

## ORIGINAL ARTICLE

# Workshifting – a tool to manage shortage of nurses? A content analysis at a medical ward at a university hospital in Sweden

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## ABSTRACT

**Background:** Workshifting is a new model for redistributing tasks due to the shortage of health professionals such as registered nurses (RNs). Therefore, this study aim to describe registered nurses' experiences with workshifting in a medical ward at a university hospital in Sweden.

**Methods:** Manifest qualitative content analysis with an inductive approach was used based on seven semi-structured interviews with RNs working in a medical ward at Sahlgrenska University Hospital in Gothenburg, Sweden.

**Results:** One category, communication skills for increased cooperation, and three subcategories, Manage different skills, Changed work content and Lack of holistic nursing, were described. A healthy work environment (reasonable workload, interesting work tasks/content) is an important factor for attracting health professionals such as RNs.

**Conclusion:** Workshifting redistributes tasks to added staff members such as pharmacists and assistant nurses, which decreases the RN workload; however, task-oriented work results in the lack of a holistic view of nursing. Moreover, enlarged teams need well-developed communication arenas to ensure patient safety and efficient work organization.

**Key Words:** Communication, Nursing, Task orientation, Teamwork, Work environment, Workshifting

## 1. INTRODUCTION

Research has shown that a high workload, irregular working hours, and a stressful and insecure work environment are reasons that nurses leave their workplace.<sup>[1]</sup> The above reasons result in a shortage of nurses, which influences the work environment for the remaining staff members and the quality of care they provide. A lack of nurses has led to the reorganization of healthcare, and workshifting has been introduced to redistribute work tasks to other health professionals to manage shortages of nurses. By using existing skills and resources in another way, healthcare organizations aim to

provide good work conditions for the remaining staff members.<sup>[2]</sup> However, there is a lack of knowledge regarding the use of workshifting in healthcare, which is why the current study intends to describe the experiences of registered nurses (RNs) with workshifting in a medical ward in Sweden.

### Background

Maintaining flexibility at work is a strategy to benefit staff members' work-life balance, and workshifting is a collection of methods for improving the efficiency of work environments, providing benefits to staff members and managing

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organizational needs.<sup>[3]</sup> Moreover, flexible work arrangements (FWA) include flexibility in the work place and the scheduling of hours and the amount of hours worked, and they aim to decrease the stress of work.<sup>[4]</sup> However, FWA are difficult to use in healthcare due to working around the clock and the need for face-to-face communication among staff, patients and relatives. Healthcare organizations establish different ways of managing the shortage of staff, reviewing and redistributing work assignments using workshifting to provide health professionals with the opportunity to focus on their specific tasks, i.e., task-oriented work organization. Therefore, Sahlgrenska University Hospital<sup>[5]</sup> in Sweden introduced workshifting to increase patient satisfaction, increase accessibility to healthcare and improve the quality of care. Moreover, the care provider also aims to promote individual professional development to create attractive workplaces for future health professionals through offering challenging and enticing tasks.<sup>[6]</sup> By employing new health professionals such as pharmacists, RNs and physicians could be relieved of the burden of specific tasks such as drug administration. However, it is important that each health professional's ethical values and approaches are taken into account to improve the quality of care.<sup>[5]</sup>

Research<sup>[7]</sup> shows that nurses are generally satisfied with their work environment, which increases quality of care and job motivation according to five key parameters: support for professional development, proper staffing, high quality of nursing skills, supportive management and teamwork. Kirwan, Matthews and Scott<sup>[8]</sup> argue that a good work environment influences and improves patient safety and that a reasonable workload within a healthy work environment is important for staff members. In addition, Herzberg, Mausner and Snyderman<sup>[9]</sup> argue that work tasks are not the reason for dissatisfaction; instead, the work structure and work environment cause this dissatisfaction. Moreover, Ulrich, Lavandero, Woods and Early<sup>[10]</sup> describe links between work environment and health as motivation for work. Healthy work environments for nurses include patient safety, development opportunities, and respect and appreciation at work. Therefore, good communication and collaboration between healthcare professionals are needed to meet the patient's complex needs. Inadequate interprofessional communication affects the quality of care and patient safety,<sup>[11]</sup> which is why teamwork is crucial to reducing workload and increasing work motivation.<sup>[12]</sup>

