Survey

ASMS/CHMSA follow-up survey of Burwood Hospital SMOs regarding their new non-clinical workspace

Introduction

The new open-plan non-clinical workspace for staff at Burwood Hospital has been presented as an exemplar for similar workspaces on the Christchurch Hospital campus. A survey was conducted in September 2016 by the Association of Salaried Medical Specialists (ASMS) and the Canterbury Hospitals' Medical Staff Association (CHMSA) to assess how Burwood senior medical officers (SMOs) use their non-clinical workspaces and whether users feel their new non-clinical workspace meets their needs.

The survey was done two months after 23 staff moved into the new premises. In summary, the responses for those in the new open-plan area (n=19) indicated concern about reduced productivity, noise levels and distractions, inadequate storage space, inadequate provisions to maintain patient confidentiality and logistical problems related to dictation.

More than half of SMOs in the open-plan area would not recommend their non-clinical workspace to colleagues.

A follow-up survey was conducted in March 2018 to find out whether the views of those staff who had moved had changed after becoming used to the new environment. The main results (n=14)[1] are presented in this report, including comparisons with the first survey results. In summary, many of the issues around factors such as privacy and noise identified in the 2016 survey remain in this latest survey.

Methods

The original survey assessed the use-needs and views of users as to how well their non-clinical workspaces meets their needs. Non-clinical workspace was defined as the areas set aside for staff to complete administrative tasks such as paper and computer work, phone calls, and meetings with colleagues to discuss work-related matters. It was clarified that this did not refer to the physical spaces where staff conduct face-to-face interactions with patients. The survey asked people what tasks they performed at their non-clinical workspaces, how they felt their productivity had been affected since moving into their new workspaces, and how well the new workspaces met their needs as determined by assessing the degree of privacy afforded, the noise, light and temperature levels, and the storage capacity. The questions were taken from pre-existing workstation assessment surveys where it is commonplace to conduct use-needs assessments before making any changes to workspaces. A final qualitative question at the end sought people's views on both the positives and negatives associated with their new non-clinical work spaces. The original survey questions were used in the follow-up survey reported here, excluding the final qualitative question.

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[1] There were 15 survey respondents in total but one was not among the original 23 staff who had experienced the move into a new open plan workspace at Burwood and has therefore been excluded from the results.

Results

Response rate

The survey was sent out to a total of 37 individuals who all worked out at Burwood in some capacity. Only 23 individuals, however, were affected by the original change in their workplace design and 14 of these 23 responded. As noted above, the response from an individual who was not originally affected by the change to workplace design has been excluded from the results. The response rate of the survey has thus been calculated on the basis of the 23 who were the focus of the research (14/23) 61%.

Productivity and tasks

As in the original survey, on average over half of the time used by respondents in their non-clinical workspaces involved reading, writing and typing, with most of the remainder of the time divided between having meetings, using the phone, dictation and filing.

While the 2018 survey shows some improvement in respondents' assessment of how their productivity has been affected by their new workspace design, this came from a very negative starting point. In the latest survey, 43% of respondents felt their productivity had been adversely affected, down from 50% in 2016 (Figure 1).
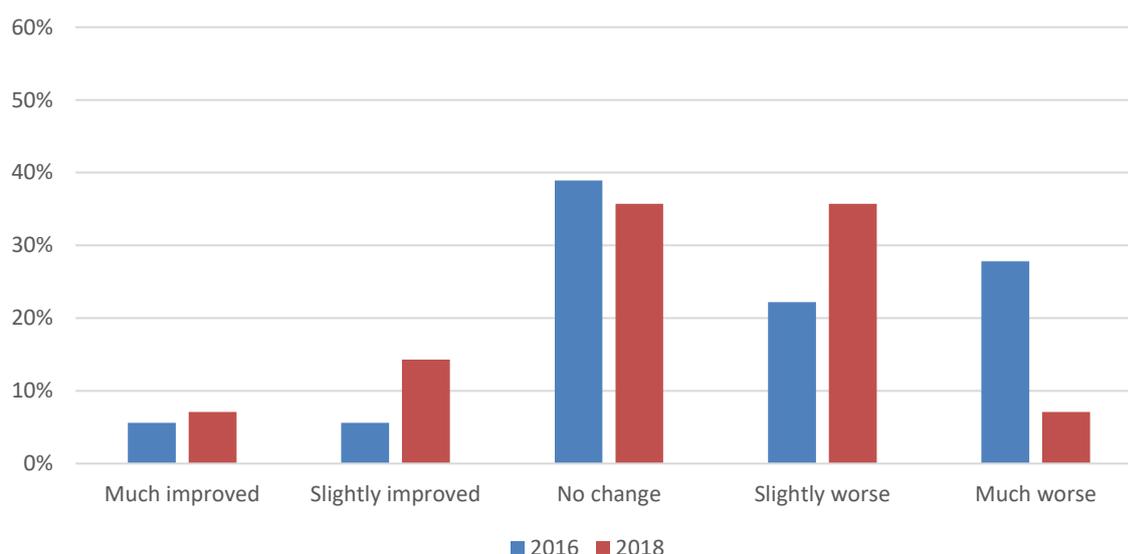

Figure 1: Do you feel your productivity is affected by your current non-clinical workspace?

