

MODERNISING STAFF ROSTERING: AN IMPERATIVE FOR PROGRESS

A Facilitator's Guide to Running a Workshop

December 2003



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Running a Workshop

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Prepared by the
Centre for the Development of Healthcare Policy and Practice
University of Leeds



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Foreword

This facilitator's guide and the workshops that informed its creation were sponsored by the Office for Health Management (OHM). The OHM has responded to a need in the healthcare community for support to organisations who wish to change the way they apply the time and talents of their staff to improve patient care, while honouring the family and life commitments of those people.

The imperatives of a modernised health service require us to become even more efficient without losing effectiveness. This challenges us to replace outmoded systems of central decision making with contemporary, flexible approaches. This guide provides a support to organisations and individuals who have a desire to implement best practice in the rostering of clinical staff. Best practice in rostering is evident when a balance is achieved between the needs of patients for care delivered by well-prepared and appropriate staff, and the needs of staff for satisfying work within a balanced lifestyle. Ideally, we hope that many clinical areas will adopt some form of self-rostering where staff take responsibility for agreeing work schedules with their colleagues, and create an empowered and patient-centred care environment.

Denis Doherty
Director

Modernising Staff Rostering



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Introduction

This facilitator's guide to running the workshop *Modernising Staff Rostering: An Imperative for Progress* is based upon the practical experience of running two such workshops on 4 March and 17 September 2002 in Ballyshannon. The workshops were conducted by staff of the Centre for the Development of Healthcare Policy and Practice at the University of Leeds, together with contributions from the North Western Health Board. The workshops were initiated and funded by the Office for Health Management.

The participation and feedback from those people who attended the workshops were invaluable in the creation of this facilitator's guide. It is clear, for example, that local practices vary widely, with some facilities already using electronic systems of rostering within a self-directed and motivated workforce, while other are yet to begin modernising. The facilitator's guide is intended to provide a resource to enable the flexible delivery of further workshops on a local basis.

Why is This Workshop Important?

Recent policy documents have highlighted a number of major challenges facing the healthcare sector. The health strategy document *Quality and Fairness: A Health System for You* (2001) highlighted such challenges as

- skill shortages in healthcare professions
- difficulties in both recruiting and retaining staff
- stressful working conditions
- high turnover rates of staff
- poor staff morale
- complex industrial relations arrangements.

Both *Quality and Fairness* and *Action Plan for People Management in the Health Service* (2002) place emphasis on the need for the health service to become an employer of choice. In practice, this means that all healthcare organisations must pursue

- **best practice employment policies and procedures**, including greater staff involvement in the planning and delivery of services
- **positive strategies for improving the quality of working lives of employees**
- **a positive and participative management style** whereby staff at all levels in the organisation are empowered by devolving decision making to the lowest feasible level.

Since the launch of the Commission on Nursing report *A Blueprint for the Future* (1998) there has been a concerted effort to modernise the roles of nurses at all levels of management. It has been recognised that those nurses in the most senior posts must be facilitated to take on a more strategic and influential role in the development of nursing services. From a practical standpoint this means that some of the operational issues currently falling to senior nursing staff need to be devolved.

One of the operational responsibilities that can take up a great deal of time and energy at the highest levels of nursing is the rostering of nursing and ancillary staff. Many senior nurses would defend the retention of this responsibility because senior nursing staff have accountability for the overall effectiveness of patient care. Senior nurses have become skilled and experienced in this activity, and devolving the rostering of staff to others requires a trusting and developmental

approach. Therefore the key to the successful devolution of this complex responsibility lies in the development of staff and the creation of a supportive environment.

The *Report on Nursing Management Competencies* (2000) clearly identifies the 'deployment of resources, both human and physical, including budgeting, scheduling and task allocation' (p. 55) as within the scope of the role of front-line service managers. Managing staff rostering requires the application of skills and abilities, and the co-operation of many people. It requires skills in planning, delegation, communication, knowledge of patient care, and collaboration. All these abilities are identified in the competencies for front-line nursing managers. Therefore, devolving the responsibility for rostering to front-line staff encourages their development of vital competencies. This workshop can support the development of these competencies, and create a forum for learning and sharing experiences.

Who is This Workshop For?

Ideally, participation in the workshops should be voluntary with people positively choosing to attend. People who choose to attend are generally more receptive, interested, and participate more fully in the workshop. Most importantly, people who want to learn about improved practice in rostering are more likely to implement changes in their work area.

Two workshops are described in this guide. The introductory workshop is intended for those people who are relatively new to the responsibility of rostering staff. This could include newly-appointed CNMs or more experienced CNMs whose organisation is changing from a centralised rostering approach to a more decentralised model. The advanced workshop is intended for CNMs who are experienced at rostering, who know the principles of empowered rostering practices and who wish to engage with staff in remodelling care delivery.

The following chart is provided to assist you in choosing the workshop most suited to your organisation and the participants.

	Introductory	Advanced
My organisation uses a central approach to rostering, but we want to begin ward-based rostering.	✓	
The staff that will be providing rostering have no experience.	✓	
The staff responsible for rostering have used the same approach for a long time (such as fixed rosters) and we want them to consider other approaches	✓	3–6 weeks later ✓
The rostering system we are currently using is problematic – either the staff are dissatisfied or it no longer gives us the flexibility we need to meet patient care demands		✓
We use ward-based rostering but we will be going to a computer system in the next six months		✓
We are changing the way we deliver care (opening a new service, changing hour/cover, patient mix changing)		✓
We are looking at changing roles or staff mix, (adding or removing) nurses, nursing aides, support staff, allied health professionals.		✓

Keep in mind that even staff experienced in rostering may benefit from the introductory workshop if they have had no formal preparation in rostering.

It is recommended that facilitators overview the materials with senior nursing managers so that they are aware of what is being said and can anticipate some of the questions that may arise as a result of the workshop.

It is also worth pointing-out that the content of both the introductory and advanced workshops is concerned with the context, methodology and best practice of **rostering**. Clinical nurse managers who need to enhance their clinical leadership or conflict management skills should be directed to more appropriate management development programmes in addition to, or instead of, these workshops.

A special challenge arises when facilitating participants from a variety of settings. Different practices across sites provide participants with the opportunity to share ideas and experiences, but the facilitator's job becomes more complex. Ideally, groups should be matched on a "like" basis to better facilitate personal and group learning and the sharing of experience. A good match would be, for example, an introductory workshop for participants from several local organisations all of whom are moving from a centralised to a decentralised approach. Another good match would be participants from several different settings (wards, or clinic areas) that are moving from fixed rosters to flexible ones, or expanding hours or services, or dealing with staff shortages. A particularly good mix is one in which people from diverse work areas are all seeking to implement a self-rostering approach. This allows a natural network of peers to evolve who can support and guide each other after the workshop.

If the matching of participants is not possible, the facilitator must become fully versed in the rostering practices of the different organisations and work areas, and solicit from the group the focus they wish to place on the workshop day. Recognising that not all aspects of rostering can be thoroughly discussed in one day, choices of time and emphasis will need to be made to meet the majority needs of the group.

How Should This Workshop be Run?

Before

Before considering the detailed design of the local version of this workshop the facilitator should carefully investigate local rostering practices (through conversations with staff and observation of the system). Special consideration should be given to the legal and contractual requirements and local custom and practice especially in relation to time and attendance recording and monitoring (through conversations with local human resource professionals, trade unions and professional associations).

It is expected that facilitators will become knowledgeable about national and international best practice through the reading of relevant case studies, professional journals and electronic sources. Contacting best practice sites can be very useful because they are often willing to share their experiences. Useful readings and websites are listed in this guide. The list is not exhaustive; many other good sources exist. Facilitators are encouraged to record good sources they find and share them with participants.

Although PowerPoint presentation material is provided here, it is not meant to be immutable; facilitators should adapt it to suit their local circumstances.

Process

Group size There is no hard and fast rule governing the size of the participant groups for these workshops. More than thirty people is probably too many for one facilitator to manage effectively, given the interactive nature of the event. Smaller groups allow for greater sharing of experience, but if the groups are too small, or the participants already work closely together on a regular basis, there may not be a sufficient opportunity to learn from each other. Eighteen to twenty-five people is regarded as an optimum complement of attendees.

Facilitation style An informal, interactive and facilitative style should be employed in running the workshops, with plenty of opportunity available for discussion of local experience as well as more focused contributions relating for example to best practice and action planning. Ample time should be provided for workshop participants to describe their local rostering systems (including the advantages and disadvantages of these) and to express their concerns with regard to changing responsibilities and their experience of managing change.

