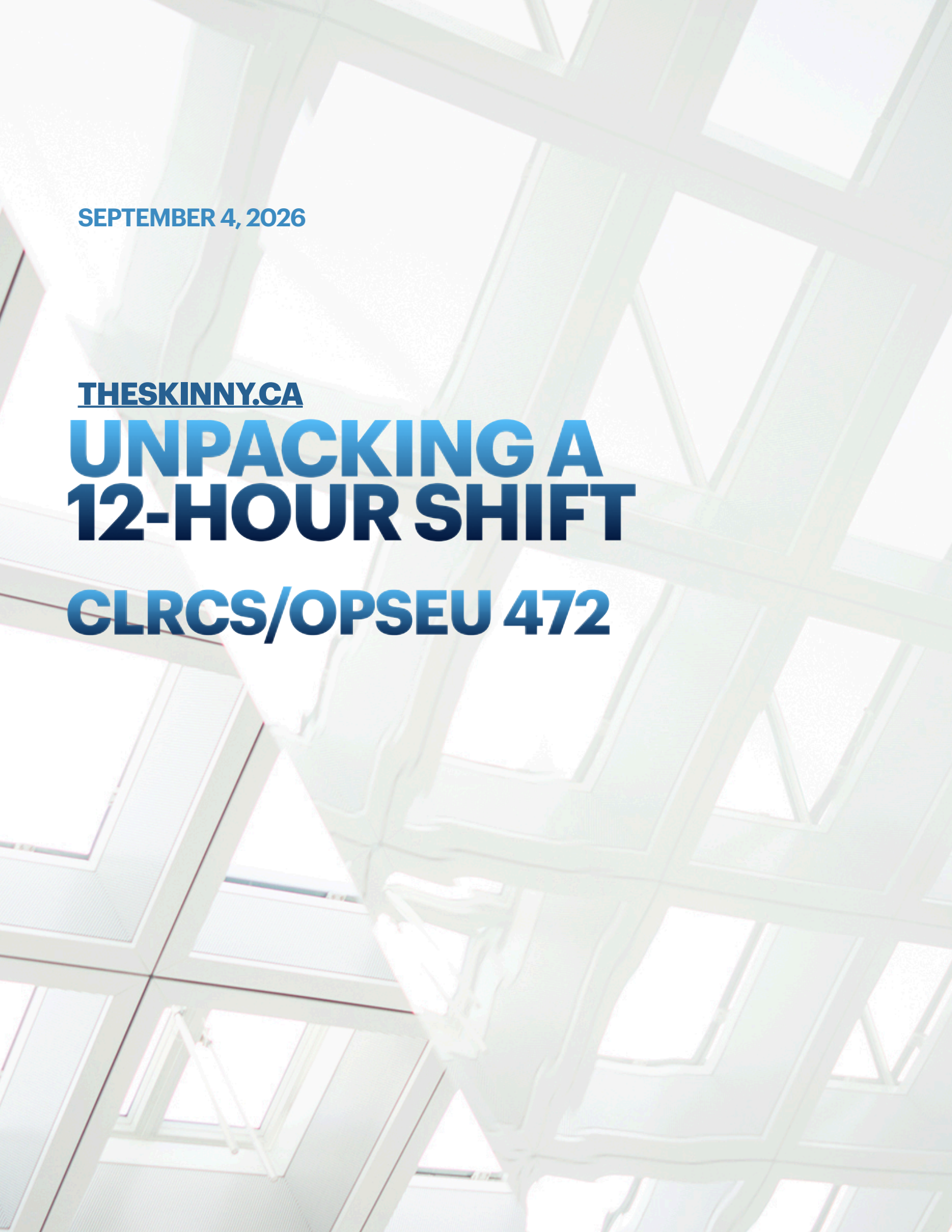




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UNPACKING A 12-HOUR SHIFT

CLRCS/OPSEU 472

One of the more contentious issues thrown back and forth during the current labour dispute between CLRCS and OPSEU 472 has had to do with scheduling, especially as it pertains to seniority.

The agency wants to change to 12-hour shift rotations as part of its service delivery model. The union is hell-bent against it. If I was in the union, I'd be hell-bent against it as well, especially if I worked my way up the ranks during a career measured in decades. Who among us is going to get excited about the prospect of working 12-hour shifts, as well as weekend shifts, when we've been holding down traditional 9 to 5 shifts Monday through Friday for years?

That said, it's only due diligence to look into the reasoning for such an agency pivot, and why they'd be willing to go to war over it. I'm going to rule out personal vindictiveness as the reason behind it, because people acting with that kind of motivation behind their actions need to get gone fast. So I'm going to assume that there must be something about a 12-hour shift that makes CLRCS contemplating them as being attractive.

So before the rotten produce starts getting chucked at me, let me reiterate that, at face value, I myself wouldn't be interested in this model. But if it can be shown to make operational sense, then obviously it would be a position I might want or need to reconsider.

My head is spinning with snippets of labour law and labour policy, so much so that the more I think I learn, the less I actually seem to know.