Furthermore, a shortage of nurses challenges the remaining nurses at work, which contributes to dissatisfaction and the reasons that nurses consider leaving work due to occupational stress.<sup>[7]</sup> According to Wang, Tao, Ellenbecker and Liu,<sup>[13]</sup> care providers need to reduce nurses' workload by

changing their work structure. Nurse competencies, such as promoting health, preventing disease, restoring health and relieving suffering, are necessary for improved healthcare. However, teamwork (several competencies) is needed to promote a high quality of care due to patients' complex healthcare needs and why respecting and understanding professional roles are tools for providing an efficient and healthy work environment.<sup>[14,15]</sup>

The work environment can be described by Maslow's theory,<sup>[16]</sup> illustrated as a hierarchy of needs segmented into five levels, including security. Moreover, Herzberg et al.<sup>[9]</sup> focuses on motivation at work through two factors, hygiene and motivational factors, which develop Maslow's theory. They<sup>[9]</sup> argue that tasks are rarely the reason that workers feel displeased; it is factors such as unstructured and increased workloads that contribute to an unhealthy work environment. Basic needs, referred to as hygiene factors, cannot alone raise job motivation, and motivational factors such as career opportunities, healthy relationships with colleagues, achievement and appreciation are required to create motivation within a healthy work environment.<sup>[9]</sup> Moreover, research<sup>[17]</sup> shows that confirmation and support influence the sense of self-esteem, which in turn affects nurses' work motivation and work environment, i.e., a healthy work environment supports a high quality of care.<sup>[18]</sup> Supporting "two-getherness" within the team improves the work environment by using all resources that create synergy effects, i.e.,  $1 + 1 = 3$  or more, thus creating an efficient work environment.<sup>[19]</sup>

In summary, research shows that a limited work environment contributes to a high workload and that new ways of organizing healthcare are developing. Workshifting is a new concept that the current study aims to analyze in order to contribute to the body of knowledge within this area; this study considers whether workshifting could meet the evolving needs of a healthy work environment in a time of shortage of health professionals such as registered nurses. The aim of this study is to describe registered nurses' experiences with workshifting in a medical ward in a university hospital in Sweden.

## 2. METHODS

### 2.1 Settings

Sahlgrenska University Hospital<sup>[5]</sup> is one of the largest workplaces in the county council Västra Götaland, with approximately 16,000 employees, 1,950 primary healthcare units and 120 departments located at four different hospitals in Gothenburg: Sahlgrenska Hospital, Eastern Hospital, Mölndal Hospital and Högsbo Hospital.<sup>[5]</sup> The medical department where the study was conducted includes 18 units, and it implemented workshifting in January 2017. Support staff include pharmacists, assistant nurses and kitchen staff who

are employed at the ward level.

## 2.2 Design

We used content analysis,<sup>[20,21]</sup> a qualitative method that involves an inductive approach, to increase our understanding of RN voices, views and thoughts regarding workshifting. This method reveals conflicting opinions and unresolved issues regarding the meaning and use of concepts, procedures and interpretation. Content analysis illustrates the use of several concepts related to the research procedures to achieve trustworthiness: credibility, dependability and transferability.<sup>[20,21]</sup> A qualitative research design that relies on trustworthiness, transparency, verification, and reflexivity and that is “information driven” can be helpful when developing insightful and appropriate interpretations within nursing and healthcare organization.<sup>[22]</sup> An inductive methodological approach was used to analyze data based on the content of RNs’ thoughts and experiences about workshifting in relation to nursing and patient safety.<sup>[20,21]</sup>