The workshop process should therefore be

- **challenging:** participants should be encouraged to review current rostering practice against emerging alternatives
- **supportive:** participants should feel that their problems are shared with a peer group who can offer solidarity and support in a safe environment
- **non-judgemental:** the diverse rostering practice which the workshops will reveal has emerged as a result of time and circumstance and should not be considered as necessarily “good” or “bad”
- **focused:** on rostering as the central theme – although related issues are bound to be touched on
- **lively:** with a free flow of ideas, comments, opinions, etc, including anecdotes and personal stories
- **action-based:** participants should leave the workshop with a clear understanding of what their next steps will be.

Who Should Run This Workshop?

People who facilitate these workshops should ideally have both a **background in nursing** (or clinical practice) and **experience in facilitation**.

A background in nursing (or clinical practice) provides a degree of credibility with workshop participants, particularly if that experience derives from grappling with the kinds of issues in rostering which are likely to be raised by the workshop participants themselves.

Experience in facilitation is important because, despite the grouping of workshop participants mentioned above, there is still likely to be a diversity of experience of rostering among them and the process of the workshop will need to acknowledge and reflect this. A didactic, “subject-matter-expert” approach is inappropriate for mature adult learners and an informal, interactive and facilitative style will be needed in order to engage with the richness of participant experience. The ability to facilitate group discussions, in particular, will be necessary, together with the ability to choose and brief local guest speakers and to make connections between their contributions and the remainder of the programme. Finally, there should also be an “action-orientation” with an emphasis on participants identifying practical actions which they can take after their attendance on the event.

What Resources and Facilities are Needed to Run This Workshop?

To run the workshop effectively the following are needed.

- **Accommodation** A large plenary room capable of accommodating all the workshop participants, the facilitator and guest speakers, together with the associated audio-visual aids. In addition, break-out space will be needed for small group and individual work, the exact amount depending on the overall number of workshop participants. The space should be self-contained and protected as far as possible from potential interruptions. It is advisable to check on whether flipcharts can be used in a plenary room, using Blutak or masking tape.
- **Audio-visual aids** These are likely to include facilities for PowerPoint presentations, flipchart stand(s), ample flipchart paper, felt-tip pens and Blutak or masking-tape.
- **Meals and refreshments** While typically the lunch arrangements are fixed, there may be value in either having tea/coffee breaks also at fixed points or allowing participants to take these breaks at any point during particular sessions.

Workshop Programme: *Introductory Level*

Target Population

The target audience for the introductory workshop comprises clinical nurse managers (CNMs) who are new to the responsibilities of rostering, including newly-appointed CNMs or more experienced CNMs whose organisation is changing from a centralised approach to rostering to a more decentralised model (see page 13, Who is this Workshop For?).

Objectives

1. To provide an overview of the context in which nurse managers have to examine different ways of rostering staff.
2. To review a range of options for the rostering of staff.
3. To provide a forum for discussion of experience in rostering.
4. To consider best practice in changing rostering systems.
5. To consider the associated human resource issues and the legal and contractual requirements.
6. To explore the staff issues associated with rostering.
7. To plan next action steps.

Suggested Agenda

Welcome and Personal Introductions	9:30
Modernising Rostering: Why Change?	10:00
<i>Coffee Break</i>	<i>10:40</i>
Current Rostering Practice	11:00
Customs and Constraints	11:45
<i>Lunch</i>	<i>12:45</i>
Starting from Scratch: Building a Better Roster	13:45
<i>Tea Break</i>	<i>14:45</i>
Managing Change and Resistance to Change	15:00
Action Planning	15:45
Workshop Evaluation and Feedback	16:15

Content: Morning

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Welcome and Personal Introductions

There is value in having a senior person conducting the welcome before handing over to the facilitator. Ideally the senior person should be a director of nursing or a senior nursing officer who will emphasise for the benefit of participants that s/he supports the modernisation of rostering practice and will assist wherever possible.

Personal introductions among participants should be followed by a brief overview of the workshop and the setting of any ground-rules for behaviour – addressing such issues as confidentiality, respect for others' opinions, etc. This session will be important in setting the climate for the workshop and so should emphasise the process issues highlighted at page 15, *How Should This Workshop Be Run?*

(Timing: 30 minutes)

Modernising Rostering: Why Change?

This session is pivotal to the workshop in that it focuses on the powerful contextual issues driving change in rostering. A PowerPoint presentation is provided for the session (Modernising Rostering: Why Change?). The facilitator should use this in a flexible manner while attempting to elicit responses to the question posed by the session from participants, and should ensure that the responses and ensuing discussion cover such areas as the following.

- There are powerful driving forces in society for greater efficiency and patient choice in the provision of health care.
- Professional and political issues have direct impact on how we allocate staff to patient care responsibilities.
- Better patient care must be the main driver in modernising staff rostering.
- There are changing demands from the workforce for greater flexibility and improved working conditions. The so-called “work/life balance” means a matching of the ratio of working time with leisure time and a recognition that working patterns need to vary depending on differing life-stages. Rostering needs to have serious and meaningful input from the staff being rostered to enhance their control over their working hours in order for them to “own” the system.
- With these changing pressures on both managers and staff it is imperative that change is undertaken on a partnership basis.
- Resistance to such change is likely to be met at all levels – among both staff and management.
- Development of Information Technology now offers new opportunities to modernise rostering and to integrate it with computerised time and attendance, payroll and personnel systems.
- Changes in the roles of the most senior nurses, requiring them to focus on more strategic issues, imply that rostering as an operational activity needs to be devolved to CNMs.

(Timing: presentation and discussion/debate, 40 minutes)

Current Rostering Practice

The purpose of this session is to allow participants to get an overview of the alternative approaches to rostering. A PowerPoint presentation is provided for this session (Types of Rostering) but facilitators should adapt this to reflect their own local circumstances. Stop the PowerPoint presentation when you come to the slide entitled Team-Based Self-Rostering.

Now that participants have seen and discussed the various types of rostering systems, it is time to establish a baseline of experience and practice in rostering among them. Small group discussions should address the current rostering experience of the participants, covering the advantages and disadvantages of the approaches used and what they would ideally like to change. This exercise is intended to be a starting-point from which an action plan can emerge.

Ask participants to form groups of five-six people, preferably people who do not usually work together (if possible). Ask them to take turns describing how the roster is done in their work area, pointing to at least one advantage and one disadvantage, and some element they would like to see changed. Have the groups report back to the main workshop – and, as they do so, record their comments. It is helpful to prepare flipcharts detailing the rostering style across the top and including three columns marked advantages, disadvantages and things to change.

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After recording the points emerging from the group discussions, show the final slides from the Types of Rostering PowerPoint presentation. Relate the information on the slides to the group discussions and reinforce the discussions.

(Timing: 45 minutes)

Customs and Constraints

The aim of this session is to establish the legal and statutory framework governing rostering. Managers who compile staff rosters often worry that if they make changes they will find themselves in breach of statutory or customary practice. Staff who do not like having their rosters changed will sometimes simply say 'You can't do that!' The session should therefore include an overview of local custom and practice, staff agreements and human resource requirements so that managers are clear about what they can and cannot do. Emphasis needs to be placed on taking advice from colleagues in HR as well as gaining support from senior nursing staff. The first priority must be safe and effective patient care, not simply staff satisfaction. Ideally, the session should be undertaken by a suitable local human resources professional who is willing to answer questions and discuss concerns.

If a local human resources professional is not available, it is imperative that the facilitator gets answers from a reliable source to the following questions before embarking on the workshop.

- What collective agreements are in place, and do they limit the way rosters are managed?
- If staff have been on a fixed roster for a long time (permanent shift or permanent days, or permanent hours) can that rotation be changed?
- What are the requirements for posting of work schedules, storing of records and recording actual time worked?
- Are you willing to have nurse managers call you for advice on changing rosters?

(Timing: 60 minutes)

Content: Afternoon

Starting from Scratch: Building a Better Roster

In this session, participants are asked to construct a roster using best practice principles. Using the PowerPoint presentation Starting from Scratch as an introduction, participants should be given the challenge of building a roster that meets the principles identified.

Local custom and practice as outlined earlier should be implemented in all the activities below. Lively discussion is encouraged and sharing of solutions should be the focus.

Several options for activities during this session are offered.

- Participants can bring examples of their own rosters and look at where they might modify them to implement better practice.
- Those who are new to rostering could be given a blank roster form, a sample staffing complement, and be then asked to draw up a roster.
- Sample rosters could be collected by the facilitators and given to groups to critique and improve.
- **Case study critique** A case study in changing and improving rostering practice which exemplifies the workshop themes should be described. The more local the case study is the better, but the choice must be made on the basis of the mix of workshop participants and the availability of case studies from good practice sites. It is useful to have available at least four case studies of good practice in rostering. However, if only one or two cases are at hand, then more than one group can work on the same case. The cases should be stories of how clinical nurse managers set about making changes in rostering practice and the impact of those changes. Feel free to use the case studies included at pages 39-51 of this guide, or use published case studies from the professional literature. As you hear new stories, it is helpful to record them for future workshops.

