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# Managing working hours and recovery during the Covid-19 pandemic and implications for safety

- A qualitative study of HR-representatives in the Swedish healthcare sector

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# Work hours and fatigue are related to safety

- Demanding working hours → Fatigue and sleep deprivation
- Fatigue affects cognitive functions (e.g. decision making, problem solving)
- Fatigue affects emotion regulation (e.g. irritability, mood)
- Shift work and work hours can have a negative impact on recovery and sleep
- E.g. overtime, long hours, long work weeks and night shifts are related to increased accident risk

# System view of working hours in healthcare



## Aim

To investigate how working hours, staffing and recovery in the healthcare sector have been managed at HR-level during the Covid-19 pandemic, and which implications this may have had for safety

# Method

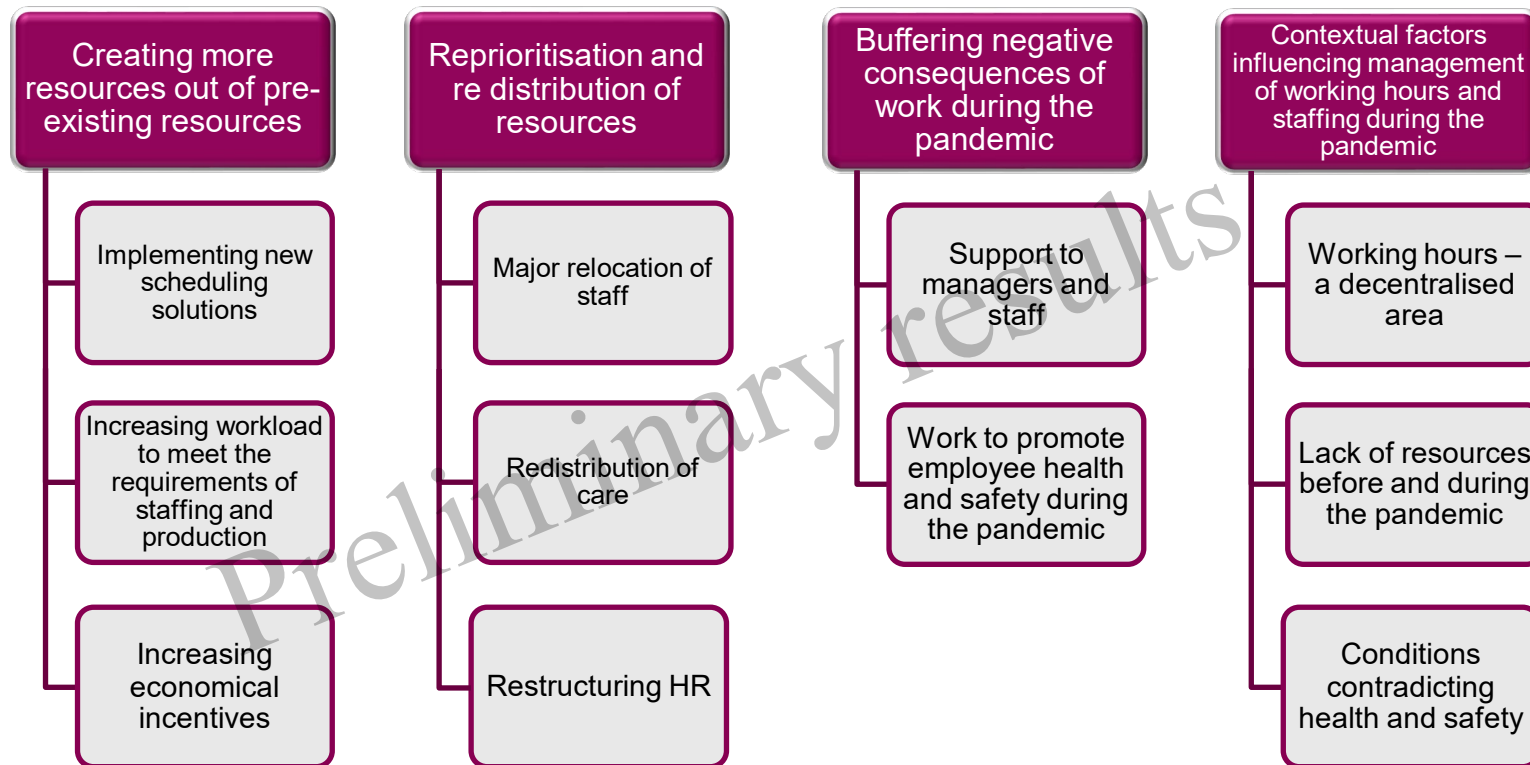
- Qualitative interviews via telephone or video call
- Analyzed with Thematic Analysis (TA) according to Braun & Clarke (2006)

