



Flexible work arrangements for nurses and midwives

Achieving work life balance and spending quality time with our families is a target in South Australia's current strategic plan. SafeWork SA endorses this by encouraging the promotion of a work life balance culture and environment in the workplace. Employers can help staff achieve work life balance by implementing flexible work arrangements (FWAs). This project investigated how FWA are implemented and supported in the South Australian acute hospital sector for nurses and midwives.

Project design

The project explored perspectives and experiences about FWA in public and private acute care hospitals in metropolitan and regional South Australia via an online survey (n=1365) and eight interviews with senior management. Participants were predominantly female and half of the respondents were Baby Boomers (aged 48+ years).

Flexible arrangements

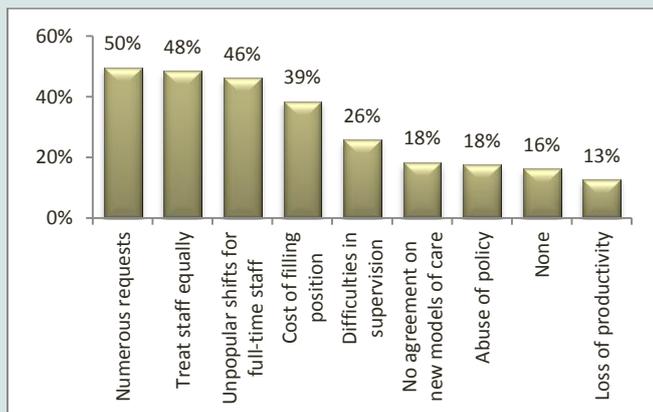
Almost half (48%) of nurses and midwives had asked their manager to access flexible work arrangements (FWAs) involving a reduction in work hours. More than one third (35%) of these did so principally to accommodate **parenting responsibilities**. Few requested FWA due to personal illness (5%), injury or disability (7%) or work-related stress (4%).

Slightly less than a quarter (22%) of FWA requests were refused. Of those refused, a quarter believed this was due to **inflexible management**, while around an eighth believed it was due to patient care requirements and workload constraints, another eighth cited issues with setting a precedent that others would want to follow and a further eighth indicated refusal was due to hospital policy limitations. It is of note, that previous refusals for FWAs did not influence a person's willingness to request them again in the future.

For those who had *not* made a FWA request this was largely due to being satisfied with current arrangements, personal finances and the **roster system providing adequate flexibility**.

Approximately one third of survey respondents were in a management position and identified a range of broader-level barriers to implementing FWAs (Figure 1). Interestingly, budgetary issues (reported by 39%), difficulties in supervision (26%) and no agreement on new models of care (18%) could be overcome by policy development and implementation.

Figure 1: Barriers to implementing FWA according to managers



Workplace culture

Nurses and midwives indicated a sense of equality in their workplace in terms of support and opportunities for part time and full time staff. The majority (82%) agreed that nursing/midwifery staff who work **part time** have the same protections as the full time workforce. Around two-thirds (69%) agreed that nurses/midwives who work part time are encouraged to participate in training programs and apply for promotion and that part time nurses/midwives are treated no differently to those who are full time (63%).



At the other end of the spectrum, a third of nurses and midwives disagreed that they were able to **job share** or work part time if they wanted, with 44% indicating that they could not move between full time and part time work and one third reporting they did not work **predictable hours** (32%).

Nursing and midwifery shortages

Just under half of the respondents (45%) indicated they intended to **leave the nursing/midwifery profession** within 10 years. The most common reasons for this were:

- Retirement (60%);
- Physicality of nursing (34%);
- Work-related stress (32%);
- Job dissatisfaction (29%); and
- Lack of flexible work conditions (23%).

Specific aspects of work-related stress experienced by nurses and midwives related to **high self-expectations** (41% reported this to a great extent), **negative communication with colleagues** (32%) and **pressure to meet patients' needs** (32%).

The physicality of nursing was also mentioned in the interviews as a particular issue for older nurses and midwives along with carrying out activities more slowly, feeling more fatigued, having less insight into how they feel and a reluctance to drop hours, unlike younger generations. The principal methods employed to overcome these issues by hospital management were to assign lighter workloads and shorter shifts (i.e. considerate rostering).

