



ACT
Government

ACT Health

STRENGTHENING ROSTERING GUIDELINES

NURSES AND MIDWIVES TOWARDS A SAFER CULTURE

DISCUSSION PAPER

NOVEMBER 2021

[health.act.gov.au/
towards-safer-culture](https://health.act.gov.au/towards-safer-culture)



ACT
Government

ACT Health



Calvary



ACT
Government

**Canberra Health
Services**

Contents

Purpose.....	1
Intent.....	1
Background.....	1
Rostering Best Practice Principles.....	2
Recommendations.....	6
Conclusion.....	8
References.....	9

Purpose

The *Nursing and Midwifery Towards A Safer Culture* (NM TASC) Project presents the Strengthening Rostering Guidelines Discussion Paper (Discussion Paper). The Discussion Paper has extensively researched the current literature to provide evidence-based recommendations for future rostering guidelines, that:

- Strengthens ACT public health services rostering practices in the context of improving Nursing and Midwifery safety,
- Considers better utilisation of leave allocation, and
- Supports work-life balance to minimise fatigue amongst Nurses and Midwives.

Intent

The intent of the Discussion Paper is to strengthen rostering and leave allocation guidelines through the lens of nursing and midwifery safety. The intended audience of the Discussion Paper is the ACT Health Directorate (ACTHD), Canberra Health Services (CHS), and Calvary Public Hospital Bruce (CPHB). The Discussion Paper aims for the three organisations to broadly consult their nursing and midwifery staff and use the principles of the Discussion Paper to produce robust evidence-based rostering and leave allocation guidelines for their own organisations.

Of note, the ACT Public Sector Nursing and Midwifery Enterprise Agreement (EA) negotiations are currently underway within the ACT public health system. There is a strong focus on negotiating terms and conditions of a nurse/midwife to patient ratio model which is being negotiated as a *minimum*.

The proposed ACT model outlines processes for determining appropriate staffing levels and skill mix based on service demand and is reflected through documents Schedule X (mandated nurse/midwife to patient ratios) and the Staffing Framework (for determining staffing profiles and skill mix on the wards). These documents will supplement '*Schedule 8- Rostering Guidelines and Efficiencies*' within ACT Public Health services.

The best practice principles that are recommended within the Discussion Paper could also potentially assist with future ACT Public Sector Nursing and Midwifery EA negotiations.

Background

In December 2018 the *Nurses and Midwives Towards a Safer Culture* (TASC) Project 'The First Step: Strategy' (the Strategy) was endorsed and launched by the former Minister for Health and Wellbeing and Minister for Mental Health. The purpose of the Strategy which outlines the deliverables for the TASC Project, was to provide a safe and healthy environment an environment whereby all persons who enter Australian Capital Territory (ACT) Health workplaces are protected from harm and feel safe at all times.

Priority Action 21 of the Strategy identifies the requirement to review and strengthen nursing and midwifery rostering and leave allocation guidelines to support work/life balance and minimise fatigue.

On the 24 February 2021, a Ministerial Brief was progressed from the Canberra Health Services (CHS) from the Chief Executive Officer (CEO) on the introduction of Nursing and Midwifery Ratios for consideration in the next bargaining meeting scheduled for 25 February 2021. On the 24 February 2021, ACT Minister for Health, Rachel Stephen-Smith MLA noted the estimated costings of Nurse-to-patient ratios, agreement to introduce Nurse-to-patient ratios based on a 'rounded up' model and agreed that a business case be prepared for additional funding in relation to the implementation of ratios based on the cost estimates prepared by CHS and CPHB (MCHS21/102).

Rostering Best Practice Principles

There are recommendations from within the literature on what constitutes best practice rostering principles that should be considered for future guidelines, or Enterprise Agreements (EA's), within the ACT public health sector to achieve greater work-life balance. Staff have been reported to view their employers with increased loyalty and shown greater productivity when offered employee-initiated flexible working conditions with work-life policies and practices in place that support a greater work-life balance. This has resulted in improved job satisfaction and higher retention rates of staff and less absenteeism within the workforce (Wynendaele et al, 2021, & Skinner & Chapman 2013).

