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

There is ongoing debate between the Association of Salaried Medical Specialists (ASMS), the Canterbury Hospitals' Medical Staff Association (CHMSA) and Canterbury DHB management concerning what constitutes acceptable working conditions for senior medical staff following the new hospital rebuild. In particular, we are aware that many are uneasy about the non-clinical workspaces proposed by the design team. ASMS and CHMSA are concerned that if CDHB gets the planning wrong for future non-clinical workspaces, there may be long term consequences for staff well-being, recruitment and retention and ultimately, and most importantly, quality of patient care and patient confidentiality.

The new open-plan non-clinical workspace for staff at Burwood has been presented as an exemplar for similar workspaces on the Christchurch Hospital campus. A survey was conducted in September 2016 by ASMS/CHMSA to assess how Burwood SMOs use their non-clinical workspaces and how users feel as to how well their new non-clinical workspace meets their needs. The survey also covered the small number of SMOs at Burwood who remain in their pre-existing non-clinical workspaces for comparison.

There are several provisos to the results of the survey:

1. There are still many unfilled desks in the new open plan area so there is more space and quiet than there will be at a later date.
2. The space per person at Burwood is larger than is planned for some areas on the Christchurch Hospital campus.
3. The survey was conducted two months after staff moved into the new premises. The results might be different by six months when people may have adjusted further. Data are required now, but the survey can be repeated at a later date.

The results are presented in full including questions and answers. In summary however, the responses for those in the new open-plan area (n=19) indicate concern with regard to 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 responses for the small number of SMOs not required to move into the open-plan area (n=5) are much better in general; these are summarised as a comparator at the end of the report.

It is crucial that these results are taken into consideration with ongoing planning on the Christchurch Hospital campus and that different models of accommodation are explored.

Methods

A survey was designed to assess 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 work, computer work, phone calls, and meet 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 was designed to query what tasks people perform at their non-clinical workspaces, how they feel their productivity has been affected since moving into their new workspaces and how well their new workspaces meets 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 common place to conduct use-needs assessments before changes to workspaces are initiated. 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.

Results

Productivity and tasks

The survey began by asking respondents to estimate the amount of time dedicated to different tasks. In general 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.

Respondents were then asked to assess how they felt their productivity had been affected as a consequence of their new workspace design. As illustrated in Figure 11 only 11.2% felt that there were improvements to their productivity levels as a consequence of the changes to their non-clinical workspaces. By contrast, 27.8% felt that it was much worse, and 22.2% slightly worse.
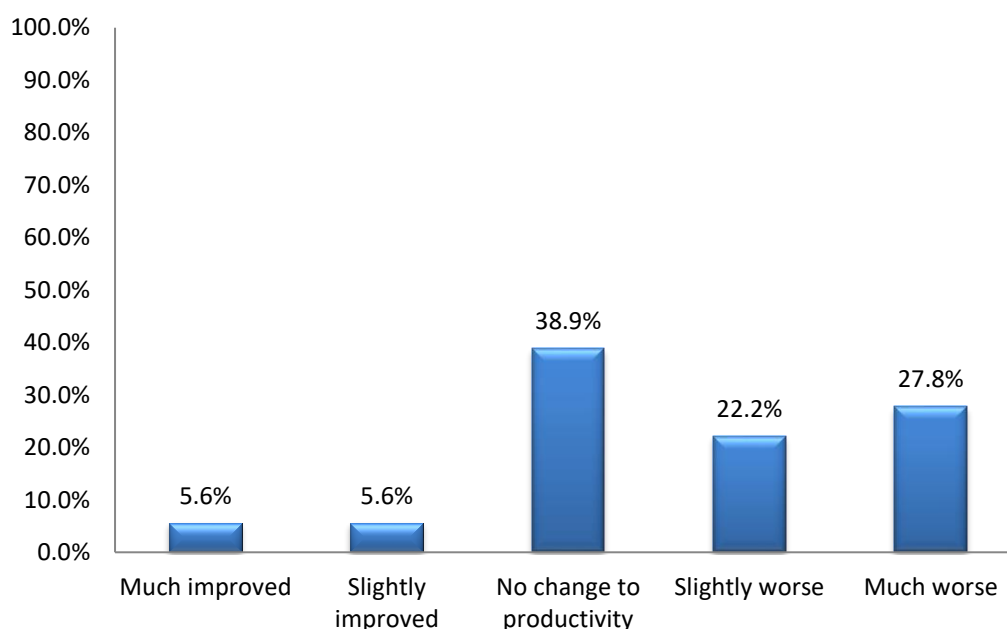

Figure 1: Do you feel your productivity is affected by your current non-clinical workspace?

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 conduct private phone conversations and hold meetings. The survey accordingly examined privacy according to three key elements: visual privacy, acoustical privacy and 'meeting' privacy such as the need to hold face to face meetings in private. The survey included the breakout rooms within the new Burwood space as part of the non-clinical workspace.