(Timing: presentation and questions – 60 minutes)

Managing Change and Resistance to Change

This session seeks to address the issue of resistance to change in rostering practice and ways of managing it successfully. A PowerPoint presentation is provided to cover this session (Managing Change and Resistance to Change). The facilitator must elicit from the workshop participants what they identify as the likely major resistances to changes in rostering practice which they will encounter and what the likely root causes of these will be. The facilitator will need to recognise that scepticism does not necessarily imply opposition and can, in fact, sometimes be valuable. Simple models for the management of change can be introduced, ideally with a “worked example” drawn from the experience of workshop participants.

(Timing: 45 minutes)

Action Planning

The workshop should provide an opportunity for participants to explore what they will want to do next. A simple model comprising Desirable Actions, Realistic Timescales and Responsible Individuals/Groups can form a useful framework for personal or group action planning.

(Timing: 30 minutes)

Workshop Evaluation and Feedback

The facilitator should lead the participants in reviewing the workshop, identifying key learning areas and potential for improvement.

(Timing: 15 minutes)

Workshop Programme: *Advanced Level*

Target Population

The target audience for the advanced level workshop comprises clinical nurse managers with experience of managing a ward-based rostering system who know the basics of rostering staff and who wish to further apply empowerment principles with staff, and ensure best practice in rosters aligned to service planning and care delivery.

Objectives

1. To provide a reprise of good practice principles in relation to empowered rostering.
2. To review a range of options for the rostering of staff.
3. To consider the associated human resource issues and the legal and contractual requirements.
4. To consider rostering as a component of service planning and care redesign.
5. To explore the staff issues associated with rostering.
6. To facilitate personal action plans for developing staff rostering.

Suggested Agenda

Welcome and Personal Introductions	9:30
Principles of Empowered Rostering	10:00
<i>Coffee Break</i>	<i>11:00</i>
Types of Rostering and Current Practice	11:20
What Might Be Possible?	12:30
<i>Lunch</i>	<i>1:00</i>
Links to Service Planning and Care Redesign	2:00
<i>Tea Break</i>	<i>3:00</i>
Managing the People Issues within Rostering	3:15
Action Planning	4:15
Evaluation and Feedback	4:45

Content: Morning

Welcome and Personal Introductions

There is value in having a director of nursing or a senior nursing officer conducting the welcome before handing over to the facilitator. Ideally this person will emphasise for the benefit of participants that s/he supports the modernisation of rostering practice and will assist wherever possible.

Personal introductions should be followed by a brief overview of the workshop and the setting of any ground-rules for behaviour – addressing such issues as confidentiality, respect for others' opinions, etc. This session will be important in setting the climate for the workshop and so should emphasise the process issues highlighted at page 15, How Should This Workshop Be Run?

(Timing: 30 minutes)

Principles of Empowered Rostering

Based on the PowerPoint presentation Rostering and Empowerment – An Overview this session explores the connection between rostering and empowerment. Staff and managers can each be expected to respond to the shifting of responsibility and accountability that happens when rostering practice is changed. Generally speaking the early stage in the transition can be difficult but once the change is fully implemented, everyone is happier. It is most important to explore feelings about empowerment and the change from a top down control approach to one of personal responsibility. A good way to begin this session is by asking 'what does empowerment mean to you?' This question uncovers a wide range of benefits and concerns, and is a good starting point for the discussion.

As the discussion progresses, it is important to elicit concerns about professional accountability for patient care when rosters are devolved. Whilst covering the ward/unit remains the manager's overall responsibility, it is actually a collective professional responsibility. Allow time to explore concerns and experiences.

In particular, the facilitator should emphasise that

- in an empowered environment managers exert influence rather than control
- managers have the choice of delivering positive or negative responses to empowerment
- different types of rostering practice have different empowerment implications.

(Timing: 60 minutes)

Types of Rostering and Current Practice

The purpose of this session is to remind workshop participants, through an overview, of the alternative approaches to rostering. Participants should be asked to identify what style of rostering is currently in use and what they would like to move to. A PowerPoint presentation is provided to cover the session. The presentation should address the variety of different approaches, covering

- Centralised versus Ward-Based Rostering
- Fixed, Variable and Combination Rostering
- Team-Based Self-Rostering
- Paper-Based versus Electronic Rostering

Small group discussions should address the current rostering experience of the participants, covering the advantages and disadvantages of the approaches used and what they would ideally like to change. This exercise is intended to be a starting-point from which an action plan can emerge.

Ask participants to form groups of five-six people, ideally people who do not work together (if possible). Ask them to take turns describing how the roster is done in their work area, pointing to at least one advantage and one disadvantage, and some element they would like to see changed. Have the groups report back to the main workshop – and, as they do so, record their comments. It is helpful to prepare flipcharts detailing the rostering style across the top and including three columns marked advantages, disadvantages and things to change.

(Timing: 70 minutes)

What Might Be Possible

The aim of this session is to establish the legal and statutory framework governing rostering. Managers who compile staff rosters often worry that if they make changes they will find themselves in breach of statutory or customary practice. Staff who do not like having their rosters changed will sometimes simply say 'You can't do that!' This session should therefore include an overview of local custom and practice, staff agreements and human resource requirements so that managers are clear about what they can and cannot do. Emphasis needs to be placed on taking advice from colleagues in HR as well as gaining support from senior nursing staff. The first priority must be safe and effective patient care, not simply staff satisfaction. Ideally, the session should be undertaken by a suitable local human resources professional who is willing to answer questions and discuss concerns.

If a local human resources professional is not available, it is imperative that the facilitator gets to answers from a reliable source to the following questions before embarking on the workshop.

- What collective agreements are in place, and do they limit the way rosters are managed?
- If staff have been on a fixed roster for a long time (permanent shift or permanent days, or permanent hours) can that rotation be changed?
- What are the requirements for posting of work schedules, storing of records and recording actual time worked?
- Are you willing to have nurse managers call you for advice on changing rosters?

(Timing: 30 minutes)

Content: Afternoon

Links to Service Planning and Care Redesign

This session should question the assumptions currently underlying the application of staff time to service needs. What can we change about the way we deliver care to meet staff needs and enhance patient care? How do we use rostering to build capability and responsibility acceptance (ownership) among staff?

The session is built on an exercise that asks participants to look at the activities that staff are engaged in during the hours of care, and to assess whether the activities are appropriate to the needs of the patient and the capability of the staff. This applies to both hospital staff and community staff. In the case of hospital staff, as well as carrying out their professional responsibilities, they should be assessing the way in which they meet the daily living needs of patients. For example, how are they meeting patients' hygiene needs, and when, and who is carrying out the activities necessary to that purpose. Do beds need changing every day; what about other routine cleaning activities. Who serves the meals, and are there sufficient staff to assist patients to eat? Are patients getting undisturbed sleep?

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In the case of community staff, they should be using an appointment system that allows working people to receive care? Are they reaching travellers and other disadvantaged groups?

Included in the Resources for Facilitation section at page 73 of this guide is a worksheet entitled Activity Analysis that may be used for the above exercise. The exercise is best carried out by units of two people working together where one person describes the routine activities of the day to the other, and then they explore together how those activities could be done differently. Each should ask questions such as the following:

- if we changed the way we did x how would it affect the rostering of staff?
- what would improve as a result of this change?
- how would we go about making this change?

This activity and the ensuing learning should be shared with the group as a whole.

(Timing: 60 minutes)

Managing the People Issues within Rostering

This session seeks to address the issues of individual behaviour that can make rostering such a challenge at times. The session is intended to explore and share leadership practice surrounding staff rostering and to derive an ethical and empowering response. Effective strategies are defined by participants and they receive support and advice in regard to implementation.

Four scenarios are provided (see PowerPoint presentation entitled Scenarios) for use in this session. The scenarios describe challenging situations that are unfortunately common. There are no “right or wrong” solutions to the situations described in the scenarios, but some solutions are more empowering, that is to say the solutions encourage a sharing of responsibility and accountability, and promote better long-range relationships. Ask the participants to form groups of five-six people. They can then choose the scenario they would like to discuss. The following questions should be explored by the groups and the responses shared with the workshop complement as a whole.

- What are the alternative actions that could apply in this situation?
- What is your preferred solution?
- What do you think will happen when the solution is implemented?
- How can you manage the responses to the situation?