## 2.3 Data collection

A small convenience sample appropriate for qualitative methods was used.<sup>[22]</sup> The inclusion criteria for participation were registered nurses working in a medical ward in Sahlgrenska University Hospital in western Sweden who were over the age of 18, had at least 12 months of experience in healthcare in the medical department in Sahlgrenska University Hospital, had implemented workshifting, and had the ability to understand and speak Swedish. A first-line manager in the specific medical ward in Sahlgrenska University Hospital sent out an inquiry and an information letter regarding the study aim, confidentiality and voluntary participation by email to RNs in line with the inclusion criteria. Nurses who were interested in participating attended an information meeting (October 2017) in the medical ward, during which two of the authors (TN, ST) informed them about the current study. The first eight RNs who were interested in participating were included. Ethical guidelines for human and social research were considered throughout the study.<sup>[23]</sup> Data were collected in October 2017, and participants (n = 8) were in-

formed about the aim and study procedures. Confidentiality was assured before the interviews were carried out, and all interviews were conducted in Swedish and started with background questions, including age, education and experience with healthcare. Furthermore, the data collection focused on eight perspectives: work conditions, work environment, work motivation, health impact, teamwork, collaboration, patient safety and future aspects for improvement regarding nursing. The interviews started with the prompt, “Tell me about your experience with workshifting.” Based on the answers, related questions were asked. Examples of situations such as the positive and negative aspects of workshifting were explored, and clarifications and further elaborations were made. The interviews lasted between 12 and 23 minutes and were performed individually by two of the authors (TN, ST), and all the interviews were recorded and then transcribed verbatim. The participants were registered nurses (women) who varied in age (26 - 61 years) and professional experience (1 - 37 years).

## 2.4 Data analysis

The interviews were analyzed using manifest qualitative content analysis<sup>[20,21]</sup> to interpret the meaning from the content of the data to address trustworthiness,<sup>[22]</sup> with examples drawn from the area of nurses’ experiences with workshifting in the medical ward. Written words were the basis for the analysis, which was performed in the following steps (see Table 1): 1) Transcripts were read and reread to obtain an understanding of and familiarity with the text; 2) Meaning units (words, sentences or paragraphs) corresponding to the content areas were selected using an inductive approach concerning (a) nursing skills and (b) collaboration; 3) Each meaning unit was condensed into a description of its content and labeled with one of 73 codes; 4) Subcategories were identified and grouped related to codes; and 5) One category was identified (Communication skills for increased cooperation), and three subcategories were grouped (Manage different skills, Changed work content and Lack of holistic nursing) to categorize the experiences with workshifting.

**Table 1.** Examples of the analysis process

Meaning unit	Condensation	Code	Subcategories	Category
It's all new with workshifting	Workshifting, new	Unknown	Manage different skills	
Were forced to have more communication	More communication	Enhanced collaboration	Changed work content	Communication skills for increased cooperation
I did everything myself, knew what I had done. Did not ask, missed no information.	Did it yourself, did not miss information	Security	Lack of holistic nursing	

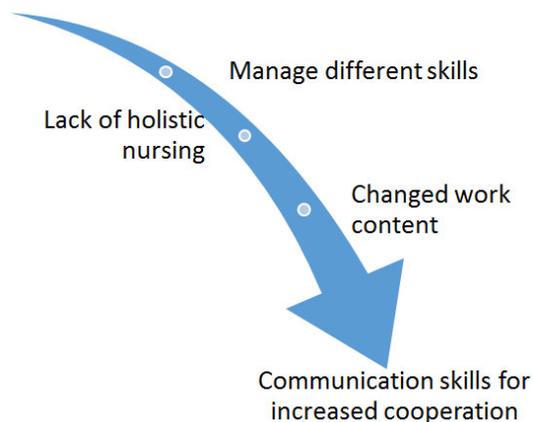
The findings are illustrated with quotes.