There is a strong theme from within the literature that nurses and midwives that are *not* granted flexible working conditions feel a "loss of control within their profession" as well as a lack of support from their employers (Harper & McCully, 2007, p.286). Chronic workload stress, and feelings of powerlessness to control one's work-life balance through inflexible rostering practices, is resulting in many nurses and midwives leaving the hospital system and to seek jobs elsewhere (Higgins, 2020). This exodus also takes with it valuable skills and adds to the worldwide nursing and midwifery shortage.

Maintaining work-life balances that are acceptable to the health workforce is difficult. They comprise of demanding work, much needed socialisation, and sleep (Higgins, 2020, & Holland et al, 2019). By considering the strategies below, employers can support their staff, achieve positive morale, and reduce absenteeism by helping to create a greater work-life balance for their nurses and midwives (Wynendaele et al, 2021, & Skinner & Chapman 2013).

Shift patterns

- Shift patterns should be rostered in a forward rotation in attempts to reduce the effects of significant fatigue felt by shift working staff (Gifkins et al, 2020) I.e., working morning to afternoon shifts, and afternoon to night shift patterns, not morning to night shift patterns.
- Fatigue is a major risk factor for staff having car accidents on their way home from work due to certain shift patterns. I.e., When changing from day to night shift and from night shift to day shift (Safe Staffing and Patient Safety Literature Review, 2003, & Gander et al, 2019), therefore these shift patterns should be avoided.
- Successive number of night shifts should be avoided – i.e., no more than 3-4 in a row was found within the Work Health and Safety literature (Safe Work Australia, Fatigue, no date).

Breaks between shifts

- A minimum 2-day break (48 hours) for recovery time between shifts is recommended; however, if there were extended consecutive shifts worked in a row, including night duty, then the recovery time needs to be longer (Gifkins et al, 2020). The literature did not elaborate how long the break should be following night duty shifts, but just at least “2 full night’s sleep” (Guide for Managing the risk of fatigue at work, Safe Work Australia, 2013).
- Having a free weekend at least once every three weeks was also recommended (Safe Work Australia, Fatigue, no date).

Flexible work arrangements

- Please note, all flexible work arrangements that are outlined below, although they are favourable with staff in other jurisdictions, (Achieving Work Life Balance: Retention and Attraction Strategies, WA Health 2006) pose operational challenges to implement. As per the remit of this Discussion Paper, flexible work arrangement concepts will require further discussion at an individual organisational level.
- **Self-scheduling or self-rostering:** The literature has quite mixed opinions in relation to self-scheduling. Many nurses reported that a ward/unit working together as a whole to complete a roster that met the needs of staff and the service gave them more control, autonomy, and empowerment over their work hours (Wynendaele et al, 2021, & Bailyn, et al 2007). Conversely, staff also felt insecure and uncomfortable with the increased responsibility of self-scheduling, also noting inequality of rostering between junior and senior staff members with this method (Silvestro R & C, 2000, cited in Wynendaele et al 2021). For the purpose of the Discussion Paper this method of rostering is not being considered.
- **Request driven rostering:** This is the current system used within the ACT’s public health sector which has mixed opinions as well. According to the literature staff are usually given 4 requests a month which only covers a small degree of work-life balance to attend family events or medical appointments etc. These limited number of requests are focused entirely on ‘one off’ or occasional work-life needs, and longer-term preferences are not considered (Improving Nurses’ Work-Life Balance, 2019). The ACT Public Sector Nursing and Midwifery Enterprise Agreement 2017-2019 states that roster requests are to be met wherever possible. “Depending on their personal circumstances, nurses [and midwives] might have preferences to work more or fewer weekends, or more or fewer nights (obviously within the constraints of safe staffing and fairness). Some may have a preference to work, or not to work, particular days of the week” (Improving Nurses’ Work-Life Balance, 2019, p.9).
- **Fixed shifts or set days:** This type of rostering is often called ‘preferential’. In the past, preferential rostering is generally reserved for staff coming back from maternity leave for example to accommodate a regular childcare place or family care on particular days for young children/babies. These types of shifts could also be considered for staff with younger school age children for example (Achieving Work Life Balance: Retention and Attraction Strategies, WA Health 2006). Other staff that can be rostered onto set days are those transitioning to retirement, those on return-to-work programs, or those with medical certification in agreement with their managers. There would still need to be equity for those that are single females, men, and staff with independent children when considering approving fixed shifts or set days.