Views concerning privacy

A key element of a non-clinical workspace is the ability for staff to view confidential material, including patient records, as well as have private phone conversations and hold meetings. The survey examined privacy according to three key elements: visual privacy, acoustical privacy and 'meeting' privacy. The survey included the breakout rooms within the new Burwood space as part of the non-clinical workspace.

Visual privacy

Almost all survey respondents had some need for visual privacy in their workspace. As before, views on the adequacy of the workspaces for visual privacy were mixed (Figure 2). While the majority signaled their workspaces provided them with some degree of privacy, some commented on the difficulties of visual privacy in an open environment.
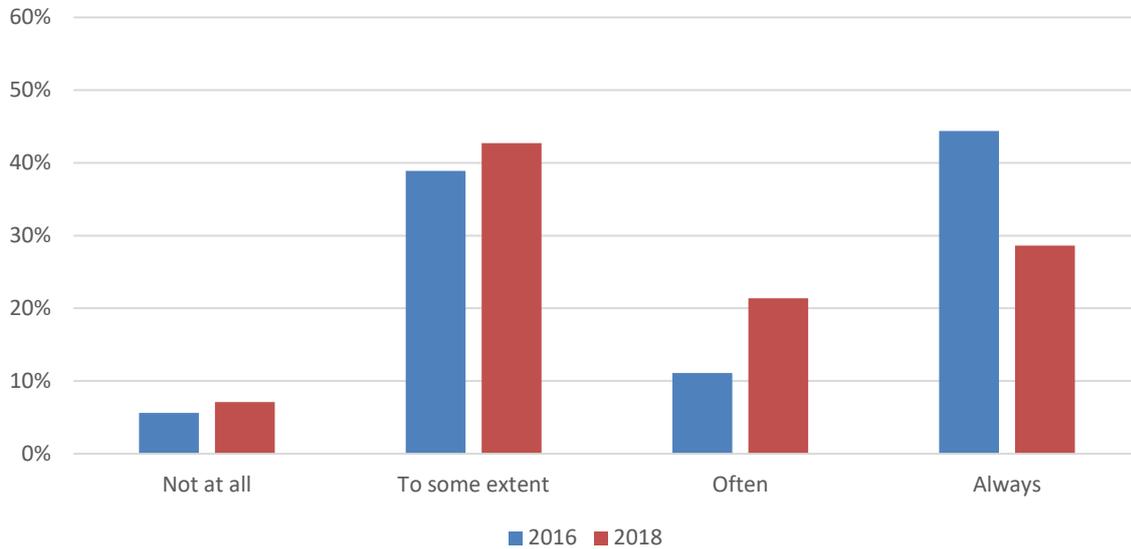

Figure 2: My current non-clinical workspace, including access to break out rooms, provides me with sufficient visual privacy to conduct confidential tasks when required

