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Job Sharing in Physical Therapy

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JOB SHARING IN PHYSICAL THERAPY

by

Terri L. Brenner
Bachelor of Science in Physical Therapy
University of North Dakota, 1983

An Independent Study
Submitted to the Graduate Faculty of the
Department of Physical Therapy
School of Medicine
University of North Dakota
in partial fulfillment of the requirements
for the degree of
Master of Physical Therapy

Grand Forks, North Dakota
May
1993
This Independent Study, submitted by Terri L. Brenner in partial fulfillment of the requirements for the Degree of Master of Physical Therapy from the University of North Dakota, has been read by the Chairperson of Physical Therapy under whom the work has been done and is hereby approved.

(Chairperson, Physical Therapy)
PERMISSION

Title Job Sharing in Physical Therapy

Department Physical Therapy

Degree Master of Physical Therapy

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Date 4-2-93
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ABSTRACT

The profession of physical therapy continues to experience staff shortages in several areas. As these shortages continue, employees and employers will seek to identify alternative work schedules to attempt to meet this demand. Job sharing is one type of alternative where two people share the duties and responsibilities of one full-time position.

The purpose of this study was to 1) determine the prevalence of job sharing in physical therapy departments in acute care hospitals and rehab facilities, 2) review the types of schedules utilized by job sharing partners, 3) identify the job title of the shared position, and 4) discuss the perceived advantages/disadvantages to the employee/employer.

The sample consisted of 85 randomly selected physical therapy departments in a six-state region. A survey was sent to the director of physical therapy in each facility identified in the sample.

Results indicated that job sharing occurred in 23 of the 61 facilities returning the survey (38%) with staff therapist the most common position held by job sharing partners. The average number of FTEs (full-time equivalent) allotted for job sharing positions was 1.5, and the most frequently utilized schedule was 3 days on/2 days off, alternating weeks. Several advantages/disadvantages to the employee/employer are identified.
The results of this survey may be beneficial to employees and employers who may be considering job sharing in their facility. It also may offer new ideas to those who currently have this type of arrangement.
CHAPTER I
INTRODUCTION

The health care industry is currently experiencing staff shortages in many professions, including nursing and physical therapy.1,2 As these shortages continue, one might expect to see employers offering more flexibility in work schedules to meet the needs of the employee while providing continuity in patient care.1

People who are looking for a better balance between work, family, and personal endeavors may choose part-time employment as an option. This type of arrangement allows one to stay involved in a professional career while still providing time to devote to personal interests.1,3,4 Surveys of employed registered nurses indicate that 1/3 of them work part-time.2 Similarly, in a female-dominated profession, such as physical therapy, many professionals are also preferring part-time employment.1,5

Job sharing is one of several alternative work schedules available and is a voluntary arrangement under which two people share the responsibility for one full-time position.2,6 In the past, 77% of the job-sharing positions in the United States have been held by women, in occupations such as teaching, program planning, secretarial services, and research.7 The concept has expanded to the health care industry, where job sharing is becoming more common in professions such as nursing, pharmacy, and physical therapy.1,7
The purpose of this study was to 1) determine the prevalence of job sharing in physical therapy departments in acute care hospitals and rehab facilities, 2) review the types of schedules utilized by job sharing partners, 3) identify the job title of the shared position, and 4) discuss the perceived advantages/disadvantages to the employee/employer.
CHAPTER II

LITERATURE REVIEW

A review of the literature indicates that job-sharing positions in health care are held by employees in management, clinical practice, and faculty positions. It can involve two equally qualified persons who share equally the responsibilities and duties of the job, or two individuals with different qualifications who divide the responsibilities according to areas of expertise and/or interest.

In describing their job-sharing experience, two nurse managers on the obstetrics unit of one hospital felt the shared position was beneficial not only to them, but also to the staff and institution. It allowed each nurse manager to continue a dynamic career while devoting more time to family and personal interests. Staff responded favorably in an evaluation summary of the position, commenting that the working environment seemed more relaxed and pleasant under the new arrangement. Benefits to the institution included having two people involved in committee work, flexibility with scheduling, and the staff's accessibility to evening and night managers.

