

May 2024

Developing Employee-Centred Rostering Principles

Project report and
recommendations

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**Australian
Nursing &
Midwifery
Federation**
VICTORIAN BRANCH



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Authorised and published by the Victorian Government, 1 Treasury Place, Melbourne.

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ISBN 978-1-76131-608-1 (Print)

ISBN 978-1-76131-609-8 (pdf/online/MS word)

Available at the [Safer Care Victoria website](https://www.safercare.vic.gov.au) <https://www.safercare.vic.gov.au>



Foreword

Workforce availability is a key challenge to the delivery of safe efficient and effective care to the Victorian community. Ongoing impacts of the COVID-19 pandemic are felt across the community, health workforce and health system at large and continue to challenge us. Workforce management and rostering is a critical element of job satisfaction and workforce availability and requires dynamic evolution to meet the needs of the future.

Through extensive engagement across the sector capturing dialogue from key stakeholders across role and responsibility, it was evident that the management of rosters and the impact on the workforce at large was a prominent area of concern. Roster management plays a pivotal role in service delivery and workforce management thereby directly influencing staff wellbeing and retention rates. Prevailing rostering methodologies frequently rely on antiquated customs rather than aligning with the evolving demands of the contemporary workforce and the dynamic landscape of healthcare provision.

This project aimed to explore and understand the experiences and perception of nurses, midwives, unit and roster managers on the current rostering practices and principles. Harnessing co-design methodology, the project developed a suite of employee-centred rostering principles and recommendations for practice.

The primary focus was to build rosters that engage, develop and maximise the availability of nurses and midwives. Furthermore, the project focused on reducing absenteeism, fatigue-related illness and casualisation of the workforce. Roster principles also need to support the evolving social and economic picture in the community to ensure that rostering principles meets family/social and health situations and the professional needs and goals of our nurses and midwives.

This report forms part of the 'Developing Employee-Centred Roster Principles' project. This collaborative approach was unique bringing together sector stakeholders and staff to work collaboratively to improve the working experience of nurses and midwives. An

important issue all stakeholders are invested in addressing.

Acknowledgements

We proudly acknowledge Australia's Aboriginal and Torres Strait Islander peoples as the Traditional Owners and custodians of the land on which we work and live. We acknowledge and pay respect to their history, culture, and Elders past and present.

We acknowledge the gracious collaboration of the agencies involved, who invested considerable time, resource, and effort in supporting the project. We must specifically acknowledge the project managers Madi Bellizia, Nicole Sliwa, Kylie Baker, and Harry Pasion for their incredible efforts in driving this project and our colleagues, Prof. Bodil Rasmussen and Sara Holton, at Deakin University who partnered with us to ensure we could deliver employee-centred rostering principles.

We extend our thanks to all Royal Melbourne Hospital, Western Health and Echuca Regional Health nurses, midwives, unit managers and roster manager who contributed to the project through surveys, focus groups and co-design WhatsApp groups, and those who facilitated their participation. Their perspectives are invaluable to the project and their enthusiasm to participate is a testament to the passion for the nursing and midwifery professions, and desire to participate in its continuous evolution.

Lastly, we acknowledge the previous Chief Nurse and Midwifery Officer, Jac Mathieson, for her tireless work in getting this project off the ground and bringing together this collaborative group.

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Summary

Safer Care Victoria, the Department of Health and the Australian Nursing and Midwifery Federation (Vic Branch) collaborated with 3 Victorian health services (The Royal Melbourne Hospital, Western Health and Echuca Regional Health) to embark on a pioneering rostering project. The project was driven by a commitment to understand the challenges faced by nurses and midwives with current rostering customs and practices. Experiences and perceptions of nurses and midwives working in several units within the 3 services were explored and informed the development of a suite of employee centred rostering principles for utilisation across public sector health services.

Context

The project was unique in its design and was created as a rapid response to sector concerns regarding workforce and wellbeing issues in late 2022. The project and the data collected is reflective of a point in time from 2022 to 2023 and may not be reflective of current practices in 2024.