- **Part time work availability:** Part time work could be made more easily available at the employee's request as an option to all staff for better work-life balance. They particularly suit circumstances where staff are carers, studying, or have children with special needs. Part time work should also be offered to staff wishing to retire (Achieving Work Life Balance: Retention and Attraction Strategies, WA Health, 2006). However, it is noted that in some positions such as senior roles, require staff to work fulltime to meet operational demands.
- **Shifts with reduced hours:** Employee initiated shifts with reduced hours (less than the standard 8 and a half hours) will also complement staff who are wishing to go into staged retirement to try to keep valuable skills within the workforce for longer (Achieving Work Life Balance: Retention and Attraction Strategies, WA Health, 2006). However, this flexible working arrangement would need to be mindful of operational requirements to ensure that appropriate staffing is maintained at all times.
- **Job sharing alternatives:** The idea of two staff members job sharing and working half a shift each is also another flexible working option to be considered (Achieving Work Life Balance: Retention and Attraction Strategies, WA Health, 2006). Once again, rostering managers would need to be mindful of operational requirements to ensure that appropriate staffing is maintained at all times.
- **Job mobility:** Ability for employees to transfer to, or work in different wards and work areas as an alternative to resigning and going elsewhere (Achieving Work Life Balance: Retention and Attraction Strategies, WA Health, 2006).

Job mobility is a valid flexible working option, although acknowledgement is made there are significant Human Resource (HR) complications with staff requiring temporary position numbers alongside their permanent role with its associated position number. It requires much collaboration between HR and nurse managers to make this option work. A review of the process to enable job mobility as a flexible working option does ultimately benefit the organisation and the professions, to retain skilled employees and promote their wellbeing through a structured arrangement.

Leave allocation

- **Better access to leave in single days** – This method allows staff to request and take leave in single days (Achieving Work Life Balance: Retention and Attraction Strategies, WA Health, 2006). However, accessing leave in single days would need to be closely monitored so that staff do not accidentally deplete their leave balances and therefore jeopardise their ability to take annual leave in blocks at a later date to fulfill a much-needed work-life balance.
- **Annual leave:** To maintain an adequate work-life balance, nurses and midwives should be afforded the opportunity to take 'regular' leave as per their entitlements (Skinner & Chapman, 2013). The literature does not define a minimum amount of leave staff should take per year to achieve greater work-life balance, health, and wellbeing. This concept of ensuring a minimum amount of annual leave to be taken per year is worth exploring within organisations.

The current ACT Public Sector Nursing and Midwifery Enterprise Agreement 2017-2019 only states that annual leave should be taken in the year that it accrues, and employees “should discuss their leave intentions with their manager/supervisor as soon as practicable” (clause 112.14, p.64). As, the literature states if leave is not taken regularly it may be detrimental to the psychological wellbeing of staff (Best Practice Rostering Guidelines, QLD Health, 2018).

- **Relief Pool Work:** Having adequate and skilled nurses and midwives in ‘relief pools’ to assist on an ad hoc basis for shift-by-shift staffing level short falls. This method is utilised across the ACT public health sector whereby there is two parts to this workforce. A casual pool that works ad hoc, and an adequate relief pool of permanent employees to assist with staffing short falls.

Work-life balance

The table below, visually demonstrates some concepts mentioned above in rostering best practice principles, but also highlights some simple measures organisations can adopt to promote work-life balance. (Achieving Work Life Balance: Retention and Attraction Strategies, WA Health, 2006).

