

# **The nurse rostering problem: An explorative study**

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## **Abstract**

Oftentimes, hospitals encounter disruptions of nurse schedule due to unforeseen absence of nurses from their scheduled shifts. Known as the nurse rostering problem, this problem is commonplace in most hospitals all over the world. In such uncertain environments, decision analysis need to reconstruct the roster, ensuring minimal changes on the original roster, subject to reported disruptions. Service quality, staffing requirements, management goals, as well as nurse preferences have to be satisfied as much as possible. The rostering decisions taken have implications on staff morale, service quality, and costs incurred. Thus, the problem is of critical importance to the healthcare sector. This paper presents a chronological review of literature on nurse rostering (rescheduling literature) from the year 2000 to 2016. The review critically analyses the nurse rostering research activities over the years, the range of modelling approach used, the challenges and future research implications. The paper stimulates insightful thinking and research foci on topical issues in nurse rostering which could be very helpful in developing appropriate decision support systems and strategies for nurse rescheduling.

## **Keywords**

Nurse rostering, nurse rostering problem, nurse rescheduling, explorative study

## **1. Introduction**

Healthcare systems provide round-the-clock medical and paramedical services to the society. Oftentimes, these systems operate under dynamic and fuzzy environments in which unanticipated events may take place, leading to disruptions of planned operations. This is commonplace in hospital wards where limited nurses are scheduled 24 hours a day 7 days a week (Moz and Pato, 2003, 2004, 2007; Pato and Moz, 2008; Kitada et al., 2011; Bard and Purnomo, 2005, 2006; Maenhout and Vanhoucke, 2011, 2013a, 2013b; Kitada and Morizawa, 2013). For example, a nurse who is scheduled to work in a specific shift may be unavailable for the shift due to unforeseen absences or staff turnover (Maenhout and Vanhoucke, 2011, 2013a, 2013b). Apart from legal and cost constraints, patient care has become a crucial consideration in nurse scheduling. Patient care may be compromised, and patients' lives may be at risk if schedule disruptions are not rectified on time. On the other hand, patient care may be compromised if nurses are scheduled to work undesirable shifts, leading to low worker morale. In other words, if nurse preferences are not satisfied, their performance is likely to be affected negatively, which ultimately impacts on the quality of service (Moz and Pato, 2003, Bard and Purnomo, 2005, Mutingi and Mbohwa). In as much as nurse preferences need to be satisfied, rostering of nurses is essential due to unforeseen disruptions.

A significant percentage of total labor resources are often lost due to unplanned schedule disruptions (Moz and Pato, 2003, 2004, 2007). Since such occurrences are unavoidable due to uncertainties, decision makers need to put in place decision support systems to effectively reconstruct the nurse schedules, in reaction to unanticipated events. Unfortunately, the schedules have to be reconstructed subject to nursing resources and nurse preferences, otherwise,

extra labor expenses are incurred when nurses are hired from external interim nurses or reserve pool. Most hospitals are often confronted with such rescheduling (or rerostering) problems.

In practice, whenever unplanned schedule disruptions occur, schedules have to be reconstructed, howbeit, with minimum changes. The schedule quality has to be maintained or even improved. This implies that the schedule is still expected to meet the management goals, the staffing requirements, the individual nurse constraints, and the nurse preferences. Thus, the objective is to re-assign shifts to the available nurses, starting from the first day of reported absence, subject to the reported absences, while ensuring that (i) staffing requirements are met, (ii) schedule changes are minimized, (iii) management goals and aspirations are satisfied as much as possible, and (iv) nurse preferences are satisfied as much as possible. It is important to note that, typically, nurse preferences, management goals and aspirations are not expressed in precise terms. Moreover, the goals, aspirations and constraints are conflicting, leading to a complex fuzzy multi-criteria decision problem (Mutingi and Mbohwa, 2015b). To provide high quality service consistently, healthcare systems need to put in place robust decision systems that can generate effective reactive plans efficiently. However, the major research challenges in this context are as follows:

1. In the presence of disruptions, how do we address fuzzy management goals and aspirations?
2. Given that schedule changes are imminent, and may not be acceptable to nurses, how do we maintain or improve satisfaction of their imprecise wishes and preferences?
3. Given that schedule changes are inevitable, how do we balance the conflicting fuzzy optimization criteria, while ensuring that staffing requirements are met?

Though the rerostering problem has received some attention (Clark and Walker, 2011; Maenhout and Vanhoucke, 2013a, 2013b), little has been touched on the case where management goals and aspirations, and nurse preferences are fuzzy and conflicting. This paper reviews the rerostering challenges and stimulates research on topical issues in nurse rerostering.