Acoustical privacy

Acoustical privacy had improved since 2016, with all respondents saying they had at least some degree of privacy and nearly two-thirds indicating this was 'often' or 'always' (Figure 3). Some respondents commented that some of the breakout rooms were not sufficiently sound-proof.
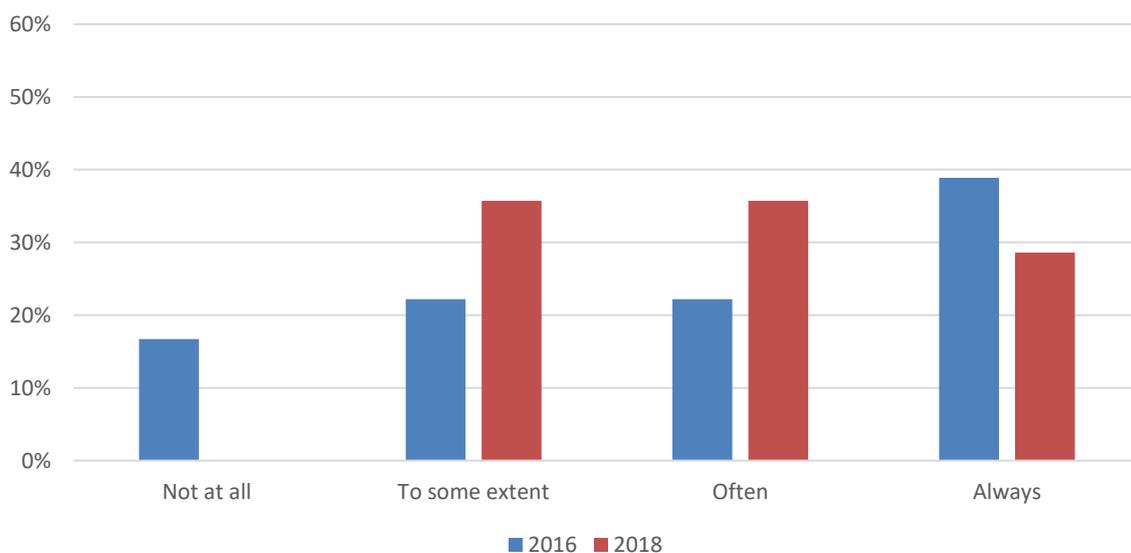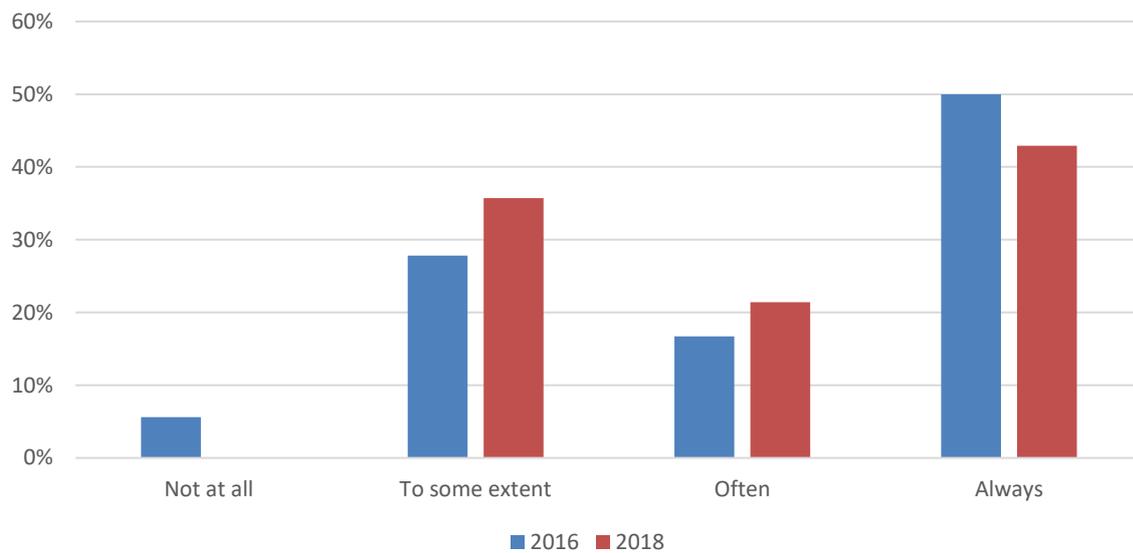

Figure 3: My current non-clinical workspace, including access to break out rooms, provides me with sufficient privacy to conduct confidential telephone conversations when required

Meeting privacy

Most respondents in both surveys signalled a clear preference to hold meetings in adjoining small meeting rooms rather than at their desks or within shared office spaces, indicating the importance of break-out rooms in non-clinical workspaces. In both surveys approximately two-thirds of the respondents felt they had adequate privacy to conduct their face-to-face meetings 'often' or 'always' (Figure 4). A similar proportion felt they had sufficient privacy to have private meetings when required (Figure 5).

Figure 4: My current non-clinical workspace, including access to break-out rooms, provides me with sufficient privacy to conduct face-to-face conversations when required
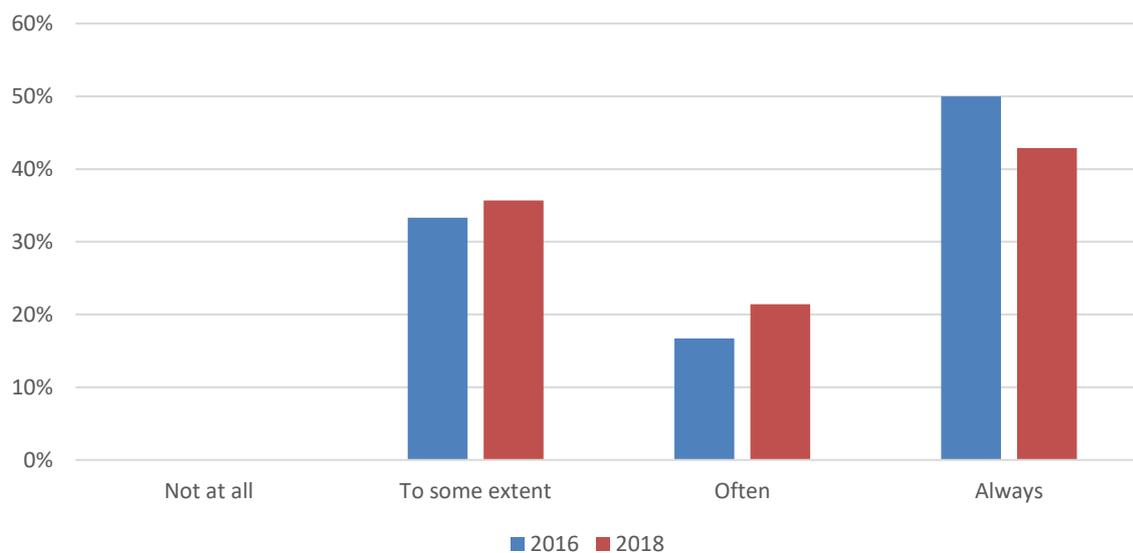