(Timing: 60 minutes)

Action Planning

The workshop should provide an opportunity for participants to explore what they will want to do next. A simple model of Desirable Actions, Realistic Timescales and Responsible Individuals/Groups can form a useful framework for personal or group action planning. This should be a practical session designed in such a way that workshop participants depart with their own personal or group action plan to take on rostering or to improve the present rostering system. The action plans will need to include a section on what additional information may be needed, who should be involved and how to proceed in an empowering way.

(Timing: 30 minutes)

Evaluation and Feedback

The facilitator should lead the participants in reviewing the workshop, identifying key learning areas, potential for improvement, etc.

(Timing: 15 minutes)

Using the Two Workshops Together

Some organisations may choose to offer the introductory and advanced workshops together as a two day event. It is not uncommon that clinical nurse managers have never had formal preparation for rostering responsibilities and, while rosters are being adequately prepared, there is a need to ensure that the basics are understood before moving rostering practice forward.

Because the introductory and advanced workshops are designed as discrete offerings the morning sessions are similar; which is not appropriate for a two day event. To adjust for this, the following agenda is recommended.

Day 1

	Timing
Introductions	30 min
Modernising Rostering: Why Change?	45 min
<i>Coffee Break</i>	
Current Rostering Practice	45 min
<i>Lunch</i>	
Customs and Constraints	60 min
Starting from Scratch: Building a Better Roster	45 min
<i>Tea Break</i>	
Managing Change and Resistance to Change	45 min

Day 2

	Timing
Review of Learning from Day 1	30 min
Principles of Empowered Rostering	45 min
<i>Coffee Break</i>	
Links to Service Planning and Care Redesign	45 min
<i>Lunch</i>	
Managing the People Issues within Rostering	60 min
<i>Tea Break</i>	
Action Planning	60 min
Evaluation and Feedback	30 min

The main changes to the programme are changes in the suggested timings. The same material is covered with more time for discussion. Emphasis for each section should vary according to the needs of the group.

Guide to Learning from Successful Change Case Studies

Case studies of successful change can be very useful to others who are considering a similar change. They are a rich source of ideas, and reflect the experiences that lead to practical planning.

The following steps are suggested to guide a small group through a case study.

1. Provide a case study of successful change, or ask the workshop participants to find and bring one on the day.
2. Allow time for each person to read the case study.
3. Each individual engages in the following reflection:
 - a. what struck you about this case study?
 - b. what did you read that reinforced an important principle or practice that you have experienced previously?
 - c. what did you learn that was new?
 - d. what ideas or suggestions are in this case study that could be applied in the situation you are considering.
4. The individuals come together to discuss their case studies, and the reflections they engaged in.
5. As a result of the group discussions, individual reflections will be enriched and additional learning will take place. Ask the group to reflect on the above questions and come up with a group response that can be shared with the workshop complement as a whole.
6. As a facilitator, put the heading 'Transferable Learning' on a flipchart, and list the key points from the group discussions. Refer back to this list when introducing Action Planning.

Case Studies

Case Study I: Mater Misericordiae University Hospital, Dublin

Introduction

The Mater Misericordiae University Hospital, Dublin, as part of its overall strategy, has viewed information and associated computer technology as a fundamental element in enabling it to deliver optimum patient care in the most efficient and high-quality manner. The approach adopted is based on the integration of information systems centred on the patient. In the context of this, the hospital has recognised that Nursing Information Systems (NISs) are key to assisting nurses, nurse managers and hospital management in today's healthcare environment in managing data, information and knowledge.

In the 1990s the decision was taken to fully support the introduction of an Integrated Nursing Information System (INIS) by the nursing informatics project team. This is an automated system which provides for the integration of the information needs of nurses and supports the workflow and decision-making processes, thus enabling nurses to deliver optimum patient care. INIS consists of three main components:

- an automated **nursing documentation system**, which is integrated and linked with
- a **patient dependency system**, which is in turn linked and integrated with
- an automated **nurse rostering/scheduling system**.

The combined information from the three systems assists the provision of information for the nurse manager in terms of sufficient staff available at the right time, with the right skills, diversity and flexibility, in the right place, to deliver high-quality care to meet the needs of individuals and communities.

Both the patient dependency system and nurse rostering/scheduling system components of INIS are implemented throughout the hospital and work has commenced in documenting the requirements for the integrated and automated nursing documentation system.

The Nurse Rostering/Scheduling System

The system in use is the automated Nightingale Nursing Information System. It accumulates all roster/schedule information in hours, incorporating preferences, skill mix and staffing requirements in order to create a roster. The system provides tools that assist the manager with managing preference-based scheduling, self-scheduling and automated scheduling in one software package. It also includes comprehensive management reporting capability. The Nightingale Nursing Information System consists of four components – Intragale, Shiftmaker, Payroll Reporter and Resume Builder.

Intragale This is an easy-to-use tool used by individual staff at ward/unit level to place on/off-duty requests to self-roster/schedule, view rosters and keep their own professional credentials.

- Staff are able to access rosters/schedules at local and home level.
- Requests can be entered via an easy-to-use calendar-based interface.
- Staff can send messages to their managers explaining requests.
- Staff can view and print their own individual roster.
- The actual hours worked can be viewed and modified for verification.
- Staff can check their individual hours of sick leave and study leave.
- Staff can track personal credential information and add projects, committees, coursework, etc to their personal profile.

Shiftmaker This component is used by the nurse manager in a ward/unit to generate the nurse roster/schedule. It is based on the rules entered by the nurse manager regarding staff coverage required and staff qualifications for the ward/unit, combined with the requests made by staff entered by **Intragale**. **Shiftmaker** intelligently considers the preferences of employees and finds the best match with staffing requirements. The roster/schedule can be viewed from any variety of sorting and filtering. Adjustments can be undertaken easily. Hours worked and any hours remaining for each staff member can be viewed and holiday, sick-leave and overtime information is also available. Staffing requirements can be analysed and resources for daily decision-making and long-term planning/budgeting can be undertaken. Management reports are also available. The **Shiftmaker** component is directly linked and integrated with the patient dependency system.

Payroll Reporter Information (for example, hours of the shifts/annual leave/sick leave, etc) come from **Shiftmaker** and populate the **Payroll Reporter** automatically. All sorts of payments are handled, for example on-call, stand-by and differential payments. This report is linked directly with the automated salaries department system.

Resume Builder This manages an individual's professional credentials and expiry dates, for example courses run within the hospital (e.g. CPR training/manual handling, where the course

has to be retaken after a time period). The manager is automatically sent a reminder of expiry dates. Courses taken within the hospital (and once verified and documented by the trainer) automatically fill each individual nurse's resume/profile. No duplication of data entry occurs. As a result of integration with **Shiftmaker** it automatically incorporates and updates scheduled training, thus eliminating duplication of effort.

Reasons for Changing the Way Staff were Rostered

There were both internal and external reasons for change.

Internal

- To obtain and retain the numbers of nursing staff needed.
- To make the best use of the human resource.
- To work towards improving the quality of working life for the nursing staff.
- To be able to anticipate problems and potential surpluses or deficits.
- To facilitate time management in the organisation (which needed to be captured in hours) and to place a greater emphasis on the ability to report on levels of sick leave, annual leave, etc.
- To have real-time and more accurate information available.
- To assist with fairness and equity in allocation of rosters.
- To acknowledge the web technologies that were available, allowing people to check their roster/schedule from home.
- To be part of the Integrated Nursing Information System within the hospital.
- The necessity to identify and locate the skills of individual staff members from an organisational perspective, e.g. a paediatric nurse or person with a language.
- The necessity to integrate with the hospital's patient dependency system.

External

- Global changes in healthcare.
- Recruitment and retention of nursing staff.
- Lack of accurate budgeting/costs information.
- Working Time Act implications.
- *Workforce Planning Report (2002)*
- Health Strategy: *Quality and Fairness: a Health System for You*

Reasons for Choice of this Particular System

A rostering project group was set up (in accordance with the project methodology within the Management Services Department) with the objective of taking the responsibility for the monitoring and implementation of the project. The project group consisted of senior nurse managers, division nurse managers, ward managers, salaries, finance and human resource

representatives. A team evolved from this group and its responsibilities included the design, specification, technical support and training for the system. The hospital went out to tender as per European standards. The Nightingale Nursing Information System was found to be the most suitable for the hospital's needs, was flexible and was within the financial range. The company was willing to work with the hospital to customise the system to Irish requirements.