Attitudes about work

The literature suggests job satisfaction and staff retention are negatively impacted by overwhelming workload, unclear career progression, inflexible working hours, low salary, limited autonomy, poor communication and job dissatisfaction. These did not appear to be major factors for the nurses and midwives responding to our survey, most of whom reported being reasonably satisfied with their workplace - nearly all (94%) agreed they were **trusted and could work autonomously** and they had good working relationships with people they worked closely with (89%).

However, a small proportion did not feel adequately supported (35%), satisfied (30%) or valued (31%). It is also of note that one quarter of nurses and midwives did not feel that their manager **recognised their accomplishments**.

Less than 10% of nurses and midwives considered their work to be too difficult but:

- More than three-quarters (77%) agreed to some extent that they **experience many interruptions in their daily work routine**;
- 72% indicated they perform many non-nursing or midwifery tasks;
- 58% reported they **workload is too heavy**; and
- 32% did not feel they had adequate patient care supplies and equipment.

Hospital policy and processes

All senior management interviewed recognised that being 'family friendly' and providing good flexible work arrangements (FWAs) were important strategies to **minimise staff turnover**. Moreover, these arrangements were important not only to working mothers but all staff whether they are caring for older parents or grandchildren or simply trying to achieve a better lifestyle.

If staff are flexible for us, we will be flexible for them

All hospitals had multiple strategies or resources for minimising staff health, safety and welfare issues related to **high workloads**. These ranged from very basic, practical measures such as having good availability of resources and equipment (a public metropolitan hospital) to more

successful evidence-based approaches to improve teamwork, communication and safety, particularly at times of high workload.

Some logistical mechanisms employed to alleviate workload pressures included moving staff between wards and offering shorter shifts and enforcing meal breaks.

Two senior managers drew attention to the mutual dimension of FWAs; these arrangements must be mutually agreeable for employee and employer, and critically they must meet the needs of staff and patients.

Other salient interpretations of what FWAs mean included that it allows work to "fit in with their other life" and if they are happier at work they take less sick leave and that it is important to give people work life balance regardless of why.

All hospitals mentioned providing a range of FWAs. The most common arrangements were for part time work, compressed hours, shorter shifts, time off in lieu (TOIL), job sharing, purchased leave and access to leave at short notice. Job sharing and compressed hours were predominantly an option for those in **management positions** (i.e. Level 3 nurses/midwives upwards).

Part time work was by far the most common FWA in place with senior management reporting between 45% and 80% of staff employed on a part time basis in their eight hospitals. However, two public metropolitan hospitals indicated that having substantial proportions of part time nurses/midwives was not necessarily a good **model of care**. Issues can arise in terms of continuity of patient care as well as it placing greater responsibility and shift limitations on full time workers. For example, part time workers having less administrative responsibilities.

Organisational views on FWA for nurses and midwives were generally supportive and ranged from very supportive – "all managers are on board" because the evidence is out as to the benefits of FWA for staff and patients (a private metropolitan hospital) to almost indifferent with management not being remotely aware of what goes on with a "nursing is nursing's business" attitude and that they are satisfied as long as staff are delivering safe care. One hospital indicated that they were supportive but felt they didn't need to promote FWAs in an ongoing sense while another hospital observed that whilst supportive, sometimes people need to be given "permission" to be innovative.

While generally supported, FWAs were seen as impacting on other staff and on the hospital's ability to staff night duty. Moreover there was recognition that it is difficult to achieve a precise fit to accommodate both staff and hospital needs, that communication needs to be very good, and that clear accountability for specific tasks is more necessary. **Fairness of requests** and possible impacts on workloads were key issues reported by managers in both the survey and interviews regarding barriers to implementing FWAs, although 'fairness' seemed to be geared towards full time staff, not part time staff.

Key recommendations

- Three quarters of nurses and midwives agreed *models of care need to change* if staff flexibility was to increase. This is a significant finding and warrants exploration of current models and possible alternatives.
- The physicality of nursing and midwifery as well as the adverse effects of shift work are some factors which take a greater toll on older nurses and midwives. We suggest the development of practical policies and guidelines for the work, health and safety of the ageing nurse and midwifery population.
- Quality part time work (QPTW) is one element of a whole of organisation approach. We recommend improving awareness and promotion of the QPTW concept, perhaps through staff development training or the provision of guidelines at staff meetings for negotiating and managing QPTW.