The rest of the paper is structured as follows: The next section provides an overview of the nurse scheduling problem. This is followed by a description of the research methodology in Section 3. Section 4 presents the literature search results and analysis. Further discussions and research implications are presented in Section 5. Section 6 concludes the paper.

## **2. Nurse Rerostering: An Overview**

The nurse rerostering problem is concerned with reconstructing nurse schedules by making minimal changes to the original schedule, subject to reported absences, so that staffing requirements are achieved as much as possible. Altering schedules leads to changes in the original individual nurse schedules, which may cause unforeseen frustrations among the nurses due to personal inconveniences caused on almost all of them (Mutingi and Mbohwa, 2016; Bäumelt et al., 2016; Kitada and Morizawa, 2013; Clark and Walker, 2011). Above all, since patient care is of paramount importance, decision makers should ensure that service quality and service delivery are not compromised.

### **2.1 Patient Care and Quality of Service**

Poor service quality and service delivery in healthcare systems is associated with factors such as inadequate or nurses due to poor roster planning or unforeseen nurse absences, and long shifts (e.g., 12 hours or more) (Moz and Pato, 2003, 2005). Poor rostering decisions lead to adverse effects on the overall quality of service and nurse morale (Bard and Purnomo, 2006). In this respect, it is crucial to put in place decision support systems for effective nurse rerostering.

### **2.2 Nurse Preferences**

Apart from working long hours, nurses expect equitable shifts. In addition, nurses also expect their individual preferences to be taken into account when constructing rosters. When their personal preferences are considered, this sends a message of fairness among nurses, which in turn, improves worker morale and positive attitude towards service quality (Mutingi and Mbohwa, 2016). On the contrary, disregarding individual choices leads to job dissatisfaction and poor patient care.

### **2.3 Management Goals**

When reconstructing nurse rosters, management have their aspirations over rostering decision criteria such as service quality, nurse job satisfaction, direct costs cost due to overstaffing, high staff turnover, and nurse absenteeism, as well as indirect costs caused by poor patient care. These decision criteria are often interrelated. For satisfactory rostering decisions, the decision maker needs to assign an aspiration level or a weight on each decision criteria.

### **3. Research Methodology**

Our research methodology was carried out in three phases. First, an initial literature search survey was conducted, exploring the nurse rostering literature in several online databases, library resources, Google Scholar and Research Gate. To limit the range of articles, key words containing special terms “nurse rostering”, and “nurse rescheduling”, and “reconstruction” were used in the search process. Second, we streamlined the literature to ensure that selected articles strictly relate to nurse rostering/rescheduling and are published in peer-reviewed journals and conference proceedings. Only articles from the year 2000 onwards were considered. Third, selected articles were analysed focusing on the main aim of the study, the modelling approaches used, the place of study, and the progression of the research activities over time.

### **4. Results and Discussions**

Our results analysis and discussions were based on the exploration of published works on nurse rostering. Literature search findings and the realized challenges and implications are presented.

#### **4.1 Literature Search Findings**

Initially, literature search yielded a total of 229 articles from various sources. By analysing the titles, abstracts and keywords of the articles, we found out that only 14 of them strictly focused on nurse rostering (or rescheduling). Table 1 lists the 14 articles, describing the research title, the place of study, the modelling approach used in each research work, and the respective authors. All the articles were published in within the period 2003 to 2016. It was realized that almost all researchers in the field were concerned about reconstruction of the nurse rosters so that deviation from the original roster is minimized, and quality of services is not compromised.

