



Perspectives of the Standard Working Hours Imposed in Health-care Industry – Is It Really Helpful to the Employees?

Irene S C Siaw and Alex Mak

Lee Shau Kee School of Business and Administration, The Open University of Hong Kong, Hong Kong

Abstract

Hong Kong legislators, as well as labor activists, have demanded for the introduction of a standard on working hours to protect the working population and, in particular, those working in industries notorious for long working hours. A Standard Working Hours (SWH) Committee was set up in April 2013 to look into ways for the implementation of such legal standard in Hong Kong. Given the job nature of doctors, this study is to explore the reactions from the health-care professions with regard to whether the SWH should be legislated in Hong Kong's health-care industry. Thirteen doctors working in public hospitals were interviewed. The themes that emerged from the study were working hour patterns; will SWH jeopardize the service quality; should SWH be legislated to doctors. The findings concluded that it is not possible to impose a strict limit or a standard on working time to doctors given their job nature and that the service quality will also suffer. However, it was found that doctors, in particular junior doctors, were willing to work the extra hours for extra pay, a pay compensation rather than an allowance that they are receiving now. However, if the compensation was given out for extra hours worked, this would lead to a budget issue which will have to be confronted by the government. It was suggested that doctors should either be exempted from this legislation or regulations or else it could be flexible enough to accommodate the special needs of medical services, as well as the different hours worked by different professional position. Based on the findings from the health-care service, this study set to provide suggestions on what it takes to be a flexible standard on working hours and a way forward to set a standard for health-care service.

Keywords: Standard Working Hours; Medical Profession; Work Pattern; Service Quality

1. Introduction

Among the various major industry sectors in Hong Kong, long working hours is more commonly seen for employees in the wholesale, retail and import/export trades, restaurants, and hotels (Census and Statistics Department, 2009). However, long working hours of medical doctors have also been an enduring problem faced not only in Hong Kong but also in worldwide countries. Hospital doctors have to continually provide medical services due to the provision of 24 h services for patients over the 365 days a year; therefore hospital doctors have to work long hours that extend beyond normal working hours to provide continual medical services to in-patients and out-patients.

Over the past decade, Hong Kong legislators, as well as labor activists, have demanded for the introduction of a standard on working hours to protect the working population and, in particular, those working in industries notorious for long working hours. It was not until April 2013 that a Standard Working Hours Committee (SWHC) was set up to look into ways for the implementation of such legal standard in Hong Kong. Given the job nature of doctors, this study is to explore the reactions from the health-care professions with regard to whether the SWH should be legislated in Hong Kong's health-care industry.

2. Literature Review

Many countries, such as the USA and the United Kingdom, have long been implemented a statutory limit on working hours in the making of their labor market policy, and the effects and the implications of such legal standard have been widely debated. For instance, the European Working Time Directive mandated the reduction of working hours of doctors to a maximum of 48 h per week in the United Kingdom (Maisonneuve et al., 2014). The extent of how the proposed standard may have impacted on industries, employers, employees, and the society in Hong Kong would very much depend on the effectiveness of the implementation and the setting of the legal standard. The latest suggestion made by the SWHC indicated that any matter related to the working hour standard should be spelt out in the employment contract under the proposed law. In other words, the power is given to employers to work out the working time arrangement with employees rather than a standard imposed on employers. This, thus, deviate from the initial purpose of setting a legal prescribed standard governing the working hour, and the related matters supported by most legislators and labor activists.

Although research on working time regulations has been a popular topic, particularly during the previous decade, they have mainly been focused on assessing the impact of such regulations on employers (Arrowsmith, 2000; Goss and Adam-Smith, 2001) and its implementation process, to minimize the statutory restrictions on working hours (i.e. Neathey and Arrowsmith, 2001). In some studies, comparative analysis on assessing the impact of working time regulations was used (Blair et al., 2000; 2001a and 2001b) at best. Another study that made use of both survey and interview was a study by (Mak, 2010) which explored the adjustment process that the working time regulations of the United Kingdom have given rise to. This included employers' responses to the regulations and together with employees' reactions to such working time protections. The latter made use of both the management and the workers' response to explore the issue on working time to extract untapped issues, but issues such as flexible working arrangements, employees' physical well-being (health and safety) as well as the social one (family-friendly) have yet to explore under regulatory working hour arrangement. Finally, are trade unions stand a better chance in gaining greater bargaining power has yet to explore.