When producing the statewide principles and toolkit, the project team have considered the limitations presented. These include the scope and timeline of the project as well as the project only being undertaken in a limited number of wards within 3 Victorian health services. The project notes that this cannot be generalisable in the Victorian devolved healthcare governance.

Methodology

A mixed-methods study using a co-design approach was conducted. The study included 3 components:

- Component 1 – in February 2023, 3 surveys were disseminated for completion, one for nurses and midwives, one for the nurses/midwives responsible for rostering (roster managers) and one for unit managers.
- Component 2 – 9 online focus groups, across 3 cohorts (nurses, midwives and unit and roster managers), were conducted in May 2023 to further discuss the data from the surveys.

Component 3 – co-design workshops with nurses and midwives were undertaken in July and August 2023 at each participating health service.

Findings

The findings of this project indicate that nurses (62.3%) and midwives (48.1%) are mostly satisfied with their roster. Regardless of their level of satisfaction many experience frustrations and challenges with current roster practices and principles, which have adverse impacts on their health, work, and personal lives. These impacts include roster-related fatigue; personal leave, unmet roster needs and difficulties providing high quality patient care.

Outcomes

Overall, when it comes to rostering, nurses, midwives and managers, acknowledge that the 4 guiding principles should be at the front of everyone's minds: **Foundations, Flexibility, Fairness and Fatigue management.**

The employee-centred rostering principles ([Appendix 1](#)) provides rostering considerations for nurses, midwives, and their managers to incorporate the 4 principles into their rostering processes and systems.

The Victorian rostering toolkit ([Appendix 2](#)) has been developed to provide organisations with a resource, or to assist in the development of their own local rostering guidelines. It provides a consistent approach to best practice rostering guidelines, utilise valuable rostering resources and address education around the *Nurses and Midwives (Victorian Public Sector) (Single Interest Employers) Enterprise Agreement 2020–2024*.

Additionally, the project has identified [recommendations](#) for further consideration in the rostering space.

The project was unique in its inception, time period, design and establishment and was created as a rapid response to sector concerns regarding workforce and wellbeing issues.

Recommendations

It is believed the following recommendations will create conditions that ensure nurses, midwives and their managers are best placed to incorporate the principles in rostering. For further details refer to the [recommendations](#).

Foundations

Foundations recommendation 1: Employers ensure their organisation have formalised rostering guidelines and processes available to staff.

Foundations recommendation 2: Employers ensure that organisation wide rostering processes and procedure and local unit-based processes are included in staff orientation.

Foundations recommendation 3: Employers use systems and tools.

Foundations recommendation 4: Employers clearly understand and articulate the time and further support the skill required to be undertaking and completing a roster for a ward/unit.

Flexibility

Flexibility recommendation 1: All relevant stakeholders understand the requirement behind the need for flexibility for a better work-life balance, including caring responsibilities, opening hours of care centres and partner work requirements.

Flexibility recommendation 2: Employers consider flexibility in rostering.

Flexibility recommendation 3: In services that contain different subservices such as Maternity Services (birth

suite, post-natal etc), employers offer choice to staff that may wish to rotate or to stay fixed in one area/unit.

Flexibility recommendation 4: Employers ensure retention of the 26-hour roster to enable continuing professional development time.

Fairness

Fairness recommendation 1: Employers use shared decision-making process with their nurses and midwives to ensure fairness and equity in the development of guidelines relating to rostering.

Fairness recommendation 2: Employers ensure there is clearly documented process for redeployment/reallocation known by staff.

Fairness recommendation 3: Employers to offer choice about when/how staff can do night duty for example permanent night duty, in blocks across a 12-month period or distributed across a predetermined rotating roster.

Fairness recommendation 4: Employers aim to provide staff with ample time off following last night duty, i.e., 2 to 3 night's sleep following last night duty before returning to work

Fatigue management

Fatigue management recommendation 1: Employers to develop a fatigue management policy and procedure.

