From Paper to KRONOS in the PACU:
Enhancing Autonomy or Creating New Challenges

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Introduction: Effective self-scheduling practices are essential to ensuring staff satisfaction, patient outcomes, and overall operational efficiency in the PACU. Self-scheduling practice in the PACU involved a combination of paper-based and electronic systems, resulting in increased administrative workload, limited accessibility, and a high risk of error. The implementation of Kronos addressed these challenges by providing transparency, autonomy, and improving accessibility.

Identification of the Problem: Misalignment of the electronic system to meet PACU RNs' scheduling needs. The system did not meet users' expectations for shift selection capability, a key feature for self-scheduling

QI Question/Purpose of the Study: The purpose of this study is to empower nurses with greater control over their work schedules by aligning the electronic system's capabilities with the scheduling needs of PACU RNs.

Methods:

- Collaboration with PACU leadership and Kronos program representative to design scheduling templates, provide training, and plan the program roll-out
- Administered a pre- and post-implementation survey to assess nurses' satisfaction
- Conducted staff in-services to introduce the electronic program
- Facilitated hands-on didactic sessions to provide real-time experience with the system, including troubleshooting

Outcomes/Results: Pre-intervention, staff perceptions of the eSelf-scheduling (Kronos) system were generally positive. However, overall satisfaction remained moderate. Post-intervention, over time, negative perceptions increased, especially by April, 50% indicated disagreement that eSelf-scheduling made scheduling easier. The system increased accessibility and autonomy, but usability gaps emerged.

Discussion: PACU nurses' hesitancy to adopt Kronos exclusively is not unique. Reliance on paper-based scheduling, combined with the system's functional limitations, made resistance understandable.

This aligns with the Technology Acceptance Model (TAM), which emphasizes that perceptions of ease of use and usefulness of technology drive technology adoption. The upcoming transition to another new eSelf-scheduling system offers an opportunity to address these gaps.

Conclusion: The implementation of the eSelf-scheduling system revealed both the benefits and limitations of the system. While accessibility and autonomy improved, persistent usability gaps limited full adoption. By addressing these challenges with the system representatives, the system will better align with the nurses' expectations.

Implications for perianesthesia nurses and future research: It is essential for future eSelf-scheduling systems to align closely with the scheduling needs of perianesthesia nurses. Systems that are flexible and responsive to staffing needs are more likely to be successfully adopted, which ultimately enhances nurses' satisfaction.