Based on the current research trend and the current development on the formulation of an SWH policy in Hong Kong, this study is to explore the reactions from the health-care professions and further explore the implications on several aspects such as working hour patterns, service quality, etc. The health-care profession for doctors was selected because they are known for working under variety of working arrangements, such as shifts, on call and sleep-in services.

3. Research Method and Case Studies Setting

A total of 13 individual interviews were conducted over a 4-month period, in which the interviewees were drawn from different specializations in the health-care service. The subjects were solely from the public sector hospitals covering one clinical assistant professor, 2 registered nurses, 6 junior doctors, and 5 senior doctors. These selected subjects were not in any way statistically representative but were chosen using snowball sampling, where new subjects were generated based on the referral of the previous subjects interviewed. Only face-to-face interview method was used since this study was intended to generate qualitative data, assisting the development of an in-depth understanding of the impact of the SWH policy and arrangements and the manner, in which if the SWH policy is to be implemented. Through the objective of this aspect of the study is to capture in-depth information from individual subjects from different positions and the number of years they have served in the sector concerned (Table 1).

Based on approximately an hour of interviews with the senior doctors together with around 40 minutes of interviews with the registered nurses and junior doctors, descriptive data were collected and analyzed, which help teasing out respondents' personal reactions to the proposed implementation of the SWH as well as to gather the different views and common concerns and reactions regarding the implication on the health-care service quality that an SWH may bring.

Table 1: Characteristics of the case study establishments

| Year of service | Interview participants |
|-----------------|---|
| <5 | 3 Junior doctors (JD) |
| 5-10 | 3 Junior doctors (JD) |
| 11-15 | 1 Clinical assistant professor (CAP) 2 Senior doctors (SD) |
| >15 | 2 Registered nurses (RN) 2 Senior doctors (SD) |

4. Findings and Discussion

In Hong Kong, the labor organizations generally suggested that a weekly SWH at 44 h, overtime compensation at 1.5-2 times of the basic pay. Some labor organizations suggested that the maximum working hours ranging from 50 to 72 h per week should be set due to occupational safety and health concerns. However, there are organizations not supporting the maximum working hours owing to the worries over the impacts on employees' income. The participants in this study carried various views to whether SWH should be legislated for doctors. The themes that emerged from the study were working hour patterns; will SWH jeopardize the service quality; should SWH be legislated to doctors.

4.1. Working hour patterns

In Hong Kong, majority of the public doctors of Hospital authority work over 65 h per week which is almost 50% above their contractual provision. It is common to see doctors working non-stop for up to 33 h because they need to perform "on call" duties after office hour periodically. However, the working hour patterns among doctors vary. Most doctors work under a pattern of constant working hours and overtime work. The overtime work includes the mandatory overtime (on-call) and voluntary overtime (arising from heavy workload). However, the work pattern depends on the doctor's seniority and job nature. According to the senior doctors, SD#1 and SD#2 both reported that there exists a two-tier work pattern for public doctors. For senior doctors, they work a work pattern which starts from 9 am to 5 pm, plus 4 h on Saturday. For junior doctors, they work the same 9 am to 5 pm schedule together with one night-shift per week from 5 pm to 9 am the next morning. Their Saturday pattern is ranged from 4 to 8 h. So when a junior doctor is working on a day coincides with his/her night shift and is followed by a Saturday; then, the total hour worked before getting a break comes to 30 h. In addition, junior doctors require to perform 6-8 on-call duties per month. This account confirms that doctors are working long hours and, in particular with junior doctors working easily over the 65 h per week. It was reported that:

"The more senior you are, the shorter the working hours you will serve. This is because junior doctors have to take more calls (on-call duty)....I am now in a senior position having 10 years plus of work experience, the frequency of my on-call duties have dropped a lot." (SD#2)

"Our on-call pattern varies according to our work experience [seniority]." (SD#3)

Although the work patterns for both senior and junior doctors are clearly defined together with the number of hours expected to put in, there exist unaccountable addition hours that doctors of both grades have put in. It is simply the case that doctors cannot put a stop in the middle of a duty they are performing. The interview evidenced that putting in extra hours is not only a common phenomenon for doctors, nurses too are experienced that that have to put in more hours than they are scheduled for:

"What happen after 1700? Who care [for] patients in hospital after that? ... [Doctors] may visit the wards seeing their patients and leave work around 1800 to 1900." (SD#1)

"You cannot off duty while performing an operation due to [working] time is up and let other doctor to take up your duty. Also we cannot stop our consultation suddenly just because the time is up then asking the patient to leave ... or ask another doctor to take over the case." (JD#1)

“... but if you are handling a particular patient, and you can't just leave him.” (RN#2)

The interview data indicated that not only the health-care professionals are working long hours but also are working longer hours than they are anticipated. A call for reforming the work patterns for doctors has been raised over the past years (i.e. the health authority), yet nothing has been achieved to-date. One key concern to the health authority in reducing the hours perform by doctors under any reform to redesign the work patterns may lead to an adverse effect on the quality of health-care service.

4.2. Will SWH jeopardize the service quality?

Whether the implementation of SWH would influence the service quality of doctors would be the key concern when introducing a working hour standard. Any standard imposes on the existing work patterns would have serious implication since long working hours are typical for health-care services worldwide. It is surprising to find out that the responses from doctors vary in terms of their concerns. Senior doctors commented that the SWH will not have a direct impact toward their service quality while junior doctors hold somewhat different views. Most of the senior doctors' main concern was not the service quality but instead is the training opportunities that junior doctors get could be undermined. One of the senior doctors reported that if they were to work until a certain time, the junior doctors training will suffer more than the service quality. In his own account he addressed that:

“...leaving the junior ones in the ward, [while] others have left. That means you leave the junior alone by pretending to give the junior training which doesn't make sense. The junior works alone. That is surely not a good training. For training, it must have a trainer and students... whether reducing the working hours would jeopardize the service quality, I would disagree.” (SD#1)

Another senior doctor also shared a similar view on training as well as service quality. He emphasized how he sees the likely impact of SWH would have on training:

“I think this is one main consideration [disadvantage] against the practice of SWH. It would be possible to influence the training.... This might occur in a scenario that the management may focus more on their budget/goal fulfillment, the training is set aside. (SD#2)

He further went on and explained how he believed the health-care service quality will only be affected in the short-run.

“... [the patients] need to be cared by someone else. Their health condition varies at different times. That's why we have the on-call duty. It aims to handle emergency and unexpected events after the regular working hours. Therefore, I don't think there are problems.... it might be compensated by cutting certain inefficient services. It takes time to cut the certain inefficient services.” (SD#2)

Nevertheless, there are other views came from the junior doctors. They all indicated that long working hours actually affect their quality instead of a limit being point on the hour they work. Most of them expressed the adverse effect of long working hours by making the below statements:

“If you think of the impact, probably after working over 20 hours, we may be tired to carry on. Perhaps it may jeopardize our judgment ability.... I think the long working hours may discourage our motivation of work leading us not to be passionate to work. Perhaps the SWH may improve the working atmosphere and our work attitude....” (JD#3)

“...if the workload is too heavy, it makes me worry about making wrong decisions or miss something at work. It's not good for the patients too.” (JD#4)

“Well, a better rest may improve our performance.” (JD#5)

However, junior doctors would not mind to work more hours or carry out more on-call duties provided that reasonable overtime compensation instead of an allowance was given out since they considered that a proper pay is a form of recognition of their extra effort.

