

Report of Rostering Practices in Pathology Services across four Victorian Public Health Services

Report prepared for: Department of Health and Human Services (DHHS)
Medical Scientists Association of Victoria (MSAV)
Victorian Hospitals Industrial Association (VHIA)

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Executive Summary

This report has been prepared by RMIT University to inform discussions between the Medical Scientists Association of Victoria (MSAV), the Victorian Hospitals Industrial Association (VHIA) and the Department of Health and Human Services (DHHS) in relation to pathology rostering practices. The **purpose** is to develop **optimum rostering practices in Pathology Services**. The study was organised in three main parts: (1) A review of the literature on rostering practices and the impact on workers; (2) An analysis of hospital rosters; and (3) interviews and focus groups with Managers and Medical Scientists.

The review of the literature demonstrated that rostering practices impact on Medical Scientists and in particular on their absenteeism, burnout, stress, and other outcomes.

Pathology services are key to ensuring high quality of patient care and recovery. Literature has demonstrated that systemic shortages of key Medical Scientists in hospitals due to rostering challenges potentially put patients' well-being at risk (Knust & Xie, 2017). Rostering has a major influence on the performance and job satisfaction of employees and quality of patient care (Dall'Ora & Griffiths, 2017). Poor rostering practices can lead to employee disengagement, under-performance, and low job satisfaction (Loke, 2001). Researchers have reported that absenteeism is the result of burnout, consequential depression, which may lead to staff shortages and increased turnover intentions (Martini, Arfken & Balon, 2006). Work-related fatigue results in adults experiencing low energy levels and little motivation to engage with work activities (Rupert, Hartman & Miller, 2013). Collectively, these issues may lead to staff turnover and predictive risks around the quality of patient care (Van den Bergh, Beliën, De Bruecker, Demeulemeester, & De Boeck, 2013; Petrovic & Berghe, 2012).

The report is presented on four Victorian Health Services and their respective Pathology Departments. The four Health Services are referred to as Health Service A, B, C and D. The methodological approach was triangulated and included an analysis of roster documents, interviews and focus groups. Participants of the study are made up of Head Scientists/Directors (to be referred to as Directors throughout), Management staff of **Anatomical, Biochemistry, Haematology and Microbiology** and Medical Scientists. Data from each of the Health Services is presented in three sections: (1) an analysis of the roster documents of each Pathology Department; (2) Interviews with the Head Scientist/Director at each Health Service; and (3)

Managing Scientists, and Focus Groups with Medical Scientists. There were 74 participants; we interviewed 3 Directors and 18 Managers and conducted between one to two focus groups at each of the four Health Services with a total of 53 Medical Scientists.

After examining the Roster Documents from four Health Services it was found that at any one Health Service there is no one consistent rostering system. Some rosters commence with a computer-generated roster but many result in manually maintained spread sheets that are complex and unreadable.

A synthesis of findings suggest there are key issues which include inconsistent roster systems, challenges for managers to meet the requirements of some parts of the Enterprise Agreement (EA) due to inadequate staffing, imbalance of full-time and part-time staff, excessive workload and high levels of unplanned sick leave.

1. **The Roster Systems** across each Medical Service are inconsistent and whilst some planned rosters are electronic the worked (actual) rosters are manual. There are no two departments within each Medical Service that maintains an identical Roster System. Moreover, the **legends are inconsistent** and many symbols and acronyms need explanation. The Roster System should be accessible to staff online/via an app.

2. There is **no rationalisation of technology across the four Health Services**. Without common platforms it is difficult to establish common protocols that Medical Scientists can apply if they worked at other Health Services. Moreover, this makes it difficult to consider and/or plan to establish a Pathology Work Bank of casual staff.

3. **The current staffing arrangement makes it challenging to meet the requirements of the EA**. Based on the data from respondents Clause 58 in the EA is the most challenging for the management of rosters. Managers made it clear they are working in an environment where they are *'reactive rather than proactive'* and *'constantly applying survival strategies'*.

Managers have a very challenging role in relation to the unplanned roster changes and backfilling. This also **raises potential issues around compliance of the EA**.

4. Managers concur that the staffing issues in each department are due to being understaffed by four to five full-time Medical Scientists. They cite the **Government funding as 'deficient' and 'potentially puts patient care at risk'**. **The EA impacts 'negatively on staff'**.

5. Medical Scientists correspond that the staff numbers in each department make it difficult to meet EA requirements. **Medical Scientists are constantly under pressure** to meet demands of their work and much pressure around being rostered on for night shifts.

However, Medical Services are reluctant to use casual staff because they cannot assign them to the benches without training.

6. **Absenteeism** - the study revealed that **unplanned leave** (sick/parental leave/ADO [ADO are irregular]) **is an issue** at each of the Medical Services with **5.6 staff members absent** on any one day (according to roster documents and, when documents were not provided in their entirety, the information was provided in Interviews and Focus Groups). Therefore, over the four Health Services there are approximately 22.4 Medical Scientists on unplanned leave on any one day, not including annual leave. The **potential cost of unplanned leave has been calculated as follows:**

For the purpose of an approximation and in accordance with Schedule 2 - Rates of Pay and Allowances, we conservatively selected a Grade 2 Medical Scientist in their 2nd year of employment as at January 2018 on \$1,621.40 gross per week (\$84,312.80 annually) – please note the calculation does not include on costs.

At \$231.62 per day, per Medical Scientist, it is estimated this costs \$5,188.28 gross per day across the four Health Services. The estimated annual cost calculated over a five-day week (we did not include weekend work) is \$25,941.40 and **\$1,348,952.88 annually** (divided by 4 that would be approximately \$337,238.72 per year at each Health Service). With on costs we **estimate the annual cost would be close to \$1.5m across the four Health Services.**

7. Managers and Medical Scientists concur that **part-time staff drive the Roster System** at each of the facilities. This causes tensions between full-time and part-time staff.

8. Medical Scientists claim that the **intensity of work** has doubled in recent years but staff numbers have not doubled. With the intensity of work the health and well-being of Medical Scientists has been impacted which results in Occupational Health and Safety (OH&S) issues around the mental health of staff. **MS work beyond their work hours and are dedicated workers who put the quality of patient care above their own needs.**

9. Medical Scientists, who work **shift work**, claim their **health and well-being is negatively affected** by not having regular sleep and constantly having to readjust their 'body clocks'. They claim their **work-life balance is impacted** and they experience family, relationship and wellbeing issues.

10. Managers constantly work in an **unpredictable environment** of not knowing their staff numbers each day. They are to be commended for working in this environment with the current staffing numbers. **CEOs and Managers work beyond their work hours and are dedicated to the quality of patient care above their own needs.**

11. Training and Multiskilling - staff are not adequately trained on new technology. Also, due to a heavy workload, it is challenging for managers to afford staff the time to be multi-skilled within their own departments.

Recommendations are made as follows:

We address the key findings of the study, relative to Pathology Services, Managers and Medical Scientists, identified as predominantly being triggered by unplanned leave and potential costs as \$1.5million across the four Health Services. Therefore, we make recommendations in a five-point plan and present each point sequentially as follows:

1. Strategic Workforce Plan

Develop a **strategic workforce plan at a macro level** to take into consideration the potential impact on Health Services throughout Victoria.

1.1 Appoint an **Administrator** to manage rosters across the four Pathology Services at each of the Health Services. Rationale: Currently, Medical Scientists are administrators and their skills could be better used in their area of scientific expertise.

1.2 Due to the **gendered nature of the workforce** (most Medical Scientists are female), there needs to be a balance between full-time and part-time workers, with a substantial **increase in full-time workers**.

1.3 **Rosters cannot be shaped around the needs of one particular group** – instead they should be arranged as far as is practically possible through a fair, equitable and transparent process that meet the needs of the organisation, the department and the different categories of staff.

1.4 **Revisit staff numbers in line with the EA**. Take into consideration the recent EA.

1.5 **Manage work intensification through the redesign of work processes** – increase use of Laboratory Assistants to carry out low-level pathology work.

1.6 **Costs and Staffing** - develop and implement a plan to decrease the spending (estimated at \$1.5m per annum) on unplanned leave.

1.7 **Increase staffing of the Pathology Services in each Health Service. To cover the number of staff on unplanned leave alone** each of the four Health Services would need to **employ five to six EFT across Pathology Services**. However, **this does not address work intensification** and data highlights the need for each of the four departments at the Health Services to employ an additional **four to five full-time staff members** and **address work intensification and meet the requirements of the EA**. Therefore, **each of**

the Health Services needs to employ approximately 20 EFT. Included in the plan there should be two appointed MS night staff for those departments that offer a 24-hour service.

1.8 Training and Multiskilling - current staff to be trained to be multi-skilled within each department so that they can replace staff who are on leave.

1.9 Review the work ready capacity of new graduates through the relationship with Universities.

1.10 Strengthen the relationships between Universities and Health Services to identify skills of the future and the supply of work ready graduates.

1.11 The development of a workforce plan needs to be undertaken in **collaboration with Human Resource Management Departments.**

2. Rostering Practices

2.1 Roster System - a consistent and sustainable roster system and practices to be developed, implemented and evaluated at each of the Health Services and across the four departments, Anatomical, Biochemistry, Haematology and Microbiology. Explore standardisation of pathology systems, technology and roosting practices within and across Health Services.

2.2 Roster System Legends – universal legends produced and attached to each roster to ensure transparency in terms, symbols, coding and presentation be consistent across Pathology Services.

2.3 Examine the possibility of an **online Roster System that emphasises transparency**, is co-designed, fair and equitable that removes the possibility of gaming. Develop an App where people can access the rosters remotely.

2.4 Examine the plausibility of **consistent roosting practices** across Pathology Services within and between the Health Services. Organising work to achieve consistent practices across pathology labs within and between Health Services.

2.5 Due to the nature of pathology work there is considerable **unpaid labour** (each Medical Scientist reported that they work between 10 and 15 minutes each day without claiming overtime), which needs to be addressed through acknowledgement and reward.

3. Health and Wellbeing

3.1 **Develop the culture** - due to the culture of unplanned leave, implement a number of management initiatives to better understand the causes and solutions of such leave to reduce staff stress, fatigue and burnout.

3.2 Engage Medical Scientists in workshops to **identify the causes of stress, fatigue and burnout**.

3.3 In collaboration with Medical Scientists **develop interventions to reduce stress, fatigue and burnout** (e.g. a work-life balance schedule).

3.4 **Evaluate interventions** and engage in a continuous cycle of building ways to support staff.

3.5 In addition, when there is evidence of any **staff conflict due to personality issues and issues around part-time staff driving the roster**, actively manage any staff conflict situations and provide support and meditation if needed. **Create a culture of supportiveness**.

3.6 Improve work processes through increased breaks and ensuring Medical Scientists actually take such breaks.

3.7 Ensure that OH&S policies and practices support the mental health of Medical Scientists and all staff.

3.8 Due to work overload it is anticipated that the four Health Services may have employees with **excessive accrued annual leave**. An investigation needs to be carried out to ensure employees take their leave.

4. Consultation and Co-design

4.1 **Develop a program of consultation** to engage staff with any proposed changes to the current roster system.

4.2 Work with Medical Scientists to develop and implement the Strategic Workforce Plan.

4.3 Work with Medical Scientists to improve work processes and importantly to increase their routine breaks.

4.4 Develop Managers' and Medical Scientists' skills in leadership, team building and resilience.

4.5 **Develop better communications with Medical Scientists.** The quality of communication may well be a key process to influence positive relationships between managers and staff.

4.6 Work with Medical Scientists to **reduce work intensity** and the challenging nature of their work.

4.7 Work with Medical Scientists to **enhance the culture** and reduce any potential for growing tensions between and across staff and management.

4.8 Agree on ways forward together as a united pathology workforce.

4.9 Set up a Focus Group of key stakeholders including Directors, Managers and Medical Scientists to discuss the findings and recommendations made in this report.

5. Valuing Medical Scientists and Recognition

5.1 **Invest in Medical Scientists** through effective training and development, greater transparency, open communication channels, information sharing about department and service performance, and addressing staff daily work issues and challenges.

5.2 **Celebrate the important role of Medical Scientists** in pathology services and its instrumental contribution to patient care.

23.5.3 Introduce a **program of recognition to value the critical work of Medical Scientists.** Acknowledge the work of Medical Scientists and help them feel they are valued. For example, this could be an award for an outstanding scientist.

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1 Introduction

Pathology plays a vital role in supporting Australia's healthcare system. Medical Scientists deliver clinical services and carry out pathology testing that ultimately ensures the wellbeing of patients. This study focuses on understanding the effects of rostering practices in Pathology Services across four Health Services in Victoria. The research was carried out independently by academics from RMIT University and La Trobe University on behalf of the Department of Health and Human Services with the support of the Victorian Hospitals Industrial Association and the Medical Scientists Association of Victoria. The research was funded by the Department of Health and Human Services.

The report is presented as follows: section 2 outlines the purpose; section 3 provides literature informing the study; section 4 describes the methodological approach; section 5 briefly introduces the participants of the study; the next sections present the data collected from each of four Health Services. There are four Health Services referred to as Health Service A, B, C and D. Across the four Health Services there are approximately **500 Medical Scientists** employed, mostly female and there is an almost equal number of full-time and part-time employees.

2 Purpose, Aim and Research Questions

The purpose of the research study and this report is to inform discussions between the Medical Scientists Association of Victoria (MSAV), the Victorian Hospitals Industrial Association (VHIA) and the Department of Health and Human Services (DHHS) (the parties) in relation to optimum rostering practices in pathology services. The research aims to understand the organisational mechanisms that support rostering within Pathology Services across four Health Services and develop strategies and interventions to enhance employee wellbeing and minimise any issues related to rostering practices.

The main research questions relative to Pathology Services and rostering are as follows:

2.1 What are the drivers of change in Pathology Services?

2.2 What are the main challenges in relation to the current roster system?

2.3 What other issues impact on staff and rostering?

2.4 Given the opportunity to restructure the roster system what would you propose?

3 Background Information

3.1 Literature Informing the Study

Rostering practices impact on medical scientists and in particular on their intention to leave, absenteeism, burnout, stress, and other outcomes (Van den Bergh, Beliën, De Bruecker, Demeulemeester, & De Boeck, 2013; Petrovic & Berghe, 2012). Rostering practices can affect organisational service delivery, budgeting, and worker morale, safety, and turnover (Silvestro & Silvestro, 2008). Challenges associated with personnel rostering and scheduling have attracted significant research (Brucker, Qu, & Burke, 2011; Van den Bergh, Beliën, De Bruecker, Demeulemeester, & De Boeck, 2013). This involves balancing sometimes competing priorities (for example, minimising organisational staffing costs, maximising satisfaction of personal preferences) with a range of technical considerations (Petrovic & Berghe, 2012). Literature in operations management and related fields has focussed on developing mathematical models to optimise personnel scheduling and the automation of processes (Petrovic & Berghe, 2012). The challenges of developing such models have been studied in diverse industries, such as transportation (Rodrigues, de Souza, & Moura, 2006; Weide, Ryan, & Ehrgott, 2010), postal services (Bard & Binici, 2003), hospitality (Rocha, Oliveira, & Carravilla, 2012), call centres (Ertogral & Bamuqabel, 2008), laboratories (Adamuthe & Bichkar, 2011; Franses & Post, 2002), and Emergency Departments (Arisha & Abo-Hamad, 2013).