## Participants

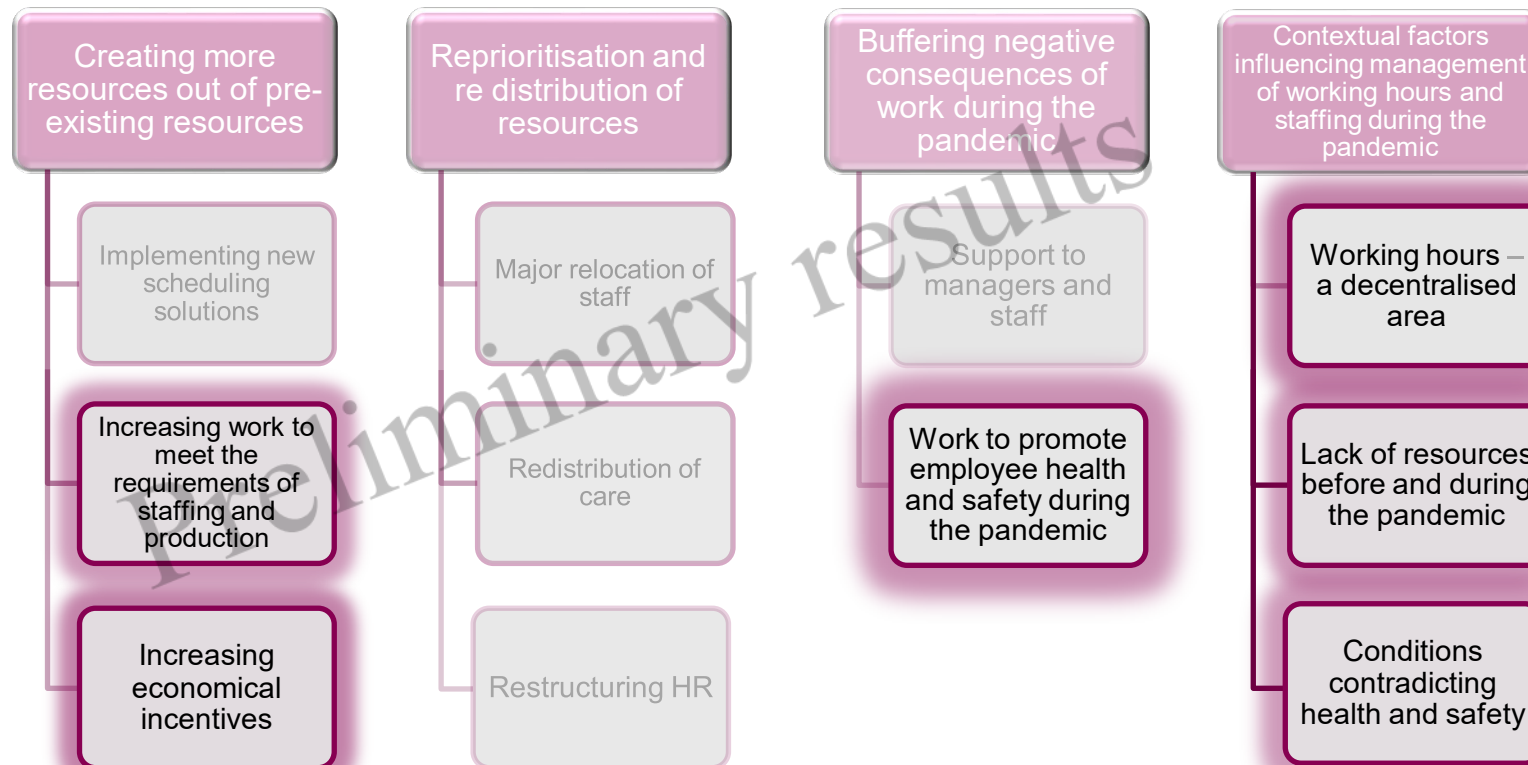
- 19 representatives from 17 Swedish regions
- 3-20 years of experience within HR
- HR-managers, HR-strategists, HR-specialists etc.