“I think it won't have much impact towards our service quality. The bottom line is probably for the overtime works we have worked, which could be recognized by other people. Yet, the root cause of long working hours towards doctors and nurses cannot be improved. If the legislation governs the working time, I think it does not fit us. Because there are many works for which we can't put them aside and off duty. It's impossible to stop consulting when the clock reached 1700. Perhaps the only possible way to implement is to count our OT allowance. In modern society, we should compensate

for those who work extra. If employees have to work overtime continuously and regularly, it's not good to both the employees and their employers, and affect their family too. I think the SWH may be suitable for some industries." (JD#2)

"I remember the on-call duty allowance is around \$4,000, \$1,000 for working extra 10+ hours...If more allowance is given for taking extra on-call shifts, I don't know if I am interested, as the allowance is not a big amount of money, indeed. Just because it's a common practice that we all have to work the shift, no way." (JD#3)

Doctors with inadequate rest may lead them to make wrong diagnosis or wrong judgment, thus lead to the patient safety. The impact of fatigue of long sequences of work shifts leading to its long-term risks of continual fatigue for doctors and for the effective delivery of health-care service should not be ignored (Tucker et al., 2010; Morrow et al., 2014). Although the physical well-being of the doctors is always the top concern of the hospital authority of Hong Kong, still doctors need to work long hour mainly due to insufficient supply of doctors in the market.

4.3. Should SWH be legislated to doctors?

Owing to these long working hour pattern, all doctors opined the same as to whether the SWH could be implemented in their health-care industry. According to a senior doctor, he believed that having a standard on working hours is not going to work given the nature of their jobs.

"whether implementing the SWH would influence the service quality. There is no association. No matter you implement the SWH or not, they have to continue to work 60 hours a week. As the number of patient is infinitive, it's less possible to see the chance of stop working right after completion of 44 hours. You know the number of patient is huge, once one discharges, another comes. It never ends. The SWH won't change the fact." (SD#1)

"Personally I don't buy the SWH. I think I don't mean it's just simply not applicable to this industry. I think it's difficult to impose it in HK, just like that in overseas. That means if people in overseas work 44 hours a week, and Hongkongers work in the same practice, that is unrealistic and dreaming. Foreign countries like Norway or Canada have lots of resources, people can survive by just working 2 hours a day. Conversely, there are only little resources in Hong Kong. The critical elements here are about the productivity and quality. It's less possible to see that a co-existence of being productive and leisure in working hours. That's why I object the SWH." (CAP)

"I can foresee that it would be difficult to apply in medical sector because of the shortage of manpower, particularly not many doctors in HA who can or are willing to work at night. So, if it is to legislate, the management must reject it, second, even if it is legislated, it may affect a problem that some Accident & Emergency cannot serve 24 hours a day, some can't take patients at night. Simply because there are just not enough doctors at night. So it cannot take new patients.... Then, further complaints and frustration may rise. For the SWH, I think the juniors may be happy about it because it protects them, as they are overloaded. Yet, it's nightmare to the senior management." (SD#4)

"We have shortage of manpower.... The root cause is an imbalance of manpower between public hospital and private hospital, many doctors change to work in private hospitals.... we are taking care of 90% of patients of HK." (JD#1)

"I don't believe that it's possible to regulate the 44 hours working time in our industry. Perhaps it should take a flexible approach. If it could reduce from 60+ hours to 50+ hours, this will help us much." (JD#3)

"It doesn't work. Because you know the number of doctor is limited, whereas the number of patients keeps increasing. You can't shut down the hospital at night. You must have doctors to work at night. With the limited manpower, the SWH is meaningless to us." (JD#4)

Due to its job nature, it would be difficult to implement the SWH to doctors. Besides, Hong Kong has been experiencing a shortage of doctors for long time. For political reasons, the government would be highly resistant to increase the budget to health-care industry. For practical reasons, some segments may be excluded in the legislation. Moreover, doctors are one of the potential segments in the exclusion.

