

A 4-day week might not work in health care. But adapting this model could reduce burnout among staff

November 6 2023, by Nataliya Ilyushina



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The COVID pandemic saw a [mass exodus](#) of health-care workers across developed countries, exacerbating an existing [health-care staffing crisis](#).

In Australia, turnover rates among [hospital staff reached nearly 20%](#) in

2022. Hospital waiting lists in Victoria alone ballooned to [80,000 in 2023](#).

The [United States](#) and the [United Kingdom](#) have faced similar staffing issues.

Efforts are underway globally to [educate new health professionals](#) and boost the [skilled migration of doctors](#).

However, retaining existing staff is a paramount strategy.

The pandemic accelerated the exploration of more flexible work arrangements, while the idea of a four-day work week is continually gaining traction. Could this be a solution to improve the retention of burnt out staff in the [health-care](#) sector?

Burnout

Health-care professionals have historically experienced [high levels of burnout](#).

The strain of balancing demanding [work schedules](#), including long hours and [shift work](#), with [family responsibilities](#), can lead to work-family conflicts. Also, the nature of the profession means staff are often exposed to traumatic situations such as patient deaths, further elevating stress levels. COVID has intensified the issue of [burnout in health care](#).

Burnout commonly leads [health-care workers to resign](#), and also contributes to [early retirement](#).

For those who remain in the profession, [burnout negatively affects productivity](#), including increasing the likelihood of perceived [medical errors](#).

Rise of the four-day week

A four-day work week is based on the so-called 100-80-100 arrangement, where 100% of productivity is achieved in 80% of the time with 100% of pay. So that might mean working Monday to Thursday, but getting paid a full wage, and with an expectation that you'll produce as much in four days as you did in five.

In a [pilot study](#) by Cambridge University and [4 Day Week Global](#), [71% of participants reported](#) feeling less burnt out, while there was a 57% fall in staff resignations. These outcomes [are similar to results](#) from trials in Belgium, Spain, Japan, Australia, and New Zealand.

But the execution of a four-day work week in health care comes with unique challenges. The model has primarily been trialed in office and corporate environments, where a five-day work week, totalling 35-40 hours, is conventional.

For many health-care workers, especially nurses, longer hours and shift work are the norm. Nurses are often expected to work on public holidays, and may have to work for [six or seven consecutive days](#) before having a few days off, instead of the standard five days on, two days off.

Also, many health-care services, such as hospitals and aged care facilities, require staffing seven days a week. It's imperative any restructured work arrangements are designed to ensure continuous, adequate staffing.

Consequently, a direct transition from a five-day to a four-day work week might not be immediately logical or applicable.

Instead, this model should be conceptualized more broadly for health care, focusing on reducing and optimizing working hours, and addressing

the specifics of rostering and workforce planning in the industry.

Applying this model to health care

The focus should be on achieving greater productivity through reducing stress and burnout. Although shifting to a four-day work week won't necessarily be practical, there should be an emphasis on shorter hours, guided by the 100-80-100 model.

The application of this model within health care would vary. For example, specialist physicians work [50 hours a week on average](#), so applying the model would reduce their work week to 40 hours.

Shift design, particularly [for nurses](#), should focus on ways to reduce fatigue and in turn burnout. This might include scheduling shifts at a consistent time of day for individual staff members, implementing shorter shifts, and rostering reasonable consecutive working days (instead of seven or more days in a row before getting a day off).

The benefits

Reducing the hours worked and optimizing shift rostering could help to alleviate stress, burnout and work-family conflict for health-care workers. All this is likely to improve staff retention.

Any reduction in staff turnaround would save on direct costs associated with hiring new staff. The cost to replace a highly specialized health-care professional can reach up to [200% of their annual salary](#).

Also, implementing shorter shifts—for example shifts lasting four or eight hours instead of 12—may [increase the uptake of](#) shift times that are usually hard to fill. Measures like shorter shifts could also appeal to

part-time workers or those who have retired.

Finally, reducing burnout and absenteeism will improve productivity among staff. This will indirectly lower costs and benefit public health.

Some challenges

As it can take a [few months](#) to a [few years](#) to recover from burnout, once any changes are implemented, the benefits would take time to be seen.

And reducing working hours as well as other changes to rostering will initially be difficult given current staff shortages in the sector.

Hopefully, measures such as migration incentives and subsidized training for health-care professionals will bolster the workforce and make bridging this gap a little easier.

Although the implementation is not straightforward, changes to working arrangements in the health-care sector could have an even greater positive impact than in other industries.

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