Best practice recommendations

Recommendation 1: Employers work with nurses and midwives to pilot and / or trial changes to ensure there are no unintended consequences.

Recommendation 2: Employers adopt and implement the State-wide rostering toolkit produced out of this project.

Note: There is a risk that commitment to flexibility may require a different volume of baseline staff but reduce personal and sick leave.

Purpose and background

The work of nurses and midwives is emotionally demanding, and they often experience high levels of occupational stress because of long work hours, heavy workloads, and irregular schedules.¹⁻⁴

Rostering is an important process to enable efficient, effective and safe delivery of health care.⁶ However, shift work is associated with several adverse health outcomes for nurses and midwives both in Australia and internationally including burnout, fatigue, musculoskeletal disorders, obesity, higher rates of smoking, headaches, social isolation, mental distress and sleep disorders.^{5, 7-26} Night shifts, early morning shifts, quick returns and requests to work on scheduled days off are known to cause significant sleep loss and contribute to nurse fatigue.^{5, 27} Nurses and midwives' quality of professional life is also significantly affected by shift duration, time and frequency.^{15, 28-29} Shift work has also been demonstrated to have similar negative effects on the health and wellbeing of other workers including paramedics and those in the aviation and mining industries.³⁰⁻³²

Nurses and midwives working shifts also report lower levels of job satisfaction and job satisfaction is lower for those working fixed night shifts and the longer the shift length.^{21, 33-35} An Australian study found that nurses working rotating shifts experienced more psychological distress than those working a fixed roster.³⁶ Nurses and midwives work schedules have also been found to affect patient care. A South Korean study found that longer work hours were associated with missed nursing care.³⁷

Safer Care Victoria (SCV), the Victorian Department of Health (the department), the Australian Nursing and Midwifery Federation Victorian Branch (ANMF), and selected wards from 2 metropolitan hospitals (The Royal Melbourne Hospital (RMH), Western Health (WH)) and one regional hospital (Echuca Regional Health (ERH))

teamed together to lead Victoria in changing the way nurses and midwives are rostered.

The purpose of the 'Developing Employee-Centred Rostering Principles' project (the project) was to develop a set of employee-centred principles that meet the requirements and needs of our workforce, the organisation and the consumers. It is believed through working with nurses, midwives, and their managers to develop a set of roster principles, and adhering to these, there will be increased satisfaction and engagement of nurses and midwives in the systems.

The perceived benefits of employee-centred rostering include maximising the availability of the workforce, decreasing staff reported stress and disengagement, reducing fatigue related absenteeism and casualisation, meets the individuals work and family, social and health needs, and meeting the professional needs of the organisation.

To direct the project, a steering committee was established with membership from SCV, the department, the ANMF, RMH, WH and ERH. Three project managers were appointed, one at each participating health service, to plan and drive the project forward, manage stakeholder engagement and ensure the project was completed in a timely manner on behalf of their service.

A total of 14 wards/units were identified to participate in the project, this included 7 at WH, 4 at RMH and 3 at ERH. The participating wards/units covered Maternity Services, Emergency, Medical, Surgical, Critical Care and Sub-Acute.

Data collection and analysis

Objectives

The objectives of the project were to:

- leverage technology to reduce the impact on those undertaking the responsibility of rostering
- build rosters ensuring that the employee requests enabling flexible work arrangements to be met
- considering the preference of employee in terms of location and shift preferences within a ward/unit or multi ward service (e.g. birthing suite, oncology)
- ensure fatigue and best practice shift work principles are used
- gain a better understanding of the need for flexibility including childcare starting and finishing times, alternate childcare options, other shift options around childcare availability, partner work requirements and other care requirements
- understand how long the roster needs published in advance
- clearly understand and articulate the time and further support the skill required to be undertaking and completing a roster
- recognise and accommodate any full-time equivalent (FTE) fraction for the purposes of being a permanent employee
- maintain the retention of the 26-hour roster to enable Continuing Professional Development time.