Also, I wish to establish my bona fides as an objective yet concerned observer and commentator. For the most part, my coverage has leaned quite a bit into criticism of the Executive-Director. Yet I find it difficult to simply accuse of her of being the world's most difficult person, mostly because I've never met or seen her first-hand. Me looking into an issue from different perspectives means nothing on the scoreboard, but is important for my own personal integrity. So if I happen to say or write something that makes one side or the other look good, it's not because I'm a turncoat. Nobody's turning their back on anyone else here. Nobody is selling anybody else out. It's simply an exercise in fairness and good conscience, something perhaps others might want to give a try for themselves.

I've recently been apprised of the fact that Renfrew Victoria Hospital went to a 12-hour shift model several years back. As I said, there has to be reasons for upsetting the apple cart like this, and one should be able to assume that plenty of thought and study went into changing a delivery model that impacts every single employee and is dramatically different from perhaps what most employees are used to. To be honest, equating a hospital to a home for clients of a developmental services agency isn't a fair one-to-one comparison, and not necessarily an apples to apples comparison, sticking with my need to bring apples up wherever possible.

That said, both industries cater to a client service model that is fully 24-hours, as their clientele, or much of it anyways, requires round-the-clock care. Maybe that's hands-on care

or supervision care isn't really relevant, it's still a 24-hour responsibility. And perhaps not the easiest type to staff.

Longer shifts — as in the proposed 12-hour ones — can have distinct advantages in both hospitals and developmental services group homes, sorry to say. But those advantages are dependant upon something that's super important, like adequate staffing levels, staff workloads, and whether our not employees actually want to buy into such schedules. Managerial competence would be essential.



Ontario also recognizes supported group living residences and hospitals as workplaces with significant staffing and safety challenges. I don't think too many folks are going to argue otherwise.

All of the points I'll be making today have counter-points, also legitimate, and I recognize that going in.

I'm going to take what I hope is a good-faith look at the whole idea of longer shifts, see if I can come up with any pros, and likewise, see if I can come up with any cons. As I said, it's one of the main issues, so I'd like to grapple with it a bit in an attempt to better understand, and then maybe better evaluate it.

Perhaps the biggest attraction for a 12-hour shift as far as workers are concerned is that it results in more time off for the same pay. More time off to engage in other pursuits, like family, appointments, errands, caregiving responsibilities, and sadly, spending time working other jobs to make ends meet. A traditional work week might include five 8-hour shifts, while this other model results in three 12-hour shifts. This second model has a worker toiling for three days rather than five, resulting in not only more time off, but more periods of consecutive days where an employee might be off from work. Given that we live in a County, it's not unusual for people to travel significant distances just to get to work in the first place. The 12-hour model would theoretically result in fewer requirements to commute back and forth to work.

Another benefit has to do with transitions from one shift to the next. When you have three daily shifts of eight hours, that's two transitions from staff to staff in a 24-hour period. That's twice where workers leaving need to brief their replacements and hand over the duty of care to the next shift. It also means that clients have three different sets of workers, or worker, to become accustomed to and to trust. In many supervision-heavy occupations, these transitions are possible weak spots in the system. The 12-hour model features only a single transition, a single hand-off of reporting and responsibility. Like it or not, it's a real difference. And transitions are important to anyone with enough awareness to recognize their importance. For some individuals, seeing fewer different support workers during the day may also create a greater sense of familiarity and stability.

It could be argued that the 12-hour model results in a better continuity of care for the client. Obviously a worker interacting with a client has more of an opportunity to see much more of an individual's day over 12 hours than they would over 8 hours, thereby theoretically giving them a greater insight into the client and the most appropriate strategies relevant to them.

We have to remember the wide range of responsibilities that most workers take on regardless of shift length. There are all kinds of routines to be observed, some at specific points in the day. Meals and meal preparation are part of it. Medical appointments, dental appointments and activities in the general community are all part of these regular duties. Medication schedules need to be observed precisely. Behavioural changes need to be noted and addressed. And interactions with the client's family require as much diplomacy as perhaps anything else.

Go figure, but there are actually people out there who would prefer a 12-hour shift if they had their druthers.

Which means that shift rotations like these might actually be appealing, not just to current workers, but to prospective employees as well. The developmental services sector is one continually beset by staff shortages, possibly because the hodge-podge of shifts makes it difficult to plan for other things in a person's personal life. And so a steady diet of predictable shifts might make recruitment of future workers easier.

There was once something called *Ontario's Long-Term Care Staffing Study*. One of the noted findings was that in the case of some employers moving to 12-hour shifts, additional full-time positions were actually created, something that unions generally find to be attractive. There's nothing to say that such a thing couldn't happen in the case of developmental services as well.

I spoke of shift transitions before, where one worker hands a duty-of-care off to another worker coming in after them for their own shift. This same principle would also apply to management I would think, since they're the ones that have to coordinate the agency's operations. Obviously, a 12-hour shift structure means potentially less of that coordination I was referring to, since there are fewer of these transitional "hand-offs" going on.