Essential Work – Life Balance: Retention and Attraction Strategies
<p>Flexible working hours</p> <ul style="list-style-type: none"> - Improve access to fixed shifts or shifts on set days - Job sharing shifts (working half a shift with a colleague)
<p>• Part time work availability</p>
<p>• Reasonable working hours – shift length, overtime, double shifts</p> <ul style="list-style-type: none"> - Being awake for more than 16 hours was found to be very detrimental to the health and wellbeing of staff (Gander et al, 2019) - Being awake for more than 17 hours straight was equivalent to a blood alcohol concentration reading of 0.05%. Consequently, this includes a 20% chance of making a serious error and taking 14% longer to complete simple tasks (Australian Medical Association, 2006, cited in Best Practice Rostering Guidelines: Queensland Health Nurses and Midwives, 2018).
<p>• Flexible Leave arrangements (including access to childcare)</p>
<p>• Leave in single days + regular leave accessed (to minimize fatigue)</p>
<p>• Job mobility</p> <ul style="list-style-type: none"> - Ability for employees to transfer to, or work in different wards, work areas
<p>• Relief Pool work</p> <ul style="list-style-type: none"> - Having adequate and skilled nurses and midwives in ‘relief pools’ to assist on an ad hoc basis for shift short falls, whether they be from casual pools or permanent staff in relief pools

Recommendations

Ways to Strengthen Rostering Principles and Work-Life Balance

Work and family conflict influences work-life balance of nurses and midwives and is a major factor why many staff leave the health workforce altogether (Improving Nurses' Work-Life Balance, 2019). Nurses and midwives are becoming increasingly burnt out and fatigued due to the nature of their work and are desperate for alternative solutions.

i. Flexible Working Arrangements

Organisations need to attract and retain staff of all ages, but in particular the younger generations due to the aging of the nursing and midwifery workforces (Achieving Work Life Balance: Retention and Attraction Strategies, WA Health, 2006). This Discussion Paper recommends the introduction of increased flexible work arrangements as a way of improving job satisfaction, improving work-life balance and retention of staff of all levels of experience (Wynendaele et al, 2021).

Arrangements such as preferential rostering to include fixed shifts or set days. For those facing retirement, a useful strategy would be to offer part time work or shorter working hours to keep valuable skills within the health workforce and to help phase retirement (Achieving Work Life Balance: Retention and Attraction Strategies, WA Health 2006). Another aspect of flexible working arrangements to be considered is for the provision for all types of caring responsibilities on an individual basis. Such as older children with special needs, personal health issues, and caring for ageing parents for example. It should be noted though, that all flexible working arrangements must be made in line with the terms of the Enterprise Agreement.

ii. Job Mobility

Another valid solution for job satisfaction and retention of skilled staff within specific units/wards is to allow 'job mobility'. I.e., for staff to go on short term placements to other areas and allowing them to return rejuvenated vs. leaving a particular work area altogether (Achieving Work Life Balance: Retention and Attraction Strategies, WA Health, 2006). For this arrangement to work, temporary position numbers and processes need be arranged by HR to make this option viable for nurse and midwife managers to implement.

iii. Shorter Working Hours and Job Sharing

Employee initiated shorter working hours could also work with others of the health workforce, whereby two nurses or midwives job share shifts i.e., work half a shift each. This is a particularly useful strategy, for staff that need to book regular childcare places, staff that only have family care available on set days or between limited hours, as well as for younger school age children in finding adequate before and after-school care arrangements. These options are worth considering to aide in their work-life balance and job satisfaction from a more flexible workplace (Achieving Work Life Balance: Retention and Attraction Strategies,

WA Health, 2006). It should be noted though, that working shorter hours and job-sharing arrangements as mentioned above still need to be able to support safe patient care.

iv. Partial Control Over Working Hours

To help create a better work-life balance is to continue allowing staff partial control over their working hours in providing roster requests with at least a handful of mandatory 'must have' shifts. The literature found that a minimum set of 'must have' shifts was 4, that only *just* covers occasional work life needs (Improving Nurses' Work-Life Balance, 2019, p.9). This simple strategy of partial control over working hours negates the negative effect of shift work (Wynendaele et al, 2021), which by definition is work outside of normal daytime working hours (Gifkins et al, 2020) that greatly impacts on work life balance by default. However, noting that the current Enterprise Agreement states that roster requests are to be met 'wherever possible'.