Table 1: Research articles in nurse rostering

| No. | Research Title  | Country        | Modelling Approach                    | Authors                        |
|-----|---|----------------|---------------------------------------|--------------------------------|
| 1   | An integer multi-commodity flow model applied to the rostering of nurse rosters                       | Portugal       | Integer programming                   | Moz and Pato (2003)            |
| 2   | Solving the problem of rostering nurse rosters with hard constraints: new multi-commodity flow models | Portugal       | Integer programming                   | Moz and Pato (2004)            |
| 3   | Hospital-wide reactive scheduling of nurses with preference considerations                            | USA            | Integer programming                   | Bard and Purnomo (2005)        |
| 4   | Incremental changes in the workforce to accommodate changes in demand                                 | USA            | Integer programming                   | Bard and Purnomo (2006)        |
| 5   | A genetic algorithm approach to a nurse rescheduling problem.   | Portugal       | Genetic algorithm                     | Moz and Pato (2007)            |
| 6   | Solving a bi-objective nurse rescheduling problem by using utopic Pareto genetic heuristics           | Portugal       | Pareto genetic-based algorithm        | Pato and Moz (2008)            |
| 7   | A heuristic method in nurse rostering following a sudden absence of nurses                            | Japan          | Recursive tree search algorithm       | Kitada et al. (2010)           |
| 8   | A Heuristic method for nurse rostering problem with a sudden absence for several consecutive days     | Japan          | Recursive tree search algorithm       | Kitada and Morizawa (2013)     |
| 9   | An evolutionary approach for the nurse rostering problem.   | Belgium        | Evolutionary metaheuristic algorithm  | Maenhout and Vanhouke (2011)   |
| 10  | Nurse rescheduling with shift preferences and minimal disruption                                      | UK             | Integer programming                   | Clark and Walker (2011)        |
| 11  | An artificial immune system based approach for solving the nurse rostering problem                    | Belgium        | Artificial Immune System              | Maenhout and Vanhoucke (2013a) |
| 12  | Reconstructing nurse schedules: Computational insights in the problem size parameters                 | Belgium        | Evolutionary metaheuristic algorithms | Maenhout and Vanhoucke (2013b) |
| 13  | Fuzzy simulated evolution algorithms for nurse rostering  | South Africa   | Fuzzy simulated evolution algorithm   | Mutingi and Mbohwa (2016)      |
| 14  | A novel approach for nurse rostering based on a parallel algorithm                                    | Czech Republic | Parallel algorithms                   | Bäumelt et al. (2016)          |

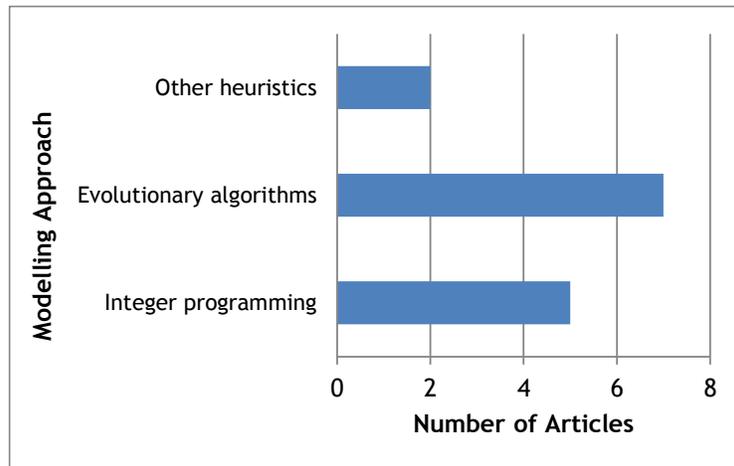


Figure 1. Frequency of modelling approaches applied in articles

Three major modelling approaches used in solving the rerostering problems were classified into integer programming, evolutionary algorithms, and other heuristics. Among the three, evolutionary algorithms were the most preferred, followed by integer programming. Figure 1 shows the frequency of modelling approaches applied in articles.