There is a substantial disconnect between rostering research and practice (Drake, 2014; Petrovic & Berghe, 2012). Many healthcare institutions, for example, continue to use manual rostering processes (Knust & Xie, 2017; Petrovic & Berghe, 2012). It has been suggested that part of the reason for this disconnect is that models do not sufficiently incorporate practical requirements and the unique constraints of different workplaces (Drake, 2014). Models are often 'either too simple or not flexible enough (or both)' (Knust & Xie, 2017, p. 7). The uniqueness of individual workplaces with regard to rostering stems not only from technical constraints, but also from unique workplace cultural contexts that impact on rostering. In these instances, formal rostering policies can be lacking or un-enforced.

Pathology services are key to ensuring patient safety and recovery, and systemic shortages of key medical scientists in hospitals due to rostering issues potentially puts patients' well-being at risk (Knust & Xie, 2017). Rostering is a key component in pathology services and any issues

related to staff absenteeism and wellbeing are important. Rostering has a major influence on the performance and job satisfaction of employees and quality of care (Dall’Ora & Griffiths, 2017). Poor rostering practices can lead to employee disengagement, poor performance, and low job satisfaction (Loke, 2001). It has been reported that absenteeism is the result of burnout, consequential depression, which may lead to staff shortages and increased turnover intentions (Martini, Arfken & Balon, 2006). Work-related fatigue results in adults experiencing low energy levels and little motivation to engage with work activities (Rupert, Hartman & Miller, 2013).

Job burnout is a response to prolonged exposure to workplace stressors (Maricutoiu, Sava, & Butta, 2016). High levels of job burnout are associated with negative attitudes towards the job or organisation and may result in intention to leave (Maricutoiu et al., 2016), low levels of performance (Taris, 2006), and high rates of absenteeism and sickness (Maslach et al., 2001), and increased risk of accidents or injuries in the workplace (Nahrgrang et al., 2011). Burnout tends to go hand in hand with overtime and generally, employees experience burnout when they work more hours per week. Martini, Arfken, and Balon (2006) found that the implementation of work hour limits appeared to reduce significantly the prevalence of burnout among first year-residents. They suggested that this lower prevalence of burnout could be attributed to the fact that they are new to the system and have not yet developed ways to cope with the demands of a busy schedule. Similarly, Rupert, Hartman, and Miller (2013) found a significant positive correlation between the number of hours worked in a typical week and the emotional exhaustion dimension of burnout. Peterson et al. (2008) found that burned-out employees reported a higher frequency of overtime than did the non-burned-out and disengaged workers. They hypothesized that the burnout could be related to both high job demands and poor access to job resources, but mainly to the latter. Collectively, these issues may lead to staff turnover and predictive risks around the quality of patient care.

3.2 Understandings of Relevant Sections of the Enterprise Agreement (EA)

The EA covers all aspects of employment and work rights of Medical Scientists and other relevant healthcare professionals to improve *‘annual leave, rostering, workload and leave back fill provisions which.....provide improved benefits, by making jobs more decent, sustainable and less harmful’*. It is evident in the preparation of the EA report that a priority for the Union was to *‘improve working conditions, particularly in the context of spiralling workloads and related*

stress and injury' (EA, 2017). Of key relevance to this report is Clause 58, which details rostering and overtime practices. Clause 58 protects MS and ensures they have ten consecutive hours away from work following rostered ordinary hours and overtime worked. Our reading of the EA is that it is a comprehensive agreement that protects the employment rights of Medical Scientists and provides Managers with rules and guidelines in the development of rosters and the management of Medical Scientists.

During the interviews and focus groups the following two sections of Clause 58 of the EA were constantly raised and cited as being problematic in terms of not allowing Medical Scientists to work overtime when they may otherwise have voluntarily engaged in overtime:

(b) When overtime work is necessary it shall, wherever reasonably practicable, be so arranged that employees have at least ten consecutive hours off duty between the work of successive shifts.

(c) An employee who works so much overtime between the termination of their previous rostered ordinary hours of duty and the commencement of their next succeeding period of duty such that he/she would not have had at least ten consecutive hours off duty between those times, shall, subject to this clause be released after completion of such overtime/recall worked until he/she has had ten consecutive hours off duty without loss of pay for rostered ordinary hours occurring during such absence.

4 Methodological Approach to the Study

Each of the four Health Services are presented separately and in the same order. The first section of the report on each Health Service is based on an analysis of the rosters of four Pathology Departments: Anatomical, Biochemistry, Haematology and Microbiology. The second section provides an analysis of interviews with between four and six managers; the third section presents the data from one to two focus groups; the fourth section presents a synthesis of the findings; and the final section offers recommendations to improve the roster systems and enhance employee wellbeing. In reporting the data we refer to the Director or Managing Scientist as Director and managers as Manager A, B, C, D and E and to protect the identity of the participants the order is not in the order of departments listed above.

Ethical clearance was obtained from RMIT University. The Chief Investigator contacted each Health Service and obtained Organisational Consent. The research team contacted the prospective participants for interviews and focus groups, the purpose of the research was outlined and each participant was assured that this was a confidential and voluntary exercise

(Schensul, 1999). Participant Information Statements and Consent forms were then provided to each participant and signed consent obtained prior to the commencement of data collection. Data were collected from roster documents, interviewing 3 Directors and 18 Managers and conducting between one to two focus groups at each of the four Health Services with a total of 53 Medical Scientists. Triangulation was the most effective means to ensure reliability and validity (Creswell & Miller, 2000). The researchers searched for the convergence of different sources of information to formulate categories and themes within the data. We investigated the impact roster practices have on employee stress, burnout, and turnover and present ways to improve the current roster system and enhance administrative processes and employee wellbeing and patient outcomes.

Due the complexity of the roster documents and the time to analyse each roster it was decided by the researchers and the Directors of each of the hospitals to focus on a deeper analysis of unplanned leave over one month, the month of June.

The recordings of interviews, handwritten interview notes and focus groups were transcribed and analysed using NVivo, following the steps of content analysis outlined by Weber (1985). The transcription of all interview and focus group data were coded independently by two coders until saturation. All data were de-identified and two coders were used to ensure the reliability of the coding framework. Where there was disagreement between the coders, a third rater was employed to finalise the coding.

5 Participants of the Study

Participants of this research study are the Directors (Please note: regardless of the titles of upper management we have referred to them as Directors to further protect the identity of each participant), Managers and Medical Scientists who are employees of four Victorian Public Hospitals and work across the Pathology Departments of Anatomical, Biochemistry, Haematology and/or Microbiology within four Health Services. The study comprised a total of **74 participants**. We interviewed **3 Directors, 18 Managers** and held nine Focus Groups with a total of **53 Medical Scientists**.

Health Service A

6 Phase 1 – Roster Documents

The Chief Investigator requested rosters from each of the Pathology Services Departments. Reports required were from January to June 2018 and also detailed rosters based on one month of worked rosters, in the month of June, that depict actual work and unplanned leave. At Health Service A each of the departments provided the original planned rosters within a few days. However, obtaining the actual worked rosters and sick leave took additional time. We found some resistance from Haematology and it was two weeks from the date of our request until we received their worked/sick leave rosters.

6.1 Management Staff by Department Responsible for Rosters

In each department, Anatomical, Biochemistry, Haematology and Microbiology, there are two managers. One is referred to as the manager and for example in Biochemistry the second manager is referred to as a delegate. Therefore, regardless of title, across the four departments, there are eight managers responsible for rosters and changes to rosters.

6.2 Preparation of Rosters

The managers within each department are responsible for the preparation of rosters. There is **no consistent roster system** and each department maintains rosters independently. The rosters across the Health Service departments are different.

The rosters are prepared based on 10-hour or 8-hour shifts, rotating shifts, split shifts, on call, night shifts and full-time day shifts. Some departments operate around the clock and others close in the evening or up to 8.00pm and have one staff member rostered on call. Scientists are assigned within departments according to the needs of each laboratory.

6.3 Prepared and Unprepared Roster Spreadsheets

Prepared rosters are generated electronically and the actual worked rosters are hand written. Therefore, the systems commence from an **automated system for planned/intended rosters and revert to a manual system for unplanned/actual rosters.**

For example, at the Health Service A the planned rosters are drawn up in Kronos and are very different to the rosters that are actually worked. Staff have access to several spreadsheets on a corkboard in each department and there are several for each of the

departments. There are annual rosters, fortnightly rosters, quarterly rosters, availability rosters, etc. In Haematology there are roster spreadsheets for the next 6 weeks. Other departments have quarterly rosters that are posted and these rosters record the most changes. The rosters are messy and noted in pen and it is not always clear if the changes are due to sick leave, carer’s leave or any other type of leave.

6.4 Interpretation of Rosters

Overall, **the rosters are not transparent**. There are some parts of the rosters that are easy to read but other parts require explanation. Therefore, interpreting the rosters is a complex exercise and requires a reader to make enquiries of the managers of each of the departments for detailed explanations. For instance, on the Anatomical roster when a staff member’s name is in italics this means the staff is on a split shift but it is not evident on the other rosters if split shifts are practiced and, if so, which staff work split shifts. Biochemistry uses ‘M’ for morning shifts but hours are not evident. In Microbiology the rosters have numbers which we identify as the number of staff working a particular shift but the names and status (full-time/part-time/casual) of staff members is not evident – see extract below.

| | 1/6/18 | 2/6/18 | 3/6/18 |
|---------------|--------|--------|--------|
| 07:00 - 16:00 | 1 | 0 | 0 |
| 08:00 - 17:00 | 11 | 6 | 5 |
| 12:00 - 21:00 | 3 | 0 | 0 |
| ADO | 1 | 0 | 0 |
| RDO | 1 | 0 | 0 |
| ANN LEAVE | 3 | 0 | 0 |
| SICK | 2 | 0 | 0 |

6.5 Accrued Days Off (ADO) and the Culture around these days

There appears to be two ways of earning accrued days off (ADO). In some departments staff work an 80-hour fortnight and therefore each week accumulate four hours towards an ADO. In Haematology there appears to be a culture of ‘voluntary shifts’ where managers/staff are rostered to work one day on a weekend. They also roster different hours on Saturdays and Sundays – and there is no consistency in the hours worked. A ‘voluntary shift’ means that those who take these shifts will receive **50% penalty rates**, as well as **one ADO – accrued day off**.

6.6 Sick Leave, Carer's Leave and ADO

The following examines rosters relative to sick leave, carer's leave (family/personal leave) and ADO across four departments for the month of June, 2018:

Anatomical – this department has 21 staff and recorded 16 days sick leave, 8 days carer's/family leave and 14 ADO, with a total of 38 days over June, 2018.

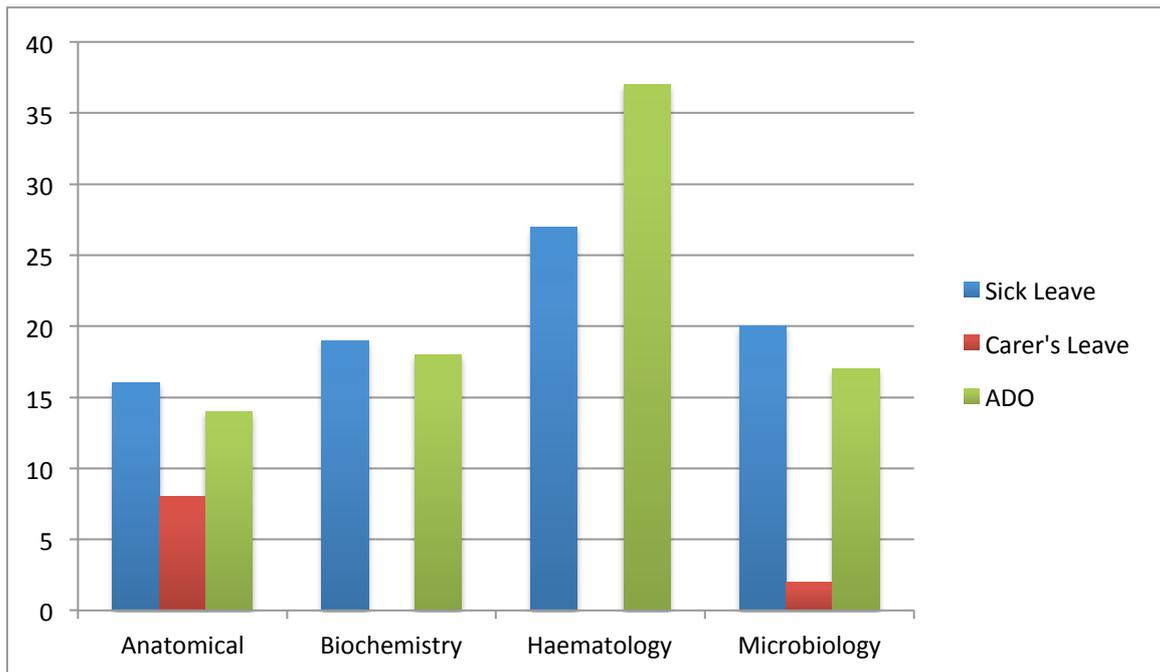
Biochemistry – this department has 23 staff and recorded 19 days sick leave and 18 ADO, with a total of 37 days over June, 2018.

Haematology – this department has 38 staff and recorded 27 days sick and 37 ADO with a total of 64 days over June, 2018.

