

# Interim Best Practice Roster Guidelines 2022



## Introduction

Our nurses and midwives continue to work in an environment with multiple challenges both within the workplace and the community. Not the least of these, is the ongoing impact of the COVID19 variants and their effect on all of our staff. One meaningful strategy to support our staff is to provide them with a best practice roster.

How our nurses and midwives are rostered has a significant impact on the staff member's resilience, satisfaction, level of fatigue, sleeping patterns and well-being. To support you as the roster manager to prepare a balanced and best practice roster, the following guidelines have been developed. It is important to note that these guidelines are evidenced based through a literature review (see Appendix 1) and interpretation of the current *Nurses & Midwives (Victorian Public Health Sector) (Single Interest Employers) Enterprise Agreement 2020-2024* (the Agreement).

These are interim guidelines. During the period September 2022 until February 2023, the Directors of Nursing & Midwifery will commence the roster guideline review process. This process will utilise co-design methodology with our nurses and midwives, who will be invited to attend consultation sessions to assist in the development of a comprehensive guide which fits both the needs of the staff and the organisation. Through using this approach, Western Health believes we will be able to develop a clear set of guidelines on best practice rostering for all areas, that has been developed from the ground up and which has buy in from all levels of nursing and midwifery.

## Best Practice Rostering

### Processes:

1. An individual's roster requests should where logistically possible be incorporated into the staff member's roster. Where these cannot be accommodated, a one to one discussion should be held with the staff member to explain why. Transparency and fairness is important, and remember approving a request does not lead to an established roster pattern of work.
2. A clear process for a staff member to swap a shift with another staff member should be available in all areas, to ensure transparency of process for your team. A clear process identifying the steps required prior to escalation to an Associate Unit Manager or Unit Manager will reduce staff frustration and encourage ownership of their roster.

### Roster patterns:

3. All days off between rostered shifts should be together unless the staff member has specifically requested otherwise. This includes part time and full time staff. Rostering of single days off may lead to staff fatigue and poor well-being.
4. Under the Agreement no nurse or midwife can work more than 6 x 8 hour, 5 x 10 hour, or 4 x 12 hour shifts in row, which then must be followed by rostered days off. Staff members cannot request to work more shifts without having had rostered days off.
5. Where possible it is important to limit the number of 'short changes' (for example, an afternoon shift followed by a morning shift) for each roster period. The literature clearly identifies that the longer the period of rest between shifts results in a significant decrease in fatigue.
6. It is important to consider rostering periods of night duty in 2 week or more blocks. The literature clearly identifies that it takes at least three shifts of night duty to get used to being on nights, then 3 shifts of day duty following to readjust. By rostering night duty less frequently and in longer blocks the staff member will be less fatigued.

### Flexibility:

7. Consideration should be given to staff members who have legitimate external appointments which fall within a period the staff member is rostered on duty.

Points to consider are:

- a. Look for alternatives to requiring the staff member to use personal leave or annual leave in order to attend the appointment:
    - i. Can a shift swap be accommodated with another staff member
    - ii. Can the staff member leave duty early to attend the appointment
  - b. Do not deduct wages from the staff for attending the appointment. Rather look for a win-win situation and suggest that the next time the area needs someone to stay back to assist they volunteer (note: this would still be paid, but saves time looking for a staff member to do this). To facilitate this on the RosterOn by
    - i. Leave the shift the same i.e. 07:00 – 15:30
    - ii. In the notes section of the shift write in left duty to attend appointment at the time they left
8. Where a nurse or midwife has requested Flexible Workplace Arrangements and it has been agreed, ensure that these arrangements in place for the staff member's roster.

### Rotations:

9. For areas/divisions with specialist skills which require rotation through a variety of care giving modalities (for example, Maternity, Emergency Radiology), as the roster manager should take into consideration:
  - a. Where the staff member wishes to work the majority of their time. Movement to modalities that the staff member does prefer to work may adversely impact staff satisfaction, increase fatigue or impact on their well-being
  - b. Western Health recognises that for operational reasons some staff may be required to move to another modality at short notice to ensure patient/woman safety. To assist with ensuring that this is a transparent process it is recommended that staff know well in advance that they are the designated staff member for a particular shift who may be moved if required. Again, the literature identifies that staff engage when they have a strong degree of certainty in where they work.  
A simple way to do this is through establishing a roster code in RosterOn e.g. PAM, which would mean pool for designated person to move AM shift

### Preparation:

10. Equitably roster the shifts that are often the most difficult to fill first. These are different in each area but may include night duty, Sunday evenings, Monday mornings, Friday evenings and Sunday night duty.