Advantages and Disadvantages

Advantages for the staff nurse

- The staff nurse has the facility to request off-duty on-line at any time.
- Can request preferences and view his/her roster from home.
- Individual record can be updated with information like course attendance (once verified) automatically.
- Individual reports can be pulled.
- Empowerment of staff nurses regarding information availability and additional entitlements, e.g. payments, information on required hours to work.
- Reports available quickly regarding annual leave, study leave, etc.

Advantages for management and the organisation

- Once rules are entered initially for the ward/unit, and when an individual nurse places requests, the roster/schedule can be generated automatically when it suits.
- Accurate, up-to-date rosters are available, which facilitate accurate payment for the individual nurse.
- Allows an accurate reflection of what actually took place in the ward/unit.
- Information is available historically, e.g. sick leave, study leave.
- There is a record of all rosters in hours.
- Legibility.
- The linkage with the patient dependency system, payroll and human resource systems, in terms of data and information. Many benefits accrue for managers in terms of information available for decision-making.
- The intense training has had benefits for all other Windows-based systems that staff can use.
- Reports are available quickly.

Disadvantages

- The change process itself – documenting and recording in hours is a very difficult procedure for most staff.
- Training and support initially takes time owing to the novelty of the system and the move from manual to automated.

How the Change was Introduced to Staff

- At the initial stages there was full support from both hospital and nurse management levels – which was important.
- There was staff representation on the rostering project group and project team.
- Questionnaires were sent to all ward managers regarding their current practices and manual rostering procedures.
- There was staff involvement in the selection of the system and participation in site visits. The project was nurse-led all the time.
- Information was given at meetings.
- The system was introduced into five pilot wards/units initially.
- A committed team of nurses conducted intense training with an emphasis on the change process.
- Evaluation meetings were held during implementation stages and follow-up of various items was undertaken.
- The nurse rostering project team was available for ongoing follow-up support.

Staff Likes and Concerns

Likes

- The ability to roster job-sharers, part-timers and managers in a regular ongoing fashion, tracking of annual leave and the request system from RNs.
- The ability of the system to tackle skill mix and team-nursing approaches to care.
- The ability to identify the criteria needed to roster staff.
- The standardisation of procedures, e.g. on how to record sick leave, maternity leave, etc.
- The ability to obtain a report easily.
- The reassurance during training that they could use the system.
- Managers liked the training on how to roster staff properly. They had indicated during an evaluation meeting that no-one had ever taught them how to construct a roster properly, either at work or on courses.

Concerns

- Greatest concern was about being computer-literate.
- Worries about the time it would take to do a roster.
- Worried because they would not be able to bring the roster home.
- Concerns that there would be no follow-up or support.

What Went as Planned and What Were the Surprises?

- A project plan was followed and it was nurse-led. This generally went to plan, except when there were ward closures, as occurred in 2003.
- Initial training on pilot wards was carried out by the company. However, nurses undertook the training subsequently, resulting in a more streamlined approach to meet staff needs in an Irish setting.
- Because the hospital information system was not Windows-based the project team sent out a questionnaire to ascertain clinical nurse manager's knowledge of Windows-based systems. Fifty per cent of the nurse managers indicated that they had no knowledge of PCs – let alone knowledge of the use of a mouse! So training in the new Windows-based nurse rostering system had to incorporate basic training on Windows.
- As a result of the information system being an American one, some terminology had to be customised to the Irish environment.
- Staff took to new methods very well.
- Certain practices and procedures surrounding rostering of staff differed in many areas and had to be discussed and resolved, e.g. variances in hours worked by staff throughout the hospital.
- Various different payments and on-call system payments were difficult at times to understand.
- Different interpretations of elements such as sick leave by different people was a surprise.
- Lack of real-time recording of changes in the roster.
- Amount of retraining needed owing to staff turnover.
- Clinical nurse managers were not used to preparing a roster using hours.
- Unexpected ward closures.

Preparation of Staff for the New System

- Staff from different levels were involved in the selection of the system.
- Staff were invited to any demonstrations being conducted, etc.
- Staff were kept up-to-date at various ward/unit/departmental meetings.
- Staff undertook Windows training prior to rostering/scheduling training.
- Staff began training in five pilot wards first and ironed-out any problems.
- Evaluation meetings were held regularly.
- Meetings were held in new areas prior to training occurring. All involved with the system were enlightened and worries and concerns addressed.
- An equipment check was conducted at each individual area.
- Levels of training requirement were analysed – not all nurses or nurse managers needed the same level of training.
- The rostering project team was available continuously via bleep contact and daily follow-up.

The Rostering System as a Support to the Health Strategy and Staff Empowerment

- In staff empowerment terms, RNs feel confident in requesting duty and feel the system is fair. They have the ability to request and check rosters from home.
- Managers have more readily-available information regarding skill mix of staff, their staff on/off-duty time and leave, and are better informed about hours worked, leave entitlements, etc.
- Ward managers are empowered to analyse their work processes, e.g. skill mix, number of long days, and identified problem days – for example, too many on in one day.
- Allocation of annual leave is fairer.
- Job-sharers and part-timers are used better.

Advice for Others Considering Changing their Approach to Rostering

- This advice applies whether the new system is manual or electronic.
- Train all staff (including staff nurses, ward managers and senior managers) regarding the fundamental general principles of rostering and the importance of rostering in terms of providing patient care and in terms of accurate information for both salaries and human resource departments.
- Inform all staff that the information from the roster/schedule is used solely for payment purposes, but can be linked with nursing workload and used for budgeting/costing purposes within the organisation.
- Stress the importance of why the change to hours is needed and identify the benefits.
- Discuss and check processes and procedures so that they are standardised throughout the organisation in terms of dealing with agency and bank nurses and sick leave.
- Use a top-down/bottom-up approach to look at current practices and procedures surrounding rostering and consider standardising and documenting them.
- Training on how to undertake rosters needs to be included in induction/ orientation programmes.
- Inform staff that changing the way rostering will be done will be time-consuming initially, but that the new way will settle down and will be more beneficial in terms of availability and accuracy of information.
- Knowledge of hardware requirements appropriate to the needs of staff, e.g. large monitors, is important.

Contact Person

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Case Study 2: St James's Hospital, Dublin (August 2003)

Introduction

I am a clinical nurse manager in an acute medical ward in St James's Hospital. In August of 2001 we introduced team nursing to the ward to assist us in providing a more holistic approach to patient care delivery. In conjunction with the introduction of team nursing it was necessary to introduce a form of manual self-rostering to facilitate team members staying within their allocated teams and to maintain correct skill-mix on a daily basis.

The decision to introduce self-rostering was firstly discussed with all staff and they were involved with the initial formation of the new system.

Describe the System you Have for Rostering Staff?

- With the exception of the clinical nurse managers and the attendants all staff, as per their preference, work three long days per week or night duty.
- The off-duty template is set out and is colour-coded according to teams which allows for equal numbers of each team members to be rostered at any one time.
- An adequate skill mix is incorporated within this template.
- There is also a section for staff to make special requests at the bottom of the template.
- Staff have guidelines to assist them when completing their requests.
- Access to self-rostering is made available four weeks in advance of the date that roster will commence.
- Each staff member will initial over the desired shifts that they wish to work.
- Every effort should be made by staff members to distribute their shifts evenly throughout the rostered period, and to be responsible for rostering themselves for their fair share of weekends and bank holidays.

	Mon	Tue	Wed	Thu	Fri	Sat	Sun	
CNM2								
CNMI								
	ND	ND	ND	ND	ND	ND	ND	SR Red
	ND	ND	ND	ND	ND	ND	ND	JNR
	ND	ND	ND	ND	ND	ND	ND	JNR
	RN	RN	RN	RN	RN	RN	RN	SR Green
	RN	RN	RN	RN	RN	RN	RN	JNR
	RN	RN	RN	RN	RN	RN	RN	
	AL	AL	AL	AL	AL	AL	AL	SR
	AL	AL	AL	AL	AL	AL	AL	JNR
SR Red								
	7:30-9	R	R	7:30-9	7:30-9	R	R	
	7:30-9	R	R	R	R	7:30-9	7:30-9	
	R	7:30-9	7:30-9	R	R	R	7:30-9	
	R	7:30-9	R	7:30-9	7:30-9	R	R	
SR Green								
	7:30-9	R	7:30-9	R	7:30-9	R	R	
	R	7:30-9	7:30-9	R	R	7:30-9	R	
	R	7:30-9	R	R	R	7:30-9	7:30-9	
	7:30-9	R	R	7:30-9	7:30-9	R	R	
JNR Red								
	7:30-9	R	7:30-9	R	7:30-9	R	R	
	R	R	R	7:30-9	R	7:30-9	7:30-9	
JNR Green								
	R	7:30-9	7:30-9	R	7:30-9	R	R	
	R	R	R	7:30-9	R	7:30-9	7:30-9	
Attendants								
	AL	AL	AL	AL	AL	AL	AL	
	ND	ND	ND	ND	ND	ND	ND	
	RN	RN	RN	RN	RN	RN	RN	
ADDITIONAL REQUESTS								