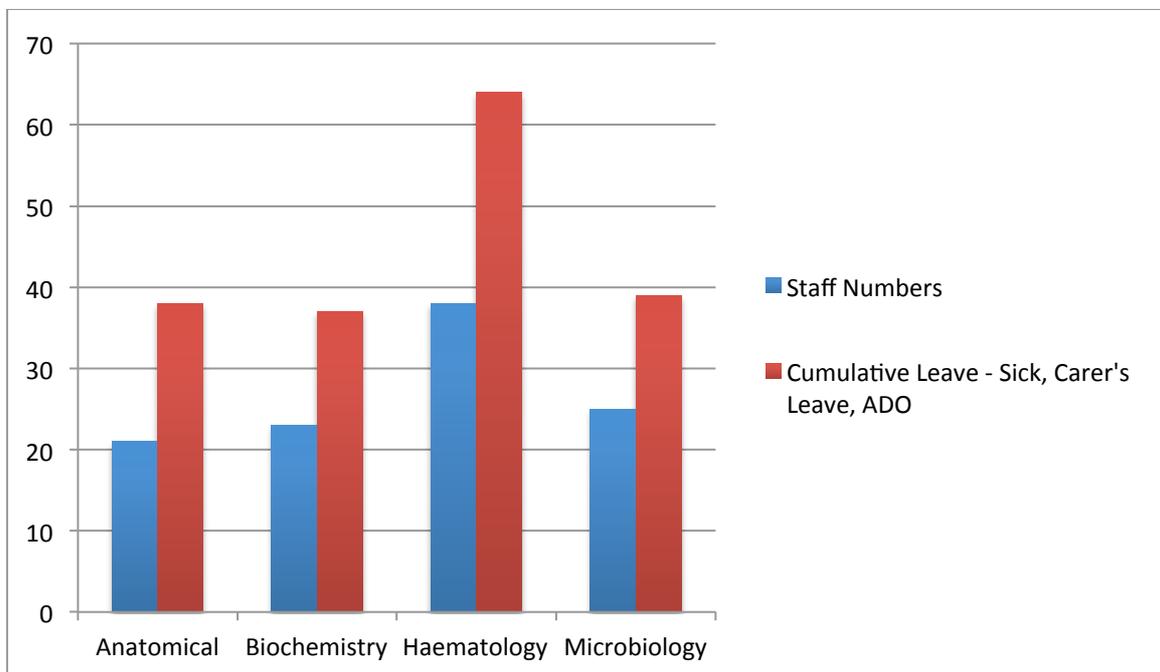
Microbiology – this department has 25 staff and recorded 20 days sick leave and 2 days carer's leave, and 17 ADO with a total of 39 days over June, 2018.

Therefore, **over a 30-day period** (June) for Anatomical, Biochemistry, Haematology and Microbiology, there was a **cumulative total of 178 days** sick leave, carer's leave and/or ADO – see graph below. Note: this does not include annual leave, optional days or rostered days off. There are 107 staff members across the four departments and on average there are 5.93 staff members, away on sick leave, carer's leave or ADO on any day. Staff in Haematology had 37 ADO in June, more than double the number of ADO recorded by staff across the other three departments, Anatomical 14, Biochemistry 18 and Microbiology 17 – see graph below. We acknowledge staff numbers are not equal across the four departments.

Actual Days: Sick Leave, Carer's Leave (Personal Leave) and ADO for June 2018



Actual Days: Number of staff to cumulative sick leave, carer's leave and ADO June 2018



6.7 The use of Acronyms/Symbols/Terms

The use of acronyms within the Health Service and across the four departments was found to be inconsistent. There are some obvious acronyms but others need explanation. For

example in Haematology there are ADO, which are accrued days off and there is also ADO 2.0 which, we have no explanation for. We are not able to interpret handwritten letters M, MT and F written inside circles, nor can we interpret Other Leave 1, Other Leave 2, Other Leave 3, Other Leave 4 or Other Leave 5. We asked the Director what these meant and he was uncertain. However, there may be clear explanations known to the managers and the staff.

In Biochemistry the roster records 'Julian Days' with sequential numbering under each date. Whilst the concept is about numbering days from the beginning of a period it is not evident why sequential numbering on the roster would be relevant. The concept of 'Optional' is unclear.

| Date Day Julian Day | 11-Jun MON 106 | 12-Jun TUE 107 |
|----------------------------------|----------------------|----------------------|
| ANNUAL/LS LEAVE | HJS | |
| ADO | | JD EL |
| SICK | | |
| Diabetes OP Clinic | | |
| Optional 08:00— 18:00 | | |
| Optional 08:00— 18:00 | | |
| Optional 09:00— 18:00 | | RG/AV |

6.8 Presentation of Rosters

There are no two rosters presented the same and we note each roster has a different method of presenting roster data. For example, Haematology uses a colour-coded system and highlights annual leave in the colour orange. Biochemistry uses shaded, block and dots

in squares to depict rosters – see extract below from the June roster. Note: the names of staff are listed in a column to the left. It is not evident to a reader what the shaded/blocked areas and dots represent.

| | | | | | | 18-Jun-18 | | | | | |
|---|---|---|---|---|---|-----------|---|---|---|---|---|
| T | W | T | F | S | S | M | T | W | T | F | S |
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7 Phase 2 – Interviews

In this section the researchers interviewed the Director and Managers referred to as Manager A, B, C, D and E.

7.1 The role of managers and the major drivers of change in their roles

Manager C described the multi-skilled role of managers in Pathology Services *‘the role is one where we’re a HR manager, an Administrator and a Health and Safety person....we don’t have time for science but we have to know different science skills for recruiting’*. Manager E summarised the views of all managers about how they see their roles *‘The way we have to manage is reactive rather than proactive....we’re paralysed from not knowing.....we’re constantly applying survival strategies’*.

Technology was raised by each of the managers as having an impact on their roles. Manager B noted *‘technology is a key driver at the front end of how we do our work’*. Manager A explained *‘technological change means we have to hire applicants with the skills and be in a position to train them on the floor’*. All of the managers were in agreement that training was an issue because it can take up to six months to prepare a Medical Scientist to work night shift on their own. It was also mentioned that *‘multi-skilling can help in the lab*

particularly on night shift' (Manager C). However, to train staff in different skills there *'is very little time and no budget for outside training'* (Manager, B).

7.2 Key skills of a manager

The Director and five managers described their skills as *'administrative', 'rostering', 'human resources', 'safety', 'technical', 'problem solving', 'conflict resolution'* and qualified that these skills are *'rarely related to science'*.

7.3 Describing the roster system

When asked to describe the rosters the Director explained he was not able to interpret all the rosters across Anatomical, Biochemistry, Haematology or Microbiology. *'There are some parts that are obvious'* but others are *'very confusing in parts'*. He has a basic understanding of each of the rosters but does not know all the acronyms. Although he pointed out 'O' on a roster represents an 'ADO' – *'that means accumulated or referred to as accrued days off'*. He described the planned rosters drawn up in Kronos to be very different to the rosters that are worked. He said *'Staff see all the spreadsheets with hand written changes and there are several for each department'*. He noted there are annual rosters, quarterly rosters, fortnightly rosters, availability rosters, etc. For example, Haematology has roster spreadsheets for the next 6 weeks. In other departments there are quarterly rosters and *'they have the most changes – messy and changes are noted in pen'*. He said Haematology is challenging when it comes to their rosters because they are *'difficult to interpret'*. He also said when he asks department managers to explain their rosters they *'talk in riddles'* and *'don't explain the changes clearly'*.

Each of the four managers explained their individual rosters and acknowledged they commenced with a manual system and basically had Kronos adapted to their previous manual system. Hence, there are no two roster systems that are the same.

7.4 Previous experience with other Roster Systems

We asked each of the managers if they had ever worked with different roster systems but they had all worked at the Health Service for many years and commenced with manual systems. They all explained how their previous manual systems had been adapted to Kronos and basically they worked to their own style within the roster system.

7.5 Major challenges

Manager A made a very strong statement **'the workload for Medical Scientists is almost criminal'**. Manager E provided a succinct statement that echoed the views of all managers - *'Managers can't meet the EA with current staffing numbers. We could comply if we had the numbers'*. Manager A explained *'In the new EA, staff are promised rosters three weeks in advance. One condition is if there are any changes within a week of a roster then staff will be paid penalties'*. All of the managers interviewed cited **the EA as an issue that impacts on rostering**. Manager E claimed that *'to comply with the EA we need four to five full-time staff in each department'*. Manager D said *'we simply can't call people who want to work because the EA stops us...we don't want the Union involved'*. Manager B said *'because of Clause 58 (in the EA)...sometimes there are no the staff to backfill...there's no balance between full-time and part-time staff'*. Manager C noted *'we can't meet the criteria of the EA'* and Manager D expressed concern that *'the EA puts us under a lot of pressure to meet its requirements... we also have to keep staff happy and provide critical services that support patient care'*.

Manager A explained **'Voluntary shifts are a challenge and it means staff will receive 50% penalty rates, as well as one ADO – accrued day off. One staff member accrued 6 weeks of ADO'**. The rosters are somewhat out of the ordinary because on certain rosters there *'are more staff, say seven, rostered on a weekend and five during the week...this doesn't make sense'*. The manager then described how difficult it is for every manager to replace staff when there are so many sick days and ADO. He summed up by saying *'One of our major challenges is increasing work and not the resources to deal with the increase...basically we're squeezing people for more work'*.

The Director said **'the managers are a challenge'**. He has addressed the managers individually but they are *'elusive and resistant to change'*. Managers claim they are not sure why certain people are taking shifts. The managers say *'everything's too hard'* and they are not able to explain complications in the rosters. The managers in the middle are *'my biggest problem'*. They constantly request more staff but *'more staff will not resolve the roster issues'* because *'what we have to fix is the sick leave'*.

The Director explained '**staff members on the floor are not coping**'. Staff members in each department are constantly complaining about rosters being '*unpredictable*' which can leave them in situations where they have to find alternate arrangements for childcare and other personal commitments. Full-time staff find it '*challenging to work around part-time staff*'.

All of the managers mentioned **part-time staff as being another big challenge** for them. Manager C noted '*part-time staff causes the department to be a huge dysfunctional unit*' and went on to say Pathology Services suffers '*because part-time staff work at other units in other hospitals*' and they '*can't always be relied upon to help backfill*'. Manager B recalled a recent day when that calling five part-time staff to backfill for a shift '*there was no one else to call....we didn't have anyone for the shift*'.

Manager D echoed the voices of the other managers when talking about new staff '**we can't roster new staff to work a night shift....it takes us twenty six weeks to train a new staff member... to be able to work on their own, particularly for night shift....we have a huge problem with new staff coming from universities and not having the skills commensurate with what their degrees claim they can do**'. Manager B noted that graduates '*aren't prepared to start work....they come to us very green*'. Manager A summed up the situation '*graduates are not work ready and this makes our work so much harder....we need graduates with the skills to start work....we shouldn't have to train them*'.

We asked each of the managers about **staff turnover** over the six-month period 1 January 2018 to 30 June 2018 and each cited turnover as an issue. In Anatomical two full-time and three part-time staff left the department. In Haematology five full-time and two part-time staff have left and one staff member has extended maternity leave. In Microbiology two full time staff have left. Therefore, there have been 9 full-time staff members leave and 5 part-time staff members and one part-time staff member extending leave. On an average over a six-month period that means approximately two staff members (full-time/part-time) leave every month.

7.6 What works well and not so well – proposed improved roster system

The five managers interviewed all cited **the EA as not working well**. Manager E exclaimed '*No one has come up with a roster system that meets the EA*'. The managers noted that the '*New EA*' causes issues in regard to the rostering' and '*it's not working well for staffing in*

Pathology'. Manager D said *'the main issues are around backfilling...we're sometimes left with no one to call because of Clause 58'*. The managers also raised the concept of compatible work teams and the EA and the fact *'we have some teams who work really well together and others who clash'* (Manager C) and *'it's difficult to roster people on with someone they don't work well with'* (Manager B) but *'staffing is so limited and because of the EA we have to put staff together who hate each other....but, we then create other personality issues that take up time to manage'* (Manager D).

Manager C said *'what doesn't work well is **having too many part-time staff**'*. The managers were unanimous in their views on permanent staff being more reliable than part-time staff. However, each of the managers expressed the need to have some part-time staff. Manager D summed up the sentiments spoken by the other managers *'**we need more full-time staff than part-time staff.....we have to restore permanency supported by a smaller number of reliable part-time staff**'*.

7.7 Union involvement in rostering

The day we interviewed the Director he was meeting with the Union to discuss various matters. He noted that the EA was at the *'centre of most Union issues'* but due to confidentiality did not reveal any details.

8 Phase 3 – Focus Groups

We carried out two focus groups with a total of **14 Medical Scientists**. Each focus group was held for approximately 60 minutes.

8.1 Nature of work in Pathology

Work in pathology services was described by the participants as *'challenging'* because whilst they enjoy the science of their work most of them expressed discontent in how they carry out their work. The first participant to speak told a story about two staff members; one returned to work from maternity leave and was *'forced to come back full-time'* and another was on dialysis and *'also forced to work full-time'*. The participants described a culture that was driven by management to get the work done *'whatever the cost to staff....if work is there you're required to do it'*.

8.2 Roster Systems in Pathology – what works well and not so well

When staff were asked what works well there were few positive comments. The only positive comments were from two full-time staff members who said ‘my roster’s OK because I work days’ and ‘if you’re full-time on a regular type shift you can survive’. Most of the discussion was around issues with the current roster system as follows:

The roster system doesn’t work....there’s one scientist on night shift...that person’s doing 20% of a whole day’s work.

*The rosters don’t work well because the **workflow has doubled but staff numbers haven’t.***

8.3 Major changes that impact on work

Technology was raised and the Medical Scientists explained how it affects their work. First, there was consensus that the impact is due to having little time for training on new processes. Staff offered the following explanations:

New computer systems slow things down....it takes us away from the bench...we have to stop our services and learning new systems takes concentration.

Training on new computers takes up time and when you do want to be trained you’re told there’s no time....too much work to be done.

8.4 Main challenges in daily work

When we asked the Medical Scientists about the main challenges for them in their daily work they raised issues about the demands of doctors and nurses:

About 97% of medical decisions are made based on findings of pathology.....we’re important in the process but **treated very poorly by doctors and nurses.**

Every area of care depends on medical science but we’re not treated kindly, we’re not treated with respect.

The attitudes of doctors and nurses are negative....we’re dealing with constant complaints....we receive tests at say 2.00am and doctors want the results by 8.00am....there’s one person on the night shift...the pressure’s enormous.

Medical Scientists told us that on a daily basis they are challenged by the intensity of work and a constant workflow without adequate breaks. They also expressed concerns about work issues and a perceived lack of managerial support:

Workload is increasing, but the **support isn’t increasing.**

Today alone, work increased in our department because we had six people off sick.

It's so hard to get a break.....and we're on our feet for long shifts.

Once upon a time if you were on night shift we had a cot and could take a rest...we could read medical magazines.....not any more....we don't get a break...management puts the pressure on.

It was apparent that workload impacts on the Medical Scientists and their overall health and wellbeing and work-life balance. Most of the participants agreed:

We're burnout, tired....it's so hard for us to get the body in sync

The effect of cortisol on the body under stress at night when we should be sleeping.