### 2.5 Ethical considerations

Ethical approval and permission for the study were obtained from the manager of the medical department at Sahlgrenska University Hospital and from the first-line managers in the medical ward (participants' workplace). No ethical approval was needed due to Swedish rules and guidelines regarding student theses and/or quality improvement that have no negative effects on the participants.<sup>[23,24]</sup> However, ethical guidelines for human and social research were followed throughout the study.<sup>[23]</sup> Respect for the individual nurse was a main concern during the study. All participants were informed both verbally and written that their participation was voluntary, they had the right to withdraw at any time and their answers would be kept confidential, and this was confirmed by a signed consent form. No names were used, i.e., the results are reported in categories without identification. Respect for the participants' integrity and autonomy was thereby shown.<sup>[23]</sup>

## 3. RESULTS

Data analysis generated one category, Communication skills for increased cooperation, that includes three subcategories: Manage different skills, Changed work content and Lack of holistic nursing. The categories are presented in Figure 1.



**Figure 1.** The category and subcategories generated in the results

### 3.1 Communication skills for increased cooperation

The category communication skills for increased cooperation is described as a tool to increase patient safety when work tasks are redistributed among health professionals based on existing skills within the enlarged team. Workshifting is stressed as a new concept and is the reason that new professionals are added to the ward due to the shortage of nurses.

Participants (RNs) described that tasks had been reallocated to other health professionals such as assistant nurses and pharmacists, which increases patient safety, as RNs can then focus on fewer tasks. The participants emphasized that it is better to have someone else on the staff perform patient care when nurses are prevented from doing so due to their high workload. Communication skills were stressed with regard to improving teamwork and patient safety due to the time-consuming nature of communicating with new staff members on the team. Questions such as how to do what and when are highlighted because of the unfamiliarity that other professionals added to the team have regarding nurses' knowledge and skills. Moreover, the nurses reported experiencing anxiety and uncertainty in terms of the consequences of workshifting when assistant nurses handled duties typically performed by registered nurses, which limited their comprehensive holistic view that they are educated and capable of meeting the code of ethics for nurses.

### 3.2 Manage different skills

The subcategory managing different skills is described as changing tasks and skills due to the addition of health professionals, which increases uncertainty regarding how to perform tasks to ensure patient safety. The participants described that workshifting has similarities to primary nursing due to teamwork as well as differences regarding the task-oriented work model. When workshifting was introduced, positive reactions were mixed with frustration and fear of organizational changes. The participants were aware that new team members were added due to a shortage of nurses, that RNs were given the opportunity to work at the cutting edge of their skills and that each staff member was able to develop different occupational roles in the ward. The participants stressed that quality of care and patient safety increases when different professions share tasks due to a shared workload. Each occupational category has limited tasks to perform in a less stressful environment. This work relief is described as necessary due to the participants' limited working hours in which to perform all required nursing activities:

I am thinking of a better division of labor, for example, that nurses begin to work at the cutting edge of their skills rather than work with everything. . . instead, they can develop as nursing professionals. (RN 5)

Moreover, the participants highlighted the uncertainty regarding the meaning and content of workshifting, i.e., new health professionals were added without tacit knowledge about the medical department and/or the ward. The RNs expressed confusion regarding the skills of the added health profes-

sionals and the difficulties and uncertainty regarding how to use these skills within the team efficiently and who would do what. Due to their responsibilities as nurses, the RNs experienced insecurity regarding whether nursing responsibilities are met when someone else is performing nursing and caring activities. The participants argued that patient safety, due to evidence-based knowledge, can be compromised when assistant nurses with less education perform redistributed nursing tasks. Furthermore, the participants stressed their uncertainty regarding whether having added health professionals actually leads to fewer tasks for RNs to perform because of the difficulties of knowing what has been said and done in the ward; this is why double checks are performed to ensure patient safety. Due to this uncertainty, the participants described experiencing less effectiveness, even though workshifting emphasizes improved cooperation due to the addition of other professionals (pharmacist, assistant nurses). Furthermore, the participants stated that work tasks are redistributed to use existing skills and resources within the team; however, workshifting demands good communication skills when more and new staff members are involved. At the same time, the nurses highlighted that they need to be alert to managing new tasks that occur suddenly to maintain a high quality of care. Unplanned qualified nursing activities affect the participants' work environment, although no one else could solve these problems due to the required competencies. Workshifting was described by the participants as a task-oriented work model that manages different skills without synergy effects, which they argued has a negative influence on patient safety due to a lack of teamwork.