Figure 5: My current non-clinical workspace, including access to break-out rooms, provides me with sufficient privacy to conduct private meetings when required

Noise, temperature and light issues

Noise issues

As shown in Figure 6, views about workplace noise levels were mixed in both surveys, though noise is an issue for around half of respondents, with the 2018 results slightly more negative. In 2018, 28.6% agreed that the environment was quiet, while none strongly agreed – a drop from 44.4% for those two results in 2016.

Half of the 2018 survey respondents felt the degree of quiet was adequate for them to be productive – down from 61.1% in 2016 (Figure 7). Around 40% in both surveys found noise distractions were such that it affected their ability to conduct their non-clinical work. (Figure 8).
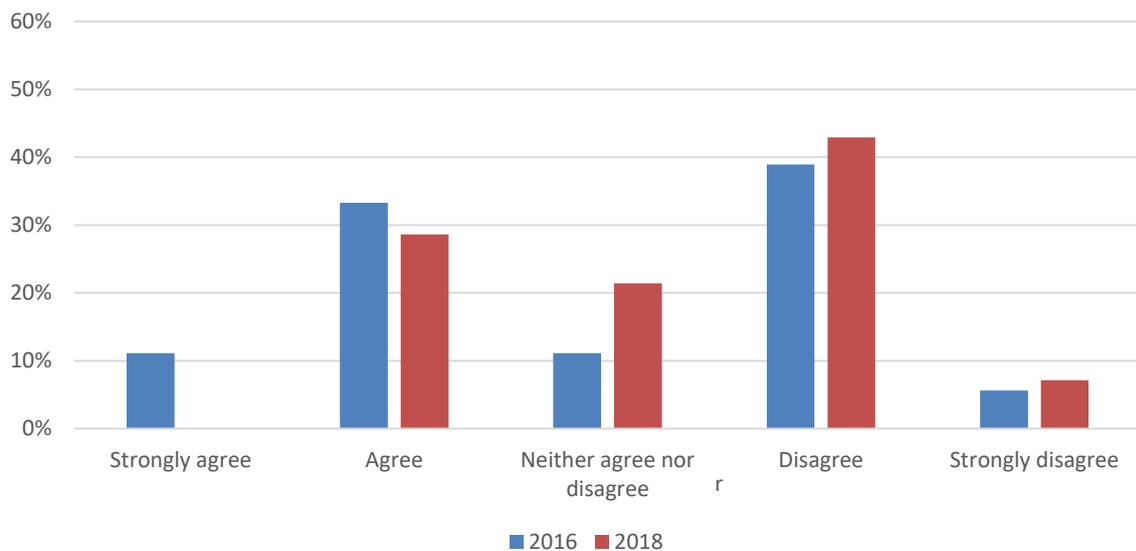

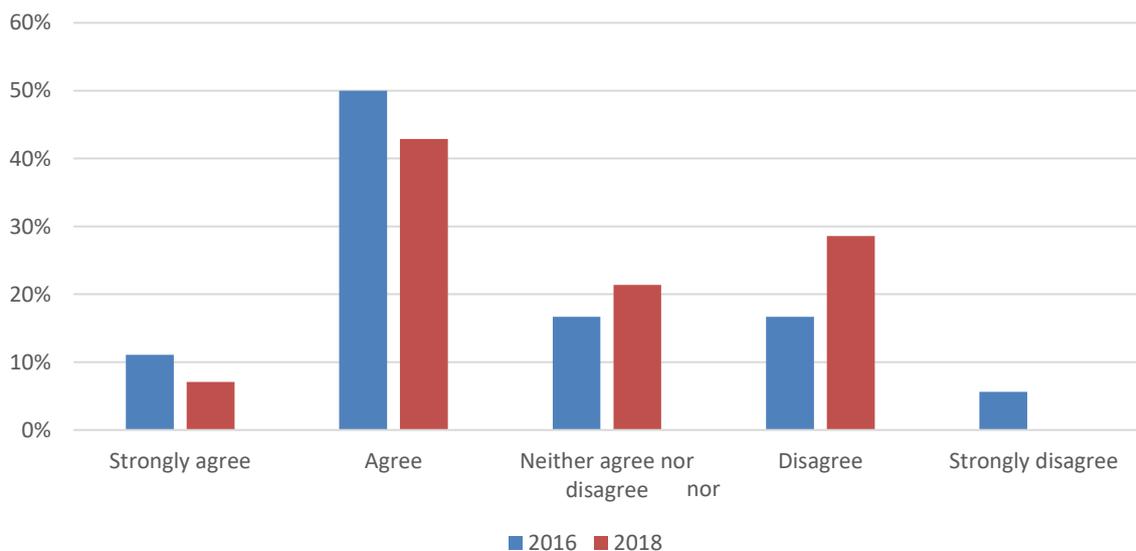**Figure 6: My current non-clinical work environment is quiet**