In another case, two employees share the position of senior physical therapist. Clinical and administrative duties are divided according to interest area or training. These therapists cover for each other's vacations, maintaining continuity of patient care.
Another opportunity for job sharing in medicine exists among doctors in general practice.\textsuperscript{9,10} A general practitioner in London feels it would be advantageous to have two people bringing to the practice two perspectives, two energies, and two sets of ideas.\textsuperscript{10} This author also expressed concern regarding the overdemanding working conditions in medicine that could lead to a marked dropout from the profession.\textsuperscript{10} Job sharing would enable doctors to work in a way that suited them professionally and personally.\textsuperscript{10} A survey was completed of patients consulting a general practitioner, comparing job sharing partners and full-time partners. Results indicated no significant difference between the two groups when looking at patient satisfaction with the availability of the physician they wished to consult.\textsuperscript{10}

When considering the possibility of a job-sharing position, selecting a suitable partner is a key element.\textsuperscript{1} Qualities to consider when choosing someone are compatibility, cooperativeness, similar career orientation, ability to communicate, similar philosophy, sense of commitment, and flexibility.\textsuperscript{1,8}

A well organized proposal should be presented to one's manager with the following information included:\textsuperscript{1,8} 1) a schedule proposal with number of hours each person intends to work, 2) how responsibilities and duties will be divided to fulfill the full-time position, 3) a plan for communication between each other and other departments, 4) how required meetings will be covered, and 5) how job continuity will be maintained through vacations, sickness, or resignation.
Once the position is approved, it is important to inform all staff of the new arrangement. In one facility where two nurses shared a head nurse position, they allowed staff the opportunity to offer input and express concerns regarding the new position prior to implementation. Duties and responsibilities of each partner need to be clearly defined and staff need to know to whom they are responsible.

The success of any job-share situation will be largely dependent upon the commitment of the partners and good communication. Trust, respect, and open communication are essential to work through variations in approaching and resolving problems, differences in style, and perceived differences in opinion.

Division of responsibilities needs to be clearly defined when sharing any type of position, but especially in management. Partners need to identify which duties they will fulfill with consideration given to interest area, past clinical experience, and/or prior experience in management. In addition to sharing duties and responsibilities, sharers must have the willingness to share rewards and recognition as well to make the situation a success.
CHAPTER III

METHODOLOGY

Sample

The sample consisted of 85 randomly selected physical therapy departments in a six-state region including Minnesota, Montana, North Dakota, South Dakota, Wisconsin, and Wyoming. Departments in acute care settings and rehabilitation facilities were selected from the AHA Guide\textsuperscript{13} with the following criteria for inclusion: 1) all CARF-accredited facilities were sent a survey, 2) an acute care hospital with 100 or more beds, 3) the hospital had to have a physical therapy department. Of the hospitals that met the criteria (excluding CARF-accredited facilities which were automatically sent a survey), 33% were sent a survey through random selection.

Procedure

A survey package containing a cover letter (Appendix A), the survey (Appendix B), and a stamped, addressed reply envelope was mailed to the director of physical therapy of each facility identified in the sample. A total of 85 surveys were sent on October 1, 1992 and were to be returned no later than October 20, 1992.
CHAPTER IV
RESULTS

Return Rate

Of the 85 surveys that were sent, 4 were unusable, being returned to sender due to wrong address or no forwarding address. Of the 81 surveys that were usable, 61 were returned with a 75% response rate.

Demographics

An acute care hospital with rehabilitation beds was the most prevalent facility in this study (n = 37), representing 60.7% of the cases. (Figure 1) 31.1% of the cases (n = 19) were acute care hospitals, 4.9% (n = 3) rehabilitation facilities, and 3.3% (n = 2) were other (i.e., acute care hospital with nursing home unit).

Figure 1. Type of facility represented by the respondents surveyed.
Of the facilities surveyed, 6.6 was the average number of FTEs (Full-Time Equivalent) allotted for physical therapists in acute care and rehab. The mean FTE was 9.35 in facilities that have job sharing, where those facilities that do not have job sharing, the average FTE was 5.19. (Figure 2)

![Figure 2. Average number of FTE's](image)

Prevalence of Job Sharing

Past

Thirty-one of the 61 facilities surveyed have had job sharing in the past and of those, eight no longer do so. Reasons cited by respondents included:
- no staff currently interested
- no need to job share, all staff is full-time
- lack of continuity of care
- communication difficulty

Current

Presently, 23 of the 61 facilities have job sharing situations with 1.5 being the average number of FTEs allotted for these positions. One FTE \((n = 12)\) represented 57.1% of all the cases, two FTE \((n = 6)\) making up 28.6% of the cases, and 1.5 FTE, 3.0 FTE, and 4.0 FTE each accounting for 4.8% of the cases. (Figure 3) Two facilities had no response to the question.