Complementing partial control over rostering practices to allow greater work-life balance to cover more than a few 'must have' roster requests, is to utilise annual leave in single days (Achieving Work Life Balance: Retention and Attraction Strategies, WA Health, 2006). This method of rostering is suggested as an option to complement rostered days off. Fatigue was found to be lower in shift workers who had some choice in their schedules (Gander et al, 2019), as this promoted better sleep patterns as well as a better life balance (Hazzard et al 2013 cited in Gifkins et al, 2020). However, this option requires monitoring by nurse and midwife rostering managers so that staff can still access annual leave in blocks at a later time to achieve a work-life balance.

v. Breaks After Working Night duty

Another aspect of rostering, outside of partial control of rostering practices for nurse and midwife managers is to implement a *mandatory* full two nights sleep with accrued days off (ADO's) rostered in addition to this, (Guide for Managing the risk of fatigue at work, Safe Work Australia, 2013), to assist in fatigue mitigation when rotating back onto day shifts from night duty.

vi. Annual Leave

School holidays are always popular times of year for families wishing to take annual leave. Permanently employing adequately skilled relief pool staff to backfill is an option to consider (Achieving Work Life Balance: Retention and Attraction Strategies, WA Health, 2006). This would allow a greater work-life balance for nurses and midwives with school age children, so more staff can be on annual leave during these periods. To do so, considerations need to be made so that appropriately skilled staff are still available to provide safe patient care.

The literature highlights that regular annual leave should be taken (Skinner & Chapman, 2013) for not only health and psychological well-being, but also to achieve an acceptable level of work-life balance for our nurses and midwives (Best Practice Rostering Guidelines, QLD Health, 2018). The literature did not state a minimum amount of leave that should be taken per year to achieve greater work-life balance, health, and wellbeing.

The concept of a minimum amount of leave that should be taken per year is worth exploring within ACT public health organisations to mitigate the detrimental effects of fatigue and burnout for staff working long periods without taking adequate levels of annual leave.

This is in addition to the ACT Public Sector Nursing and Midwifery Nursing and Midwifery Enterprise Agreement 2017-2019 (clause 112.22) that requires staff to take annual leave once they have accrued in excess of 2 years of annual leave, to keep it below this level.

Conclusion

Nurse and Midwives: Towards a Safer Culture has extensively reviewed the literature and considers workload stress, fatigue, work-life balance, and burn out to be the most important determinants of whether nurses and midwives will remain within their professions. High workloads as a result of high patient acuity impacts on nursing and midwifery safety and their ability to provide high quality and effective care.

The Discussion Paper identified that there is a large gap within the literature (research) in relation to *operational* rostering practices. New rostering principles were raised for consideration within the context of future ACT Public Sector Nursing and Midwifery Enterprise negotiations. Innovative evidence-based principles were presented within the Discussion Paper. These principles will help inform current ACT public health organisations in the development and review of their rostering guidelines and frameworks.

1. Increased access to leave in single days to complement rostered days off to decrease the effects of workload stress, fatigue, and most importantly work-life balance.
2. Introduction of a clause within the organisations rostering guidelines that stipulates a full two nights sleep should be given with accrued days off (ADO's) rostered in addition to this to assist in fatigue mitigation when rotating back onto day shifts.
3. More flexible and alternative shift arrangements (that are employee initiated) for various personal reasons would lead to greater work-life balance and staff satisfaction.
4. Permanently employed adequately skilled relief pool staff can be utilised during high leave demand periods such as school holidays to allow a greater number of staff off on annual leave at the one time.
5. Greater access to job mobility with the opportunity for nurses and midwives to move between areas and transfer back rejuvenated with increased clinical skills. For this option to be viable, a collaboration with Human Resources needs to be established.

ACT public health organisations should consider integrating best practice principles into their rostering frameworks and guidelines. Particularly in relation to safety, nurse and midwife wellbeing, and work life balance as they pertain to rostering and work-life balance.