Senior and junior staff nurses please initial **CLEARLY** over shifts (staying within your team)

Modernising Staff Rostering

	Mon	Tue	Wed	Thu	Fri	Sat	Sun	
CNM2								
CNMI								
	ND	ND	ND	ND	ND	ND	ND	SR Green
	ND	ND	ND	ND	ND	ND	ND	JNR
	ND	ND	ND	ND	ND	ND	ND	
	RN	RN	RN	RN	RN	RN	RN	SR RED
	RN	RN	RN	RN	RN	RN	RN	JNR
	RN	RN	RN	RN	RN	RN	RN	JNR
	AL	AL	AL	AL	AL	AL	AL	SR
	AL	AL	AL	AL	AL	AL	AL	JNR
SR Red								
	7:30-9	R	R	7:30-9	7:30-9	R	R	
	7:30-9	R	R	R	R	7:30-9	7:30-9	
	R	7:30-9	7:30-9	R	R	R	7:30-9	
	R	7:30-9	R	7:30-9	7:30-9	R	R	
SR Green								
	7:30-9	R	7:30-9	R	7:30-9	R	R	
	R	7:30-9	7:30-9	R	R	7:30-9	R	
	R	7:30-9	R	R	R	7:30-9	7:30-9	
	7:30-9	R	R	7:30-9	7:30-9	R	R	
JNR Red								
	7:30-9	R	7:30-9	R	7:30-9	R	R	
	R	R	R	7:30-9	R	7:30-9	7:30-9	
JNR Green								
	R	7:30-9	7:30-9	R	7:30-9	R	R	
	R	R	R	7:30-9	R	7:30-9	7:30-9	
Attendants								
	AL	AL	AL	AL	AL	AL	AL	
	ND	ND	ND	ND	ND	ND	ND	
	RN	RN	RN	RN	RN	RN	RN	
ADDITIONAL REQUESTS								

Senior and junior staff nurses please initial **CLEARLY** over shifts (staying within your team)

HOSPITAL 5, UNIT 2 TEAM NURSING/SELF-ROSTERING OFF-DUTY GUIDELINES

- AT LEAST FOUR PAGES OF OFF-DUTY WILL BE LEFT OUT FOR YOU TO PLAN YOUR REQUESTS IN ADVANCE
- WHEN CHOOSING A LINE TO WORK, PLEASE REFER TO WHICH TEAM YOU ARE IN AND SELECT WITHIN THAT TEAM
- SENIOR AND JUNIOR STAFF CAN REQUEST SHIFTS THEY WILL WORK, JUST INITIAL OVER SHIFTS
- IF YOU WISH TO REQUEST A BANK HOLIDAY OR ANNUAL LEAVE DAY PLEASE WRITE IN AT BOTTOM OF PAGE
- ALTERNATE YOUR REQUESTS FOR WEEKENDS ON/OFF TO ALLOW YOUR COLLEAGUES EQUAL OPPORTUNITIES FOR SAME
- **IF WHEN REQUESTING YOUR OFF-DUTY YOU HAVE A PROBLEM OBTAINING WHAT YOU WANT PLEASE LIAISE WITH YOUR TEAM MEMBERS TO RESOLVE THE PROBLEM. IF YOU ARE UNABLE TO RESOLVE THE PROBLEM PLEASE REFER TO WARD MANAGER FOR ADVICE**
- PLEASE TRY TO FACILITATE WORKING IN TEAMS, THE PURPOSE OF THE TEAMS IS TO TRY TO PROVIDE HOLISTIC CONTINUITY OF CARE.

THANK YOU FOR YOUR CO-OPERATION

Why Have You Changed the Way you Roster Staff?

- To ensure team nursing works effectively by having equal distribution of team members on each day
- As a recruitment and retention initiative for staff by allowing them the freedom to manage their own working rosters
- To reduce the amount of time spent working on rosters
- To ensure skill mix is easily maintained and managed.

How Did You Come to Choose this Particular System?

Both the clinical nurse managers on the ward and the clinical support nurse met with staff on the ward at the time prior to the change in off-duty. All staff were informed of the need to alter the way the duty rosters were planned and we worked together to introduce this system, which we felt was suitable for staff and managers and appropriate to the needs of the ward.

What Are the Advantages and Disadvantages?

Advantages for staff

- More freedom to manage their own rosters and to make plans in advance
- Team building is promoted
- Empowering for staff
- Time management for ward managers is improved because they have to spend less time working on rosters
- Skill mix is maintained, thus providing a better working environment for all staff.

Advantages for the organisation

- Encourages better team spirit
- Improves recruitment and retention
- Reduces the amount of conflict situations which might arise as a result of shift allocation
- Increased motivation of staff, leading to improved quality of care
- Clinical nurse managers can make more effective use of their time because they can allocate less time to preparing rosters.

Disadvantages for staff

- Initially adjusting to the new system
- Staff need to be team players because they have to work together in managing the rosters.

Disadvantages for the organisation

- Existing management culture in some areas may be challenged by control of rostering being devolved to staff.

How Did You Introduce the Change to Staff?

What Did They Like and What Were Their Concerns?

- The staff were involved in the change; their opinions were listened to and their suggestions considered when making the change.
- At the initial stages there was full support from nurse management and the clinical support team helped us in providing training for all staff on the ward and new staff coming to the ward.
- The staff had no major concerns; they were willing to undertake a trial of the new system and it was decided that we would trial the self-rostering for a period of three months. After three months, feedback was obtained from all staff and it was found that all staff were happy with the new system and wanted it to remain in place.

What Went as Planned and What Were the Surprises?

There was a smooth transition to the new system with no major surprises. As a clinical nurse manager I found I was spending a lot less time managing the duty roster as staff took on the responsibility of organising themselves. Initially staff would come to me with any queries they had in relation to difficulties getting their preferred shifts but I encouraged them to liaise with their team members and soon this culture of working with team members more closely developed.

How Did You Prepare Staff?

- Involved them from the very beginning in the selection of the system
- Developed guidelines for staff
- Worked with clinical support team and management to provide training for all staff
- New staff to ward get orientated to new system
- Introduced a trial period initially
- Evaluation meetings were held regularly.

How Does the Rostering System

Support the Strategy for Health or the Empowerment of Staff?

- Provides greater freedom and flexibility to staff to plan their work around other commitments and responsibilities, whilst still fulfilling the needs of the service.
- Staff are given more responsibility, thus leading to empowerment
- Staff are encouraged to work together, good team building exercise
- In self-rostering, staff manage their own rosters, thus promoting fair and conscientious choices.

Advice for Others Considering Changing Approach to Rostering

- Involve staff from the beginning of the process
- Obtain support and co-operation from senior management
- Use all resources available
- Provide training for all staff and managers
- Initially organise a trial period and inform staff of same
- Get feedback from staff on a regular basis so that minor problems can be identified early and rectified.

Contact Person

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Irish Health Services Rostering Practices Survey: *Summary of Survey on Current Rostering Practice*

Introduction

In March 2003 a questionnaire-based survey of current rostering practice was conducted to determine what type of rostering practice was being undertaken across the Irish health services.

Method

Questionnaires were sent to directors of nursing across Ireland. Participants were invited to self-assess their own current rostering practice against the following seven definitions.

Centralised Rostering: rosters are prepared in the nursing office or other central place, usually for more than one ward or work area. Rosters are usually approved by the matron or director of nursing or other senior nurse.

Ward-Based Rostering: rosters are prepared and approved on each ward by the ward manager (usually CNM2).

Self-Rostering: rosters are prepared by staff using agreed staffing guidelines and staff mix. Staff negotiate with each other and agree work schedules and ward cover. The ward manager does not normally actively participate in rostering.

Fixed Roster: this is a rostering method characterised by a pre-planned roster that repeats itself at regular intervals. Therefore staff usually have a fixed pattern of work and often know for months in advance when they will be working.

Variable Roster: this reflects a pattern of rostering that is newly-created each time-period. Rosters may be changed at short notice to accommodate absences.

Combination Roster: some staff have fixed work patterns and others are “filled-in” around the fixed staff.

Electronic Roster: the use of a specialised rostering software package to generate rosters. The ward manager then verifies the roster and makes any changes. Electronic rostering is not the same as using a computer to type up the roster, nor the same as using a “time and attendance” or payroll system to record hours worked.