Visual privacy

The majority of those who responded to the survey had some need for visual privacy in their workspace (Figure 2). Views on the adequacy of the new workspaces for visual privacy were mixed (Figure 3). While the majority signalled that their new workspaces provided them with sufficient privacy, those who left comments noted that in order to guarantee this, they would need to use the adjacent private rooms or work in specific locations away from other colleagues. One specific comment noted that "break out rooms all have computers with screens facing the glass door - not private".
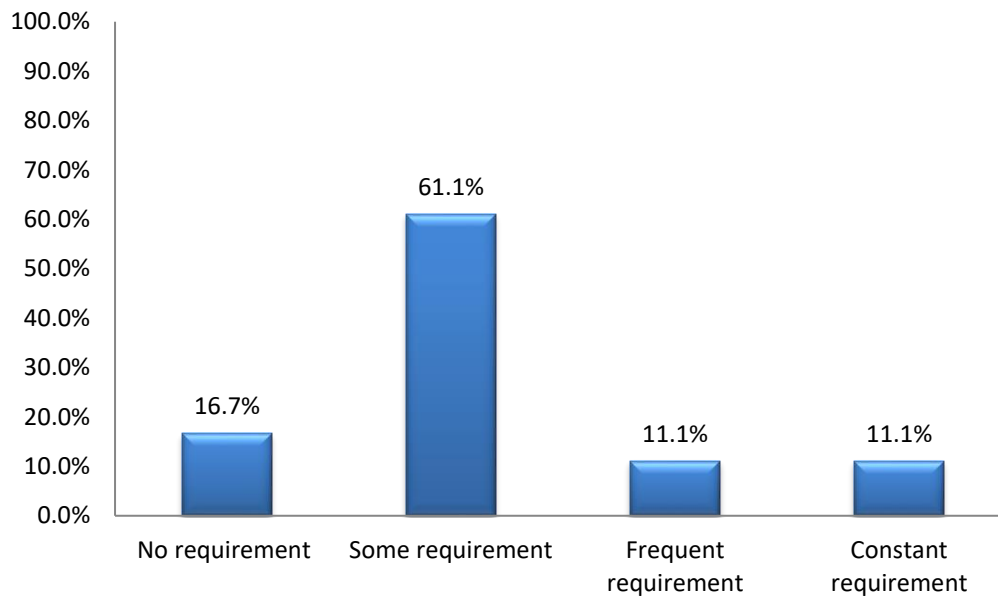

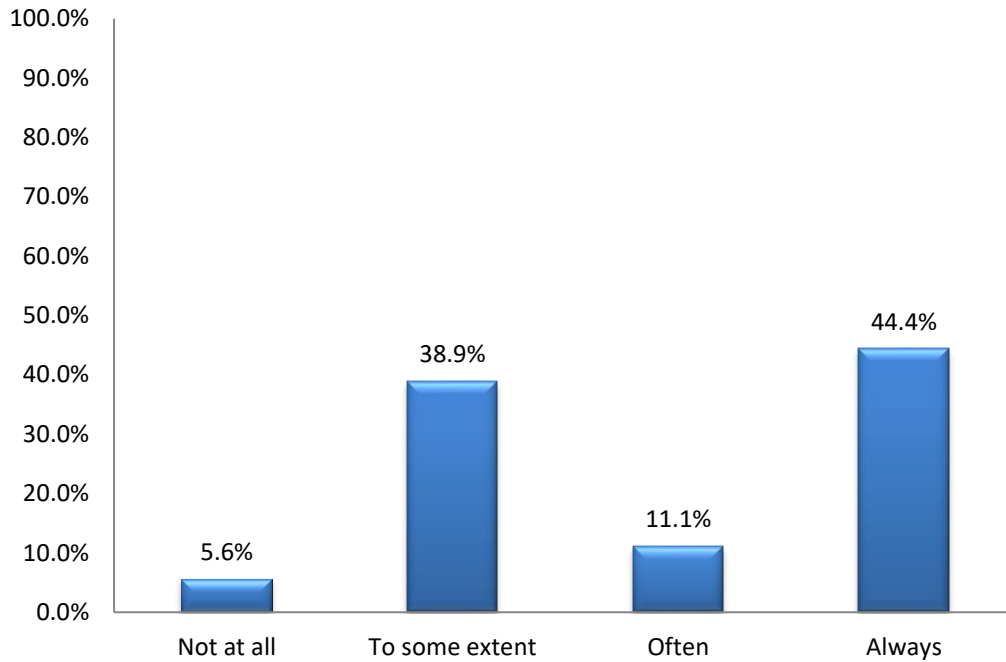*Figure 2: Degree of requirement for visual privacy in non-clinical workspace*

Figure 3: 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

With respect to acoustical privacy, the majority of respondents had either frequent or constant requirement (Figure 4). 38.9% felt their new workspace provided no or limited capacity for them to conduct private phone conversations when required (Figure 5) and similarly 33.4% felt that there was limited ability to hold face to face conversations in their workspace (Figure 6). One respondent noted that they felt obligated to conduct their dictation in their car for fear of disrupting others. Many noted the noise associated with the secretarial work and noted that it was not practicable to expect the secretarial staff to uproot to other workspaces in order to keep noise levels down: "Main issue is more auditory privacy - secretaries often on phones making appointments and these are very easy to overhear. Easier for doctors to go into a private room for an occasional call than a secretary who is doing it most of the day".
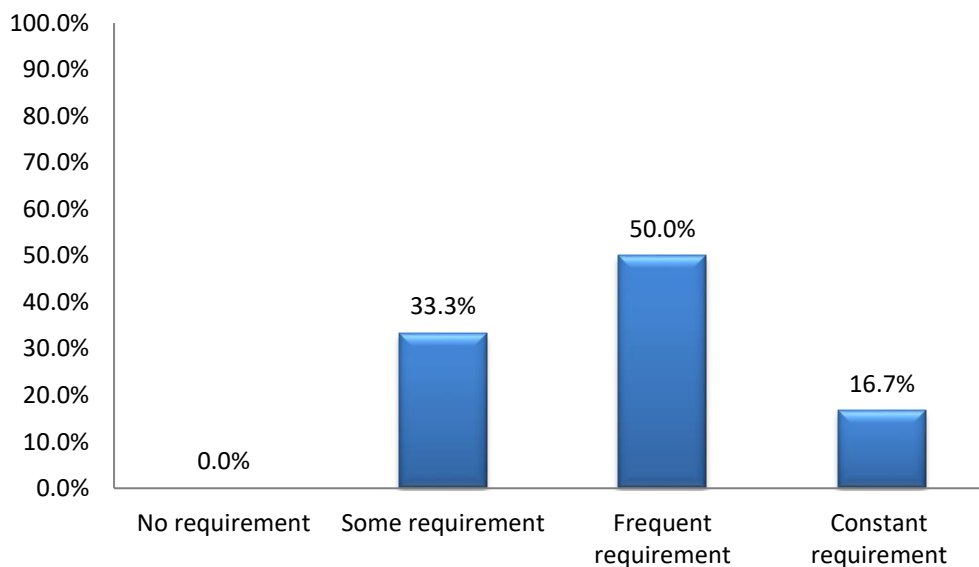