Figure 7: I am able to have sufficient quiet and undisturbed time to be productive in my new non-clinical workspace
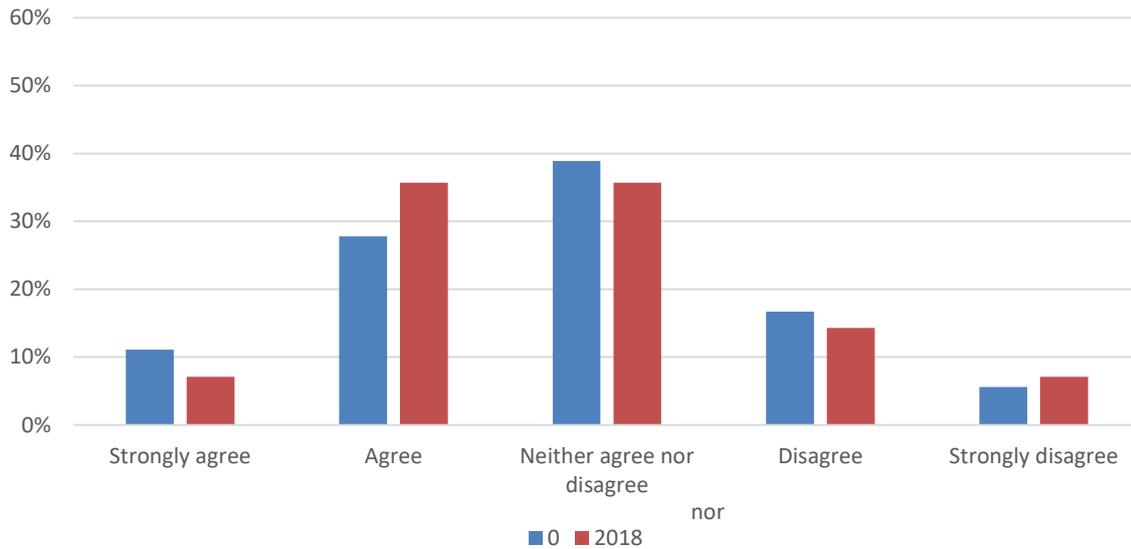
Figure 8: My current non-clinical work environment has many noise distractions that affect my ability to conduct my non-clinical work

As with the first survey, the most common comments left by respondents concerned the ambient noise from administrative staff who share the new open-plan workspace, especially when having phone conversations. "Main noise issues come from secretaries making phone calls to patients who are often hard of hearing. Would have been better if secretaries were in a private area…". One respondent said the biggest problem was "I get no non-clinical time."

Lights issues

As shown in Figure 9, most respondents felt their work-space had adequate natural light. However, while there appear to have been improvements since 2016, more than half (57.2%) said they had no control over the lighting at their workstation, which could affect satisfaction with the workstations in the future (Figure 10).
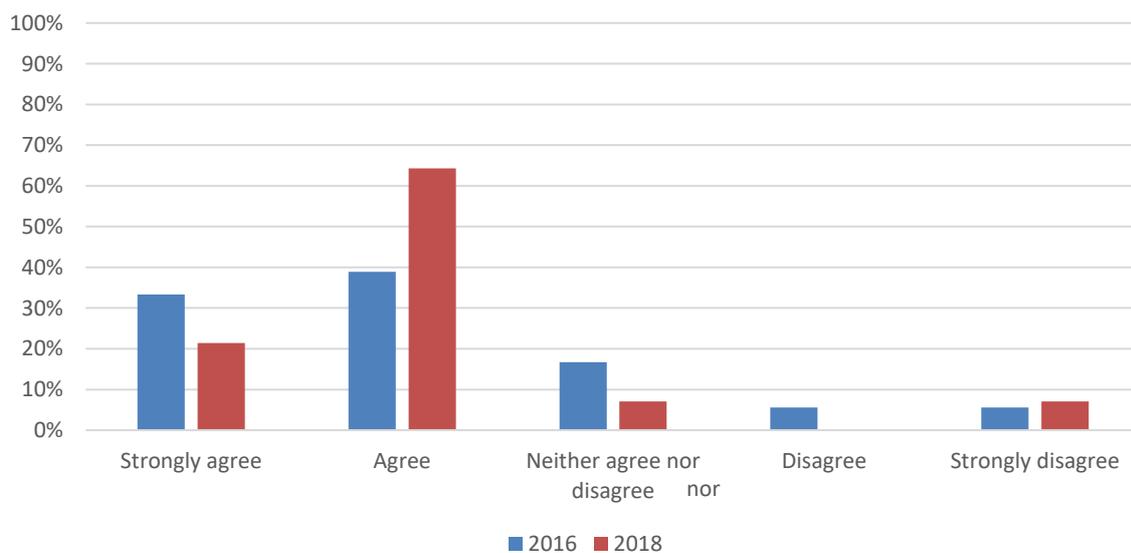