![Figure 3. Number of FTE's utilized for job sharing positions.](image)

**Job Title**

Staff therapist was identified as the most popular position held by job-sharing partners \((N = 12)\), but senior therapists and managers/coordinators are
also involved in these situations. For example, at one facility, a manager
performed administrative duties in the morning and provided patient care in the
afternoon, sharing a patient load with a staff therapist who worked only
mornings.

Schedules

The schedule most frequently utilized by job sharing partners was three
days on/two days off, alternating weeks. Others included:

1) one week on, one week off
2) one physical therapist M-W-F, other T-Th
3) four days on, one day off
4) four 10-hour days with 1 day overlap
5) a.m./p.m.

Advantages/Disadvantages

Based on information provided by the respondents to the survey, the
following advantages/disadvantages to the employee/employer were identified.

Advantages -- Employer

1. Retention was cited by 12 respondents as a major advantage to the
   employer when allowing employees to job share. One respondent also
   stated that job-sharing employees may return to full-time employment
   and that it was important to retain them in the interim.

2. Six respondents indicated that having an additional physical therapist
during staff shortages was advantageous to their department.
during staff shortages was advantageous to their department.

3. Staff satisfaction was cited as another advantage by four respondents.

4. Other advantages less frequently mentioned in the survey included:
   - less benefit cost
   - increase diversity of experience and styles
   - allows two employees to learn from each other
   - decrease in employee burnout
   - employees have more enthusiasm which leads to better patient care
   - allows employer to remain loyal to employee
   - person who job shares has great expertise and is an asset to the department

Disadvantages -- Employer

1. Decrease in continuity of patient care was viewed as a disadvantage by 13 respondents.

2. Seven respondents felt that communication is a concern and needs to be constant.

3. Scheduling can be a challenge according to six respondents. An example would be finding coverage for patient care when one partner is ill or on vacation.

4. Other disadvantages to the employer are listed below:
   - patients may not like being treated by two physical therapists
   - productivity may decrease
- one partner misses team sharing information at rehab updates
- failure to complete patient needs; assumption co-worker addressed issue
- four 10-hour days hard to fill on rehab
- expense of overtime (14 hours per week for 10-hour day employees)
- not active in program development
- increase in payroll/overhead
- full-time staff feel like they have to "carry the ball"
- need to complete extra performance evaluation
- not a clinical instructor for students
- pulled out of weekend coverage
- limits number of rotations/options
- "matching" two similar people

Advantages -- Employee

1. A flexible schedule was cited by 11 respondents as a major advantage to the employee who is in a job-sharing situation.

2. Eight respondents noted that job sharing offers a balance between family and work.

3. Staff satisfaction was identified by four respondents.

4. Four respondents noted that physical therapists can develop expertise in specialty areas and maintain their skills

5. Consistency in patient load (don't float) was cited as another
advantage by four respondents.

6. Other advantages included:
   - more full days off (vs. working only a.m. or p.m.)
   - less burnout
   - learn from partner
   - as an employee, expertise is utilized and you remain an asset to the department

Disadvantages -- Employee

1. Communication was noted by eight respondents as a disadvantage to the job-sharing employee.

2. Three respondents noted a disadvantage to be missed meetings/inservices on non-scheduled days.

3. Other disadvantages included:
   - decreased salary and benefits
   - loss of patient rapport (especially in acute care)
   - increase stress of floating into different sites/schedules
   - must rely great deal on skills of partner
   - finding a partner
   - loss of continuity of care
   - decrease in seniority
   - limits rotation options
CHAPTER V
DISCUSSION

Results of this survey indicate that job sharing in physical therapy is not uncommon, especially in larger facilities. As one would anticipate, the greater the number of physical therapists employed, the greater the likelihood of job sharing to exist in that facility.

The criteria for inclusion was designed to obtain useful data, while being aware that a facility with greater than 100 beds is not necessarily representative of a rural state. However, it was the author's intent to survey facilities where job sharing might be a possibility, thus obtaining information relevant to the study.

The survey was addressed to department directors since several of the introductory questions pertained to staffing issues. In doing so, the responses were solely from an administrative perspective, especially the section on advantages/disadvantages. It may have been beneficial to have gathered additional input from staff directly involved in a job sharing situation, but for the purposes of this study, responses were limited to department directors.

The most prevalent type of facility in this study was represented by an acute care hospital with rehabilitation beds and of the facilities surveyed, 6.6 was the average number of FTEs allotted for physical therapists. This author
found it interesting that 38 percent of them had job sharing situations (a higher than anticipated number).

Staff therapist was the most common position held by job sharing partners, but others included senior therapist and manager/coordinator. Clinical duties are fairly easily defined (sharing a patient load) for a staff therapist position, where dividing the duties and responsibilities for a managerial position may be more of a challenge, but certainly possible.

