process, so they proactively developed a two-pronged strategy for support. They first piloted self-scheduling on two units to demonstrate success. Next, leaders shared the pilot’s success with the rest of the organization. Finally, they implemented the process across JHA.

Nursing leaders also addressed managers’ fears of losing control and having to take on additional work. JHA educated managers on the benefits of this practice and emphasized how the tiered responsibility would alleviate manager burden.

Sample of apprehensions and responses to self-scheduling

Apprehensions	Response
<ul style="list-style-type: none"> • Leaders fear free-for-all will ensue if staff are given power to self-schedule. • Leaders fear gaps in care will occur when staff avoid signing up for unwanted shifts. • Employees fear culture shift required to transition to self-scheduling is unachievable. • Nurse unit managers fear less control of schedule and added work filling gaps that staff leave. 	<ul style="list-style-type: none"> • Staff nurses are given specific guidelines to follow; transition period eased staff and managers into self-scheduling. • Unit level guidelines for staff nurses, combined with higher-level review, ensure appropriate coverage. • Pilot on two units demonstrated benefits and ease of implementation for both staff and leaders. • Manager training highlights proven benefits of self-scheduling for unit leaders.

Results

Tiered self-scheduling lets staff create schedules that reflect their needs and preferences. As a result, nurses are more engaged and have better work-life balance.

High-level leaders report saving 16 to 24 hours of overtime per full-time employee per month. Additionally, this practice has improved retention and saved on costs associated with turnover.


“


The flexible schedule **allows us to adapt our staffing needs for the unit and the individual.** We have a greater work-life balance, and it has enabled us to get to know all the staff on the unit, not just your scheduled group.


Staff nurse
Johns Hopkins Aramco Healthcare


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