Figure 4: To what extent is acoustical requirement necessary in your non-clinical workspace?
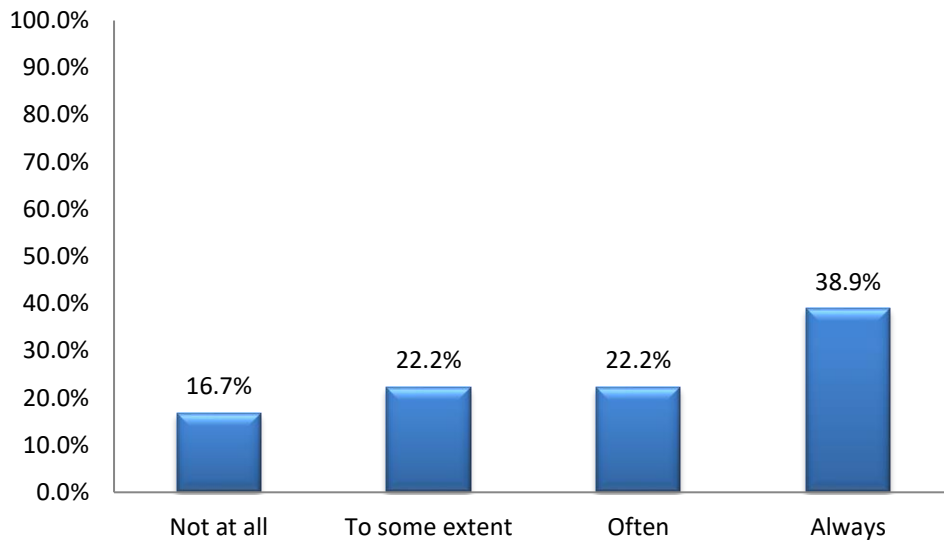
Figure 5: My current non-clinical workspace, including access to break out rooms, provides me with sufficient privacy to conduct confidential telephone conversations when required:
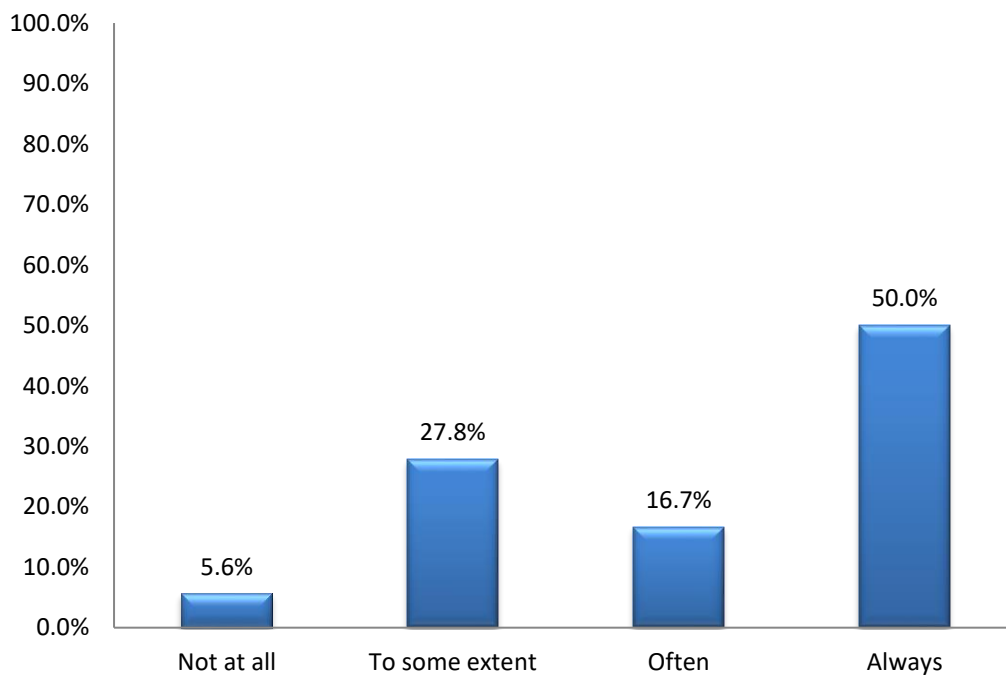

Figure 6: My current non-clinical workspace, including access to break-out rooms, provides me with sufficient privacy to conduct face-to-face conversations when required