### 3.3 Changed work content

The subcategory changed work content is described as a decreased workload that improves the work environment; however, an enlarged team needs to develop communication skills to manage the work situation in the ward. The participants highlighted that RNs have too many areas to focus on simultaneously, which is why tasks are performed in a hurry, and this negatively affects patient safety. Implementation of workshifting had reduced the workload among RNs, contributing to a less stressful work environment. For example, the participants highlighted the possibility of spending more time with patients than they could before because of the available staff in the ward.

I do not have more things to do; it has changed positively. I have fewer things to think about and fewer things to do. [...] As a nurse, I get fewer things to do during the day and can focus on my nursing work. (RN 4)

The participants reported experiencing fragmented feelings when nursing activities are distributed to other staff members due to the shortage of nurses. The participants highlighted feeling uncertain due to their responsibility as nurses when contact with patients is limited because nursing tasks are redistributed to other health professionals. The participants stressed that there is a high number of staff members involved with the same patient at the same time and that RNs avoid visiting patients to decrease the number of staff involved with the same patient. Therefore, the participants stressed the difficulties in evaluating patients' health issues due to rooms crowded with many different staff members and staff members being busy almost all day, leading to a higher risk of insecurity regarding missing information. Moreover, the participants stressed that an increased number of team members around the patient contributes to a sense of competition and limits the possibility of settling down and talking with the patient.

I can generally say that I think there are too many staff members involved in caring for the patient at my workplace. I think there are too many people who are physically in the same place at the same time. (RN 1)

Moreover, communication skills were stressed as difficult and time-consuming due to the high number of staff members involved in task-oriented work around each patient. The participants emphasized the need for improved communication arenas to manage teamwork efficiency. Workshifting changes and reduces the RN workload by redistributing general nursing tasks to assistant nurses. In addition, the RNs highlighted that reduced first-hand information increases misunderstandings and misinterpretation and is the reason that communication to ensure patient safety is time-consuming. According to the participants, work is negatively affected by time-consuming meetings, although different perspectives need to be shared, and different voices need to be heard:

... we thought that it would make it easier for us to do our work... but we need to have another contact that we are dealing with, which means that in many situations, you think that it is faster if you do it by yourself. (RN 2)

### 3.4 Lack of holistic nursing

The subcategory lack of holistic nursing is described as a lack of control over performed tasks and reduced patient contact because of the task-oriented way of working. Before workshifting, the participants were involved in a variety of

nursing activities, which resulted in frequent contact with patients, i.e., nurses had control over the work situation and an overview of the patient's health and needs. The participants described how the former work organization improved RNs' degree of security, as they worked in a holistic nursing context that created a sense of control because they performed tasks by themselves without delegating them to other staff members, thus strengthening their awareness regarding each patient's health situation. The participants expressed concern that the distribution of RNs' duties to other team members has led to a limited overall view of the risk for leaving tasks unfulfilled:

It will be very monotonous, as well as limiting the breadth of the nursing profession. That's getting pretty limited, and there are some minor things left, maybe [...], maybe it's a bit mixed up when you think about getting rid of tasks. (RN 6)

The participants stressed their concern that some medical and caring perspectives disappear from the nursing profession when other health professionals perform redistributed work assignments, tasks that they characterized as belonging to the nursing profession. The participants argued that tasks will be too divided and that nursing will become invisible and ambiguous when, for example, general nursing or drug administration are excluded from RNs' daily work. One doubt described by the participants was that nursing could become too task-oriented, for example, giving medication to all patients or managing admissions from the hospital for all patients instead of caring for all the needs of a limited number of patients in the ward. Moreover, the participants stressed that they prefer to work from a holistic view instead of in a task-oriented work context, which is why they often choose to work undesirable work shifts (evenings and weekends) when fewer staff are on duty. During these shifts, the participants reported experiencing improved patient-related work that contributes to a sense of holistic nursing, something they lack during weekday shifts:

Otherwise, I feel I can lose my commitment if I cannot make that bit ... I do not just want to do something and then someone else does something else. I want the whole; I think everyone is longing for it. Having the wholeness of caring for the patient and feeling that we get in touch with each other. (RN 1)