Scope

The project scope included nurses, midwives, unit managers and roster managers from a regional and 2 metropolitan services.

The aim of the project was to:

- explore nurses and midwives' experiences, perceptions of and satisfaction with the current rostering guidelines
- identify nurses and midwives rostering preferences

- use co-design to develop acceptable and feasible rostering guidelines (which meet legislative requirements) for nurses and midwives.

Data collection

Through the WH partnership with Deakin University Centre for Quality and Patient Safety Research, a research team consisting of a Senior Research Fellow and representatives from the participating health services was established to undertake data collection and analysis.

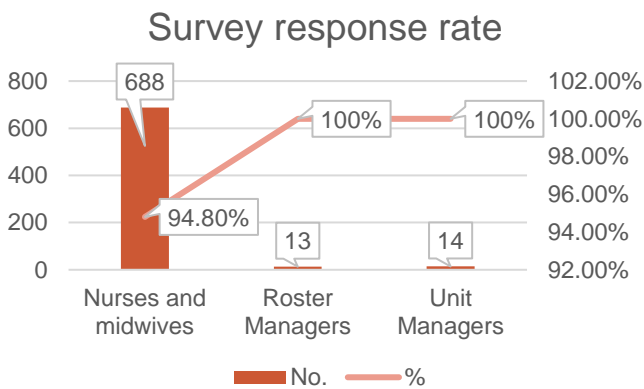
Ethics approval for the project was received from Bendigo Health Human Research Ethics Committee (LNR/96762/BH-2023-364908; 17 April 2023), Royal Melbourne Hospital Human Research Ethics Committee (QA2023044, 27 April 2023) and the Western Health Low Risk Ethics Panel (QA2023.17_ 95075; 1 May 2023).

A mixed-methods study consisting of quantitative survey, qualitative focus groups; using a co-design approach was conducted. The study included 3 components detailed below. Baseline administrative data was collected for health services to measure if improvements have been made after the project's completion and 2 comparison desktop reviews were completed to understand jurisdictional nursing and midwifery enterprise agreements and other 24/7 industries.

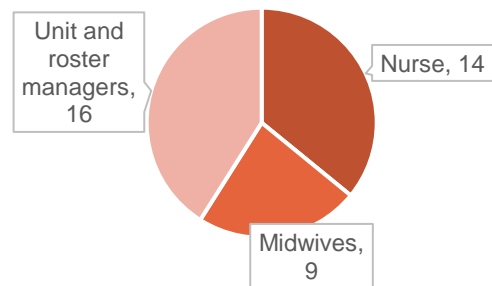
Component 1 – Surveys

In February 2023, 3 surveys were disseminated across the 14 wards/units participating in the project. One role specific survey for each of the 3 key stakeholders in the rostering process: nurses and midwives, roster managers and unit managers.

The surveys consisted of 70 questions to explore respondents' perceptions and experiences of current roster guidelines and practices at their health service. The survey was anonymous, and completion was voluntary.



Focus group attendance



Component 2 – Focus groups

In May 2022, focus groups were conducted to further investigate the results of each role specific survey. The objective of the focus groups was to investigate respondents’ perceptions of satisfaction with current roster guidelines and practices; and to identify respondents’ rostering preferences.

In the Unit and Roster manager specific focus group further discussion was facilitated about factors informing and influencing roster decision-making and practices, especially those which aim to address staff needs and skill mix.

Staff from the participating 14 wards/units were then invited to participate in an online focus group discussion. These were conducted in double-staffing time on different days of the week at the health services, convened by SCV staff and members of the research team, using a discussion guide and were audio-recorded and transcribed for analysis.

Participants de-identified demographic data was collected including sociodemographic and employment details including country of birth, number of years practicing as a nurse/midwife, and number of years employed at the participating health service.