Participants in the survey were invited to assess themselves against these definitions on the following scale:

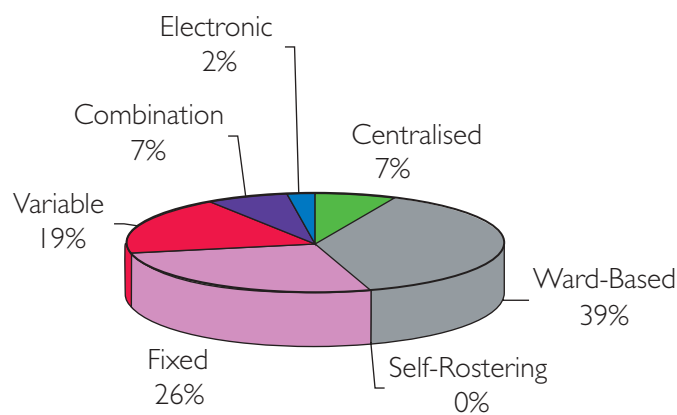
- a) Exclusively used – 100% of rostering is done this way.
- b) Most rostering is done this way, with a handful of exceptions.
- c) Used about half the time.
- d) Not often used – a few work areas use this.
- e) Never used.

Results

One hundred and twenty-five responses were received covering acute general hospital services, care of the older person, psychiatry, learning disabilities, public health/community care and other services.

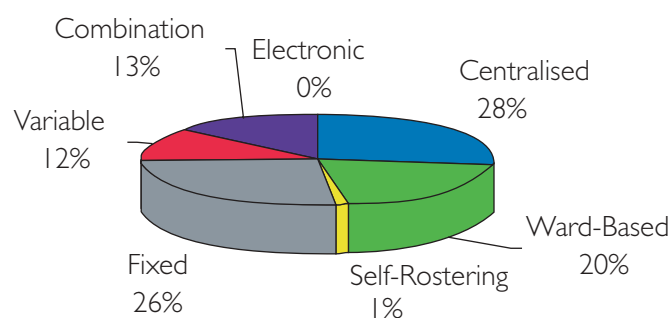
The following charts illustrate the results according to type of facility or service responding. The data has been compressed to better illustrate the frequency of rostering practices in various settings. Responses in categories a), b), or c) above indicate some use of the rostering type. These have been combined to derive the graphs below.

Acute General Hospitals



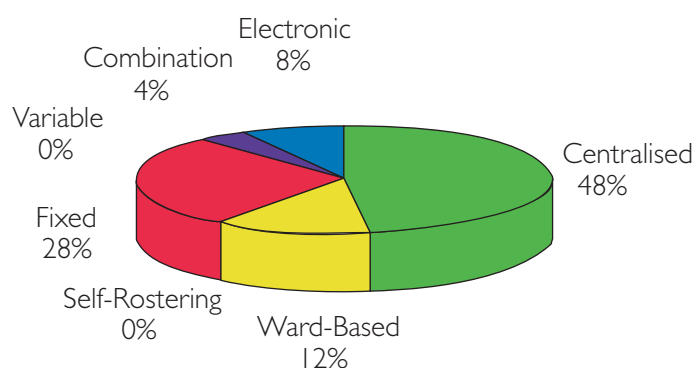
The acute general hospitals showed the largest use of ward-based rostering. This is congruent with larger organisations in which it is impractical to schedule all staff from one central point. Somewhat surprising is the relatively large proportion of fixed rosters that would seem to limit the ward responsiveness to the rapidly changing nature of care in the acute setting. This is also the only sector aside from psychiatry and learning disabilities that is using electronic rostering. Self-rostering is used in some settings in the acute sector, which has the greatest staffing challenges. The case studies in this guide (and elsewhere) suggest that self-rostering is a strategy to consider when there is concern to increase staff satisfaction.

Care of the Older Person



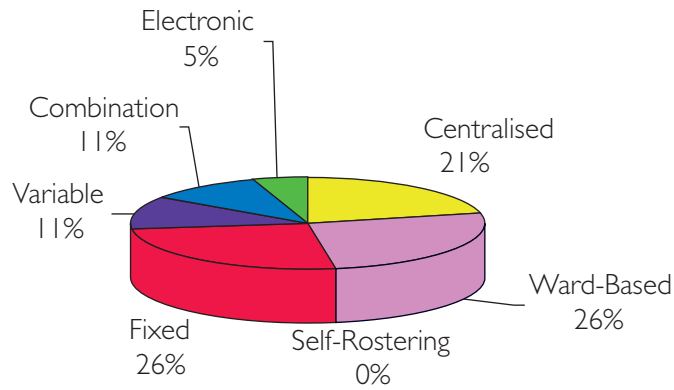
Care of the older person is a sector in which demands are high, but the activity is less changeable. The continued use of centralised and fixed rostering probably reflects a more stable staff population and more predictable patient needs. Interestingly, half the respondents never use centralised rosters, and self-rostering is used in at least one setting. This reflects the appropriateness of ward based and variable approaches to staff scheduling, and the opportunity to be successful using a wide range of approaches.

Psychiatry



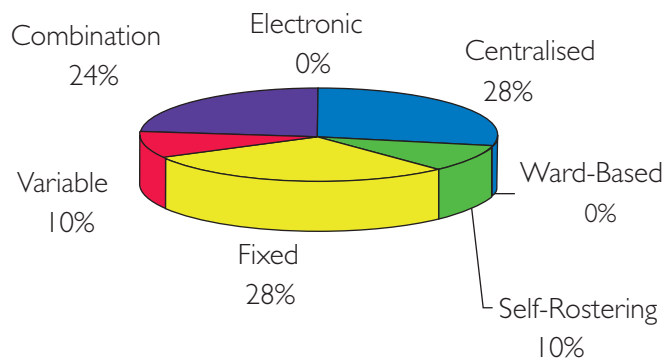
Psychiatry settings show an almost exclusive use of central, fixed rosters. Other patterns are used, including self-rostering, but do not feature strongly. Interestingly, electronic rosters are used in two facilities. This sector shows room for modernisation in rostering, led by the experience of those using ward-based and self-rostering approaches.

Learning Disabilities



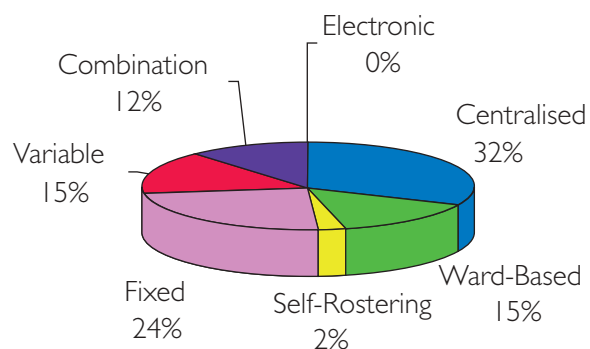
Learning disabilities is a more stable care pattern, and yet unlike care of the older person it shows more variation in types of rosters used. Centralised and ward-based approaches both feature with fixed, variable and combination methods all represented. It would be interesting for learning disabilities facilities to meet to discuss divergent practices.

Public Health/Community Care



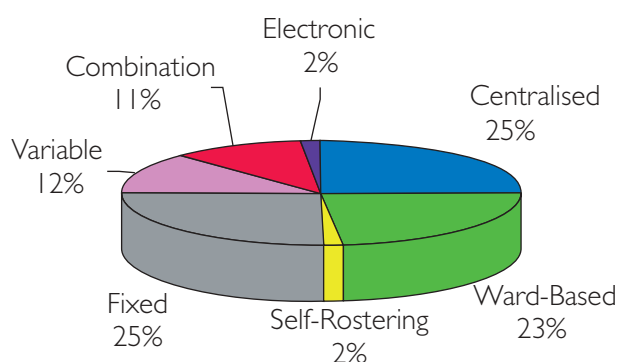
Public health and community care presents a unique picture. There seems to be two types in operation, centralised and self-rostering. It seems that the community leads in proportions of organisations undertaking self-rostering as a model. It may be argued that the nature of community care lends itself to self-rostering due to the bulk of the work occurring during business hours. It may be that weekend and evening cover is agreed by self-roster whilst the bulk of staff planning is centralised.

Other



The remaining organisations represent a variety of care providers including hospices and specialty facilities (such as maternity and children's hospitals). What is interesting about this chart is that there is no striking pattern. Fixed, variable and combination rosters are used approximately evenly, and centralised, ward-based and self-rostering are all represented. The dearth of electronic rostering probably reflects the early phase of computer use in facilities outside of the acute sector.