References

- Aitken, L; Ceron, C; Simonetti, M; Lake, E; Galiano, A; Garbarini, A; Soto, P; Bravo, D & Smith, H. (2018). Hospital Nurse Staffing and Patient Outcomes. *Revista Medica Clinica Las Condes*. 29(3), p322-327.
- Bailyn, L; Collins, R & Song, Y. (2007). Self-Scheduling for Hospital Nurses: an Attempt and its Difficulties. *Journal of Nursing Management*. 15, p.72-77.
- Best Practice Rostering Guidelines: Queensland Health Nurses and Midwives. (2018). *QLD Health*. Sourced by personal communications – Cullen, T, February 11, 2021.
- Butler, M; Schultz, T; Halligan, P; Sheridan, A; Kinsman, L; Rotter, T; Beaumier, J; Kelly, R & Drennan, J. Hospital nurse-staffing models and patient- and staff-related outcomes. *Cochrane Database of Systematic Reviews* (2019), Issue 4. Art. No.: CD007019. Published by John Wiley & Sons, Ltd.
- Deisell, M; Murat, D; Asfour, E; Asfour, S; & Baker, E. (2010). New ways of thinking about nurse scheduling. *Journal of Advances in Management Research*. 7(1), p.76-93.
- Duffield, C; Diers, D; O'Brien-Pallas, L; Aisbett, C; Roche, M; King, M & Aisbett, K. (2011). Nursing Staffing, Nursing Workload, the Work Environment and Patient Outcomes. *Applied Nursing Research*. 24, P. 244-255.
- Gander, P; O'Keeffe, K; Santos-Fernandez, E; Huntington, A; Walker, L & Willis, J. (2019). Fatigue and Nurses Work Patterns: An online questionnaire survey. *International Journal of Nursing Studies*. 98, p. 67-74.
- Gifkins, J; Johnston, A; Loudoun, R & Troth, A. (2020). Fatigue and recovery in shift working nurses: a scoping literature review. *International Journal of Nursing Studies*. 112, p.1-15.
- Harper, K & McCulley, C. (2007). Acuity Systems Dialogue and Patient Classification System Essentials. *Nursing Administration Quarterly*. 31(4), p.284-299.
- Holland, P; Leng Tham, T; Sheehan, C, Cooper, B. (2019). The impact of perceived workload on nurse satisfaction with work-life balance and intention to leave the occupation. *Applied Nursing Research*. 49, p.70-76.
- Jones, M (personal communication, February 24, 2021) commenting on NZ staffing models. *New Zealand Nurses Organisation*.
- Jones, M. Are Ratios Really the Answer? (2020). *Kai Tiaki Nursing New Zealand*. 26(5), p. 26-28. Sourced by personal communications – Otzen, A, February 24, 2021.
- Jones, A; Whyley, H; Bevan, L & Doyle, J. (2018). Development of approaches and legislation to optimize nurse staffing levels. *Nursing Standard*. 33(5), p. 27-31.
- Kortbeek, N; Braaksma, A; Burger, C; Bakker, P & Boucherie, R. (2012) Flexible nurse staffing based on hourly bed census predictions. *International Journal of Production Economics*. 161, p.167-180.
- McHugh, M; Brooks Carthon, M; Sloane, D; Wu, E; Kelly, L and Aiken, L. (2012). Impact of Nurse Staffing Mandates on Safety-Net Hospitals: Lessons from California. *The Milbank Quarterly Journal*. 90(1), p.160-186.
- Min, A & Scott, L. (2016). Evaluating Nursing Hours per Patient Day as a Nurse Staffing Measure. *Journal of Nursing Management*. 24, p.439-448
- Olley, R; Edwards, I; Avery, M & Cooper, H. Systematic review of the evidence related to mandated nurse staffing ratios in acute hospitals. (2019). *Australian Health Review*. 43, p.288–293
- Skinner, N & Chapman, J. (2013). Work-life balance and family friendly policies. *Evidence Base*. 4, p.1-17.