Component 3 – Co-design workshops with nurses and midwives

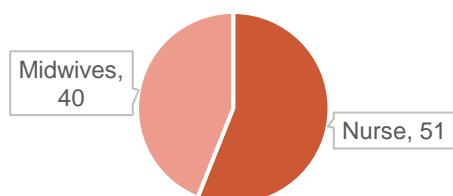
Following the conclusion of the Component 2 focus groups (10 weeks later), staff from the participating 14 wards/units were invited to participate in co-design workshops in July and August 2023. The workshops were conducted online using the WhatsApp platform and facilitated by members of the research team using a discussion guide. The discussion guide was used to prompt and initiate conversation about the proposed guidelines and whether changes were required before they could be used at the participating health services.

Four co-design workshops were held, one with the nurses at RMH, one with the nurses and midwives at ERH, one each with the nurses and midwives at WH.

The same de-identified demographic data as in Component 2 was collected.

Data from the surveys, focus groups and the co-design workshops were used by the local teams to draft roster health service guidelines and principles. The co-design workshops further refined these proposed principles and guidelines in terms of their comprehensibility, salience, and acceptability for nurses and midwives.

Co-design workshop attendance



Baseline administrative data

Before beginning the study baseline administrative data was gathered between October to December 2022 in each ward to measure effect of the project.

This included the following data points:

- annual leave report
- personal leave
- use of agency and casual staff
- overtime instances greater than 2 hours
- leave without pay
- staffing profile (contract to casual, reduction in FTE, resignation, transfer to another ward, leave without pay, etc.)
- change of roster less than 7 days
- people matters survey results
- staffing profiles
- workforce report.

The hypothesis of the project was that following the project and the implementation of codesigned roster guidelines there would be an be a reduction in a number of metrics such as personal leave, change of roster allowance, use of casual and agency staff and decrease in staff reducing hours and illustrated by an increase in FTE and overall, an improvement of People Matter Survey results.

Comparison desktop reviews

Two desktop reviews were undertaken to compare similarities and differences in (1) nursing and midwifery enterprise agreements in other jurisdictions (both nationally and internationally) together with associated roster processes or guidelines and (2) against other 24/7 industries' enterprise agreements and roster processes or guidelines. The aim of this exercise was to understand and learn from jurisdictional and cross industry contemporary practices.

The review entailed both comparisons of literature and industrial instruments in addition to interviews of jurisdictional leads.

The cross-industry review included available literature and rostering guidelines in other 24/7 industries such as Aviation, Transport, Emergency Services and Mining. A key objective was to identify components of rostering utilised by these industries that may be able to be applied to the nursing and midwifery workforce.

Data analysis

The quantitative and qualitative data were analysed separately. The results were then considered together to address the project's objectives, and overall conclusions drawn.

For the surveys (quantitative data) descriptive statistics were used to summarise and describe the survey data. Chi-square or Mann-Whitney U tests were used to test for significant differences between sub-groups (e.g. nurses vs midwives). Quantitative data analysis was conducted using IBM SPSS Statistics version 25.

For the focus groups and co-design workshops (qualitative data) the transcripts were de-identified, coded and analysed using thematic analysis techniques commonly practised in qualitative research. As identified by Braun and Clarke 48 this consisted of 6 phases detailed below. The analysis was conducted by members of the research team and interpretations were discussed within the research team until consensus was reached. NVivo was used for qualitative analysis.

-
- Phases 1 and 2: Transcripts were repeatedly read and reread and coded.
 - Phases 3 to 5: Codes were grouped into meaningful categories that described how participants talked about the topics, including contradictions and exceptions.
 - Phases 1 and 2: Themes were created, named and defined to explain and interpret the content.
 - Phase 6: Examples of the identified themes were selected in the final phase and related back to the research objective.

Findings

The findings of this project indicate that nurses (62.3%) and midwives (48.1%) were mostly satisfied with their roster. Regardless of their level of satisfaction, many experience frustrations and challenges with current roster practices and principles, and these have adverse impacts on their health, work, and personal lives.