When you work four straight nights it takes at least two days to recover.

I'm always exhausted...always thinking about work....it's physical and mental.

You can't get 'me' time at work anymore....we used to have time to think....not anymore.

An outcome of adverse rosters is that nobody can unwind.

The researchers also asked the Medical Scientists if their workload presented any challenges around the quality of **patient care** they were reflective:

We don't have time to go through a patient's history....unless there's something that looks suspicious we just have to get the work done.

Mistakes have been made but we haven't 'killed' anyone yet....it's just a matter of time.

With so much work and long hours errors are usually made at the end of a shift.

There are always increased risks to patient's health when we're stressed and burnout.

When something catastrophic happens to a patient or patients then something might be done about putting more people on in the lab.

8.5 The role of MSAV, the Union and the EA

The mention of the Medical Scientists Association of Victoria did not generate any discussion but the EA resulted in the following comments:

There's nothing in the EA that works....read Clause 58.

The EA is forced on staff...management is making changes but they don't work because we don't have enough staff.

8.6 Suggestions to improve the Roster Systems and Workload

To engage in talk about ways to improve the roster systems the Medical Scientists were very excited to offer their various views:

The rosters need to have more than one person on at night....an extra night shift person would be great.

The rosters have to give us the right to work part-time or full-time....nothing should be forced on us.

Change the EA and stop management forcing it on employees.

The mantra should be 'A happy lab is a productive lab' – to make the rosters work we have to have more staff.

9 Phase 4 – Summary of Findings

Based on the three phases, roster document analyses, interviews and focus groups, the findings indicate the following:

9.1 The roster systems across the four pathology departments are generated by Kronos, an automated system, for planned/intended rosters and revert to a manual system for unplanned/actual rosters. Therefore, **worked rosters are maintained manually**. Manually maintained roster documents are complex and difficult to understand.

9.2 There are **no two rosters within Pathology Services that are identical**. Each department has their own style of roster with no consistency in acronyms, terms, symbols, coding or the way in which rosters are presented.

9.3 The concept of **Accrued Days Off (ADO) is not transparent**. When staff members are granted an ADO it is not obvious on certain rosters that they have worked the number of hours to earn ADO.

9.4 The concept of **Optional shifts** is not transparent. If the intention is for staff to carry out an additional shift in any one week there is no indication as to how these shifts are allocated.

9.5 Managers raised **the EA as an issue**. The main reason provided by the managers relates to Clause 58.2 whereby a staff member has to have eight consecutive hours off duty following rostered ordinary hours. This causes staffing issues particularly because of 'backfilling'.

9.6 **Absenteeism due to sick leave, family leave and covering for ADO is an issue** for the managers because they have few staff available on call. Given the level of sick leave, carer's

leave and ADO, **5.93 staff absent each day** (June data), each manager is under immense pressure to replace staff and provide scientific services. Based on the interview and focus groups it is evident that this may be the result of increased workload and corresponding increase in stress, fatigue and burnout among Medical Scientists.

9.7 Given the challenges of managing the rosters on a day-to-day basis, it was unanimous that the managers and staff were reactive to circumstances (e.g., staff absences) rather than proactive and strategic. Without adequate EFT it is difficult to pre-plan rosters.

9.8 **There is imbalance of fulltime and part-time staff members and part-time staff presents an issue when completing rosters.** Whilst it is acknowledged that female staff members returning from maternity leave return as part-time employees and this impacts on the rosters. For instance, a staff member returning from maternity leave has fixed days, fixed hours, no on call and no night shifts. This is limiting for managers when they have to backfill. Hence, managers are calling for more full-time staff members. Managers also want to employ more part-time staff members who are flexible.

9.9 **Turnover of staff impacts on the rosters.** During the six-month period 1 January 2017 to 30 June 2018 9 full-time and 5 part-time staff members resigned their employment. The managers explained how difficult it was to train new staff to replace staff who resigned and to be able to roster them on night shifts without supervision.

9.10 Managers claim they would prefer to be '*on the bench*' rather than being responsible for Human Resource Management, Health and Safety, Rostering and Administration.

9.11 The Medical Scientists described a workplace where the **workload has doubled without additional staff to support the volume of scientific work.**

9.12 All participants have voiced increasing workload pressures. It is clear from the document analyses, and interviews and focus groups that workload has is negatively impacting both management and scientists. All participants indicated that the **workload has increased dramatically without the commensurate increase in EFT**, especially in terms of full-time staff. This seems to be a major challenge during the night shift where only one person is rostered to carry out 20 per cent (according to focus group data) of a day's workload.

9.13 Workload pressures and its subsequent effects on Medical Scientists such as stress, fatigue and burnout have the potential to negatively impact the quality of patient care. Despite these challenges it is clear from all of the interviews and focus groups that **Directors, Managers and Medical Scientists are dedicated to the provision of a high quality service**

where quality of patient care is paramount often to the detriment to their own health and wellbeing.

Health Service B

10 Phase 1 – Roster Documents

The Chief Investigator requested rosters from each of the Pathology Services departments. Reports required were from January to June 2018 and also detailed rosters based on one month of worked rosters, in the month of June, that depict actual work, sick leave, family/carer's leave and ADO. Each of the departments provided the original planned rosters within a few days.

10.1 Management Staff by Department Responsible for Rosters

In each department, Anatomical, Biochemistry, Haematology and Microbiology, there are two managers. Therefore, across the four departments, there are eight managers.

10.2 Preparation of Rosters

The managers within each department are responsible for the preparation of rosters. There is **no consistent roster system** and each department maintains rosters independently. The rosters across the Health Service departments are different.

Generic shift information: The majority of staff commence work day shifts from 8.00am and finish at 4.30pm and there are rotating shifts, evening shifts, nights shifts and on call shifts. Anatomical is the only department that works only day shifts; broad hours commence at 7.30am and finish at 6.30pm. Shifts may be swapped or given to other staff members but it is the responsibility of the individual originally rostered on to seek formal approval and in compliance with the EA.

10.3 Prepared and Unprepared Roster Spreadsheets

Prepared rosters are generated electronically and most changes are made in Kronos. However, Microbiology maintains an additional manual sick leave spreadsheet. The rosters are automated.

10.4 Interpretation of Rosters

Overall, the rosters are not consistent. Anatomical have a very clear roster with staff names (de-identified), area of work and hours worked. Biochemistry and Haematology rosters are presented and maintained very differently to Anatomical but they are identical

in presentation. Some parts of the rosters are easy to read but there are numerous acronyms and symbols that are not transparent to a reader and require explanation. Therefore, interpreting the rosters is a complex exercise and requires a reader to make enquiries of the managers of each of the departments for details. For instance, it is not evident what '07HA' or '12qH' means without referring to the manager who explains they mean Haematology shifts 7.00 to 15.30 and 12.15 to 20.45 respectively. In Microbiology the rosters have letters and symbols and whilst they have a short legend the legend does not cover all acronyms and symbols. For instance there is written 'B9', 'R', and 'S' which we understand represent areas of work but there is no legend.

10.5 Accrued Days Off (ADO) and the Culture around these days

ADO are recorded in Anatomical, Biochemistry and Haematology but it appears Microbiology does not have many of these days. The pathology department's convention is to allow individuals to select one day off and they maintain this when possible. It is the policy of this Health Service that ADO are not accumulated. In the event staff fail to nominate a day each month it is assumed that staff members have the day allocated. In the main ADO are rostered the day before or the day following a weekend.

10.6 Sick Leave, Carer's Leave and ADO

The recording of sick leave throughout the rosters appears to be relatively strict because most leave is noted as having a medical certificate or statutory declaration. Carer's/Family leave is not evident on all of the rosters; Anatomical clearly indicates Carer's leave but the other rosters do not. ADO are evident on all rosters with the exception of Microbiology. The following examines rosters relative to sick leave, carer's leave (family/personal leave) and ADO across four departments for the month of June, 2018:

Anatomical – this department has 21 staff and recorded 10 days sick leave, 7 days carer's/family leave and 12.5 ADO, with a total of 29.5 days over June, 2018.

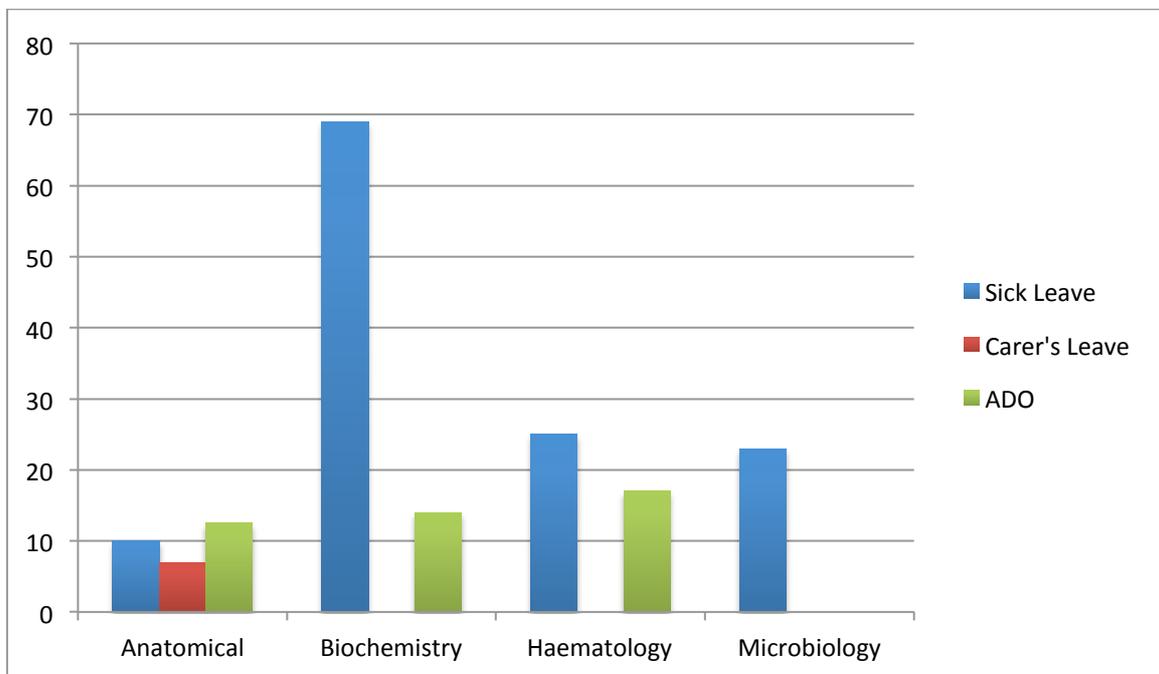
Biochemistry – this department has 31 staff and recorded 69 days sick leave and 14 ADO, with a total of 83 days over June, 2018.

Haematology – this department has 49 staff and recorded 25 days sick and 17 ADO with a total of 42 days over June, 2018.

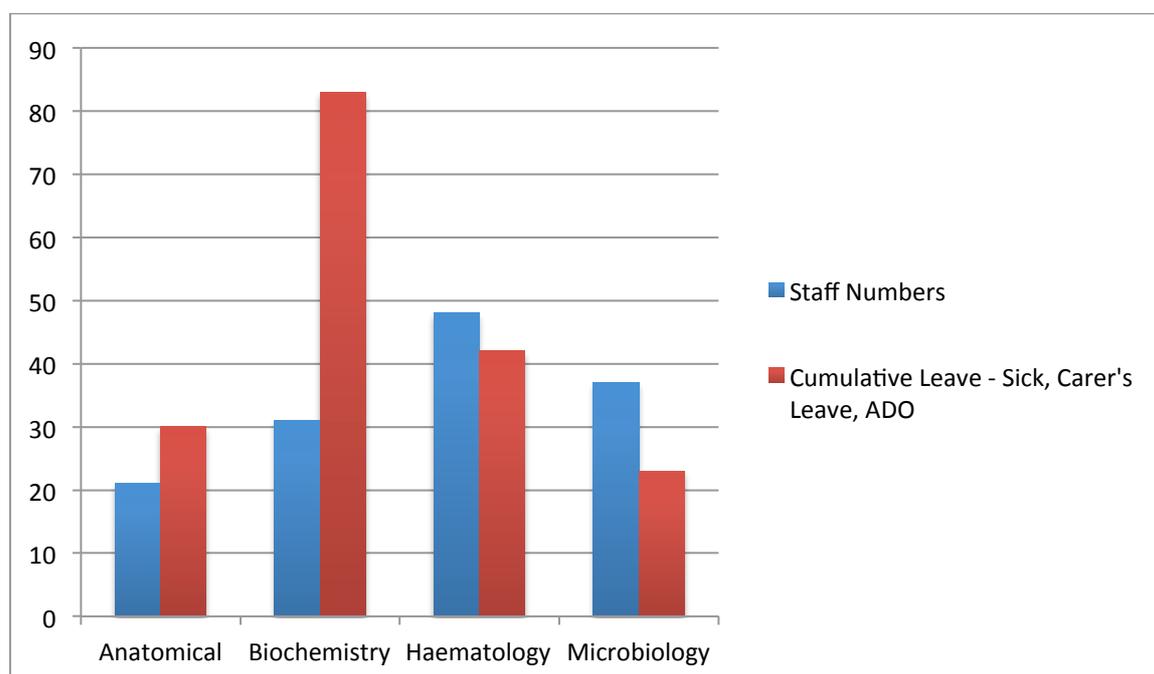
Microbiology – this department has 37 staff and recorded 23 days sick leave, with a total of 23 days leave over June, 2018.

Therefore, **over a 30-day period** (June) for Anatomical, Biochemistry, Haematology and Microbiology, and there was a **cumulative total of 177.5 days** sick leave, carer's leave and/or ADO – see graph below. Please note that at this Health Service sick leave and carer's leave is mostly recorded as sick leave. Also note: the figures do not include annual leave, optional days or rostered days off. There are 138 staff members across the four departments and **on average there are 5.9 staff members, away on sick leave, carer's leave or ADO on any day**. Sick leave in Biochemistry was 69 days and with ADO of 14 there is an average of 2.7 staff members away each day during the month of June and the highest number of staff away across the four departments. We acknowledge staff numbers are not equal across the four departments.

Actual Days: Sick Leave, Carer's Leave (Personal Leave) and ADO for June 2018



Actual Days: Number of staff to cumulative sick leave, carer's leave and ADO June 2018



10.7 The use of Acronyms/Symbols/Terms

The use of acronyms within pathology services and across the four departments was found to be inconsistent. There are some obvious acronyms but others need explanation.