- Tomic, K. (2017). *Nursing Assignments Based on Patient Acuity: the Road to Nursing Job Satisfaction*. Evidence-Based Practice Project Report, Valparaiso University
- Twigg, D., et al. (2011). The impact of the nursing hours per patient day (NHPPD) staffing method on patient outcomes: a retrospective analysis of patient and staffing data. *International Journal of Nursing Studies*. 48(5): 540-548
- Welton, J. (2017). Measuring Patient Acuity: Implications for nurse Staffing and Assignment. *Journal of Nursing Administration*. 47(10), p.471.
- Wynendaele, H; Gemmel, P; Pattyn, E; Myny, D & Trybou, J. (2021). Systematic review: What is the impact of self-scheduling on the patient, nurse and organization? *Journal of Advanced Nursing*. 77(1), p.47-82

Grey Literature Searches

- Achieving Work Life Balance: Retention and Attraction Strategies for WA Health. (2006). WA Health. [accessed 17/02/2021]
<http://www.health.wa.gov.au/worklifebalance/docs/retention.pdf>
- ACT Public Sector (ACTPS) Nursing and Midwifery Enterprise Agreement 2017- 2019. *Australian Nursing and Midwifery Federation*. ("Section 8" Rostering Guidelines). [accessed 17/02/2021]
www.fwc.gov.au/document/agreement/AE503830
- CCDM Programme: Safe Staffing Healthy Workplaces – New Zealand. (2017). [accessed 24/02/2021] www.ccdm.health.nz/
- Dragon, N. (2018). NSW Nurses and Midwives demand Mandated Nurse to Patient Ratios. *Australian Nursing and Midwifery Journal*. [Accessed 03/03/2021] <https://anmj.org.au/nsw-nurses-and-midwives-demand-mandated-nurse-to-patient-ratios/>
- Evans, J; Pati, D, and Harvey, T (2008, March 31). Rethinking Acuity Adaptability. *Healthcare Design Magazine*. [accessed 25/05/21]
- Fatigue. (nd). Safe Work Australia. www.safeworkaustralia.gov.au/fatigue
- Fatigue Prevention Policy. (2019). *Australian Nursing and Midwifery Federation* [accessed 17/02/2021] https://anmf.org.au/documents/policies/P_Fatigue_prevention.pdf
- Flexible Working Arrangements Policy: WA Country Health. (2021) [accessed 22/02/2021]
wacountry.health.wa.gov.au/fileadmin/sections/policies/Managed/Flexible_Working_Arrangements_Policy_TS4KSNFPVEZQ_210_19723.pdf
- Flexible Workplaces Policy Guideline Version 2.1. (2018). *SA Health*. [accessed 17/02/2021]
www.sahealth.sa.gov.au/wps/wcm/connect/f4746e80405094f7846ae7deb8488407/Guideline+-+Flexible+Workplaces+Policy+-+V2+Mar2017.pdf?MOD=AJPERES
- Framework for Rostering in NSW Health. 2018-2023. [accessed 17/02/2021]
www.health.nsw.gov.au/Rostering/Publications/framework-for-rostering.pdf
- Guide for Managing the Risk of Fatigue at Work. (2013). *SafeWork Australia* [accessed 17/02/2021] www.safeworkaustralia.gov.au/doc/guide-managing-risk-fatigue-work
- Higgins, A. (2020). *Abstract: Work-Life Balance Best Practices*. Doctoral Thesis, Walden University. [Accessed 17/02/21]
<https://scholarworks.waldenu.edu/cgi/viewcontent.cgi?article=10181&context=dissertations>
- Improving Nurses' Work-Life Balance: Insights from a team-based rostering pilot. (2019). *Timewise: NHS, UK*. [accessed 17/02/2021] <https://timewise.co.uk/article/improving-nurses-work-life-balance/>