# Themes and sub-themes



# Themes and sub-themes



# Creating resources out of pre-existing resources

## Increased work

- More demanding schedules
- Vacations

*”There have been many double shifts. And that is not okay, and we clarified that it should only happen in exceptional cases”*

## Economic incentives

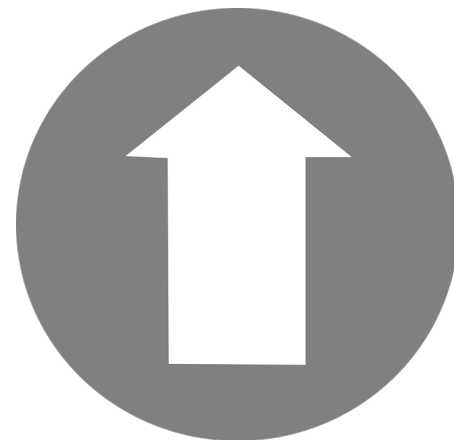
- Overtime, weekends etc.
- ”Selling” vacation weeks

*”So we added different types of compensation, because it was not possible to let people work less”*

# Buffering negative consequences

## Work to promote health and safety

- Increased communication
- Following up on overtime
- Following up on sickleave





# Contextual factors

## Working hours – a decentralized area

### Decentralized at hospital level

- Managed at ward level
- Managers responsible for working hours
- HR support to managers

### Lack of support on a national level

- Lack of support to HR (e.g. from Government/  
Swedish Association of Local Authorities and  
Regions)

*“I am fascinated by the healthcare sector [...] that we work so diversely. It is a matter that is so fundamental. We should not have to reinvent the wheel in 21 places in Sweden”*

# Contextual factors

## Lack of resources before and during the pandemic

***“It has been really hard to bring this about. And we don’t have enough staff. It is completely impossible.”***

### Entering the pandemic

- Staff shortage (before the pandemic)
- Lack of certain competences (e.g. specialist nurse)
- Lack of staff to hire/bring in

### During the pandemic

- Turnover and sickleave
- Staying home at slightest symptom
- Childcare
- Pregnancy
- Reluctancy towards working with Covid-19 patients

# Contextual factors

## Conditions contradicting health and safety

***”It has almost exclusively been about solving. Solving and solving the situation, all the time.”***

- Have to keep going – can’t pause healthcare
- ”Putting out fires”
- Suboptimal scheduling solutions in order to handle the pandemic

# Implications for safety

- Increased work and demanding working hours → Fatigue
- Vacations at the expense of continuous recovery
- Economic compensation in relation to fatigue / safety
- Reactive rather than proactive
- Lack of clear management system for working hours is a challenge for safety
- Staff shortage → patient outcomes



# Key points

- Increased pressure → Short-term solutions; double shifts, irregular shifts, overtime, interrupted vacations
- Increased pressure → Increased need for recovery
- When staff need recovery the most, the organization is the least capable to provide it

## Organizational recovery paradox

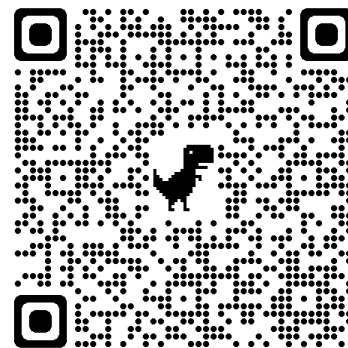
→ Short-term solutions may lead to exhaustion of human capital long-term



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# Thank you for listening!

Project website  
(in Swedish)



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