10.8 Presentation of Rosters

Biochemistry and Haematology are presented the same but we note Anatomical and Microbiology each have a different method of presenting roster data. For example, Anatomical presents the data in hours worked and the Microbiology roster is made up of letters and numbers without a comprehensive legend.

11 Phase 2 – Interviews

At Health Service B we conducted interviews with the Director and five managers and each is referred to as Manager A, B, C, D and E. All of the managers acknowledged that grade three Medical Scientists assisted in preparing rosters.

11.1 The role of managers and the major drivers of change in their roles

The role of manager is about *'rostering haematology and I've been doing this for 20 years...I get involved in operations, strategic management and project development'* (Manager A). The Director believes the drivers of change are *'automation, community expectations, new tests and research and development. Finances have also changed managing pathology....it's meeting Government requirements....it's becoming more difficult'*.

'The diversity in work is changing because you are doing more and more out of hours...diversity of tests and more work after hours...we're not getting more funding for the amount of work we're expected to do' (Manager D).

11.2 Key skills of a manager

Managers all described the various and detailed specialist scientific skills they need to have to be able to appoint, train and manage staff. To meet the needs of the staff, managers described how they have to support and communicate with them. Manager A recalled *'a staff member called in and said "I'm off" and I can't ask why but I have to remain calm and accept they are sick or have a family issue....as a manager, I have to keep the staff happy'*. This manager also said he felt he had *'lost science skills because of automation'*.

11.3 Describing the roster system

When asked to describe the roster system, the managers clarified the rosters are made with a template to meet fulltime requirements for one month. *'The roster is a self-select roster. We put a blank form and people fill in when they want to work. So managers do not sit down and say you have to work in this roster on Saturday or Sunday...I leave them to select times that suit them'* (Director). Staff members are rostered on for three weeks that are stable and one week that is less flexible. *'I would be happier with the roster system if everybody was happy'*. The Director described how *'the first person on the night roster is the last person off...a new person starting means one person comes off the roster....there's always a light at the end of the tunnel'*. Manager A explained the *'pressure at evening shifts and weekends... are horrendous, relentless'*.

'We have a fair rotation system and try and keep everybody satisfied (Manager C). However, Manager B explained 'There are inconsistencies in the roster system across the departments....the worst component is trying to get people to work night shifts.....the

newest recruits work those shifts and they have the least skills and experience....if problems occur they can't handle the issues'. Staff members are happy with five-day contracts but most of them 'are not happy to go to seven day contracts' (Manager D).

'I have four templates which cover for the four weeks...everybody is covering as much as possible with a variety of duties to avoid staff feeling they are doing same work...there are some exceptions what to do...there is some degree of flexibility depending on employees availability...there are people who have similar hours but there are people who rotate everywhere...I try to spread fairly and evenly over four weeks as much as possible...if an employee has something to do we try to see for the right solution...they also seek to swap with their colleagues and see me to change it' (Manager C). Most labs have fixed night shifts and others have rotating night shifts. Anatomical basically works 7.30am until 6.00pm.

11.4 Previous experience with other Roster Systems

The managers reported they had no experience with rosters other than manual systems previous to the current Health Service.

11.5 Major challenges

We began by asking each of the managers about **staff turnover** over the six-month period 1 January 2018 to 30 June 2018. There was one full-time staff member who resigned and one part-time staff member. Other than that there were modifications of staff contracts from part-time to full-time and others extending maternity leave but no major challenges were raised.

The managers explained the biggest challenge is the EA. Every manager cited Clause 58 as causing the most issues for them and their rosters. *'The biggest challenge with a roster is with rotating shifts and constraints on them like...the EA says if you work night shifts staff have two days off after...I cannot give them two days off when a weekend is coming up because it means four days off...therefore, I have to have more part-timers...there's a lots of constraints like that...the EA is very difficult to follow and continue to provide the services....this document is hard' (Manager D).*

Manager A explained *'the majority of staff are part-time....we have a lot of sick leave...someone rings in sick, I have to cover that position....if I ring full-time staff they won't*

come in....we have to have part-time workers....I need flexibility'. The manager also said 'You have to choose your part-time people...older workers are better....they will work three days and don't care which days'. The younger workers have family commitments and they are less flexible. 'We have family friendly rosters...if staff are happy, I'm happy, we have a better environment'. We get reverse discrimination....**'if a single staff member doesn't have children responsibilities they get the worst shifts'**. Manager D illuminated a challenge with 'staff working together who don't get along' and this could be between **'full-time and part-time staff because it is perceived part-time staff can do what they want'**. Manager A also added **'when a scientist finishes work at 12.00am and has to turn around and work the next day the negative effects multiply.....that's why people get sick'**.

Another challenge is attempting to complete tests for **patient care** 'there's no issue with equipment...there's a huge challenge with staff' (Manager C). Manager A explained **'the protocols are designed to minimise mistakes for patient results but with the intensity of work....we just don't have the time'**.

The Director provided a view on sick leave 'I have one to three people sick every day and even one away makes a difference'. The manager went on to describe how the workload intensifies the next day if a staff member cannot be replaced for a shift. The manager confirmed 'We have no turnover issues, other than maternity or staff who want to go work in London'.

11.6 What works well and not so well – proposed improved roster system

Manager A told us how many staff members take advantage personal leave and sick leave 'staff say dad's sick and even though mum's there to look after dad, they can take the leave because of the award and they take advantage of it'. This manager also recalled a staff member who is a grandmother who 'took sick leave because she didn't want her son-in-law to take personal leave and risk his job...she wasn't concerned about her job because it's too easy'.

'Sick leave is all about an age of entitlement. It used to be a safety net for when someone was sick...now people say they're tired....there's a culture of taking days off.... It's because rostering stinks, it's relentless and oppressive' (Manager A). Manager B claims sick leave is an issue but 'most people who say they are sick are sick but it can be those with young

families have to be at home with their children who are sick'. 'Staff get 25 days sick leave with a stat dec...they go to a registrar and it's too easy...you can tell which people abuse the system' (Director).

'Sometimes we have permanent shift and when they take annual leave we have to replace them and if we ask other staff they are not always willing to take the shifts.... they say it is no their problem to cover night shifts...sometimes we roster them on to work and they don't even turn up' (Manager B).

Manager C explained *'in some of our areas the recruitment practices have been more along the lines of immediate fixes rather than long term solutions.....instead of creating flexibility with a mix of full-time and part-time staffers....you need part-time people at a point six'.*

The managers were unanimous in their views on what would improve the roster system. *'What has to change is the EA and Clause 58' (Director).*

11.7 Union involvement in rostering

Manager B spoke about the influence the Union has on staff, *'The Union puts in people's minds....based on anecdotal stuff...that they're overworked.... that creates a mood of mistrustthey tell staff they're overworked...if you're told you're overworked you start to believe it....we pay everyone for every minute but the Union peddles the argument that staff are not paid for overtime...they know they're not right'. The Director explained 'It's interesting, the union will support staff members, but actually people who are underperforming. It's kind of a double standard'.*

12 Phase 3 – Focus Groups

At Health Service B the researchers conducted one Focus Group with **10 Medical Scientists** from Anatomical, Biochemistry, Haematology and Microbiology, for approximately 60 minutes. There were six full-time and four part-time staff members present. Prior to the commencement of the Focus Group one manager of a department approached the Director and said staff members were too busy to participate in the focus group but the Director personally approached staff and ensured there were participants from each department.

12.1 Nature of work in Pathology

Working in pathology services was described by the participants as ‘*complex and specialised scientific procedures and tests*’ across and within each department.

The nature of our work is that we walk 10,000 steps every day...we stand....we sit....we have to be alert... all of us run about 3,000 tests every day....the volume is high our work demands we think about the risks....litigation...ultimately we have to provide a service to patients who are waiting and they’re our priority.

12.2 Roster Systems in Pathology – what works well and not so well

In the focus groups when staff were asked what works well there were no positive comments. Most of the discussion was around issues with the current roster system.

The rosters don’t take into consideration the extra work we do every day that we’re not paid for...we can’t just leave in the middle of a test....every day we work twenty to thirty minutes extra to get a test finished...just add that up over a year.

The rosters are different for every department....if we had more full-time staff the rosters would work better.

We kind of know what we’re doing each week but night shift and on call are an issue. No one wants to be rostered on at night.

For some us we don’t know where we’re at from day to day because of the roster...one day start at 8.00am, the next at 10.00am and the next back to 8.00am....it’s so confusing when the body clock has to keep re-adjusting.

Every week we have up to 10% of our workers on sick leave....that means two people in one department....the rosters don’t work well and this is the result.

12.3 Major changes that impact on work

The researchers asked the Medical Scientists what the drivers of change were that impacted on them and their work. Responses were as follows:

New technology in our departments means we’re more automated but that makes our work more complex.

New machines create other problems...training...time...taxing on our minds...we’re working in a critical area and we have to be on the ball all the time.

Managers think our work will be quicker and easier but because we’re constantly receiving new machines it slows us down... we have to learn new skills and re-think how we work.

12.4 Main challenges in daily work

There are numerous challenges for Medical Scientists and participants described how and why they are constantly challenged:

***Training** is a big challenge for us....it puts pressure on us. People are hand picked to be trained on a new process or machine and they have to train the rest of us....this dumbs down the training and sometimes the person doesn't have the capabilities to train.*

*When **new staff are employed** it takes ages to train them... it can take six months to train them....we need extra time or extra people...the amount of work doesn't stop.*

*We **feel stressed** when we leave work because of the volume of work left for the next shift.*

***Part-time staff** are meant to have fixed days and times but we're also expected to be on call. There's an expectation from management and it's almost a threat of losing our jobs if we don't.....management doesn't own us... and they need to get this message because that's how we feel.*

*There's **no cross-over between shifts**. So someone finishes at 6.00pm and another comes on but there's no time for instructions....there should be at least a half hour change-over with the other person. If we are still at work we are finishing something off.*

*We're behind the game... **management has to balance the budget better**.*

***Staff conflict** is challenging... because we don't have enough staff....we can be left working with someone we don't work well with...this is an issue for all of us...and we don't want this to impact on patients.*

*We've taken on the work of another hospital but our managers don't think our work has increased....we just have to **absorb the extra work**.*

The researchers probed about any further challenges that might impact on the quality of **patient care**:

*Our work is so demanding.....we're constantly worried about making mistakes that might cause **harm to patients**.*

*It's always on our minds about **possible situations of litigation**...we can't afford to make mistakes that affect patients.*

*We're so stressed about making mistakes that have **ramifications for patients**.....but the risks are increasing and management don't seem to care.*

12.5 The role of MSAV, the Union and the EA

The participants only spoke about the EA and vaguely mentioned the MSAV 'does little for us really'. Comments about the EA dominated the conversation:

Clause 58 causes most of the headaches....for management and for us. Some of us want to work but we can't because of the restrictions.

The EA says we have to have eight hours off after a full-time shift but that's not enough.... this maybe gives us six hours of sleep but we need recovery more time....it has to be more.

12.6 Suggestions to improve the Roster Systems and Workload

The participants were firm in their views, which were:

*The roster system would be more constant if there were **more full-time staff**.*

***Employ full-time night shift staff**....people who genuinely want to work at night. We have to have a **dedicated person on call**....that would take so much pressure off.*

Our full-time workers should be on a 36 hour week on a two week cycle....the first with Friday as an ADO....that way sick leave would decrease and everyone would work Monday to Friday and the second week Monday to Thursday.....they have to be continually worried about who won't be a work today and the pressure of having to do more work.

*If there was a full-time staff member from at least two of the departments on night shift We need a **bank of people**....we need two people working night shift....there used to be one person on main reception now there are four be we haven't had the same increase....we have one person working on their own at night...this is not good.*

*There needs to be a **bigger budget**. We don't want to be privatised but private hospitals have less issues...they get extra money for services, which gives them more money for staffing resources.*

*We service other labs and we need their **courier services to deliver in the morning or midday** because when they deliver at 5.00pm we feel obligated to start testing.*

13 Phase 4 – Summary of Findings

Based on an analysis of the first three phases, roster analyses, interviews and focus groups, the findings indicate the following:

13.1 The roster system in Pathology is generated by Kronos. Rostered hours are documented one week before the end of a pay period.

13.2 However, the presentation of rosters varies. Biochemistry and Haematology present their rosters the same but Anatomical and Microbiology present differently. There is **no consistent presentation of a roster system** with clear legends maintained across the departments.

13.3 The **EA is an issue for management and staff** and in particular Clause 58. Management is restricted by not being able to call on staff to work and staff claim they want to work overtime but the EA prohibits them.

13.4 The **EA** causes further concerns for full-time staff relative to time off following a shift. For those staff members who take a break they claim 8 hours is insufficient. In contrast you have others workers who want to work more shifts but the EA won't allow them.

13.5 **Absenteeism due to sick leave, family leave and covering for ADO is problematic** for the managers because they have few staff available on call. Given the level of sick leave, carer's leave and ADO, **5.9 staff absent each day** (June data), each manager is under immense pressure to replace staff and provide a high quality scientific service.

13.6 **Sick leave** is a particular issue and both managers and staff attribute this to the increased workload, budgetary challenges and EA and clause 58. Managers have pressures as outlines in 8.3 above and staff members are put under increasing pressure having to cope with additional work when staff members call in sick.

13.7 **Workload** is an issue for managers and staff across all four departments. Workload is impacted by new technology, sick leave and a reported deficiency particularly in full-time staff numbers. **Management and some staff have indicated their preference for the employment of more full-time workers as part of a solution to the workload challenges. Moreover, management and staff have indicated that two full-time staff dedicated to the nightshift is needed to better manage the rosters and reduce burden on staff.**

13.8 The development of **multi-skilled** Medical Scientists is a critical way to manage the workload and roster but there are challenges to adequately training staff. **Training** at the workplace is problematic for staff because often the trainer of new equipment may be a colleague who has received only two days training. That person may not always have the skills to train staff which results in errors and stressful situations. This appears to be a time and budgeting issue.

13.9 **Staff members report they are not paid for daily overtime** because of the nature of their work and not being able to finish at the end of a shift. Staff members claim they work an extra twenty to thirty minutes over and above their allocated shift every day due to

remaining at work to complete scientific tests. In contrast, **managers reported that they were paid for all time at work.**

13.10 **Staff members** report they are **stressed** because of the workload caused by other staff on sick, family and/or ADO.

13.11 **Staff members claim** they have to **absorb extra work** but there is no management consideration for additional staff. Management highlight the fact that they are constrained by the budget, but acknowledge that more full-time staff are needed to run the service.