#### 4. DISCUSSION

The aim of this study was to describe registered nurses' experiences with workshifting in a medical ward. The main

findings of the current study indicate that workshifting contributes to decreasing RNs' workload due to redistributing tasks to added staff members. Increasing the number of staff members challenges the team because it creates the need for time-consuming communication to facilitate sharing multiple perspectives. Moreover, a lack of holistic nursing regarding the patient's health situation occurs due to the task-oriented work context, which affects patient safety and RNs' work satisfaction.<sup>[14]</sup>

Workshifting was introduced because of the shortage of nurses and has resulted in a decreased workload for RNs when tasks are performed by added staff members, allowing each professional to focus on his or her specific tasks.<sup>[3,4]</sup> The participants have experienced an improved work environment due to limited workload when tasks, for example, drug administration, are distributed to other health professions such as pharmacists. At the same time, the current study shows that several of the participants reported that they lack the ability to engage in holistic nursing when their duties are scaled back. Moreover, adding other professionals and contact arenas leads to an increasing need for communication and cooperation, which is experienced as demanding and time consuming due to the workload. However, Bosch and Mansell<sup>[12]</sup> demonstrate that interprofessional communication between healthcare professionals reduces workload. The staff work environment can also be related to the theory of motivation at work according to Herzberg et al.<sup>[9]</sup> The authors stress that there is a risk that RNs' motivation to work will deteriorate due to redistributed nursing tasks, which will in turn hamper personal growth. Furthermore, Aungsurich, Yunibhand and Liu<sup>[27]</sup> highlight that the occupational motivation of RNs affects the quality of healthcare and patient satisfaction, which is why motivation at work is an important factor that benefits both RNs and patients.

The current study emphasizes that communication and closer cooperation are required in workshifting and that these requirements are time-consuming and affect teamwork in a negative manner. On the other hand, RNs experience increased patient safety when each professional can focus on his or her specific tasks, which supports Sahlgrenska University Hospital's<sup>[5]</sup> claim that workshifting should contribute to an increased use of available hospital beds to benefit patients' needs for healthcare. Moreover, the results revealed difficulties regarding time-consuming communication within teams that have a large number of staff members. More hands/people do not automatically improve the quality of care and patient safety.<sup>[19,25]</sup> Therefore, teamwork is crucial when new health professionals are added within a new organizational model.<sup>[12,19]</sup>

The results of the current study show that RNs' experience that workshifting interferes with nursing tasks when those tasks are performed by others and that their professional responsibilities could be limited. These findings are contrary to Hylén's<sup>[6]</sup> assumption that workshifting will contribute to individual development and attractive workplaces through challenging and enticing tasks. However, the benefits of workshifting are that by adding professionals such as pharmacists and assistant nurses, RNs may engage in new, enticing tasks. Though the participants in the current study experienced a decrease in nursing activities rather than new and exciting tasks, it is important to develop the content of nursing in line with educational and ethical perspectives to create a healthy work environment, i.e., to facilitate nurses working at the cutting edge of their profession.<sup>[12,19]</sup> Moreover, research<sup>[26]</sup> shows that teamwork influences a positive cultural shift because nurses in a traditional work environment are often dissatisfied with the quality of teamwork with, for example, physicians. In addition, research<sup>[7,10,13]</sup> highlight that opportunities at work are important components for work satisfaction due to a healthy work environment. Therefore, it is important that healthcare organizations are aware of the content of workshifting as an organizational model should consider each staff member's personal development. This finding is in line with the ambition of Sahlgrenska University Hospital<sup>[5]</sup> to have new professionals contribute to the redistribution of tasks to facilitate a better work environment in which each professional is given the opportunity to focus on his or her specific tasks. This finding is in accord with Aiken et al.,<sup>[25,28]</sup> who note that increased workload occurs when RNs are charged with tasks that do not require a nursing education. In addition, ICN<sup>[29]</sup> also emphasizes that RNs should not be substituted with less qualified cadres of staff members because healthcare is evidence-based and built upon the foundation of improving patient safety, maintaining staff wellbeing and providing economic benefits. In addition, the Swedish Nursing Association<sup>[15]</sup> emphasizes that the prerequisite for RNs promotion of good and safe care depends on how healthcare organizations are designed to safeguard the knowledge of personnel knowledge and promote job satisfaction.

