

English summary
of Fafo-rapport 2023:18

Evaluation of pilot testing
of full-time working in
two institutions under the
Nursing Home Agency
in Oslo

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Over the last years, Oslo City Council has made numerous decisions with a view to increasing the proportion of full-time workers and reduce the amount of involuntary part-time working. The ‘2 institutions’ project to promote full-time working was commissioned in 2020 by the Vice Mayor for Health, Ageing and Municipal Services and ran until the end of 2022. In this project it was decided that the Solfjellshøgda rehabilitation centre and the Uranienborghjemmet nursing home should each try out two measures.

At Uranienborghjemmet, ‘assignment A’ consisted of extending short shifts and introducing uniform working hours. This measure meant that all day-time shifts shorter than 7.1 hours were extended to 7.5 hours, and that all shifts of the same type would start and end at the same time. ‘Assignment B’ consisted of establishing a resource pool of health workers from two departments. At Solfjellshøgda, ‘assignment A’ included pilot testing of long shifts every third weekend, while ‘assignment B’ involved establishing a resource pool of health workers and registered nurses from six departments.

Fafo was commissioned to conduct a real-time evaluation of the project. The evaluation describes the coordination and implementation of new instruments, but it is also an impact evaluation in which we ask whether these measures have had the desired effect, and what might have been done differently.

Results

The pilot testing of 7.5-hour shifts and uniform working hours at Uranienborghjemmet led to five persons changing from an 80–90 per cent FTE to full time, and other part-time employees having their working hours extended. The measure also had a positive effect on communication within the departments. There was a better overlap of personnel during shift changes, and managers could more easily provide information to the staff.

The planned pilot testing of 12.5-hour shifts every third weekend at Solfjellshøgda was not implemented. It was cancelled when the employer and the employees’ unions failed to agree on breaks and compensation levels in the spring of 2022.

Resource pools were established in both institutions. At the end of the project, six staff members at Uranienborghjemmet and 29 at Solfjellshøgda were encompassed by this measure.

Support for the project was less enthusiastic than what the management had expected. There are various reasons for this. Initially, there was a proviso that staff who wanted to extend their FTE would need to accept a full-time position. As a result, part-time staff who wanted to increase their FTE to, for example, 80 per cent were excluded. Staff whose working hours would increase in the project period were to return to their original working hours at the end of the project. Thus, those who obtained a full-time position during the project would have to expect to go back to the FTE percentage they had when the project started. Many part-time staff were working more than what their FTE percentage would indicate, and had thus earned a right to a permanent position with a greater FTE in accordance with Section 14-4 of the Working Environment Act. This appeared to be a safer and more attractive solution with long-term benefits for staff who wanted a greater FTE than what they could obtain by participating in the project.

The pilot project involving the resource pools has produced a number of useful and positive outcomes. Using internal staff rather than external temps had some advantages. For example, both the staff and the service users are surrounded by colleagues and service providers who are known to them, which has a positive effect on the working environment and service quality. Moreover, using internal staff as temps has also helped reduce the amount of overtime working and the number of cases of non-conformance.

What caused this outcome?

The project's purpose was to promote a culture for full-time work. It was met with great expectations in the central steering group and among managers and local trade union representatives. In the second half of the project period, three of the measures had helped raise the proportion of full-time working to the level that could be expected. When the project was completed, things went back to the level where they started.

The vice mayor and the trade union representatives wanted this project to be free from micro-management from above. The administration was particularly keen for a clear and structured framework to be defined for the service institutions to work to. Local managers called for a clearer mandate and a specification of the resources they would have at their disposal. The steering group left the local project groups free to decide what measures they would like to try out. Solfjellshøgda rehabilitation centre selected their two measures relatively freely and in light of what the management and the project group deemed appropriate. Uranienborghjemmet nursing home was quite unprepared at the start of the project. The management responded quickly, but the project came off to an unfortunate start since the participants had not been involved in the decisions on the project's framework and content.

Prior to the decision to cancel the pilot testing of long shifts, there were frequent heated discussions, and many local efforts were made to secure the support of the staff. The final project phase was marred by the fact that the testing of long shifts was cancelled at a time when the participants were ready to start.

Local managers have criticised the steering group for its lack of guidance. This allegation is only partly true. The steering group could have assisted in proposing measures that might have produced a better effect in terms of the project objective, a culture for full-time employment. It could also have addressed the issues associated with breaks at an earlier stage. However, since this was a pilot project with wide local decision-making authority, some learning along the way was to be expected. The need for supplementary funding was largely met.

The risk assessment in the project plan addressed a number of threats relevant to the implementation of the project. The risk of insufficient progress was adequately handled by the local project managers. In response to the problems created by the pandemic, the steering group extended the project period. Without this extension, the knowledge base generated by the project would have been significantly reduced. Other reasons for delays were given less attention. The responsibility for managing the risk that disagreement would threaten implementation rested with the steering group. Local disputes were largely resolved by the parties themselves in the project group meetings. However, the steering group failed to resolve the threat of disagreement over the pilot testing of long shifts. A third risk that turned out to be a problem was associated with the fact that staff members were free to refuse to participate in the project, causing a lot of work for local managers. In this regard, the steering group could have assumed a greater responsibility.

Overall, the project has yielded useful experiences, but fewer and other kinds than that expected. None of the measures were continued after the end of the pilot test.