Meeting privacy

As detailed in Figure 7, the majority of respondents signalled a clear preference to hold meetings in adjoining small meeting rooms rather than at their desks or within shared office spaces. In this regard, the break-out rooms are an important component of the new non-clinical workspaces. 67% felt they had adequate privacy in order to conduct their private meetings (Figure 8).
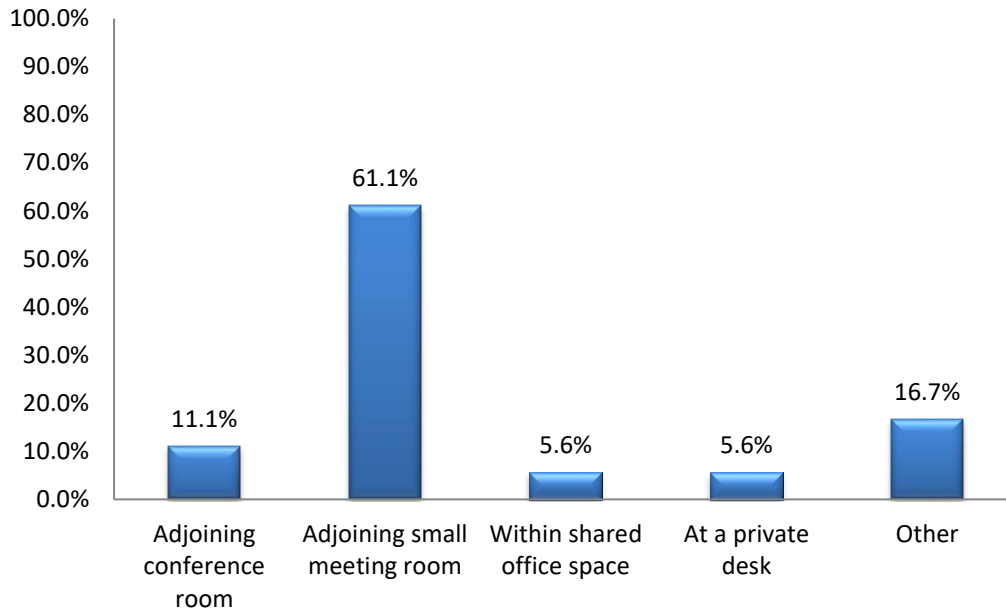
Figure 7: Preferred arrangement for meetings in non-clinical workspace
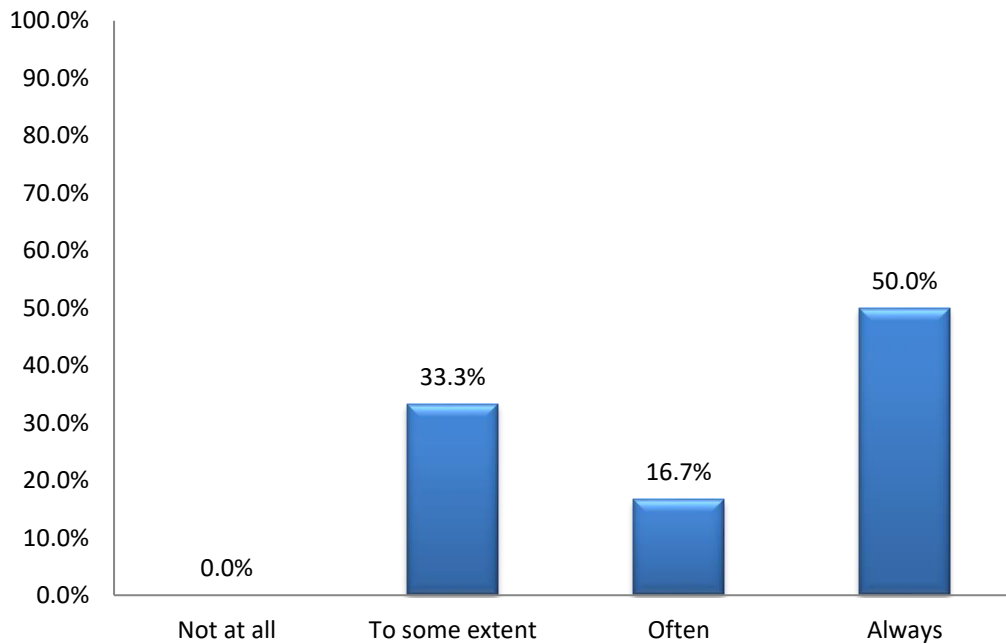

Figure 8: My current non-clinical workspace, including access to break-out rooms, provides me with sufficient privacy to conduct private meetings when required

In summary it appears that for the majority of respondents, privacy is only achieved by moving to the breakout meeting rooms in order to conduct conversations or view records. As a consequence, many commented on the limitations of these rooms including the associated disruption of having to get up and move to a different physical space: "It is a nuisance to have to go to a room for tasks I should be able to do at my desk" and "the need to move to a separate space does disrupt work flow". Others queried how accessible these meeting rooms would be when numbers increase.

Noise, temperature and light issues

Noise issues

As detailed in Figure 9, views concerning how quiet the new workspace is were mixed. 44.5% disagreed that the environment was quiet whereas 44.4% felt that it was quiet. By contrast, most agreed that the degree of quiet was adequate in order for them to be productive in their workspace (Figure 10) although 38.9% felt that there were many noise distractions that affected their ability to conduct their work (Figure 11). From the comments left by respondents, ambient noise does appear to be an issue for many, particularly as a consequence of the administrative staff who share the new open-plan workspace. As discussed previously, many spoke to the impact of phone calls as well as the impact of proximity to noisy corridors and the absence of sound proofing:

"Senior management team members who promised a new etiquette would enable noise to be managed are notably part of the noise problem. Promised sound proofing in open-planned work area doesn't seem to help much. And all of this is before most people have moved in!"

More positively, however, one respondent noted that "Being separate from the ward means I am interrupted hugely less than before and get much more done. Staff save questions till I'm on the ward rather than popping their head into my office whenever they have a query. Similarly, some patients used to knock on my door previously to ask me things- again distracting- this doesn't happen now."
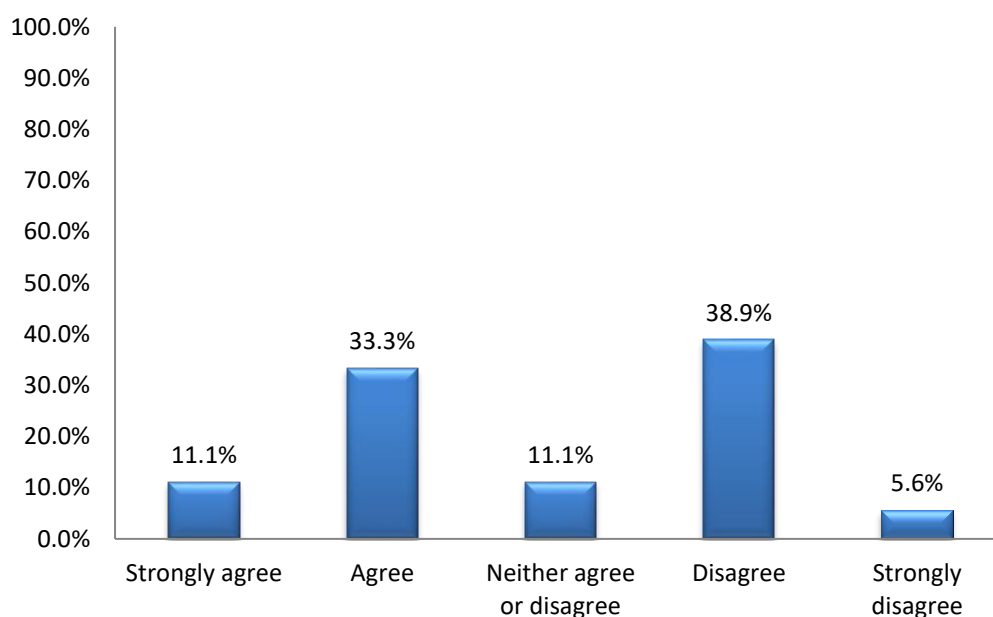