Workshifting has a positive impact on the work environment when workloads are reduced for RNs by redistributing tasks to other professionals, such as pharmacists and assistant nurses. It also appears that workshifting enables RNs to work at the forefront of their competence, which relates to the findings of Aiken et al.<sup>[25,28]</sup> regarding the improvement of nurses' professional development and their level of education. However, workshifting may not promote holistic nursing, which evidence suggests is a natural and important

part of the nursing profession and a motivating factor for nurses. Moreover, communication is an important component of workshifting that increases teamwork, and this relates to the findings of Herzberg et al.,<sup>[9]</sup> which illustrate that other issues, such as unstructured and increased workloads within the work environment, cause dissatisfied staff members. Increasing contact arenas as a result of enlarging the number of staff members is necessary to create well-functioning teams and provide more available communication pathways. Hinno et al.<sup>[7]</sup> and Zhao, Liu and Chen<sup>[30]</sup> highlight that teamwork facilitates a healthy work environment for RNs. To decrease frustration among RNs due to time-consuming communication, improvements are needed to clarify and simplify the collaboration between healthcare professionals and improve teamwork. Workshifting alone could not solve problem due to shortage of nurses or physicians, why re-engineering health workforce is needed together with improvement of healthcare focusing teamwork. Task-shifting could be effective for improving access to healthcare, especially in low and middle income countries.<sup>[31]</sup> Studies<sup>[32]</sup> due to classroom education show that ongoing professional development allow all kind of teachers to plan together and collaboration resulted in better support of individuals students need.<sup>[32]</sup> Above conclusion could transforms to healthcare and teamwork to handled shortage of health professionals to ensure patient safety.

### Limitations

A limitation of this study is that data is collected from one health profession, RNs working at one medical department at one university hospital in Sweden. However, the data collection was performed within different medical wards, which makes the study results more transferable. The study's validity, based on the data collection procedure above, involved a limited number of interviews (n = 8). The study's validity should be discussed considering to its limitations, why further studies are needed to develop knowledge of workshifting in health care. However, the trustworthiness of the results was ensured through a scientific systematic analysis using manifest qualitative content analysis and well-documented methodology.<sup>[22]</sup>

### 5. CONCLUSIONS

Workshifting reduces RNs' workload in the medical ward due to the redistribution of work tasks among health professionals to use existing skills and resources in the best possible manner. To ensure patient safety and an efficient work organization with a greater number of staff, improved communication pathways are necessary to ensure smooth teamwork. Moreover, a task-oriented work structure limits RNs' abilities to engage in holistic nursing when other health

professionals perform tasks. Therefore, a healthy work environment for all staff members needs to be developed and utilized in line with each health professional's ethical code and educational level in order to facilitate personal growth in line with Herzberg's two-factor theory. A task-oriented work model such as workshifting is not enough to create a healthy work environment (decreased workload, teamwork, challenging work content). By using all team members' knowledge and skills, synergy effects could be achieved; however, effective teamwork needs developed communication pathways to achieve a high quality of care. In summary, workshifting is a new task-oriented work model in healthcare, and further research is needed to develop knowledge regarding a healthy work environment that includes both task- and relation-oriented perspectives to ensure an efficient work organization for all staff members.

### Clinical implications

- Work environments influence the quality of care. Reasonable workloads can be achieved by redistributing tasks within an enlarged team, i.e., task-oriented work environment
- Improved communication pathways with clear responsibilities are needed when the number of staff members increases and when new health professionals are added to a traditional team at the ward level, i.e., relation-oriented work environment
- Health professions aim to work in line with their educational level based on ethical guidelines to ensure professional growth and high quality of care

### CONFLICTS OF INTEREST DISCLOSURE

The authors declare they have no conflicts of interest.

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