

Germany: report on emerging themes from the interviews

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Barbara Beham - University of Hamburg



Universiteit Utrecht



Universität Hamburg

Quality is an innovative, quantitative and qualitative research project that aims to examine how, in an era of major change, European citizens living in different national welfare state regimes evaluate the quality of their lives. The project will analyse international comparative data on the social well-being of citizens and collect new data on social quality in European workplaces in eight strategically selected partner countries: UK, Finland, Sweden, Germany, the Netherlands, Portugal, Hungary and a candidate country for EU enlargement, Bulgaria.

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Germany: Emergency hospital

Introduction

The interviews for Work Package 4 “Healthy Organizations” were conducted in the emergency ambulance of a large emergency hospital in October and November 2007. The hospital also participated in the employee survey on quality of work and life which was distributed in May 2007. 14 nurses (including part-time employees) and 6 doctors (2 senior physicians and 4 assistant doctors) currently comprise the staff of the emergency ambulance. For the present study 5 nurses (1 male), the head nurse (female), and 2 assistant doctors (1 female) were interviewed. Although doctors initially rejected participation in the study two assistant doctors participated in the interviews. Assuring anonymity was an important issue.

The workers’ council of the hospital which has to approve all studies that are conducted within the organization did not give its permission to tape the interviews. Interview transcripts were prepared immediately after the interviews but are not as detailed as the recorded and transcribed interviews of participating organizations in other countries.

Hospital background information

The hospital is operated by the employers’ liability insurance association (“Berufsgenossenschaft”). Within Germany’s compulsory social insurance systems employers have to pay for a compulsory accident insurance of their employees. The “Berufsgenossenschaft” is in charge of workers compensation and the compulsory accident insurance and assumes liability for the consequences of occupational accidents, commuting accidents and occupational diseases. Accidents that occur during leisure time can only be covered by a private accident insurance.

To date, there are 26 “Berufsgenossenschaften” in Germany. It is stated by law that their prime responsibility is to prevent occupational accidents and diseases, to eliminate work-related health hazards, and if an accident occurs, to compensate the injured person, the relatives or the surviving dependants.

The hospital was founded in 1959 with 240 beds. Currently, it has 470 beds and employs 1,637 staff. The hospital is said to have excellent accident and emergency facilities. It has one of the largest and most modern centres for fire injuries within Germany. In addition, it operates a large centre for paralysed patients and severe brain injuries.

Emerging themes in the interviews

Working hours and shifts

Nursing staff is working a flexible rota system: early and late shifts of 8 hours each and a night shift of 10h. Shifts are organized according to individual preferences and needs. Although this system allows for more flexibility than a fixed system, working hours are perceived to interfere with private life. Especially the night shifts are considered a problem. 10 hours are perceived as too long, and nurses often return home very exhausted in the morning. Due to shortage on staff there is only one nurse working with two

doctors during the night. Arranging childcare is difficult according to younger nurses. The hospital has an own kindergarten but does not offer any support for children once they have reached school age.

Doctors reported that a new law regulating their working hours has been introduced this year. Doctors are no longer allowed to work 24h shifts. 12h per shift is the maximum length since Jan 2007. Employers are only allowed to pay over-hours up to 48h per week (a normal working week is 40h). Additional over-hours have to be compensated by free time.

The new law succeeds a country-wide strike for higher pay and better working conditions in 2005. A main objective was to reduce working hours. However, doctors report that they have the feeling to work even longer hours since the introduction of the new law. Not only has commuting time increased (more commutes due to more shifts), they are also constantly working more than 12h. Doctors have accumulated many over-hours. Due to shortage in staff over-hours can not be compensated by free time. To date, nobody knows what is going to happen with all the over-hours at the end of the year. In addition, doctors reported the new 12h shifts to interfere even stronger with private life in the weekends than 24h shift (e.g., 12h day shift on Saturday and on Sunday, compared to a 24h shift on Saturday and Sunday off).