### Supplementary Roster:

11. The Agreement requires you to maintain a supplementary roster. A supplementary roster allows your staff to nominate that they are available to work an additional shift on a day where you may have a rostered vacancy. This gives the staff member ownership of when they will pick up an extra shift which may increase their wellbeing and ability to plan their life.
12. The supplementary roster is an excellent means to ensure that filling roster vacancies is equitable and transparent. Note: when a vacancy on your roster is in less than 15 days ahead a vacancy request must be placed on Health-e Workforce Solutions (HeWS) who will fill the vacancy. If you have a staff member who wishes to fill the vacancy you must use (HeWS) to fill the shift. Guidance on how to use supplementary rosters can be found at [Health-e Workforce](#)

[Solutions Resources - Nursing & Midwifery \(wh.org.au\)](http://wh.org.au)

**NOTE staff who are available on this roster will not be allocated by NMWU**

**Leave management:**

13. All staff should have at least one period of annual leave booked and approved within the next twelve months of their roster
14. When managing annual leave approvals for peak periods (see appendix 2.)
  - a. Unless there is an organisational or Divisional directive you should never roster more than 10% of your employable FTE. Approving more than this amount makes your area reliant on casual or pool staff to fill your roster vacancies during a period when they are less likely to be available
  - b. All approval must be fair, transparent and based upon who has been granted annual leave in the past peak periods.

If you follow these guidelines, Western Health is confident that we can achieve operational requirements whilst at the same time caring for the well-being of our nurses and midwives.

**Appendix 1. References**

1. Characteristics of shift work and their impact on employee performance and wellbeing: A literature review. Dall’Ora, Ball, Recio-Saucedo, Griffiths, *International Journal of Nursing Studies* 57, pages 12–27 (2016)
2. Healthy schedules, healthy nurses. Jeffery, Borum, Englebright, *American Nurse Today* Volume 12, Number 10, 2017
3. Does Self-scheduling Increase Nurses’ Job Satisfaction? An Integrative Literature Review. Koning, Niemchak, Canipe, & Frazier. (2008).
4. I finally got the schedule that I wanted: a self-scheduling committee in a progressive care unit. Pryce, J., Albertsen, K., & Nielsen, K. *Critical Care Nurse*, 28(2), e33-4, (2006)..
5. Evaluation of an open-rota system in a Danish psychiatric hospital: a mechanism for improving job satisfaction and work-life balance. *Journal of Nursing Management*, 14(4), 282-288. (2019)
6. Implementation of a self-scheduling system: A solution to more than just schedules. *Journal of Nursing Management*, 6(6), 361-368. 1998
7. Roster process review: a case study on the implications of preliminary findings. Eather, Malica, Walton, Hollmann, Kwong, *Health Review*, 39, 467–469, 2015
8. Nurses’ practice environment and satisfaction with schedule flexibility is related to intention to leave due to dissatisfaction: A multi-country, multilevel study. Leineweber, Singh kham, Lindqvist *International Journal of Nursing Studies* 58 (2016) 47–58
9. Work schedule characteristics and fatigue among rotating shift nurses in hospital setting: An integrative review. Ari Min, Haeyoung Min, Chong, Hong, [wileyonlinelibrary.com/journal/jonm](http://wileyonlinelibrary.com/journal/jonm), 2022
10. Work Schedule Characteristics, Missed Nursing Care, and Organizational Commitment among Hospital Nurses in Korea. Cho, RN, Han, Ryu, Choi, RN, *Journal of Nursing Scholarship*, 53:1, 106–114 2021.

**Appendix 2. High Demand Holiday Period Directions** ([Resources - Nursing & Midwifery \(wh.org.au\)](https://www.westernhealth.org.au/resources/nursing-midwifery))

**High Demand Holiday  
Period Directions  
EA 2020-24 Clause 57.3 (f)**

*Western Health recognises that there are periods in the year where the demand for annual leave is greater than the ward/unit is able to accommodate. These periods are called high demand periods.*

To ensure equity for all staff, the following process has been developed:

- Staff may apply for leave at any time prior to 16 weeks before the commencement of the high demand period
- Applications which are not submitted 16 weeks prior will only be reviewed where there is still leave available during the peak period
- Applications for leave will be reviewed by the manager 16 weeks prior to the commencement of the high demand period
- The manager will advise staff of the outcome of their application no later than 14 weeks prior to the commencement of the high demand period

The manager will take into account:

- The operational requirements of the unit (all units are budgeted to have 10% of employed staff on annual leave at any given time)
- Previous approved leave during the same high demand period
- Previous leave approvals during other high demand periods
- The staff members circumstances and caring responsibilities

Additional leave above 10% of the employed FTE in an area may be approved where:

- The unit closes over the high demand period, or
- The unit reduces services over the high demand period

High demand periods are any days that fall within the date ranges as per table below

Name of period	Start of High Demand Period	Last day of high demand period
Christmas , Boxing day new Year	Monday of the week prior to Christmas	The first Sunday after New Year
Summer school Holidays	Monday of the week prior to Christmas	Second Monday in February
End term one school break	First Monday of gazetted school holiday period	Last Sunday of gazetted school Holiday period
End term 2 school break	First Monday of gazetted school holiday period	Last Sunday of gazetted school Holiday period
End term 3 school break	First Monday of gazetted school holiday period	Last Sunday of gazetted school Holiday period