- Leave Matters for the NSW Health Service (2019). [accessed 17/02/2021].
https://www1.health.nsw.gov.au/pds/ActivePDSDocuments/PD2019_010.pdf
- NHPPD Application Manual – Guiding Principles, WA Health, 2019. [Accessed 22/02/2021]
https://www2.health.wa.gov.au/Articles/N_R/Nursing-hours-per-patient-day
- NSW Public Health System Nurses’ and Midwives’ State Award, 2019. [Accessed 17/03/2021]
www.nswma.asn.au
- Nurse Staffing Levels (Wales) Act 2016: Operational Guidance. (2018). [accessed 22/02/2021]
www.wales.nhs.uk/sitesplus/documents/863/Enc.%204%20Operational%20Handbook%20%2027%20Feb%202018%20FINAL%20for%20publication.pdf
- Nursing and Midwifery Services Best Practice Rostering and Staff Deployment Principles. *NT Health*. (2012). [accessed 17/02/2021]
www.anmfnt.org.au%2Fsystem%2Ffiles%2Fresources%2Ffiles%2Fbest_practice_rostering_and_staff_deployment_principles_1.pdf%3Fdownload%3D1&usg=AOvVaw2w7x57HAz1E5rtMytXqm
- Nursing Hours per Patient Day: How is it used? WA Health, 2017). [accessed 22/02/2021]
https://www2.health.wa.gov.au/Articles/N_R/Nursing-hours-per-patient-day
- Nursing Roster Procedure. *WA Country Health Service*. (2020). [accessed 17/02/2021]
http://www.wacountry.health.wa.gov.au/fileadmin/sections/policies/Managed/Nursing_Roster_Procedure_TS4KSNFPVEZQ_210_6343.pdf
- Nurse to Patient Ratios: Questions and Answers, QLD Health, 2016 [accessed 23/02/2021]
www.health.qld.gov.au/_data/assets/pdf_file/0027/357453/ratiosqa.pdf
- Ratios Save Lives. (2017). *Australian Nursing and Midwifery Federation – ACT Branch* [accessed 17/02/2021] www.anmfact.org.au/wp-content/uploads/2018/03/Ratios-save-livesFINAL.pdf
- Rostering Guide for Safe Staffing Version 1.0. (2011). *Tasmania Health*. [accessed 17/02/2021].
<https://web.anmftas.org.au/wp-content/uploads/2011/06/Microsoft-Word-Safe-Staffing-Rostering-Guide-Version-1-0.pdf>
- Rostering Policy. (2019). *Australian Nursing and Midwifery Federation*. [accessed 17/02/2021]
https://anmf.org.au/documents/policies/P_Rostering.pdf
- Rostering Resource Manual Version 2.1. (2016). *NSW Health*. [accessed 04/01/2021].
www.health.nsw.gov.au/Performance/rostering/Pages/rostering-resource-manual.aspx
- Safe Patient Care (Nurse to Patient and Midwife to Patient Ratios) Amendment Bill 2018. (2019). *Department of Parliamentary Services Victoria*. [accessed 17/02/2021]
<https://parliament.vic.gov.au/publications/research-papers/send/36-research-papers/13887-safe-patient-care-nurse-to-patient-and-midwife-to-patient-ratios-amendment-bill-2018>
- Safe Staffing and Patient Safety Literature Review - Report (2003) *The Australian Council for Quality and Safety in Health Care* – prepared by The Australian Resource Centre for Hospital Innovations. [accessed 17/02/2021]
https://www.safetyandquality.gov.au/sites/default/files/migrated/s_stafalitrev.pdf
- Safe Staffing User Manual: Nursing Hours per Patient Day Model (NHPPD) Version 3. (2011). *Tasmania Health*. [accessed 17/02/2021] <https://web.anmftas.org.au/wp-content/uploads/2011/06/Safe-Staffing-User-Manual-NHPPD-Version-3.pdf>
- World Health Organisation (WHO)’s *Sixty-ninth World Health Assembly update – World Health Assembly* [accessed 17/02/2021] www.who.int/news/item/27-05-2016-sixty-ninth-world-health-assembly-update

ACKNOWLEDGMENT OF COUNTRY

ACT Health acknowledges the Traditional Custodians of the land, the Ngunnawal people. ACT Health respects their continuing culture and connections to the land and the unique contributions they make to the life of this area. ACT Health also acknowledges and welcomes Aboriginal and Torres Strait Islander peoples who are part of the community we serve.

ACCESSIBILITY

If you have difficulty reading a standard printed document and would like an alternative format, please phone 13 22 81.



If English is not your first language and you need the Translating and Interpreting Service (TIS), please call 13 14 50.

For further accessibility information, visit: www.health.act.gov.au/accessibility

www.health.act.gov.au | Phone: 132281 | Publication No XXXXX

© Australian Capital Territory, Canberra Month Year