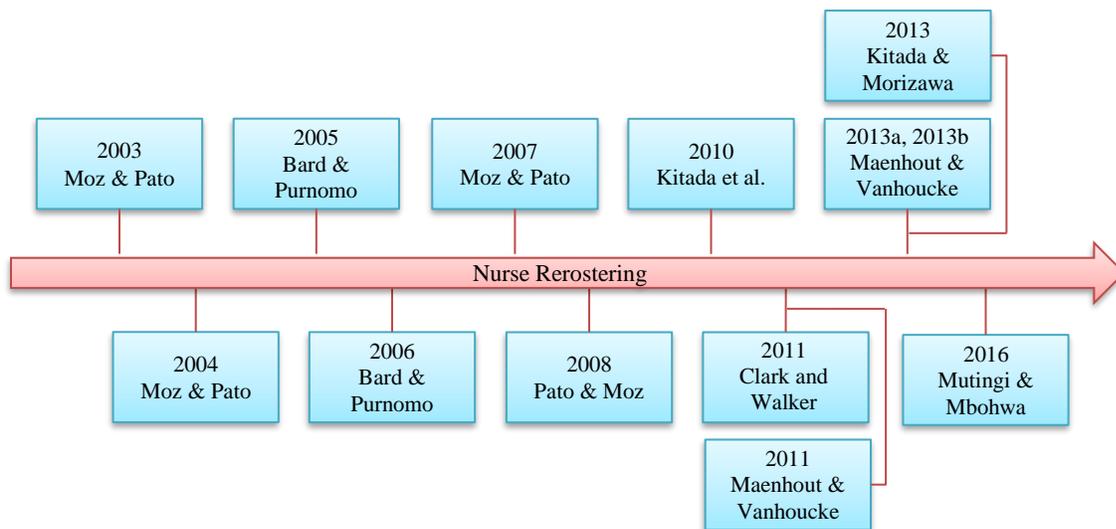


Figure 2. A timeline of the nurse rerostering articles

Figure 2 presents a timeline of the nurse rerostering problem over the period 2003 to 2016. The rerostering problem first appeared in 2003 in Moz and Pato (2003) where the problem was formulated as an integer multi-commodity flow model, with the objective of minimizing deviations from the original roster. Similar further studies were carried out in 2004 in (Moz and Pato (2004), taking into account the issue of overstaffing. Further research appeared in 2005, where Bard and Purnomo (2005) modelled the rerostering problem as a “reactive scheduling” problem in which a 24-hour period was reviewed at time. The same authors further developed their work in 2006, based on incremental changes in workforce to accommodate changes in demand (Bard and Purnomo, 2006). Moz and Pato (2007) hybridized their multi-commodity model with genetic algorithm and a constructive heuristics, deriving from their earlier research (Moz and Pato, 2005). In 2008, the same authors improved their work by adding another objective aimed at minimizing overtime (Pato and Moz, 2008).

In 2010, a recursive heuristic method incorporating tree search was used to model the nurse rostering problem (Kitada et al., 2011). The following year 2011, an evolutionary metaheuristic approach that combines principles from various meta-heuristics was proposed (Maenhout and Vanhoucke, 2011). In the same year, Clark and Walker (2011) proposed models that seek to satisfy nurse preferences and minimize the number of disruptions, providing notable suggestions such as the use of explicit fairness constraints and human judgement in modelling the nurse rostering problem.

In 2013, a heuristic method was proposed for nurse rostering problem with a sudden absence for several consecutive days (Kitada and Morizawa, 2013). In the same year, artificial immune system and evolutionary based approaches were presented (Maenhout and Vanhoucke, 2013a, 2013b), providing computational insights in the problem size parameters. Recently, in Mutingi and Mbohwa (2016), the researchers presented a unique approach based on fuzzy simulated algorithm by applying fuzzy evaluation techniques to model several objectives centered on minimizing schedule changes, maintaining or improving quality of service, maximizing satisfaction of nurse preferences, and maximizing schedule fairness. A novel approach for nurse rostering based on a parallel algorithm was proposed by Bäumelt et al. (2016).

#### **4.2 Major challenges and research implications**

From our study, several lessons were derived, and the most important of these are outlined as follows:

1. Nurse rostering has a strong direct impact on the quality and efficiency of healthcare service, job satisfaction for nurses, and the satisfaction of management goals;
2. Once the original nurse schedule is established, any reschedules usually face unexpected reactions and resistance;
3. Nurse rostering is of common occurrence in most hospitals, as indicated by the several empirical studies;
4. Nurse rostering is associated with several uncertainties due to patient expectations on the quality of service, nurse preferences, and management aspirations. These are usually imprecise and difficult to model using conventional approaches;
5. To date, decision support systems that can handle nurse rostering are rare, more so for nurse rostering in uncertain environments; and,
6. Nurse rostering is often more complex than original nurse scheduling due to extra considerations: the need to minimize the number of schedule changes, and to at least maintain the quality of healthcare service, schedule fairness, and nurse satisfaction.

In light of the challenges identified above, it can be seen that rostering brings along managerial implications that require more attention than the normal schedules. While the normal nurse scheduling problem is known to be uncertain, the nurse rostering problem brings even more uncertainties with it. That implies that researchers need to seriously consider developing interactive and flexible decision support systems that can handle nurse rostering problems in uncertain environments.

### **5. Conclusions**

The exploratory study revealed that research on the nurse rostering problem is quite a limited. It was found out that nurse rostering is often associated with complex challenges, which include the need to satisfy multiple conflicting decision criteria: (i) patient expectations on service quality and service delivery, (ii) cost of healthcare service, (iii) staff preferences over shift sequences and workload assignments, and (iv) management aspirations and goals. The aim is to manage these challenges effectively. Not much attention has been given to the development of strategies or decision support systems to help managers in this regard. Effective systems will assist decision makers to avoid low quality of service, poor service delivery, low employee morale, and high costs of healthcare. Decision support tools and strategies for the nurse rostering problem should be able to model and address the following:

1. Mathematical complexities of the problem, arising from the presence of multiple decision criteria, and multiple constraints;
2. Vagueness, imprecision, or fuzziness associated with human expectations due to patients, nurses; and management;
3. The need to incorporate decision maker's intuition, experience, and choices in the solution process;
4. The need for high quality rosters with fairness and equality among the nurses.
5. The need for a faster decision making process in a busy healthcare system.

By considering the above findings, it is hoped that future research will develop appropriate and decision support tools and strategies for effective nurse rostering.

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## Acknowledgements

The authors would like to appreciate the reviewers for their invaluable comments on this paper.

## Biography

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