Nurses and midwives were seeking increased roster flexibility and control, and this request was supported by the unit and roster managers. Key principles identified were that rosters should be implemented in a fair and equitable manner, ensuring an appropriate skill and experience mix in the ward/unit, therefore supporting nurses and midwives to manage the delivery of service and other commitments and responsibilities, and to reduce roster-related fatigue.

Unit and roster managers spend a significant amount of time writing and reworking the roster and there was a gap identified, in knowledge of rostering processes, entitlements and best practice of fatigue management amongst nurses, midwives and their managers.

Although, nurses and midwives preferences for rosters, shifts and roster guidelines differed by setting, years of clinical experience and discipline group ('one size doesn't fit, and is not preferred by, all'); they identified a need for new or revised guidelines and initiatives in rostering night duty, redeployment/reallocations, flexibility and self-rostering, roster requests, shift lengths and start and finish times, consecutive days off, flexible work arrangements, and for midwives, rotations through different areas.

Desktop review findings

The nursing and midwifery enterprise agreements varied across the country with what rostering considerations were included. Whilst there were some consistencies in guidelines it was noted that many jurisdictions acknowledged that rostering nurses and midwives continues to be a challenge and that further work needs to be done in this space to continue to improve rostering

process and therefore strengthen the nursing and midwifery workforce going forward.

Cross industry review found that whilst there were some similarities in other 24/7 industries, they were vastly different in many rostering processes due to the type of work being undertaken. Despite the industries being similar in providing a 24/7 service – there was not an industry that was comparable to the demographics of nursing and midwifery workforce, being a largely female dominated profession with a large proportion of child-bearing age. A strength of other 24/7 industries was the dominant focus on Fatigue Management with comprehensive Fatigue Management systems in place.

Context

The project was unique in its design and establishment and was created as a rapid response to sector concerns regarding workforce and wellbeing issues in late 2022. The project and the data collected is reflective of a point in time from 2022 to 2023 and may not be reflective of current practices in 2024.

These limitations include the scope and timeline of the project and that it was undertaken within a limited number of wards within 3 Victorian health services which cannot be generalisable in the Victorian devolved healthcare governance. Acknowledging the experience of nurses and midwives working in Victoria during the pandemic's experience differ greatly to those in other jurisdictions.

The project team when producing the state-wide principles and toolkit have considered these limitations and the unique experiences presented.

Further work outside of scope

During the project, there were issues identified by participants, however the solutions were deemed to be outside of the scope of this project. The project team

acknowledged these issues are impacting on nurses and midwives' satisfaction and working availability.

Further work is required for health services to consider having agreements with various care facilities if there is no onsite option (i.e. childcare, before/after school care, elderly care centres). Additionally, the development of a fit for purpose rostering digital system for Victoria would be highly desirable.

Conclusion

Further, the project highlights a need for increased flexibility over rostering among nurses and midwives,

supported by unit and roster managers and the healthcare system at large. While acknowledging variations in personal preferences and that a "one size fits all" approach will no longer support workforce requirements. There is a need for contemporary rostering practices to ensure workforce is supported by integrating the 4 guiding principles, Foundations, Flexibility, Fairness and Fatigue Management into rostering practice allowing for growth in retention, recruitment and the delivery of high-quality health care.

Recommendations

Foundations

Foundations recommendation 1: Employers ensure their organisation have formalised rostering guidelines and processes available to staff, including:

- (a) each ward having a consultative request process to enhance flexibility.
- (b) a process for formal and informal flexible work arrangements.
- (c) conducting regular audits and evaluation of staff outcomes and satisfaction with rostering and adapt accordingly.

Foundations recommendation 2: Employers ensure that organisation wide rostering processes and procedure and local unit-based processes are included in staff orientation, including:

- (a) early career nurse and midwives receiving education on the relevant EBA clauses and rostering policies and procedures.
- (b) fatigue management on orientation to organisation.
- (c) discussions occurring with each employee on their rostering preferences to optimise work-life balance on induction to each local area.