Figure 9: My current non-clinical workspace provides me with sufficient natural light
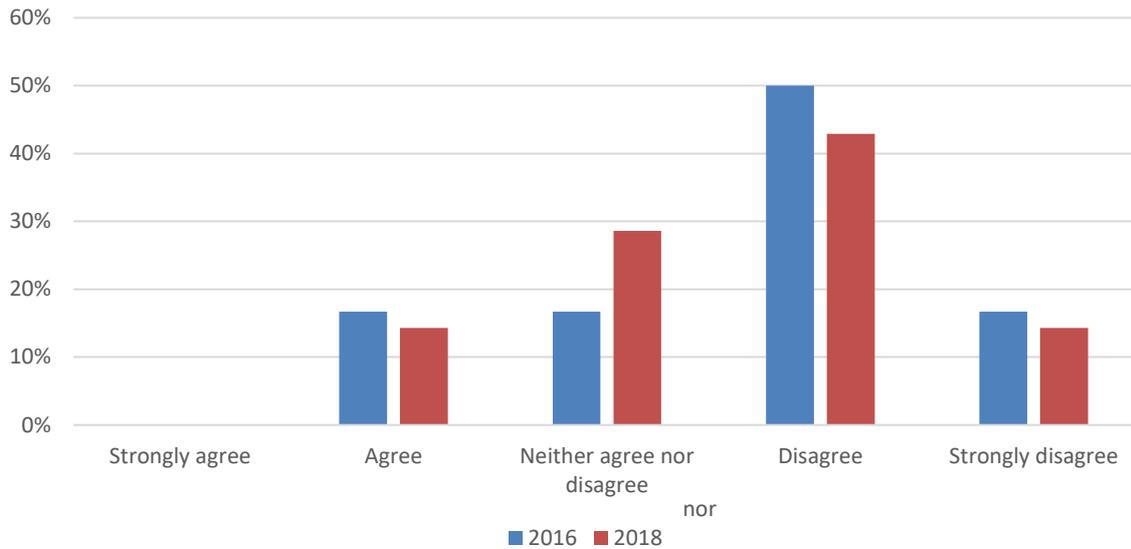
Figure 10: My current non-clinical workspace enables me to have control over the lighting at my work station

Temperature issues

As with the 2016 survey, no respondents in the latest survey agreed that they had control over the temperature and airflow in the workspace (Figure 11).
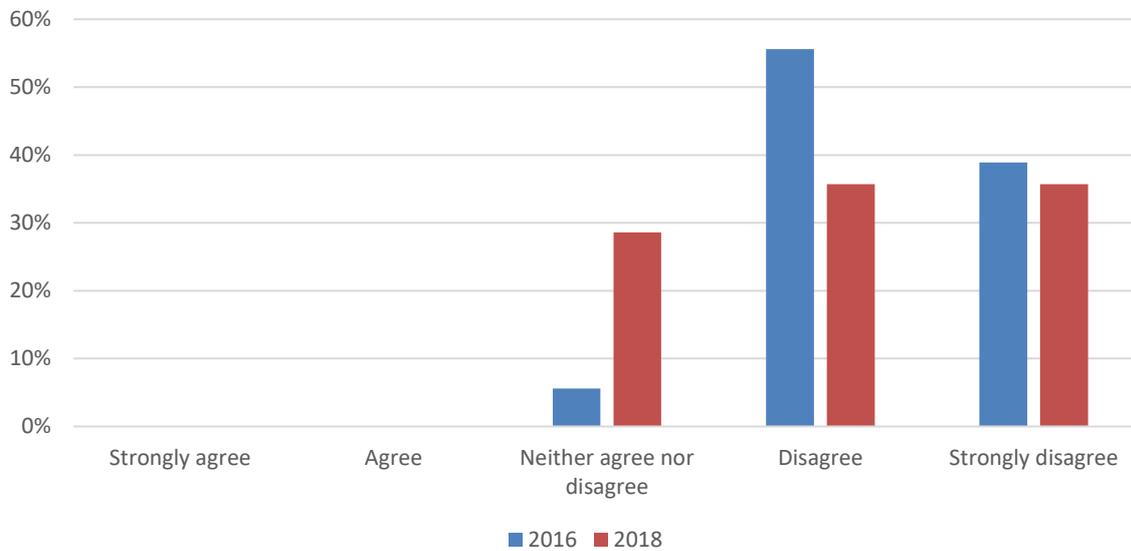