13.12 It clear from all of the interviews and focus groups that **Directors, Managers and Medical Scientists are dedicated to the provision of a high quality service where quality of patient care is paramount often to the detriment to their own health and wellbeing.**

Health Service C

14 Phase 1 – Roster Documents

The Chief Investigator contacted the HR Manager and requested rosters from each of the Pathology Service departments. Reports required were from January to June 2018 and the research team also required detailed rosters based on one month of worked rosters, the month of June, that depict actual work and sick leave. There was reluctance from this Health Service to engage in the project. The researchers attended the Health Service to meet with the Deputy Director, the HR Manager and a HR representative. Please note: the roster documents provided were not in their entirety and therefore we were not in a position to provide accurate information regarding unplanned leave.

14.1 Management Staff by Department Responsible for Rosters

In each department, Anatomical, Biochemistry, Haematology and Microbiology, there is one manager, with a total of four managers who are responsible for the rosters.

14.2 Preparation of Rosters

The managers within each of the four departments are responsible for the preparation of rosters. The rosters across the Health Service departments are different and there is **no consistent roster system**. Some documents have been produced on an electronic system but the managers explained there are numerous manual rosters for Medical Scientists ‘on the Bench’. In preparing the rosters ‘*we allocate people with the specific skills to different benches doing different tests...but multiskilling people is challenging...we don’t have time to train them*’ (Manager B) and rostering is difficult to prepare ‘*because we don’t have enough staff*’ (Manager A).

14.3 Prepared and Unprepared Roster Spreadsheets

Prepared rosters are generated electronically and manual rosters are maintained for worked rosters.

14.4 Interpretation of Rosters

Overall, **the rosters are not totally transparent**. There are some sections that are obvious but numerous areas that need explanation.

14.5 Accrued Days Off (ADO) and the Culture around these days

From an analysis of the roster documents (incomplete) it appears that ADO are irregular for most staff.

14.6 Sick Leave, Carer's Leave and ADO

The following examines rosters relative to sick leave, carer's leave (family/personal leave) and ADO across four departments for the month of June, 2018:

Anatomical – this department has 15 staff.

Biochemistry – this department has 25 staff.

Haematology – this department has 58 staff.

Microbiology – this department has 37 staff.

In total there are 135 Medical Scientists. However, over a 30-day period (June) for Anatomical, Biochemistry, Haematology and Microbiology, we were not in a position to provide an accurate **cumulative total of** sick leave, carer's leave and/or ADO. Therefore, we were not able to produce graphs as for the other three HS.

14.7 The use of Acronyms/Symbols/Terms

The use of acronyms within the Health Service and across the departments was found to be inconsistent. There are some obvious acronyms but others need explanation. This is consistent with what we found at the other Health Services.

14.8 Presentation of Rosters

The roster documents are not presented the same in each department as there are some that are hand written and others produced by a program. Please note: the documents provided were not inclusive of the dates requested by the research team.

15 Phase 2 – Interviews

At Health Service C we conducted interviews with five managers and each is referred to as Manager A, B, C, D and E.

15.1 The role of managers and the major drivers of change in their roles

Technology was raised as a major driver of change in pathology services that support doctors and ultimately patient care. *‘The degree of automation helps the process to have information quicker for doctors compared to before... when a process could take days....now with automation it takes minutes...much better for patients’* (Manager B). However, due to this change, staffing issues are compounded, *‘Automation makes our work harder because, for example, in some areas where we had three Medical Scientists working then after automation we were reduced to two. It’s a very busy area and automation creates more work so we need three and also people need a new skill set and training is an issue’* (Manager E).

15.2 Key skills of a manager

The five managers interviewed explained the skills they need in their roles as *‘managing sick leave’ ‘administrative’, ‘rostering’, ‘human resources’ ‘workplace health and safety’, ‘scientific problems’ and ‘conflict resolution’.*

15.3 Describing the roster system

When asked to describe the roster system, Manager E explained that policy underpins the roster system and it is founded on *‘fairness and equity...another policy is to give people as much advance notice as possible about the rostering because we realise they have a life to live...they may need to take annual leave....they have families and personal lives’.* All of the managers described their systems as manual and the way they go about drawing up a roster is to *‘start with part-timers because they’re fixed and then go to the full-timers’* (Manager C).

To prepare the roster system for *‘full-timers you have a pattern from Monday to Friday and they also work certain number of weekends....criteria for participating in evening and night*

shifts is people's willingness...all the full timers eventually go to evening and night shifts on 12-13 week rotation' (Manager B).

The roster system is made complex by night shifts and now having adequate EFT - *'If I don't have volunteers for night shifts and there's still gaps I have to physically pull people in to fill in those gaps (night shifts). After that we set a roster which is the actual roster' (Manager E).*

15.4 Previous experience with other Roster Systems

The managers all had experience with previous manual systems.

15.5 Major challenges

One of the main challenges working in pathology is around the **differences between public and private pathology services**. Manager C explained, *'We admit complex patients compared to private hospitals. For example, we receive 800 patients per day compared to private pathologies who take in 3000. The problem is we have more complex patients compared to private patients. But, the government only focuses on numbers...they think private pathology services do more than public hospitals but they don't realise the complexity of patients we admit in public hospitals'.*

In terms of Medical Scientists as workers, it was evident the **balance of full-time and part-time workers** was an issue. *'A major challenge is that we have more part-timers who are not multi-skilled....it's a very highly specialised department.... it's very hard to multitask part-timers because they forget and they're not flexible with the roster arrangements because they're either mums [returned from maternity leave] or have family commitments so they can only work certain hours and that makes it really hard in this department' (Manager D).*

A consistent challenge is *'when people request annual leave and we don't have replacements or the excessive **unplanned sick leave** which leads to gaps, particularly for night and evening shifts' (Manager B).* Another challenge is around on call shifts as explained by Manager D *'Full-timers do on call shifts but part-timers don't do on call shifts and this creates friction between them'.*

'The complexity of the work puts pressure on workers and rostering rather than the EA...the level of complexity of patients is a big issue... a multiskilled workforce is needed' (Manager

C). Managers all explained that with the current staffing numbers *'it's difficult to meet the EA' requirements.*

15.6 What works well and not so well – proposed improved roster system

Managers explained that they [managers] exercise flexibility in the rosters which works well for the staff *'...if people want to trade shifts....so long as they're compatible in pathology practices everything's possible...we're flexible'* (Manager E).

The managers also discussed the Bursary Program for university students *'The Bursary Program is a four year course for students with 40 weeks of paid employment...this program will be removed... because funding to the hospital has been cut...it's going to be a massive hit to us simply because of the fact we don't have a window into the future ... the fact that those bursary students may not continue to be trained as medical scientists could leave a massive gap'* (Manager C).

It was also evident that what was not working well was **'not having enough bodies at any time because pathology is labour intensive, manual and there are high levels of interpretation skills needed....it is critical in this area'** (Manager B). *'There's friction between managers about different ways to prepare rosters'* and in addition to that *'one of hardest things is changing a roster... so in other words if we have to go through a change process because someone wants to change a shift I have to go through a whole change process...consultation with staff.....so fundamentally for me it's too hard so I avoid changing it'* (Manager E).

Manager D *'Pathology needs more resources such as **extra EFT** but they [the hierarchy] always ask for a business plan to support more staff and basically don't understand how the departments work'*. Other solutions may be *'to have a training program ...another is succession planning because this is critical...there needs to be more recognition of the complexity of pathology... we could also solve the issues with more funding resources'* (Manager C).

*We also need a better **information flow** which is critical for staff'* (Manager D). This manager went on to explain that it is important for *'open communications between management and staff'*.

15.7 Union involvement in rostering

Amongst the five managers there was no discussion about Union involvement.

16 Phase 3 – Focus Groups

The researchers held four focus groups with a total of **19 Medical Scientists**.

16.1 Nature of work in Pathology

Working in pathology services was described by the participants as *'intense...we focus on one area'* and *'it's challenging'* and *'it would be good to be multi-skilled within our own area'.....* but *'we don't get time for training'*.

The participants claim their work is not *'acknowledged'* or *'appreciated'*. Several of the participants noted that a senior person in the hospital is well known to have said *'Oh you're pathologists...you don't make money'* and staff feel they have been *'labelled'* and *'denigrated'* by the comment. Participants commented *'management above....way above pathology... they don't understand the nature of our work'*, *'we make a contribution to society but upper management doesn't recognise that'* and this is because *'there's a total lack of management appreciation for the important work we do'*.

16.2 Roster Systems in Pathology – what works well and not so well

In the focus groups when staff were asked what works well there were few positive comments. Any positive comments were related to the extra week's annual leave they are now entitled to because of the EA.

Most of the discussion was around issues with the current roster system:

*We have a **chronic problem with the roster**.....part-timers don't work night shift so it's left to the full-time staff.*

*We **don't have enough bodies in the roster**.*

*Full-timers have a lot of **pressure....we're fatigued... exhausted all the time**.*

***Staff call in sick all the time**....the rosters can't work because we don't have the staff to replace them.*

***We have more part-timers than full-time staff** so the rosters aren't efficient. Part-timers don't work night shift so there's a small number of people picking up these shifts....we're tired.*

16.3 Major changes that impact on work

One of the major changes, that impacts across all departments in pathology services, is **the way doctors work**.

Medical doctors have changed the way they practice because they used to send down for a specific test....now they ask for a whole range of tests.

*Often **many of the tests aren't necessary**....but doctors ask for them to cover themselves...they don't realise how complex the tests are or the time it takes to produce them.*

*Sometimes we receive a doctor's request for the **same tests**.... for the **same patient, every day for a week**...we understand doctors are **concerned about litigation** but we need the hierarchy to know how this impacts on the **intensity of our work**.*

***Patient cases are more complicated** and our **work has changed to be more multi-layered**.*

Technology was raised and the Medical Scientists claim new technology impacts on their work.

*There are changes when we get a new machine....but the issues are around **training**...and not having time to learn the machine.*

*We **can't stop patient services to spend hours on training**.....and another problem is we still work with a lot of very old machines.*

16.4 Main challenges in daily work

On a daily basis the Medical Scientists told us they are challenged by workload and the 'culture' of their workplace:

***Workload**....it's finding enough time to finish our work every day.*

*We have more staff on a Friday than on a Monday.....the **challenges are around the EA**.*

*A few **people call in sick and our workload doubles**...people go on leave and they're hard to cover....we don't have a pool of staff to call on.*

The culture around how we work is that we have to finish tests before we leave....and that's fine....but we don't get the pay or the recognition.....it's so hard to get approval for overtime.

We all work at least fifteen minutes overtime every day....add that up over a year....we're saving money for the hospital....they [management] make it difficult so we don't claim. We figure it's equal to another two full-time staff.

People aren't treated equally.....it's quite random....managers have favourites.....there's age discriminationolder workers are told they don't need training.

*There's a **cultural issue**....part-time staff are valued enough but full-time staff aren't valued....we don't have any personal issues with part-time staff but management has created the culture.*

As a part-time employee I feel our careers aren't important.

***We don't have the flexibility** that others might have....and managers take ADO hours...two hours one day...half a day another....we don't get that.*

16.5 The role of MSAV, the Union and the EA

The Medical Scientists Association of Victoria did not generate any discussion but they did mention there were some very 'heavy union matters a few years ago'. The staff then advised the EA 'clearly doesn't work' and the reason being is 'we don't have the staff to meet the EA'.

16.6 Suggestions to improve the Roster Systems and Workload

The participants were in absolute agreement that an improved roster system could only be achieved with an increase in staff numbers:

We need more full-time staff....reduce the burden of overload, stress and burnout.

There needs to be consistency across everyone....no favouritism....the rosters and work shouldn't be based on who they [management] like or dislike.

There should be transparency in the way the rosters are drawn up.....yes, and I agree....there shouldn't be different rules for different people.

Focus the attention on everyone....age discrimination and all other types of discrimination should not be tolerated.

The EA has to be fixed...the only way we can work it is to have more staff...with the extra week's annual leave that means we need about two more full-time staff just to cover the leave.

We need more conversations about the rosters and workload....we need recognition and appreciation.

17 Phase 4 – Summary of Findings

Based on an analysis of the first three phases, roster analyses, interviews and focus groups, the findings indicate the following:

- 17.1 The roster systems across the four pathology departments are generated by a computerized system and due to unplanned leave there are numerous manual changes.
- 17.2 **The intensity of work is caused by unplanned leave.**
- 17.3 There are significant **changes in the ways doctors work** and **request multiple tests** that **intensify the workload** for Medical Scientists.
- 17.4 The **intensity of work** results in high levels of stress, fatigue and burnout of Medical Scientists.
- 17.5 Staff report there is a substantial amount of **unpaid overtime**. Staff members report they work at least fifteen minutes unpaid overtime every shift. Staff members claim over the period of one year this is equivalent to two full-time staff.
- 17.6 **The EA is an issue** for management and staff. At the core of the issues is **Clause 58**.
- 17.7 A revised roster system would need to include a process where there is **transparency, be free of discriminatory practices around age** (and any other discriminatory practices) and incorporate flexibility for management and staff.

Health Service D

18 Phase 1 – Roster Documents

The Chief Investigator contacted the Head Scientist/Director and requested rosters from each of the Pathology Services Departments at Health Service D. Reports requested were from January to June 2018 and the Chief Investigator also asked for copies of detailed rosters based on one month of worked rosters, the month of June, that depict actual work and sick leave. The Chief Investigator was advised that the Pathology Department does not have planned rosters. The Pathology Department maintain weekly manual spreadsheets for staff. We were not given rosters as there were issues around de-identification and privacy issues.

18.1 Management Staff by Department Responsible for Rosters

In each department, Anatomical, Biochemistry, Haematology and Microbiology, there are managers who maintain manual rosters.

18.2 Preparation of Rosters

The managers within each department are responsible for the preparation of rosters. We were advised there is **no consistent roster system** and each department maintains rosters independently on a manual spreadsheet. We were advised the rosters across the four Health Service departments are different.

18.3 Sick Leave, Carer's Leave and ADO

Due to the fact roster documents were not provided the Chief Investigator requested a list of unplanned leave for the month of June 2018. This provides the number of staff who were on sick leave or parental leave.