Several schedules are utilized by job sharing partners with the most common being three days on/two days off, alternating weeks. For those employees involved in direct patient care, this type of schedule would appear to be the most optimal when considering continuity in patient care. For management positions, a different type of schedule may be preferred dependent upon how the duties and responsibilities of the position are divided.

The advantages/disadvantages to the employee/employer cited by the respondents were generally consistent with those found in a literature review on the topic. Retention was listed as the major advantage to the employer, where a flexible schedule was found to be advantageous to the employee. A decrease in continuity of patient care was viewed as a disadvantage to the employer, with communication identified as a concern to the employee.

Conclusion

Job sharing in physical therapy can be a workable situation, being advantageous to the employee and employer. It can offer flexibility in
scheduling while retaining an employee, a point worth considering in a field where staff shortages continue.
September 27, 1992

Dear Director of Physical Therapy:

Enclosed please find a survey on job sharing in physical therapy. As part of my graduate work in physical therapy, I have chosen to study the prevalence of job sharing in acute and rehab facilities, along with other aspects related to this topic.

Please complete the survey as it relates to physical therapists in acute and/or rehab settings only. (Not outpatient, home health, etc.).

Please return the completed survey in the enclosed envelope no later than October 20, 1993.

Thank you for your participation in this study.

Sincerely,

Terri Brenner, PT

TB/sb
Enclosure
APPENDIX B
Directions: Please check the most appropriate answer.

1. Which of the following best describes your facility?
   acute care hospital _______ rehab center _______
   acute care hospital with rehab beds _______

2. How many FTEs (full-time equivalent) are allotted for physical therapists involved in acute and/or rehab?
   _______ *Please don’t include FTEs for outpatient, home health, etc.

3. In the past, has your facility had physical therapists in a job sharing situation? _______ yes _______ no

4. Related to #3 -- if you have in the past, but no longer do so, any particular reason(s)? Please explain.

5. Does your facility currently have any physical therapists involved in a job sharing situation? yes _______ no _______
   * If you answered no, you may stop here. Thank you.
   * If you answered yes, please continue.

6. If so, how many FTEs are utilized by job sharing positions? _______

7. What job title best describes those involved in a job sharing situation?
   Please indicate the number after each (i.e., if 2 PTs share a staff therapist position, place a 1 after staff therapist).
   staff therapist _______ clinical specialist _______
   manager/coordinator _______ other _______
8. What type of schedule is utilized by job-sharing partners?
   2 days on/3 days off ________
   1 week on/1 week off ________ other ________

9. Please list any advantages/disadvantages of job sharing to the employer.
   advantages:

   disadvantages:

10. Please list any advantages/disadvantages of job sharing to the employee.
    advantages:

    disadvantages:

Thank you for completing this survey.
APPENDIX C
TABULATION OF RESULTS

Directions: Please check the most appropriate answer.

1. Which of the following best describes your facility?
   - acute care hospital __19__
   - rehab center __3__
   - acute care hospital with rehab beds __37__
   - Other __2__

2. How many FTEs (full-time equivalent) are allotted for physical therapists involved in acute and/or rehab?
   - __6.6__ *Please don't include FTEs for outpatient, home health, etc. (average)*

3. In the past, has your facility had physical therapists in a job sharing situation? __31__ yes __30__ no

4. Related to #3 -- if you have in the past, but no longer do so, any particular reason(s)? Please explain.
   See "Results"

5. Does your facility currently have any physical therapists involved in a job sharing situation? __23__ yes __36__ no __2__ no response

   * If you answered no, you may stop here. Thank you.
   * If you answered yes, please continue.

6. If so, how many FTEs are utilized by job sharing positions? ______
   - __1.0__ 12
   - __2.0__ 6
   - __1.5__ 2
   - __3.0__ 2
   - __4.0__ 2
   - no response __2__
7. What job title best describes those involved in a job sharing situation?
   Please indicate the number after each (i.e., if 2 PTs share a staff therapist position, place a 1 after staff therapist).
   staff therapist 12  clinical specialist 0
   manager/coordinator 4  other 3

8. What type of schedule is utilized by job-sharing partners?
   2 days on/3 days off 16
   1 week on/1 week off 2  other 10

9. Please list any advantages/disadvantages of job sharing to the employer.
   advantages:
   See Results
   disadvantages:
   See Results

10. Please list any advantages/disadvantages of job sharing to the employee.
    advantages:
    See Results
    disadvantages:
    See Results

Thank you for completing this survey.
BIBLIOGRAPHY