Figure 11: I am able to control the temperature and/or airflow in my current non-clinical workspace

Adequacy of physical space

The survey also sought to assess the adequacy of the physical space in the workspaces, including the ability to conduct work effectively as well as find enough storage for belongings and paperwork. In 2016, 61.1% disagreed or strongly disagreed there was adequate storage space in their new workspace (Figure 12) but most felt that the space was adequate in order to conduct work (Figure 13). By 2018, respondents were more positive about the availability of storage space, with half indicating it was adequate (up from 11.2%), while 28.5% felt it was inadequate (down from 61.1%), but storage space was not considered an issue that affected the ability to work.
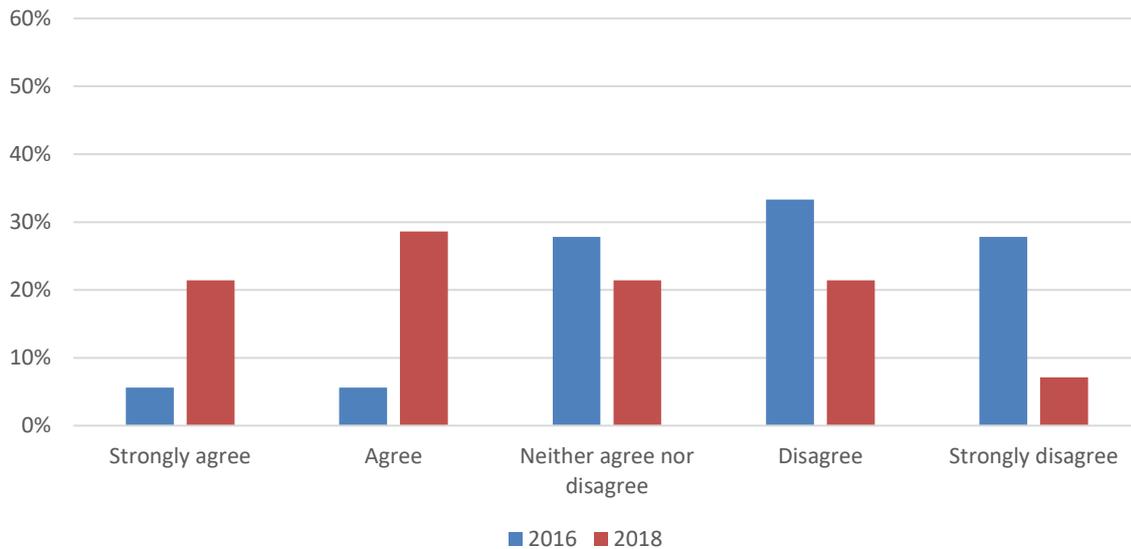

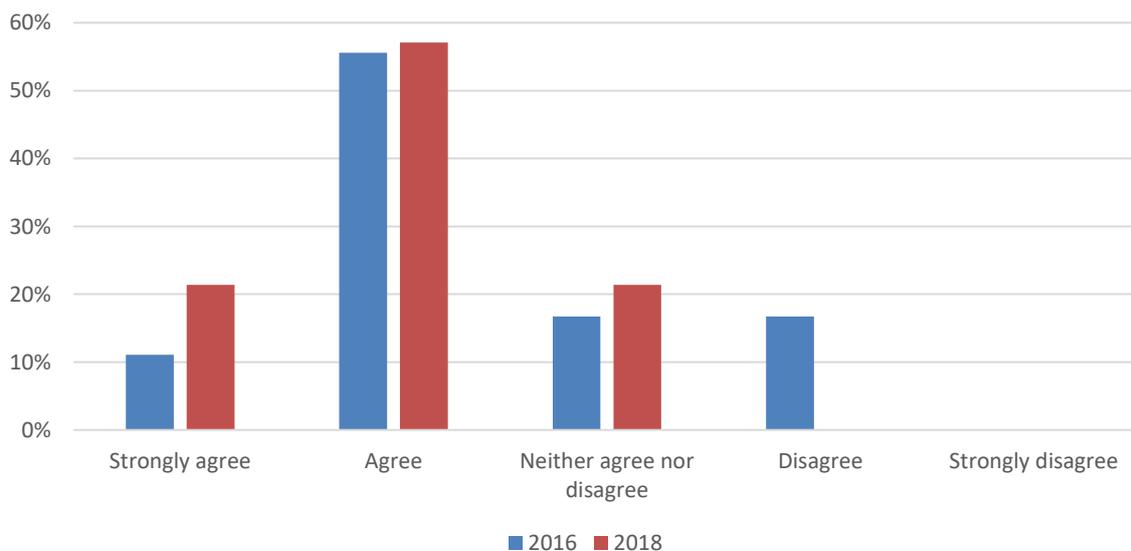**Figure 12: My non-clinical workspace provides me with adequate storage space**