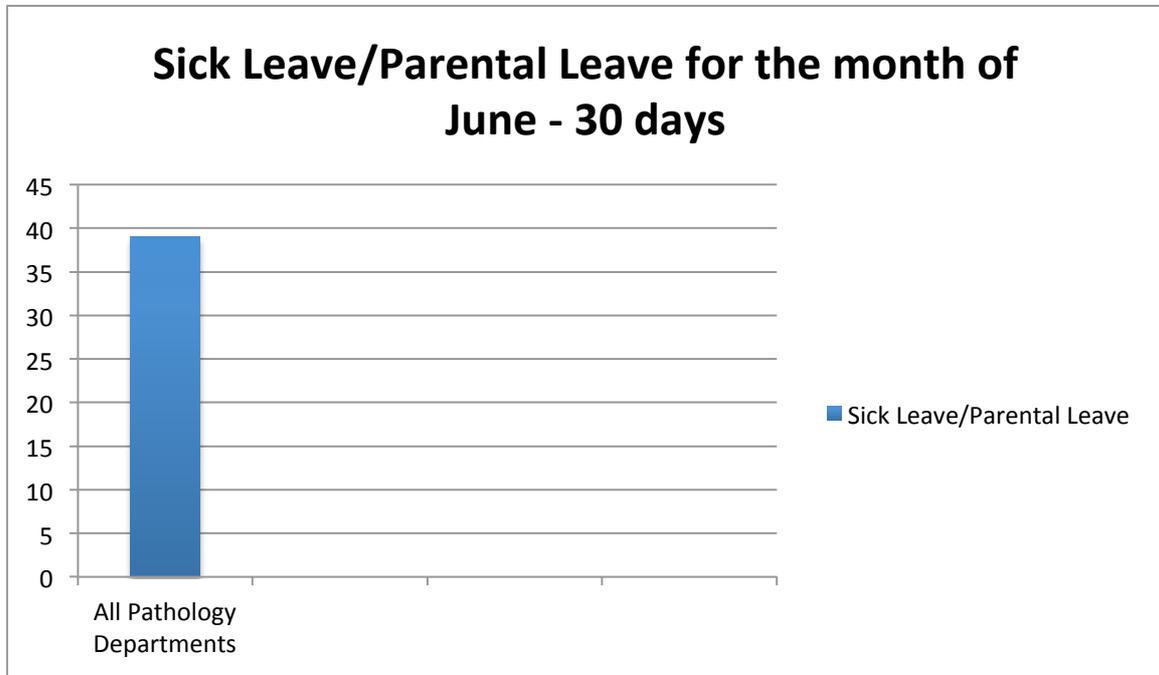
Across Anatomical, Biochemistry, Haematology and Microbiology there are 120 Medical Scientists in total, 67 full-time and 53 part-time.

Over a 30-day period (June) for Anatomical, Biochemistry, Haematology and Microbiology, there was a **cumulative total of 39 days** sick leave, carer's leave and we were not provided

with ADO data – see graph below. Therefore, on average on every day of the month of June there were 1.3 staff members absent from work.

Note: the graph does not include annual leave, optional days or rostered days off.

Actual Days: Sick Leave, Carer's Leave (Personal Leave) and ADO for June 2018



An additional four master roster documents were provided each with a 'Rules' attachment.

The first three master roster documents were for the month of June as follows:

1. 1st June to 10th June - 7 EFT, 6 Part-time, 1 Casual and 2 On Call staff listed by numbers.
2. 11th June to 24th June – 7 EFT, 6 Part-time and 2 On Call staff listed by numbers.
3. 25th June to 30th June - 7 EFT, 6 Part-time and 2 On Call staff listed by numbers. There were acronyms such as 'D TR BB' but no explanation. These documents do not represent the entire staff at this Health Service. There are in total of 120 Medical Scientists employed at this Health Service and the document provided appear to represent one unit comprising a total of 15 staff and 1 casual.

The rules attachment has several numbers, letters and acronyms, some of which are easy to interpret e.g. ADO = accrued days off, but most were not clear and had no explanation. The legend reads as follows:

11
11 AL
11 LSL

7 BB
7 BIO
7 AL
7 LSL
7 Buddy
A
A 4CD
A AL
A LSL
ADO
BB TR
BIO TR
COAG TR
HAEM TR
9
AL
Conf L
Stago User Gp
D
D 0900
D BB
D Haem
D Coag

D KOT
D Bio
D Spec R
D AL
D LSL
D Orient
D Duty Sc
D RCH
OH&S
FILM TR
LSL
N
N AL
N LSL
N Buddy
OVERSEAS
PHNW
PHPR
PHRDO
PML
SWC
SWC-Carer's
UML
SWOC
Study

The fourth was a master roster document, which had no dates and numerous numbers, letters and acronyms that were not identifiable to the reader. There were six sheets and each sheet represented weeks 1-2, 3-4, 5-6, 7-8, 9-10 and 11-12. In addition, there was a rules attachment (as per acronyms above) again with no explanation.

19 Phase 2 – Interviews

Interviews were conducted with the Director and three Managing Medical Scientists. Managers are referred to as Manager A, B and C.

19.1 The role of managers and the major drivers of change in their roles

Each of the managers interviewed talked about technology and change in terms of how technological advancement impacted on staff. The managers explained technology provides more accurate results of scientific tests but the training of staff is time consuming.

19.2 Key skills of a manager

‘Managing is about working out who works where and when.....it’s science, it’s HR, it’s safety...administration and there’s a relatively flat structure we work to for scientists...not everyone can grow up and be a manager’ (Director). The three managers, A, B and C concurred with this statement.

19.3 Describing the roster system

When asked to describe the roster system the Director explained that Pathology Services ***‘doesn’t have a rostering system’*** and in fact *‘we use spreadsheets or whatever else each department tends to use.....although, we do have online leave forms....and we also have some paper time sheets’*. The Director went on to explain that under the EA there should be *‘12 week blocks of rosters....but it takes literally hours to do that.....and we have to have a complete understanding of rostering needs. We have 100 full-time workers approximately (Medical Scientists) and laboratories which run 24/7 and that requirement drives the way we work because we are a 24/7 health service.... every laboratory has different equipment, different laboratory information system, different procedures’*.

Manager A described the roster system as an excel spreadsheet and *'three people work it and they rotate amongst themselves...we have to have on the bench, weekend shifts, late shifts and on call...midnight.... and 5.30pm until 5.30am'*. The roster system is *'difficult because the 48 hour rule is too much...drawing up the roster system is made difficult because of the EA'* (Manager C).

19.4 Previous experience with other Roster Systems

When asked the question about alternate roster systems the responses from all the managers were negative. Their collective response was that they had *'never known a roster system that worked'*.

19.5 Major challenges

The Director spoke for a few minutes on numerous challenges in Pathology. The Director began with *'...one of the real challenges around Medical Scientists and work is multi-skilling.....it's quite challenging to have all staff with a proper level of expertise...so there's additional work that's included...there's a requirement of a lot of skills and also the need to build those skills and maintain them on staff'*. The Director shifted discussion onto the EA *'.....what I hear from the staff is how the rules within the EA, changing shifts, shift work is a burden...the fact that shift work affects personal choices, family responsibilities....this is more challenging. The EA needs to allow for workload balance...so we need to have a minimum number of staff to run our manual work roster.....you have to accommodate part-time workers...we have older workers and also a cohort of young women...it's always challenging'*. The next topic was the budget - *'We have a fixed budget that does not stretch to meet all the requirements...we expected to be efficient, we have to operate within a budget and provide excellent 24/7 service...and we have to have skilled scientists'*. All of the managers were in agreement that the **Government Budget is 'deficient' and 'potentially puts patient care at risk'**.

'The new EA has been a big challenge....when staff leave...retire, extend parental leave, work on fixed terms...for family reasons...the EA makes it hard to backfill' (Manager B). *'The staff don't care about contravening the EA, but we have to work to it and it's a challenge to explain that to staff and comply with the EA at the same time'* (Manager C).

The three managers at Health Service D were **unanimous in their views that it was difficult to 'communicate' the complexities of daily challenges to the 'bureaucrats'**. Manager A exclaimed *'on call is the biggest challenge'* for the reason *'staff don't want to do on call'* and we have to *'negotiate with staff to work on call 5.30pm to 5.30am'*. Each of the managers described this process as *'stressful'* and *'challenging'*. In tandem with staff being reticent to do on call shifts *'staff are a challenge because there aren't enough full-time staff'* (Manager B).

Manager A raised a challenge around **training** *'managers don't get time to train.....training is done by Grade 2 scientists....this isn't ideal but that's how we have to work'*. *'When people leave we have challenges with backfilling....staff are hard to recruit and training is challenging....it's not a quick process...it can take three months to train someone'* (Manager B).

In relation to **patient care** Manager A was firm in the view that **'overworked staff can impact on patient care....mistakes are made....mistakes are documented....but we have to do something.... be proactive and avoid any major incident'**. Manager B contributed to this view with *'in the case of errors we look at the process...it's usually the staff who raise the issues....then we put protocols in place'*.

19.6 What works well and not so well – proposed improved roster system

Manager A articulated the view that *'what doesn't work well is the roster system....because it's difficult to balance with staff who don't want to work on call....it's much easier with new staff...they want the job'*. Manager C clarified *'anyone who applies for a job as a Medical Scientist knows it's 24/7...to be part of the team they should participate in all parts of the roster but when they get the job they don't want to'*. Manager B raised a few issues, **'unplanned leave doesn't work well....with a small number of staff..... we don't have the staff to cover them.....sometimes managers have to go on the bench....'** and **'we just don't have a pool of scientists to call on'**. All of the managers were in agreement with Manager C that **'part-time staff determine and drive the roster....and it should be the other way round...this doesn't sit well with full-time staff'**.

The Director offered two suggestions: First *'an integrated roster system could be part of the solution.....a future model could be to mix pathology workers...having more lab assistants, technicians...this could help produce a good roster system'* and second *'to rotate the staff and allow everyone to work any shift they want'*. The Director suggested *'it would potentially be feasible if we have a network pathology service...other states have network pathology services'*.

The way forward to **improve the roster system** is to *'make the rosters fair...give people leave when they want leave....but we have to have the staff to cover absences'* (Manager B).

Manager C explained *'we need an even number of full-time and part-time staff.....full-time staff are flexible....but part-time staff aren't [flexible].....they're usually return to work from maternity leave...and they don't have to do on call'*. Manager B proposed that because it is *'hard to make a fair roster with a small number of staff'* the solution is to *'have a better balance of full-time and part-time staff....we have to have more full-time staff'*. *'In an ideal world we have would have all full-time staff with just a few part-timers who can backfill'* (Manager C).

19.7 Union involvement in rostering

There was little discussion about any union involvement. It appeared managers were uneasy and reluctant to discuss union matters.

20 Phase 3 – Focus Groups

The researchers attended Health Service D and 10 Medical Scientists participated in two one-hour Focus Group sessions.

20.1 Nature of work in Pathology

The participants described working in Pathology Services as *'unpredictable'* and when staff are on night shift work is *'isolated and lonely'*. The participants said the work requires them to be *'up and down all the time'*. One Medical Scientist said *'...the work is all about science....but managers working out the roster make work that much more difficult... they're Medical Scientists but they have memories of the old days when their work was predictable. They don't really know what shift work's like and what it does to your body. Managers work conventional business hours.'*

20.2 Roster Systems in Pathology – what works well and not so well

In the focus groups when staff were asked what works well there were few positive comments. Most of the discussion was around issues with the current roster system.

Rosters don't work well....we get sick all the time, it's because of the stress and burnout....my mental health is not good and I have to be on the ball all the time with my job.

There's constant abuse from Doctors and Nurses.....we know they have a job to do but we are not valued.

We never have forum type discussions with management about rostering.....we need more communication.

20.3 Major changes that impact on work

When the researchers asked about major changes the Medical Scientists mentioned technology as part of progress. Most of the staff explained that whilst technology is 'great' there are major issues if any systems 'go down'. According to the Medical Scientists the most noticeable changes in recent times have been:

Years ago, we used to work fixed shifts and knew what we were doing. Now we don't.

The volume of work has increased because science is expected 24/7.

The demands have increased and Doctors, Nurses and relatives of patients want everything 'now'. There's no consideration for the time it takes to produce the results. They live in a 'now world' and sometimes it's impossible to meet their demands within a few minutes. For us the complexity of work has intensified because of new and various tests that have to be done.

With these circumstances and expectations, the pressure is enormous on all of us and in the past there was not that level of pressure. On night shift we had a bed and could take a rest....not now....this has been a big change.

When some Medical Scientists come for an interview they won't work here because of the roster....we're losing the opportunity of working with excellent scientists.

20.4 Main challenges in daily work

The current roster system presents challenges for staff and they concur that there is little to no discussion with management about how the rosters affects the staff.

Our rosters don't just change every week, they change every day.....so my body clock doesn't know what's doing. I have to look at my calendar every day because every day I start and finish at different times.....it's so hard to manage.

Shift work is about 7 to 4, 8 to 5, 9 to 6, 11 to 8, 2 to 11pm, 11.15pm to 7.00am - try working that.....

I've had six hours sleep in three days and my challenge is getting through today. I don't have a routine.

We basically have to work around part-time staff. They get sorted in the roster first and then the full-time staff are slotted in where ever.

We work in a very uncertain environment and it's challenging now knowing. Every day we have to set the alarm at a different time.

The challenge is also for our partners and families.....it's so difficult to plan anything....unless it's say holidays in a year's time....but anything at short notice rarely happens....we're just not allowed to take the time.

When asked about how their work might impact on **patient care** they responded:

We haven't made any major mistakes but work is intensifying and if it gets any worse we don't know what might happen.

We make mistakes, but we wake in the middle of the night and think about what we should have done. Fortunately, we haven't killed anyone.

20.5 The role of MSAV, the Union and the EA

The latest Enterprise Agreement was noted as not improving the work-life balance for staff. One Medical Scientist noted '*we work in a female dominated sector and those who do come back from maternity leave are treated like everyone else*'. Under the EA they are supposed to be able to nominate fixed shifts but that doesn't happen. Most of the attendees agreed '*the EA doesn't work with the current workload and staff*'.

20.6 Suggestions to improve the Roster Systems and Workload

The staff became quite enthusiastic when we asked them to make suggestions about how to improve the roster system:

We need fixed shifts and we need more part-timers who can work around us.

Less rotations....if we know what we're doing for a whole week that would make a big difference to our health.

We need more recognition for the work we do.

Permanent night shift staff....take us off night shift.

Give us back our work life balance.

A uniform roster system across all public hospitals would be much better. And, if 'Health' had a bank of people within a certain radius who could work on call that would make a big difference.

We need a service that knows how to coordinate rosteringwith an identifiable process that we can follow.

We just hope there's not just this project but there's an action plan and something is done to support us.