Foundations recommendation 3: Employers use systems and tools where available that:

- (a) build in rules /agreements of staff rostering preferences or formal and informal flexible work agreements.
- (b) reduce time and impact of roster mangers in composing and reworking rosters.
- (c) contain built in rules for safe staffing skill and experience mix.
- (d) contain inbuilt staff fatigue alerts / guardrails based on local/ WorkSafe Victoria fatigue management guidelines.
- (e) provide automation notification that offers electronic shift swap amongst staff in skills / experience matrix reducing unnecessary contact.

Foundations recommendation 4: Employers clearly understand and articulate the time and further support the skill required to be undertaking and completing a roster for a ward/unit.

- (a) Consider the provision of protected time for complex departments to produce and manage the roster.
- (b) Ensure roster managers have access to time and training on rostering principles and relevant EBA clauses.
- (c) Consider roster managers are supported through the use of best practice rostering systems as described above.

Flexibility

Flexibility recommendation 1: All relevant stakeholders understand the requirement behind the need for flexibility for a better work-life balance, including caring responsibilities, opening hours of care centres and partner work requirements.

Flexibility recommendation 2: Employers consider flexibility, including:

- (a) in start and finish times if requested by staff and by mutual agreement.
- (b) by offering a blend or ranges of shift duration within the provision of the EBA.
- (c) in new ways that increase the ability for staff to swap shifts.
- (d) by offering block of set shifts for staff or shift selection that is personalised (AM PM ND, or all).
- (e) by recognising and accommodating fractional FTE for the purposes of being a permanent employee and to decrease casualisation of the workforce.
- (f) by ensuring staff are aware of and understand formal flexible work arrangements including the legislative requirements.

Flexibility recommendation 3: In services that contain different subservices such as Maternity Services (birth suite, post-natal etc), employers offer choice to staff that may wish to rotate or to stay fixed in one area/unit.

Flexibility recommendation 4: Employers ensure retention of the 26-hour roster to enable continuing professional development time.

Fairness

Fairness recommendation 1: Employers use shared decision-making process with their nurses and midwives to ensure fairness and equity in the development of guidelines relating to rostering. Consideration for guidelines include:

- (a) ensuring 4 weeks rosters to be finalised at least 4 weeks in advance.
- (b) granting a proportion of guaranteed roster requests in consultation with staff.
- (c) implementing a planner to ensure the equitable distribution of weekends and night duty with maximised advance notice.

Fairness recommendation 2: Employers ensure there is clearly documented and transparent process for redeployment/reallocation known by staff. The process should include:

- (a) considering the experience mix of both the receiving and donating ward when undertaking redeployment/reallocation.
- (b) where applicable, considering the preference of employee in terms of location and shift preferences within a ward/unit or multi ward service (e.g., maternity, oncology).
- (c) the aim to notify staff at the earliest possibility of redeployment/reallocation and have strategies put in place to minimise uncertainty (e.g., redeployment roster).
- (d) at a local level, detail how to maintain documentation of staff that have redeployed over 12 months to inform equitable decisions.

Fairness recommendation 3: Employers to offer choice about when/how staff can do night duty for example permanent night duty, in blocks across a 12-month period or distributed across a predetermined rotating roster.

Fairness recommendation 4: Employers aim to provide staff with ample time off following last night duty, i.e., 2 to 3 night's sleep following last night duty before returning to work.

Fatigue management

Fatigue management recommendation 1: Employers to develop a fatigue management policy and procedure. In development consider:

- (a) a process to identify and manage fatigue.
- (b) how to build in warning flags that staff may be impacted by fatigue i.e., consider when working extra shifts or overtime.
- (c) fatigue and best practice shift work principles (e.g., day to evening to night) are utilised.
- (d) days off together unless requested by staff and is safe to do so.
- (e) rostering sufficient break after night duty, 2 to 3 night's sleep following cessation as per WorkSafe fatigue management guidelines.
- (f) the use of a 12-month night duty planner for staff to plan night duty in advance.
- (g) the limitation of late shift followed by early shift combinations unless requested and safe to do so.
- (h) fatigue identification and management for early career/ new to workforce nurse and midwives.
- (i) Shifts and days worked in the roster prior to and following night duty.