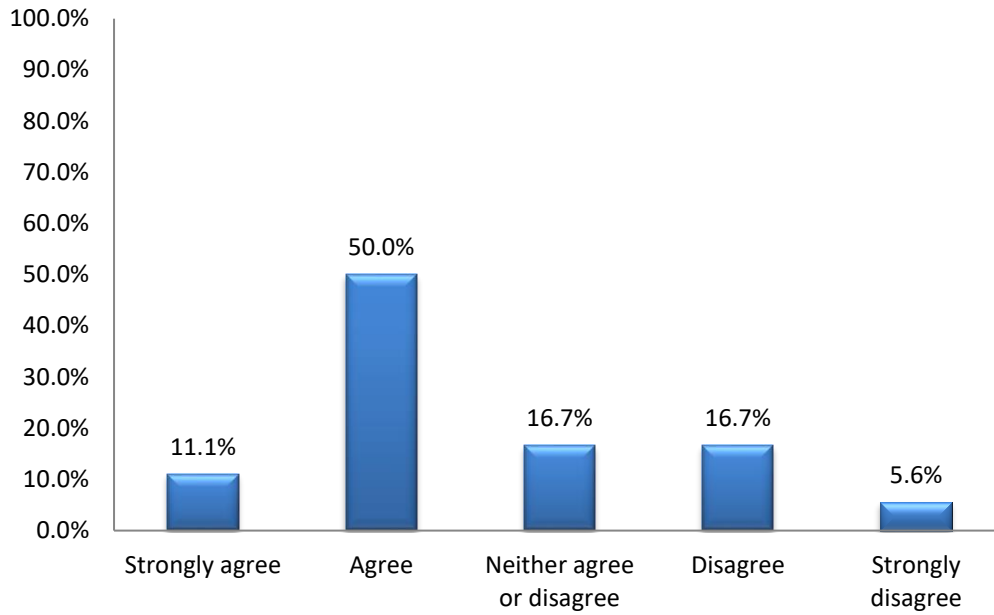*Figure 9: My current non-clinical work environment is quiet*

Figure 10: I am able to have sufficient quiet and undisturbed time to be productive in my new non-clinical workspace
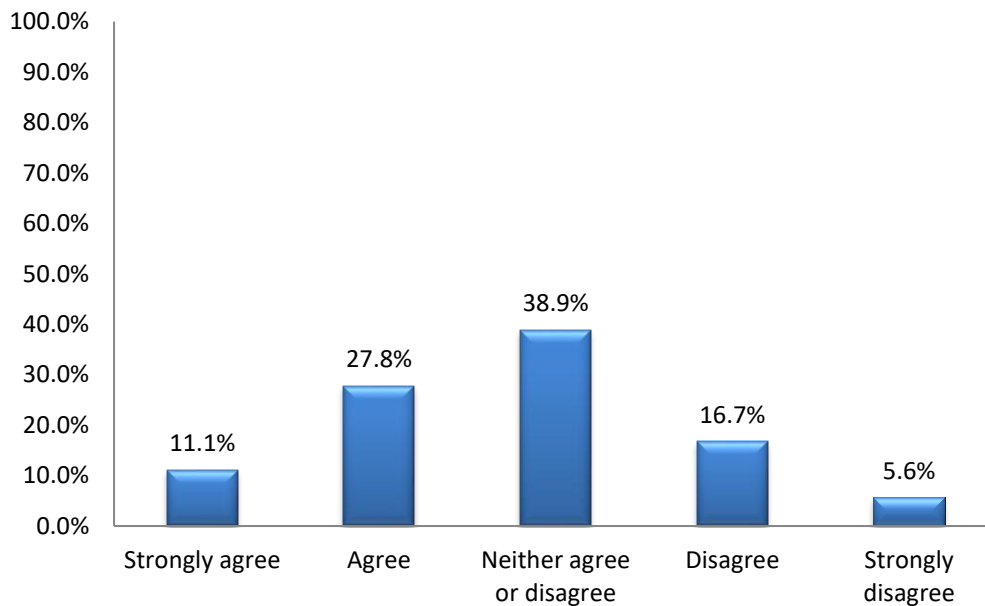

Figure 11: My current non-clinical work environment has many noise distractions that affect my ability to conduct my non-clinical work:

As detailed in Figure 22, the majority of respondents felt that their new work-space provided adequate natural light. On the flip-side, however, the majority felt that they had no control over the lighting at their workstation which could affect satisfaction with the workstations in the future (Figure 13)
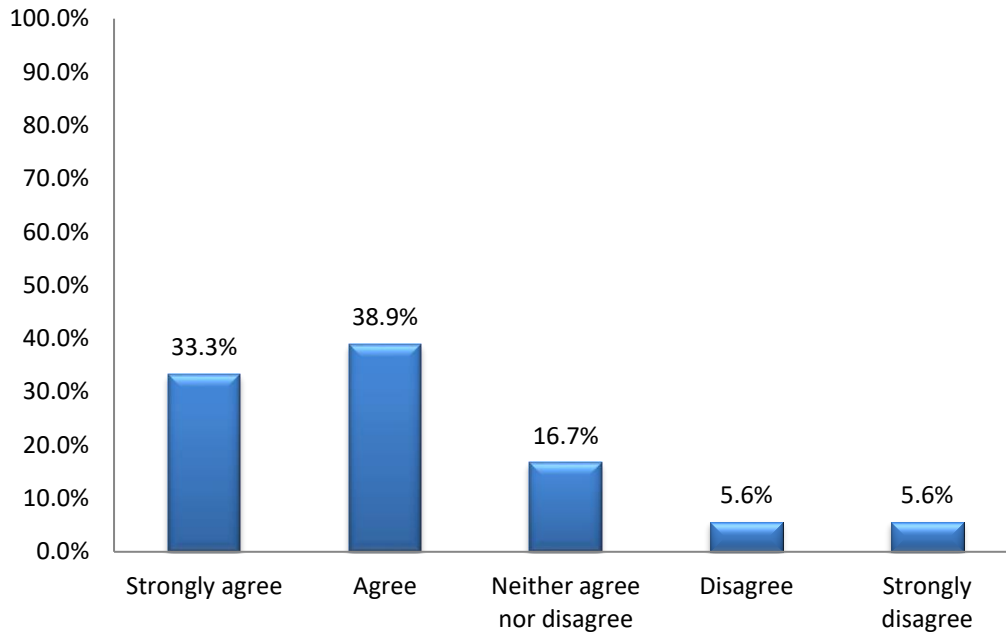
Figure 22: My current non-clinical workspace provides me with sufficient natural light
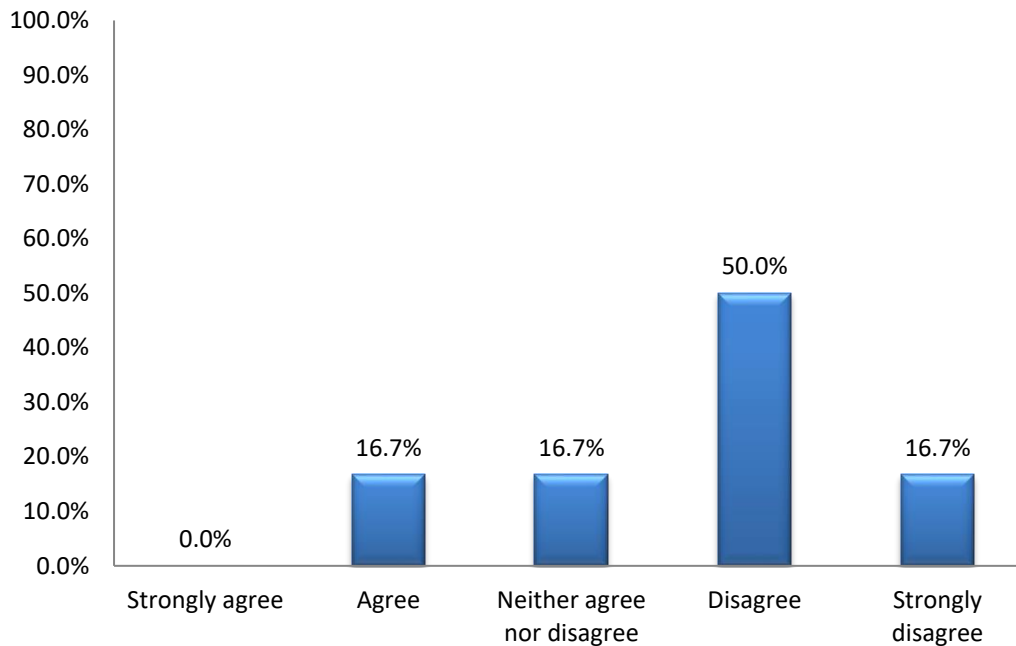

Figure 3: My current non-clinical workspace enables me to have control over the lighting at my work station

Almost all respondents, felt that they had no control at all over the temperature and airflow at their new workspace (Figure4). Concerns over this lack of control and the subsequent implications for ambient temperature in their workspace were expressed in comments such as: "No control. The temperature problems were unexpected and are a nuisance."
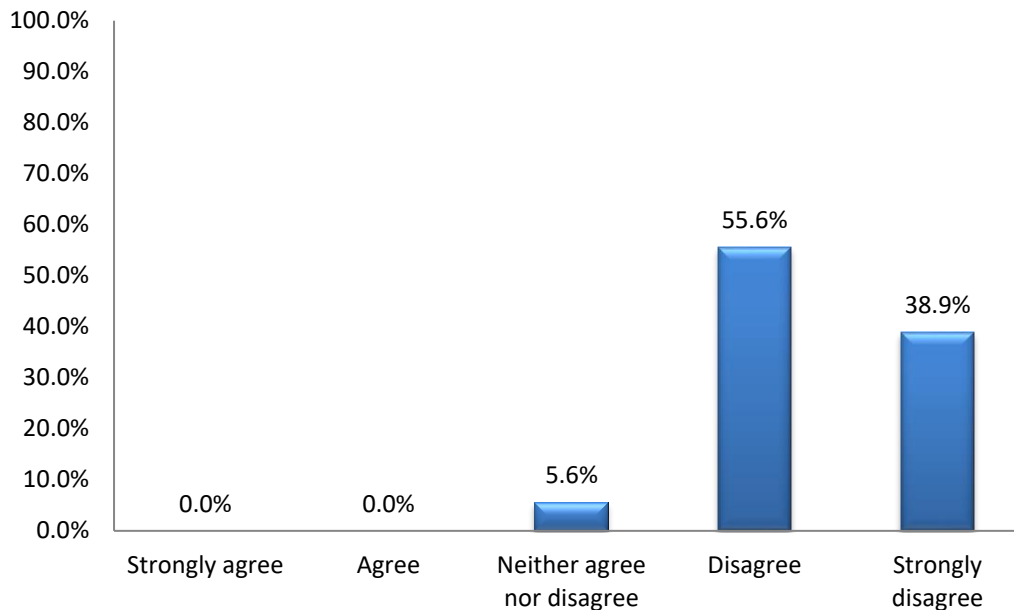
Figure 14: I am able to control the temperature and/or airflow in my current non-clinical workspace

Adequacy of physical space

The survey also sought to assess the adequacy of the physical space provided by the new workspaces including the ability to conduct work effectively as well as find enough storage for belongings and paperwork. 61.1% disagreed that there was adequate storage space in their new workspace (Figure 15) but most felt that the space was adequate in order to conduct work (Figure 16). 66.7% also felt that there was work that they would like to be able to do at their desks but were currently unable to do (Figure 17) with the majority referencing a desire to be able to do video conferencing or tele-conferencing. Some also noted that they would like to be able to do dictation at their desks.