21 Phase 4 – Summary of Findings

Based on an analysis of the first three phases, roster analyses, interviews and focus groups, the findings indicate the following:

- 21.1 The roster systems across the four pathology departments are produced on manual spreadsheets and no two roster documents are the same.
- 21.2 According to Managers and Medical Scientists **part-time staffs drive the rosters and they choose the shifts they want first. Full-time staffs take the shifts that are left and work around part-time staff needs.**
- 21.3 The EA is challenging for Managers because they do not have the full-time staff to cover backfilling. For Managers it is very difficult to prepare roster documents and maintain the rules of the EA.
- 21.4 There is an imbalance of full-time and part-time staff. As mentioned above, there are tensions due to the fact part-time staff determine the roster.
- 21.5 It was evident in the data that Medical Scientists have a strong commitment to the quality of patient care.
- 21.6 Workload pressures and work-life balance are an issue for Medical Scientists. Most reported they experience burnout and stress, which leads to sick leave.
- 21.7 The Medical Scientists would appreciate more team discussion with management about staff concerns. Staff would value participation in some decision making and improve levels of management communication.

21.8 The participants raised the issue that whilst demand for scientific services has doubled there is no corresponding increase in staff numbers. It was noted that the budget is insufficient to provide an increase in staff.

21.9 There is an issue with training and multi-skilling. Staff note that whilst they would welcome additional training there is not the time for them to leave their work.

21.10 There is a need for a permanent night shift Medical Scientist.

Synthesis of Findings across Four Health Services and Recommendations

22 Phase 5 - Synthesis of Findings

Based on the data on Pathology Rostering from Document Analysis, Interviews with 3 Directors, 18 Managers and Focus Groups with 53 Medical Scientists the research study found:

22.1 **The Roster Systems** across each Medical Service are inconsistent. There are no two departments within each Medical Service that maintains an identical Roster System. Systems may commence with an automated program but in the main revert to a manual system that is often indecipherable to a reader not employed in medical science. Moreover, the **legends attached to each roster document are inconsistent** and many symbols and acronyms are not evident to a reader. Many symbols and acronyms need explanation. Even some of the Managers and Medical Scientists were not aware of the meanings of all symbols and acronyms.

22.2 There is **no rationalisation of technology across the four Health Services**. Without common platforms it is difficult to establish common protocols that Medical Scientists can apply if they worked at other Health Services. Moreover, this makes it difficult to consider and/or plan to establish a Pathology Work Bank of casual staff.

22.3 **The current staffing arrangement makes it challenging to meet the requirements of the EA**. Managers made it clear they are working in an environment where they are *'reactive rather than proactive'* and *'constantly applying survival strategies'*. Managers cite Clause 58 of the EA as *'unmanageable'* with their current staff numbers. They have a very challenging role in relation to the unplanned roster changes and backfilling. This also **raises potential issues around compliance of the EA**. Given the importance of the EA as a vehicle to support

the wellbeing of Managers and Medical Scientists in the provision of a high quality service to patients this is a critical issue that needs to be addressed.

22.4 Managers concur that the staffing issues in each department are due to being understaffed by four to five full-time Medical Scientists. They cite the **Government Funding as 'deficient' and 'potentially puts patient care at risk'. The EA impacts 'negatively on staff'**.

22.5 Medical Scientists correspond that the staff numbers in each department make it difficult to meet EA requirements. Medical Scientists are constantly under pressure to meet demands of their work and much pressure around being rostered on for night shifts.

However, Medical Services are reluctant to use casual staff because they cannot assign them to the benches without training.

22.6 **Absenteeism** - the study revealed that **unplanned leave** (sick/parental leave/ADO[ADO are irregular]) **is an issue** at each of the Medical Services with **5.6 staff members absent** on any one day (according to roster documents and when documents were not provided in their entirety the information was provided in Interviews and Focus Groups). Managers and Medical Scientists indicated that this level of absenteeism in part is the result of an unrelenting workload and subsequent high level of burnout. Therefore, over the four Health Services there are approximately 22.4 Medical Scientists on unplanned leave on any one day, not including annual leave. The **potential cost of unplanned leave has been calculated as follows:**

For the purpose of an approximation and in accordance with Schedule 2 of the EA - Rates of Pay and Allowances, we conservatively selected a Grade 2 Medical Scientist in their 2nd year of employment as at January 2018 on \$1,621.40 gross per week (\$84,312.80 annually) – please note the calculation does not include on costs.

At \$231.62 per day, per Medical Scientist, it is estimated this costs \$5,188.28 gross per day across the four Health Services. The estimated annual cost calculated over a five-day week (we did not include weekend work) is \$25,941.40 and **\$1,348.952.88 annually** (divided by 4 that would be approximately \$337,238.72 per year at each Health Service). With on costs we **estimate the annual cost would be close to related across the four Health Services**. This represents a significant problem for Medical Scientists, Managers, CEOs and potentially patients.

22.7 Managers and Medical Scientists concur that **part-time staff drive the Roster System** at each of the facilities. Part-time staff are mostly on fixed shifts. Therefore, full-time staff are

allocated shifts once part-time staff are rostered. This causes tensions between full-time and part-time staff.

22.8 Medical Scientists claim that the **intensity of work** has doubled in recent years but staff numbers have not doubled. With the intensity of work, the health and well-being of Medical Scientists has been impacted. This results in Occupational Health and Safety (OH&S) issues around mental health because the staff are overworked and night staff work in isolation. **Medical Scientists are dedicated workers who put the quality of patient care above their own needs.** They work above and beyond the requirements of their roles.

22.9 Medical Scientists, who work **shift work**, claim their **health and well-being is negatively affected** by not having regular sleep and constantly having to readjust their 'body clocks'.

22.10 The majority of Medical Scientists, who have worked for a number of years, do not want to continue to work night shifts. They claim their **work-life balance is impacted** and they experience family, relationship and wellbeing issues.

22.11 Managers constantly work in an **unpredictable environment** of not knowing their staff numbers each day. They are to be commended for working in such an environment without the capacity in staffing numbers. **CEOs and Managers work beyond their work hours and are dedicated to the quality of patient care above their own needs.**

22.12 **Training and Multiskilling** - staff are not adequately trained on new technology. Often the person selected by management to be trained does not have the skills to transfer learning to other staff. This causes down time and much frustration for staff. Also, due to a heavy workload, Management find it difficult to afford staff the time to be multi-skilled within their own departments and potentially this poses a risk in the quality of patient care.

23 Phase 6 - Recommendations

In this section, we address the key findings of the study, relative to Pathology Services, Managers and Medical Scientists, identified as predominantly being triggered by unplanned leave. On any one-day at each of the Health Services there are approximately 5.6 Medical Scientists on unplanned leave, which is estimated to cost up to \$1.5million annually across the four Health Services. Critically, this finding has the potential to impact on the quality of patient care. Therefore, we make recommendations in a five-point plan and present each point sequentially as follows:

23.1 Strategic Workforce Plan

There is a need to develop a **strategic workforce plan at a macro level** to take into consideration the potential impact on Health Services throughout Victoria. The strategic workforce plan needs to take into consideration the gendered nature of pathology work, views of key stakeholders such as the DHHS, MSAV, VHIA, Health Service Management, Pathology Managers and Medical Scientists, and key challenges impacting on Pathology Services.

23.1.1 Appoint an **Administrator** to manage rosters across the four Pathology Services at each of the Health Services. Rationale: Currently, Medical Scientists are administrators and their skills could be better used in their area of scientific expertise.

23.1.2 Due to the **gendered nature of the workforce** (most Medical Scientists are female), there needs to be a balance between full-time and part-time workers, with a substantial **increase in full-time workers**.

23.1.3 **Rosters cannot be shaped around the needs of one particular group** – instead they should be arranged as far as is practically possible through a fair, equitable and transparent process that meet the needs of the organisation, the department and the different categories of staff.

23.1.4 **Revisit staff numbers in line with the EA**. Taking into consideration the recent EA commitment to provide rosters three weeks in advance it is proposed:

Each Health Service prepares rosters four weeks in advance.

For any one full-time staff member across a four-week period there should be one RDO either side of a weekend to ensure work-life balance and provide staff with the opportunity of a three-day weekend.

In the first instance, staff members who need to change their shifts (for any personal reason) contact other staff members and organise a shift exchange. In the event a staff member cannot effect a change then he/she would contact the Administrator.

23.1.5 **Manage work intensification through the redesign of work processes** – increase use of Laboratory Assistants to carry out low level pathology work and free up the time of Medical Scientists to carry out high level work. This has the potential to reduce costs.

23.1.6 **Costs and Staffing** - develop and implement a plan to decrease the spending (estimated at \$1.5m per annum) on unplanned leave. The current expenditure could be better spent on employing the staff needed at each of the Health Services.

23.1.7 Increase staffing of the Pathology Services in each Health Service. To cover the number of staff on unplanned leave alone each of the four Health Services would need to **employ five to six EFT across Pathology Services**. However, **this does not address work intensification** and data highlights the need for each of the four departments at the Health Services to employ an additional **four to five full-time staff members and address work intensification and meet the requirements of the EA**. Therefore, **each of the Health Services needs to employ approximately 20 EFT**. Included in the plan there should be two appointed MS night staff for those departments that offer a 24-hour service. It is clear by the overwhelming message of work intensification and the costs associated with absenteeism that greater staff numbers are needed.

23.1.8 Training and Multiskilling - current staff to be trained to be multi-skilled within each department so that they can replace staff who are on leave (planned and unplanned). In conjunction with multi-skilling all staff to be provided with adequate training on new technology. Involve staff in group dynamics wherein they provide feedback to each other about the impact of their work and appropriate behaviours. Training could also include succession plans for Medical Scientists.

23.1.9 Review the work ready capacity of new graduates through the relationship with Universities. Review the scope of the current bursary program for medical science in specific areas of pathology. In addition, with the financial support offered to graduates through a bursary program, consider supplementary interventions aligned with general work readiness such as the ability to work across '*different benches*', resiliency skills and interpersonal skills to manage conflict.

23.1.10 Strengthen the relationships between Universities and Health Services to identify skills of the future and the supply of work ready graduates.

23.1.11 The development of a workforce plan needs to be undertaken in collaboration with Human Resource Management Departments.

23.2 Rostering Practices

23.2.1 Roster System - a consistent and sustainable roster system and practices to be developed, implemented and evaluated at each of the Health Services and across the four departments, Anatomical, Biochemistry, Haematology and Microbiology. Explore standardisation of pathology systems, technology and roosting practices within and

across Health Services. The Roster System should be accessible to staff online/via an app.

23.2.2 **Roster System Legends** – universal legends produced and attached to each roster to ensure transparency in terms, symbols, coding and presentation be consistent across Pathology Services.

23.2.3 Examine the possibility of an **online Roster System that emphasises transparency**, is co-designed, fair and equitable that removes the possibility of gaming. Develop an App where people can access remotely and in Realtime the rosters.

23.2.4 Examine the plausibility of **consistent rostering practices** across Pathology Services within and between the Health Services. Organising work to achieve consistent practices across pathology labs within and between Health Services.

23.2.5 Due to the nature of pathology work there is considerable **unpaid labour** (each Medical Scientist reported that they work between 10 and 15 minutes each day without claiming overtime), which needs to be addressed through acknowledgement and reward.

23.3 Health and Wellbeing

23.3.1 **Develop the culture** - due to the culture of unplanned leave, implement a number of management initiatives to better understand the causes and solutions of such leave to reduce staff stress, fatigue and burnout.

23.3.2 Engage Medical Scientists in workshops to **identify the causes of stress, fatigue and burnout**.

23.3.3 In collaboration with Medical Scientists **develop interventions to reduce stress, fatigue and burnout** (e.g. a work-life balance schedule).

23.3.4 **Evaluate interventions** and engage in a continuous cycle of building ways to support staff.

23.3.5 In addition, when there is evidence of any **staff conflict due to personality issues and issues around part-time staff driving the roster**, actively manage any staff conflict situations and provide support and meditation if needed. **Create a culture of supportiveness**.

23.3.6 Improve work processes through increased breaks and ensuring Medical Scientists actually take such breaks.

23.3.7 Ensure that OH&S policies and practices support the mental health of Medical Scientists and all staff.

23.3.8 Due to work overload it is anticipated that the four Health Services may have employees with **excessive accrued annual leave**. This can be detrimental to employees and their health and wellbeing. An investigation of accrued leave should be undertaken and processes put in place to ensure employees take their leave.

23.4 Consultation and Co-design

23.4.1 **Develop a program of consultation** to engage staff with any proposed changes to the current roster system. Broadly, in a four-phase **Roster Management Program** the current report would represent the first phase of identifying roster and staff issues within Pathology Services. A second phase would develop an intervention plan for a new and simplified roster system in consultation with a cross-representation of stakeholders; a third phase would implement an intervention plan; and a fourth phase would evaluate changes. It will be important to seek hierarchical support and appoint a **Consultation and Co-Design Committee** to consider the following factors:

23.4.1.1 Engage with staff in discussing the issues as outlined in this report.

23.4.1.2 Develop a consistent and sustainable roster system.

23.4.1.3 Create a vision of change around a universal roster system for pathology services.

23.4.1.4 Engage all staff in designing the proposed changes to the roster system.

23.4.1.5 Develop a new roster system with a universal legend.

23.4.1.6 Implement a new system and engage staff in the process.

23.4.1.7 Evaluate the roster system on a regular basis.

23.4.2 Work with Medical Scientists to develop and implement the Strategic Workforce Plan.

23.4.3 Work with Medical Scientists to improve work processes and importantly to increase their routine breaks.

23.4.4 Develop Managers' and Medical Scientists' skills in leadership, team building and resilience. There is substantial evidence that transformational leadership is associated with the increased psychological empowerment, engagement and employee performance. Moreover, team building and resilience training is associated with

psychological empowerment, lower levels of burnout and increased quality of patient care.

23.4.5 **Develop better communications with Medical Scientists.** Due to the fact Medical Scientists are under pressure and under resourced hold regular meetings and invite staff to contribute ideas to improve their workload. The quality of communication may well be a key process to influence positive relationships between managers and staff.

23.4.6 Work with Medical Scientists to **reduce work intensity** and the challenging nature of their work.

23.4.7 Work with Medical Scientists to **enhance the culture** and reduce any potential for growing tensions between and across staff and management.

23.4.8 Agree on ways forward together as a united pathology workforce.

23.4.9 Set up a Focus Group of key stakeholders including Directors, Managers and Medical Scientists to discuss the findings and recommendations made in this report.

23.5 Valuing Medical Scientists and Recognition

23.5.1 **Invest in Medical Scientists** through effective training and development, greater transparency, open communication channels, information sharing about department and service performance, and addressing staff daily work issues and challenges.

23.5.2 **Celebrate the important role of Medical Scientists** in pathology services and its instrumental contribution to patient care.

23.5.3 Introduce a **program of recognition** to **value the critical work of Medical Scientists**. Acknowledge the work of Medical Scientists and help them feel they are valued. For example, this could be an award for an outstanding scientist.

24 Further Information and Contact Details

For further information about this report please contact the Chief investigator. Contact details are as follows:

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