Best practice recommendations

Recommendation 1: Employers work with nurses and midwives to pilot and / or trial changes to ensure there are no unintended consequences.

Recommendation 2: Employers adopt and implement the State-wide rostering toolkit produced out of this project.

Note: There is a risk that commitment to flexibility may require a different volume of baseline staff but reduce personal and sick leave.

Appendices

Appendix 1: [Victorian employee-centred rostering principles](#)

When it comes to rostering, nurses, midwives and managers, acknowledge that the **Four F's** should be at the front of everyone's minds: **Foundations, Flexibility, Fairness** and **Fatigue management**.

Mutually respectful rostering will consider both employee and employer expectations and requirements.

For further explanation of the rostering considerations please [refer to the toolkit](#).

Principle	Statement	Rostering considerations
FOUNDATIONS	Nurses and midwives should be equipped with the appropriate foundations to ensure they are best placed to incorporate the principles in rostering.	<ul style="list-style-type: none"> ➤ Resources: Education and toolkits to understand EBA clauses and entitlements. ➤ Access to and understanding of a Fatigue Management policy. ➤ Unit and roster manager training, resources and allocated time. ➤ Access to, and understanding of, appropriate rostering systems and governance.
FLEXIBILITY	Rostering for nurses and midwives should acknowledge the need for flexibility.	<ul style="list-style-type: none"> ➤ Defined request system with ability to self-roster a proportion. ➤ Ability to change roster requests. ➤ Clear process for shift swapping. ➤ Flexibility in how night duty is rostered. ➤ Consider flexibility with shift times and lengths.
FAIRNESS	Rostering for nurses and midwives should acknowledge the need for equity and fairness.	<ul style="list-style-type: none"> ➤ Clear roster publication timeframes. ➤ Defined request system that is accessible to all staff with process for communication of shifts not approved. ➤ Equitable allocation of weekend and night duty shifts. ➤ Equitable process for notification and allocation of extra shifts (supplementary roster). ➤ Access to Flexible Work Arrangements, including eligibility, clearly documented processes and timeframes for review. ➤ Reallocation/redeployment policy or process. ➤ Equitable consideration of staff preferences.
FATIGUE MANAGEMENT	Rostering for nurses and midwives should ensure roster related fatigue is managed and minimised.	<ul style="list-style-type: none"> ➤ Clear procedure for booking additional shifts to minimise contact with staff on days off. ➤ Shift length consideration. ➤ Allocation of shifts (i.e. forward pattern, minimise late/earlies). ➤ Process in place to avoid double shifts and overtime. ➤ Consecutive days off. ➤ Consecutive shifts. ➤ Processes in place to encourage leave.

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Appendix 2: Victorian rostering toolkit

The [Victorian rostering toolkit](#) was produced as an output of the project. The purpose of the toolkit is to provide organisations with a resource for developing local rostering guidelines. It provides a consistent approach to best practice rostering guidelines, uses valuable rostering resources, and addresses the *Nurses and Midwives (Victorian Public Sector) (Single Interest Employers) Enterprise Agreement 2020–2024*. Find the Victorian rostering toolkit on the [Safer Care Victoria website](#).

Appendix 3: Abbreviations

Abbreviation	Definition
ANMF	Australian Nursing and Midwifery Federation Victorian Branch
ERH	Echuca Regional Health
FTE	Full-time equivalent
RMH	Royal Melbourne Hospital
Roster managers	Nurses/midwives responsible for rostering who are not unit managers
SCV	Safer Care Victoria
The department	Department of Health
The project	Developing Employee-Centred Rostering Principles' project
WH	Western Health

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