How do nurses experience job rotation to provide continuity to patients treated according to fast track

Nina Halberg, MA, RN, Lone Assafi, MA, Gitte Kammersgård, RN, Louise Wallin Pedersen, RN, Pia Søe Jensen, Post doc, RN
1Department of Orthopedic Surgery, 2Clinical Research Centre Amager & Hvidovre Hospital, Denmark

Aim
To study how a tentative job rotation is experienced among a job rotating team of nurses as well as how it affects the nursing staff working in ordinary teams.

Introduction
The concept of job rotation is a way to develop individual, collegial and organizational structures. This study follows the fast track patient’s pathway and the qualitative data includes both the rotating team of nurses as well as the nursing staff working in the two affected wards. This expands the concept of job rotation and adds to existing literature.

Method
An exploratory-descriptive and qualitative approach was used to study the aim.

- Four nurses rotated two days a week between inpatient and surgical ward
- The project had a five-month trial period: February to June 2018
- The trial was voluntary and the nurses in the job rotation team had a set home base
- The nurses were recruited through intern and extern recruitment
- Data consists of 9 focus group interviews with a total of 16 informants (11-16)

Informants: Focus group interviews:

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<td>Rotating team (n=4)</td>
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<tr>
<td>Inpatient ward (n=6)</td>
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<td>Surgery ward (n=6)</td>
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Results

“Getting to know them”

Impacts on the informants:
- Structure: workflow and rotation
- Definitions of roles
- Belongingness

“Getting to know them”

Outcomes from the job rotation:
- Knowledge and skills
- Shared knowledge
- Patients pathway

“Up’s and down’s”
Challenges and encouragement following a tentative implementation of a job rotation:
- Expectations
- Do’s and don’ts

“I think it can feel a bit like it is a long time to be away from home” (I2)
“I think they are really nice, you just don’t.. do it the same way they do at your own ward” (I1)
“I have also felt like I am beginning to have two groups of colleagues” (I4)

“I’ve actually noticed that… after rotating for a while that if the patients ask about the surgery some of the personnel will say “Helga knows this, she is from the surgical ward” (…) and somehow that is really cool that we can use each other like that” (I3)

“The knowledge that you get (…) the fact that you can navigate in two different parts of nursing, I think that has been… really really awesome” (I3)

“Plus meeting expectations about what it is, what we actually expect from this and what it was… and what they expected” (I5)

“This does affect an entire ward” (I5)
“I don’t think it has affected my job.. no” (I14)

“She also told a patient “I was a part of your surgery yesterday” and “Yes I heard that this was told” and that gives the patients something (…) as a patient it is pretty cool to be recognized” (I10)

“How would you want a job rotation to be structured?” (Int.) “Well I definitely want a mentor (…) they would know how far along I was (…) also to be able to prepare beforehand (…) and a longer initial introduction period (…)” (I8)

Implications for practice

- Interpretations of both individual and collegial roles as well as managing expectations are key factors to consider
- Insight from both the job rotation team and the ordinary teams are important as all nursing staff have a big impact on the results and success of a job rotation
- Job rotation broadens knowledge and skills which is an advantage for both management, individuals and colleagues
- By increasing nurses knowledge about the same category of patients a backstage continuity is created

Conclusion
The job rotation was evaluated both positively and negatively:

- All nursing personal experienced impacts on structures and workflows which affected the feeling of belongingness and role definition
- Outcomes showed an increase in knowledge and skills. Sharing knowledge became a way of creating backstage continuity for the patients
- Inputs to the structure included a longer introduction period, set mentors, structured information, set schedules beforehand and managing expectations

For further information please contact
Nina Halberg
Tel.: +4538621664
Mail: nina.halberg@regionh.dk