

# Job-sharing in nuclear medicine: an 8-year experience (1998–2006)

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## Abstract

Job-sharing is generally defined as a situation in which a single professional position is held in common by two separate individuals, who alternatively, on a timely basis, deal with the workload and the responsibilities. The aim of the present paper is to discuss prerequisites and characteristics of job-sharing by medical doctors and implications in a department of nuclear medicine. Job-sharing facilitates the combination of family life with professional occupation and prevents burnout. The time schedule applied by job-sharers is relevant: will both partners work for half-days, half-weeks, or rather alternatively during one to two consecutive weeks? This crucial choice, depending on personal as well as on professional circumstances, certainly influences the workflow of the department.

**Key words:** job sharing, nuclear medicine

## Introduction

*Errare humanum est*, and tolerance as well as respect are precious prerequisites for open communication between job-sharing colleagues in medicine [1–11]. You are ready for job-sharing in medicine in general and in nuclear medicine in particular if:

- the level of professional competence of the partners may be considered similar;
- you are convinced that the advantages of the arrangement by far outweigh the drawbacks;

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- both partners strongly believe that pulling together in the same direction will make things move easier and faster.

## Useful criteria

Do you have a liberal mind, and are you open for compromise and concession? Do you know that many ways lead to Rome, not just the one and only that you had been advocating? Are you ready to communicate, to consult, to inform, to listen, to discuss, to weigh up the pros and cons with your job-sharing colleague? Are you open to constructive criticism? Can you wait and are you patient? Are you humble enough to admit that in a certain domain your expertise is limited and that continuous education for free by the other one is welcome? Will you, from your side, share new knowledge openly and not selfishly keep it to yourself? Can you admit that you have possibly been wrong and that the other's proposal to solve the problem is just great? Do you agree to work very hard — every day until late at night — while the other one is just having leisure time, trusting the fact that she/he will endure the same situation later on?

Conditions for successful job-sharing are probably best condensed into sincere and complete communication. But the key also lies in reliability, transparency, loyalty, fairness and the willingness to continue together rather than alone. If you don't mind exercising your truly great profession in that way, you might be ready for job-sharing in nuclear medicine.

## Job-sharing in medicine in general

Which medical specialities are best adapted to job-sharing? The stronger the patient–doctor relation — as in chronic diseases — the more elaborately job-sharing has to be implemented as concerns communication and organization. Inversely, rather technical specialities with a rather short-time patient–doctor relation (radiology, nuclear medicine, anaesthesia, etc) might be reasonably well adapted. However, literature reports concerning job-sharing in other medical specialities such as surgery, urology, paediatrics and internal medicine are also appearing [3, 8, 11]. The crucial point lies in the chosen time schedule: will each partner work half-days, half-weeks, at alternate weeks or rather, as in our case, during periods of two consecutive weeks? This important decision, based as much on personal as on professional circumstances, ought to take into consideration the specificities of the department, as workflow organization will be planned accordingly.

## The evolution of our department of nuclear medicine during 8 years of job-sharing

Our department of clinical nuclear medicine, located in a public hospital in the heart of Luxembourg-city, opened its doors in February 1998. As the intention was to practice general nuclear medicine, all available collimators for the unique SPECT gamma-camera were purchased. Also, there was a beta-counter, a laminar flow, a C<sup>13</sup>-breath test analyzer, an ultrasound and a cycloergometer. Eight years later, the technical park has been enlarged to three gamma-cameras (of which two are SPECT cameras) and two ultrasound devices. PET/CT is performed on a turn basis in the collective National Center. Radioiodine therapy with activities up to 800 MBq is administered on an outpatient basis; activities above 800 MBq require hospitalization in a specialized unit. All used radiopharmaceuticals are traced from the batch number to the injection site.

To manage the increasing patient number (from about 2000/year in 1998 to about 6000/year in 2005), our staff of paramedical assistants, physicist, secretaries and receptionists has meanwhile increased from 5 to 12 full-time job positions. Most routine operations in the department, including the secretarial organization, rely on detailed job-descriptions.

The medical staff has been composed over 8 years by two MDs, specialists in nuclear medicine. Job-sharing occurred on the basis of a two-week continuity per MD. During 1 day per week, both MDs worked together. During most of the time, however, one single MD was in charge. Workdays regularly lasted about 12–14 hours. Because of the ever-increasing work charge, the medical staff has recently been enlarged by a third MD specialist. We now have 2 MDs working together during 3 days per week (Tuesday to Thursday, time-intensive scintigraphic procedures) and one single MD during the remaining Monday and Friday (procedures that are rather time-intensive for technologists).

### Advantages of job-sharing

Two brains certainly have more ideas than one. Two minds are stronger than one to resolve technical problems, to keep in pace with medico-technical advances and to deal with human antagonism. Moreover, two individuals are more liable to manage a constantly huge workload around the year than one. As the position is not deserted in case of holidays or illness, full service around the year may be offered. If the concerned parties respect

the (unwritten) rules concerning fairness and communication, the speciality in itself, the department, as well as the hospital, will profit from the situation.

It is a concern in medical literature that burnout syndrome is becoming more frequent, in both the general population and in the subgroup of medical doctors [12, 13]. Job-sharing offers the advantage of a less than 100% professional occupation and of reduced stress. The free time devoted to other commitments such as science and research, family and friends, sports and culture, recreation and other hobbies represents possible prevention against depression and burnout [3, 5, 10, 12].

Negative opinions and resistance to job-sharing by employers or heads of department are progressively fading away, as the alternative social model, better adapted to changing forms of lifestyle, is convincingly proving itself and demonstrating its relevant advantages.

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