5. Conclusion

Based on the responses from the 13 interviews, it was found that the views on setting a working hour standard differ across different positions. This was due to the fact that different working patterns are associated with seniority, with junior doctors working longer hours comparing to that of senior doctors. Nevertheless, respondents all indicated that it is not possible to impose a standard or a limit on the weekly hours they work given their job nature and the duties that they have to comply.

The priority regarding the SWH should take into the account of the work nature and the supply of workforce. Even if the long working hour nature is necessary to the society, it does not imply the SWH cannot be applied but would require greater flexibility so that the health of the patients and the balance of work-life among health-care staff can be warranted at the same time.

The implication of this study suggests that long working hours continues to characterize the public health-care service. Nevertheless, it was indicated that the extra hours worked by the doctors should be compensated with pay for overtime instead of just giving out allowance as the current practice does. If compensation is to be paid out for any extra hours worked as part of the SWH provisions meaning that health-care professionals are offsetting their health and safety, as well as that of their patients, to earn a supplement to their income. In addition, a compensation paid for extra hours worked will impose a budgetary pressure on the government budget on healthcare service. In other words, pay compensation for overtime worked would backfire the government's intention. Therefore, the way SWH to be implemented should consider the balance the budget in hand and the need to provide continuous service.

In conclusion, there are three options to the implementation of SWH. The first is to exempt health-care service from regulations since their work patterns proves to be complex and unpredictable. The second way is to implement a regulation that has to be flexible in its provisions to accommodate the nature of health-care services. Better still, the third option is to impose different standards and varying the degree of flexibility to different health-care occupations, in the case of senior and junior doctors.

6. References

- Arrowsmith, J. (2000), The Impact of the 1998 Working Time Regulations. European Industrial Relations Observatory On-line, January; 2000. Available from: <http://www.eurofound.europa.eu/observatories/eurwork/articles/working-conditions/the-impact-of-the-1998-working-time-regulations>. [Last accessed on 2015 Jun 01].
- Blair, A., Karsten, L., Leopold, J.W. (2000), Working time: An Anglo-Dutch comparison. *European Industrial Relations Review*, 312, 17-20.
- Blair, A., Karsten, L., Leopold, J.W. (2001a), An awkward partner? Britain's implementation of the working time directive. *Time and Society*, 10(1), 63-76.
- Blair, A., Karsten, L., Leopold, J.W. (2001b), Britain and the working time regulations. *Politics*, 21(1), 40-46.
- Census and Statistics Department. (2009), Patterns of Hours of Work of Employees. Special Topics Report No. 50.
- Goss, D., Adam-Smith, D. (2001), Pragmatism and compliance: Employer responses to the working time regulations. *Industrial Relations Journal*, 32(3), 195-208.
- Maisonneuve, J.J., Lambert, T.W., Goldacre, M.J. (2014), UK doctors' views on the implementation of the European working time directive as applied to medical practice: A quantitative analysis. *British Medical Journal Open*, 4, e004391-e004391.
- Mak, A. (2010), An evaluation of the working time regulations in the United Kingdom. *Web Journal of Chinese Management Review*, 13(4), 1-26.
- Morrow, G., Burford, B., Carter, M., Iling, J. (2014), Have restricted working hours reduced junior doctors' experience of fatigue? A focus group and telephone interview study. *British Medical Journal Open*, 4(3), e004222.
- Neathley, F., Arrowsmith, J. (2001), Implementation of the Working Time Regulations. *Employment Relations Research Series 11*. UK: Department of Trade and Industry.
- Tucker, P., Brown, M., Dahlgren, A., Åkerstedt, T. (2010), The impact of junior doctors worktime arrangements on their fatigue and well-being. *Scandinavian Journal of Work, Environment and Health*, 36(6), 458-465.