I would think scheduling might be made easier with this model, but I can't say that for sure. But certainly the longer blocks of coverage create fewer situations where an employee doesn't show up on short notice creating a potential coverage dilemma. So, looked at in this way, for an agency with an historical problem of covering vacancies, these longer-scheduled shifts might just provide some welcome predictability.

There is a lot of merit to the statement that a lot of work in developmental services is relationship-based, meaning that the relationships cultivated and maintained between staff and clientele are critical. So it stands to reason that the longer an employee is around, the greater the opportunity there is to do things like build trust, recognize any subtle changes in behaviour or attitude, identify and understand different communication styles, develop and

manage consistent routines, and jump on any early warning signs with respect to illness or distress.

As I said, there's still an argument to be made for traditional 8-hour shifts. Nothing I've said before this is intended to convey my full-throated support for one model over the other. I recognize some people might like the 12-hour shift model, while others might likely hate it. I would suppose a 25 year-old worker might look at things a little differently than a 55 year-old worker, so there's that too. In short, there's no panacea here, one system that delivers the results perfectly without exception.

All those benefits of a 12-hour system fall to the wayside if you have a worker not delivering at an expected level of consistency, care, and support over a long 12-hour shift. Let's face it, 12 hours is a long time, and people are people, which is why no human-made system is fault-free. Any system reliant upon a human being showing up and displaying integrity and fidelity constantly and consistently can not expect to be perfect and without cracks of some sort.

If I'm a manager, and one of my employees has a sudden reason for not showing up on short notice, I'll bet it's a son-of-a-gun of a thing to find a replacement on short notice. I'd have to think that it's easier to fill a shorter shift on short notice than a longer one. And another thing, somebody not showing up presents as an overtime situation, not exactly ideal all by itself. Because as management, I think I'd rather avoid paying it. And as a worker coming off a 12-hour shift of my own, I'd have to be desperately saving for a Maserati to want to go into overtime beyond 12 hours. It might even represent a bit of a safety and quality of care issue as well.



As we all know, developmental-services work can be physically and emotionally demanding. An employee may be perfectly capable of performing safely at the Hour 2 or Hour 6 mark, but there's no guarantee that same employee isn't going to experiencing the effects of fatigue by Hour 10, Hour 11, and Hour 12.

The Registered Nurses' Association of Ontario also emphasizes safe scheduling, adequate staffing and fatigue mitigation, recommending no more than 12 scheduled hours within a 24-hour period. Because people get tired, and fatigue can cause problems, safety problems, and

the possibility of negligence of care owing to an over-extended employee degrading as a lengthy shift turns into an even lengthier shift.

When we look at possible structures, and assess their strengths and weaknesses, it's easy to find that both formats have their advantages, while both contain certain disadvantages. So how does one proceed when the argument involves two different ways of doing things? Is a compromise possible that incorporates as much of the best of both systems while attempting to iron out the potential kinks? In other words, the blended system model?

If I'm not mistaken, I believe the Executive-Director has put forward a proposal where, for a period of time anyways, that there would be some sort of hybrid model that incorporated both types of shift lengths. I don't know if the suggestion was for a permanent hybrid model or a short-term one as the 8-hour shifts were phased out over time. My recollection here involves communication involving the Executive-Director's emails to families and what's posted on the CLRCS website. So my recollection may be imperfect.

Nevertheless, I know from the website that certain shifts will remain the same, and that senior employees can retain those shifts based upon seniority. The number of senior employees who could exercise this prerogative was listed at four, which I guess sucks if your fifth or sixth on the seniority list, but I guess that's an indication of the "compromise" on offer. Perhaps the union might be able to negotiate a better number for grandfathering, perhaps changing the four to maybe a seven. Hell, even bumping the number to five would be a bit of a win if you're one of those employees with enough seniority to take a crack at those legacy positions.

I can tell you this with no hesitation. If I worked for an entity for over 25 years and managed to get to the point where I had a 40-hour work week and weekends off, I'd be plenty steamed at the prospect of now having to work a 12-hour shift on the weekend. I'd be right and properly pissed.

But that said, it's kind of the responsibility of management to manage, and workers to execute. Clinging to the status-quo is not a recipe for success, while in fairness, neither is rushing hell-bent-for-leather in another direction.

The argument of "*that's the way we've always done things*" is no argument, especially if you've been doing the wrong thing all that time. But change for the sake of change is equally fraught with potential peril.

As to the current model for service delivery versus the proposed one, I can't honestly say which would be better in these circumstances, mostly because I've not seen the new model in action. Hell, I haven't even seen the old model in action either.

But whatever, having a conversation about different models is not a bad thing, or at least it shouldn't be. If we're all interested in the same thing, the quality of care and support afforded

the clients, then that should be the prevailing context in which such a discussion can take place. And we have to be sure that we don't go into such a conversation with any kind of lens of personal entitlement, no matter which side you're on.

When we do that, then we're making it about us when it's actually not. We are part of a larger operation with many more employees than just us. Sometimes we get things the way we like them, and sometimes we don't. So we work, all of us, towards finding and discussing how best to serve our client's needs.

Any personal power plays should be checked at the door.