Comments with respect to the adequacy of physical space were also mixed. For example, one respondent expressed pleasure at the new space "really like it - I look forward to going to it. Modern clean, light, airy, quiet. Plus the proximity to other medical and other staff is really nice. Feel less isolated - enjoying their company in the lunch room both socially over lunch and if you need to ask a clinical question of a colleague."

Others were less positive: "We were told our desks would be large. This was not true. We were told we would have storage space for our personal items. This was not true. We weren't told that the move would also see the end to rubbish bins - a small but annoying feature."
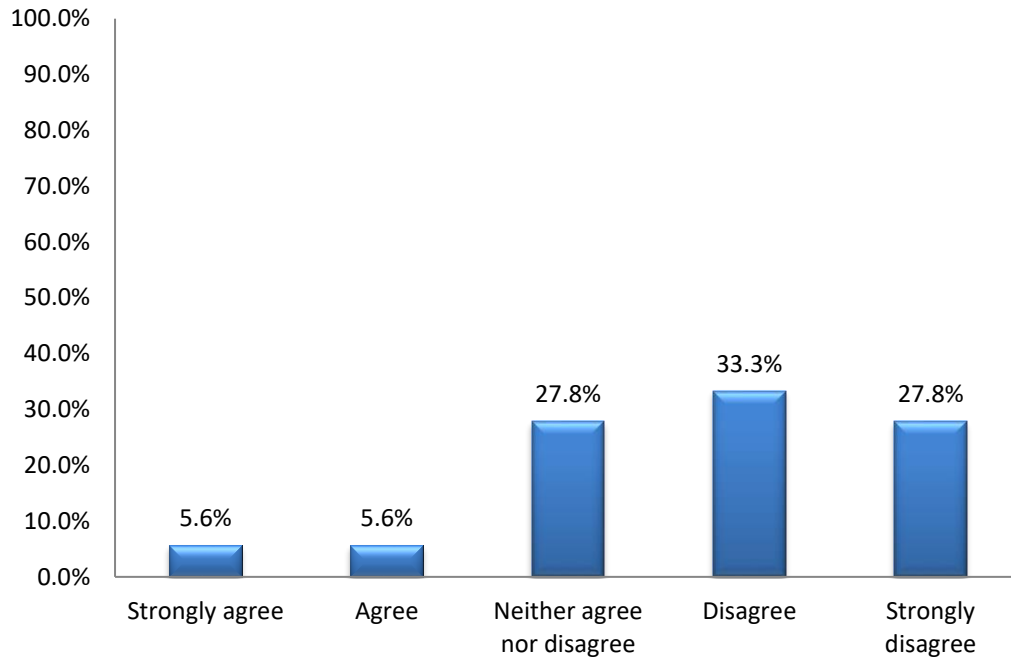
Figure 45: My non-clinical workspace provides me with adequate storage space
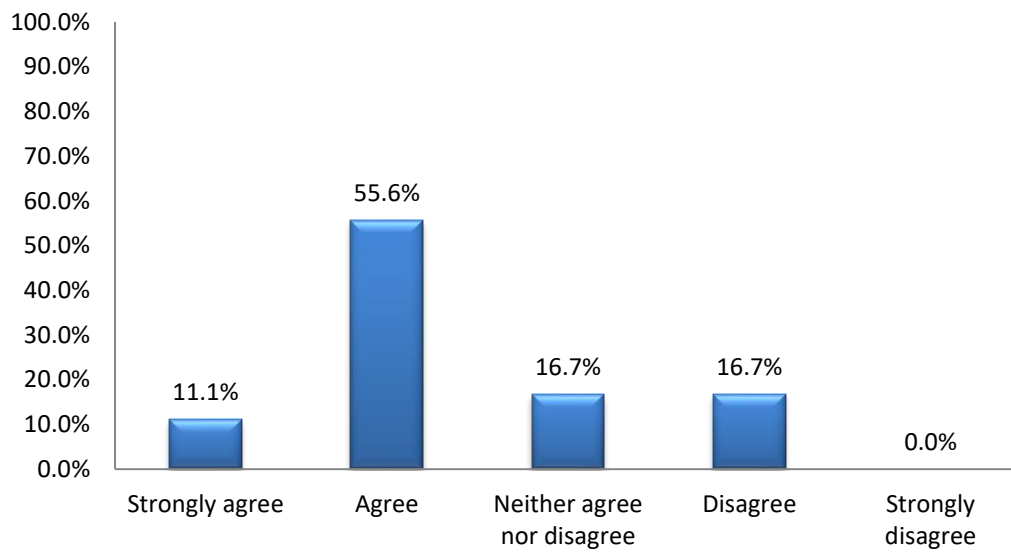

Figure 56: My non-clinical workspace provides me with sufficient space to conduct my work
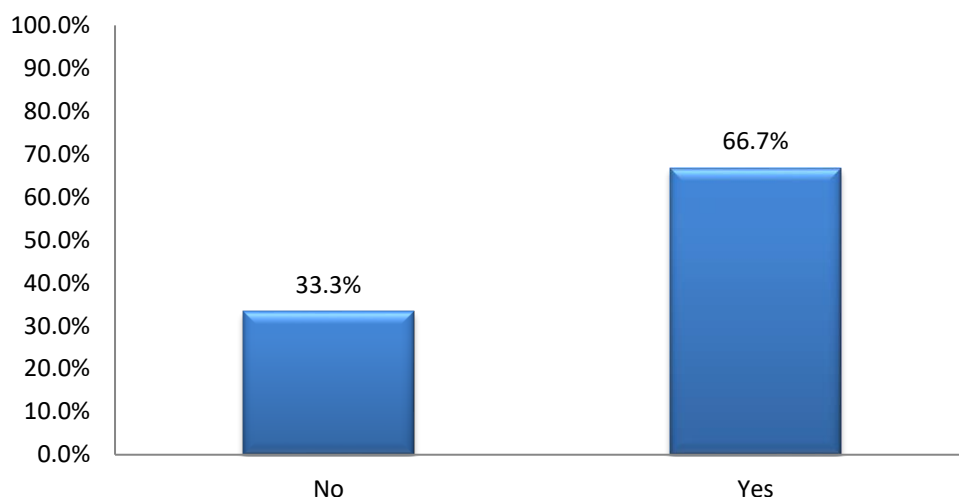
Figure 67: Is there any work you would like to be able to do at your non-clinical workspace but are unable to?