Work intensification

Both nurses and doctors reported that the number of patients has increased over time. Several reasons are offered for this increase: a big hospital in the area was shut down four years ago; the hospital has a very good reputation; the local community is growing fast; the average duration of hospitalisation has decreased but follow-up visits and treatments that affect the emergency ambulance have increased; in order to avoid long waiting hours at local doctors an increasing number of patients with small injuries come to the hospital; in order to reduce costs and minimize the length of therapies the “Berufsgenossenschaft” more frequently requires follow-up visits of their patients at the emergency ambulance.

Nurses and doctors also reported patients to have become more demanding, perceiving themselves as clients who paid for the services. Changes in patients’ behaviour are partially attributed to cuts in the public healthcare system. Patients want to get out a maximum on service.

In addition to an increasing number of patients, services for other wards and administrative work have increased constantly in the past. For example, the casts for the entire hospital are now completed by the emergency ambulance. Nurses as well as doctors complained about the paper work that comes along with the patient. The IT system seems to be highly complex and insufficient. A new system will be implemented next year.

Staff

Fixed Headcounts for Nurses

While headcounts for nursing staff have remained at 11.5 over a period of 30 years the number of doctors in the emergency ambulance has increased. Currently there is a discussion to even reduce nursing staff. Two younger colleagues have left the ward recently, and there are discussions between the hospital administration and the head nurse whether it is necessary to hire new nurses or not. According to the

nurses, they have reached a critical minimum in order to be able to cover all shifts and provide professional services to all patients. They can not imagine to work with less staff.

An old and mainly female team

The average age of the nurses in the emergency ambulance is quite high. The majority is in their 40ies and 50ties, and in about 4-5 years a couple of nurses will retire. According to an organizational policy, nurses over 50 do no longer have to work night shifts if the colleagues support it. One of the interview partners was no longer working night shifts and reported increased quality of life. However, if all nurses over 50 would make use of this policy, the night shifts would not be covered. A younger nurse expressed fear that the younger colleagues would have to pick up the slack.

Until November two male nurses were working in the emergency ambulance but both left the ward at the time of interviewing. They found jobs with better paid, more family-friendly working hours, and increased opportunities for career advancement. Due to a lack of career opportunities especially young male nurses leave the emergency department after a few years. According to one of the male nurses who have left the ward recently, the salary of a nurse is no longer sufficient to support a family. This has not been the case in the past.

Team spirit

Despite the increasing number of patients and tiring night shifts both doctors and nurses reported that cooperation among nurses, and with doctors and cleaning staff works very well. The relationship between nurses and doctors in the emergency ambulance is much better compared to other wards due to close daily cooperation.

Working conditions

Nurses stressed that their work is both physically and psychologically demanding. Moving and lifting patients and rather long distances within the hospital wing affect the back and knees. Especially older nurses perceive this as a major work demand. Severe cases such as young people with multiple injuries in a critical state are psychologically demanding. In the past, there was time to talk over those cases with colleagues. Due to work intensification and limited staff this so called “blue hour” in the morning has disappeared. Nurses more frequently take those stories home, and talk them over with a partner if there is one.

At the time of interviewing parts of the ambulance were under construction. Due to a new CT a number of rooms needed to be restructured. Nurses complained that they were not involved in this restructuring process although they have the expertise. Although the new rooms are very nice, they are too small and less patients can be treated simultaneously. Noise and dirt were mentioned as disturbing factors. However, in comparison to other hospitals facilities are very good. Staff is aware of that and mentioned it frequently in the interviews.

Organizational change

Nurses reported that organizational change always occurs top-down with the “Berufsgenossenschaft” or the hospital administration as the main drivers. Nursing staff then has to live with those changes. While doctors are a very powerful group within the hospital, the own professional group is perceived as rather weak and not well represented in the main decision-making groups within the hospital.

There are rumours that the emergency ambulance will be restructured. Information is scarce and supports those rumours which is perceived as typical for the hospital. Nurses are generally open to changes but fear that it will result in additional work that comes on top of their current work demands.

Work-life interference

Both doctors and nurses reported that the shift work is interfering with personal life. Especially night shifts strongly interfere with family and childcare responsibilities. Arranging childcare for children who have reached school age is perceived as difficult.