Figure 13: My non-clinical workspace provides me with sufficient space to conduct my work
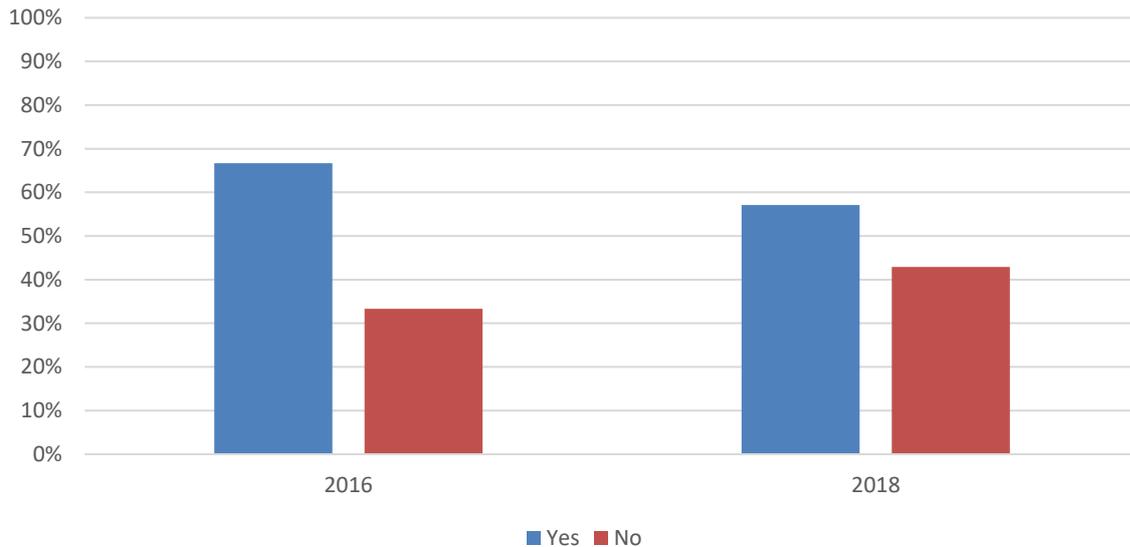
Figure 14: Is there any work you would like to be able to do at your non-clinical workspace but are unable to?

In 2018, 57.1% of respondents felt there was work they would like to be able to do at their desks but were currently unable to do, down from 66.7% in 2016 (Figure 14). Respondents' commonly expressed need in the earlier survey was to be able to do video conferencing or tele-conferencing at their desks. A few respondents made similar comments in the 2018 survey; some others felt a need for more privacy for one-to-one meetings and to have private phone conversations at the workspace.

Conclusion

This survey was conducted to find out whether the SMOs' views on their new non-clinical work environment at Burwood Hospital had changed since they were surveyed in 2016, shortly after moving into the premises.

In 2016, survey respondents expressed concern about reduced productivity, noise levels and distractions, inadequate storage space, inadequate provisions to maintain patient confidentiality and logistical problems related to dictation. More than half of SMOs in the open-plan area would not recommend their non-clinical workspace to colleagues.

The results of the 2018 survey show no significant shifts in the views expressed in the earlier survey. In particular, issues around privacy and noise remain.

Between a third and a half of respondents felt privacy for such things as phone conversations and meetings was either not adequate or only adequate to some extent.

Half of respondents disagreed or strongly disagreed that the work environment was quiet, and 43% felt noise distraction affected their ability to work.

While the assessed effects of the work environment on productivity has slightly improved, 43% of respondents believe their productivity has been adversely affected by the new work environment.

While a common positive comment from respondents related to the improved collegiality, the weight of views is reflected in the fact that nearly two-thirds (64%) of respondents would not recommend their non-clinical workspace to colleagues, up from 53% in the 2016 survey.

The results of both surveys indicate emphatically a need for effective consultation with staff when planning and designing new workspaces, and for different models of accommodation to be explored in future.