Overall thoughts

The survey closed by seeking respondent's views on the various overall positives and negatives of the workspace. Fifteen respondents left comments which are summarised in the following table. Notable were the five respondents who did not feel there were any positives associated with the new workspace arrangements. A clear majority expressed concern at the inability to conduct basic tasks at the workstations such as dictation and phone calls. Some expressed concurrent concerns that when numbers increased in the new workspaces, the accessibility of the breakout rooms and Dictaphones would be less certain. Many also spoke about the challenges associated with having to share their workspaces with secretarial staff and the associated noise levels.

Table 1: Summary of positives

Positives	Frequency
Less interruptions/quieter	1
Light and airy	1
Closer proximity to colleagues	5
Forced to take lunch/use tea room	2
Away from nurses	1
Decluttered	2
No advantages/positives	5

Table 2: Summary of negatives

Negatives	Frequency
Requirement to use breakout rooms for basic tasks	5
Inability to personalise the workspace/hot desks	2
Secretarial disruptions due to sharing workspace	2
Concerns about future crowding	1
Accessibility of dictation facilities	3
Noise	5
Lack of privacy	3
Lack of storage	2
Distance from other facilities	4

Summary results from those who haven't changed their workspace

Five respondents to the survey had not changed their non-clinical workspaces. All were in private offices with the most common scenario being a shared office space. There was a clear emphasis in the findings from this group on the privacy advantages of this set up. While some commented that it could be at times difficult to hold meetings with patients and their families in their offices, most felt able to conduct all their required tasks at their workstations which was a clear point of difference to those surveyed who had moved to the new open plan work-space. Most expressed appreciation for the privacy that private offices afforded as well as the ability to enjoy quiet and undisturbed worktime. While one respondent noted frustrations with having a windowless office, most appeared very content with their current situation and expressed relief at not having to move.

Would you recommend your workspace to others?

As a final comparison, it is noteworthy considering the differences in the percentages of those who would recommend their workspaces to other colleagues depending on whether individuals are in the new open-plan non-clinical workspace (Figure 78) or if they are still in their original private offices (Figure 19). More than half of those in the new open-plan area would not recommend their workspace to colleagues, whereas four of five respondents still in their original workspace would recommend this to colleagues. The difference in views suggests that there are significant limitations to the new non-clinical workspaces and that different models of accommodation need to be explored in further planning on the Christchurch hospital campus.
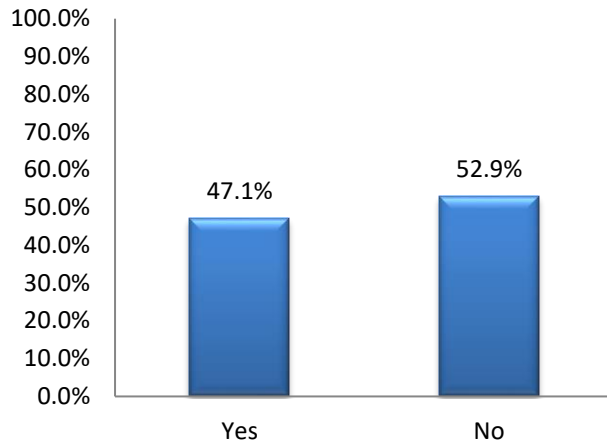
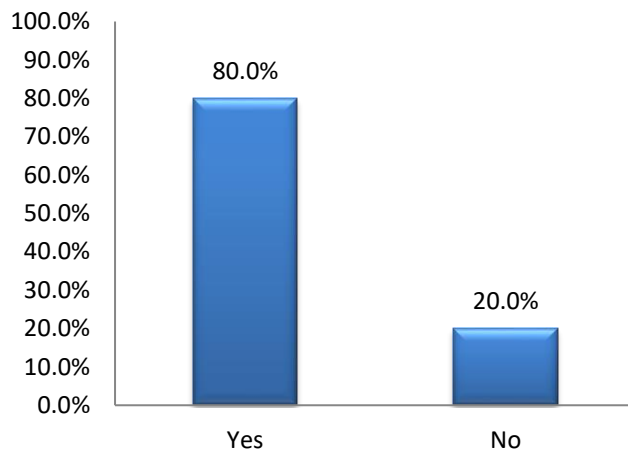*Figure 78: Views of those in the new non-clinical workspace*

Figure 89: Views of those who haven't changed their non-clinical workspace

Relation of survey results to other studies

These results reflect the experience of other studies of open-plan versus private offices. Experience has shown that open-plan offices result in reduced productivity, more illness, worse inter-employee relationships and ultimately higher cost compared with private offices. Below are links for articles that were found quickly using the search "open plan offices".

https://www.theguardian.com/money/2016/sep/13/clash-of-the-coworkers-how-open-plan-offices-make-us-more-antisocial

http://www.dezeen.com/2016/09/15/open-plan-offices-co-working-less-productive-more-unfriendly-survey-auckland-university-technology/

http://www.inc.com/geoffrey-james/why-your-company-will-benefit-from-getting-rid-of-open-office-spaces-first-90.html

https://www.washingtonpost.com/posteverything/wp/2014/12/30/google-got-it-wrong-the-open-office-trend-is-destroying-the-workplace/

http://fortune.com/2016/05/12/the-open-office-concept-is-dead/

http://www.slate.com/articles/business/the_ladder/2016/05/open_plan_offices_add_distractions_and_hurt_productivity.html

http://www.smh.com.au/comment/open-plan-offices-arent-working-20160727-gqexts.html

http://www.telegraph.co.uk/women/womens-business/10665747/Open-plan-offices-suck.-Why-people-are-finally-waking-up-to-it.html

https://business.linkedin.com/talent-solutions/blog/hr/2016/open-office-plans-are-a-lot-less-cost-effective-than-you-may-think

http://qz.com/781974/open-plan-offices-might-be-making-us-less-social-and-productive-not-more/