All Responses



The overall responses indicated that organisations continue to use a centralised or fixed rostering system primarily. However, some examples of ward-based rostering and self-rostering were given, which show a move towards more empowerment-based staff allocation systems. Very little electronic rostering is being undertaken, though this trend may change as electronic time and attendance increases.

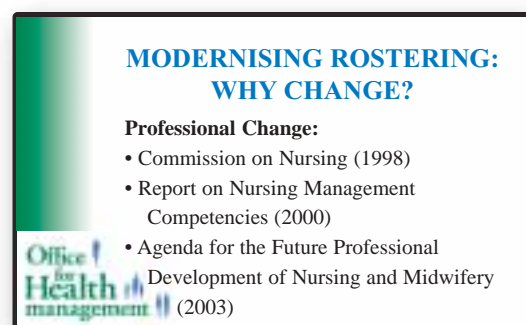
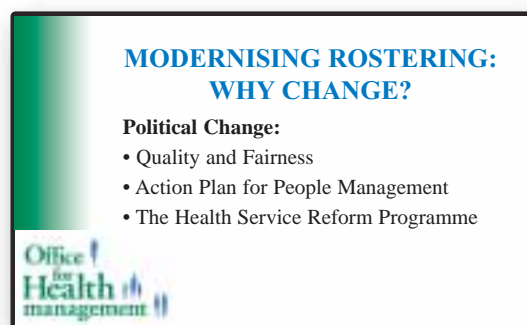
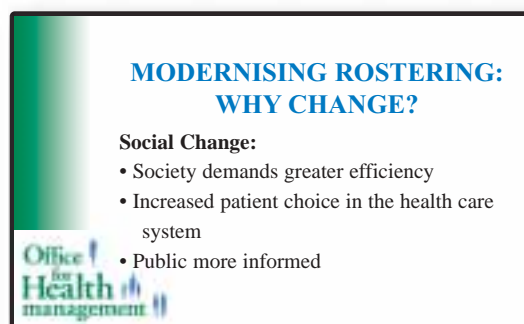
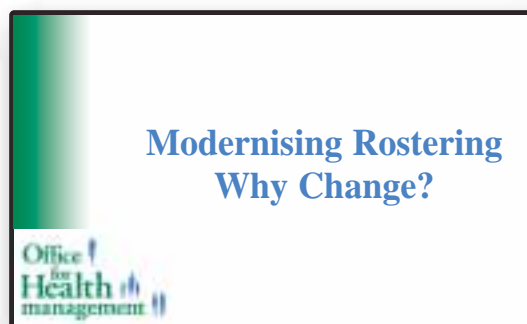
Conclusion

In general, a wide variety of rostering approaches are in use. As a general rule, different settings take different approaches. More stable care settings such as care of the older person tend to use repeating patterns of staff scheduling such as a centralised, fixed rosters. Settings with more rapidly changing circumstances tend to use a higher proportion of ward-based rostering, with variable approaches.

Whilst centralised approaches to rostering may be familiar and relatively easy to administer; they disengage staff from an active part in the management of patient care. Devolving rostering responsibilities to front-line level supports staff participation and manager development. Modernising rostering by moving away from a centralised approach is a very practical way of delivering empowerment for nurses and midwives.

Resources for Facilitation: PowerPoint Presentations

Modernising Rostering: Why Change?



Modernising Rostering: Why Change?

MODERNISING ROSTERING: WHY CHANGE?

Workforce change:

- staff want greater flexibility
- improved working conditions
- greater involvement in decisions which affect them
- “work/life balance” is becoming more important.



MODERNISING ROSTERING: WHY CHANGE?

Technological Change:

- IT gives opportunity to modernise
- development of electronic staff records
 - time and attendance systems
 - electronic rostering and patient acuity systems.



MODERNISING ROSTERING: WHY CHANGE?

Organisational Change:

- senior nurses to become more strategic
- CNMs to manage ward resources
- drive for greater empowerment of workforce
- need to proceed on a partnership basis.



MODERNISING ROSTERING: WHY CHANGE?


Change: implies *resistance* to change (at all levels).

Change: needs to be *managed* effectively.




Types of Rostering

TYPES OF ROSTERING




Realities of Rostering

- Patients need care at *all* hours
- It's not new - in history lies controversy
- Regulations and contracts exist
- People have personal lives
- People attach values to their working schedules
- The calendar is awkward
- Done well, it takes time, energy and skills.



Centralised Rostering

Rosters are prepared in the nursing office or other central place, usually for more than one ward or work area. Rosters are usually approved by the matron, director of nursing or another senior nurse.




Ward-Based Rostering

Rosters are prepared and approved on each ward by the ward manager (usually a CNM2).




Fixed Rosters

A rostering method characterised by a pre-planned roster that repeats itself at regular intervals. Staff usually have a fixed pattern of work and so know for months in advance when they will be working.



Variable Rostering

A pattern of rostering that is newly-created each time-period. Rosters may be changed at short notice to accommodate absences.



Types of Rostering

Combination Rostering

A rostering system where some staff have fixed work patterns and others are “filled-in” around them.



Manual Rostering

Central or ward-based rostering which is done manually and without the aid of a computer software package.



Electronic Rostering

The use of specialised rostering computer software packages to generate rosters. The ward manager then verifies the roster and makes any changes. This is *not* the same as using a computer to type up a roster or using a “time and attendance” or payroll system to record hours worked.



Team-Based Self-Rostering

Rosters are prepared by staff using agreed staffing guidelines and staff mix. Staff negotiate with each other and agree work schedules and ward cover. The ward manager does not normally participate in rostering except when cover cannot be obtained from the current staff.



Centralised Rostering (Suits highly stable situations)

- | | |
|---|--|
| Advantages: | Disadvantages: |
| <ul style="list-style-type: none">• gives a “big picture” view• allows ward staff to focus on care• roster scheduler becomes very efficient• senior nurse management is accountable. | <ul style="list-style-type: none">• staff have little real say• can be remote from ward needs• staff and CNMs are not accountable. |



Ward-Based Rostering

(Requires co-ordination with some central source)

- | | |
|--|--|
| Advantages: | Disadvantages: |
| <ul style="list-style-type: none">• scheduler knows the ward and staff• staff can be more involved• CNM can control staffing - important for financial accountability. | <ul style="list-style-type: none">• takes time away from patient care• CNM may experience pressure from staff• ward schedulers may not be as skilled or experienced as in centralised rostering. |



Types of Rostering

Team-Based Self-Rostering

Advantages:

- staff control the process
- staff become more accountable
- maximises flexibility
- good way to build co-operation, negotiation and teamwork.

Disadvantages:

- requires managers to delegate and trust staff
- managers still have ultimate accountability
- requires preparation and development of staff.



Electronic Rostering

- Fundamentally the same as manual rostering
- Requires computer access and skills
- Does not replace the need for human scrutiny
- Streamlines record-keeping, payroll and benefits
- Provides data for planning.



Starting from Scratch: Building a Better Roster

STARTING FROM SCRATCH BUILDING A BETTER ROSTER



Principles of Accountability in Rostering

- Patient and service needs come first
- Involve staff as much as possible
- Consider staff competence
- Be fair and flexible
- Agreeing for one person sets a precedent
 - think twice
- Communicate verbally and in writing
- Then communicate again!



How to Start from Scratch

- Determine patient needs (complete an activity sheet; consider changes in patient care)
- Create an “ideal” pattern
- Match staff to ideal pattern, taking into account their contractual arrangements and preferences
- Check against priorities.



Priorities of Rostering

- Does it meet patient and service needs?
- Right numbers? Right skills?
- Is it legal?
- Does it meet contractual requirements?
- Is it fair?
- Is it timely?



Starting from Scratch: Building a Better Roster

Building Blocks

- Rosters are built using Whole Time Equivalents (WTEs)
- WTE hours for nurses are 39 per week
- Leave entitlements mean that at any one time about 20% of the hours are not available for patient care.



Unplanned Leave

- Sick Leave
- Maternity Leave
- Paternity Leave
- Compassionate Leave
- Force Majeure Leave.



Planned Leave

- Annual Leave
- Parental Leave
- Study Leave
- Special Leave.



Premium Pay

- In principle, premium pay hours should be shared out fairly amongst staff
- In reality, patient care needs must prevail when deciding who is rostered – staff mix and competence must be considered.



Managing Change and Resistance to Change

Managing Change And Resistance To Change



Sources of Resistance to Change

- **Ignorance:** a failure to understand the situation or the problem
- **Mistrust:** motives for change are considered suspicious
- **Disbelief:** a feeling that the way forward will not work
- **“Power-Cut”:** a fear that sources of influence and control will be eroded.



Sources of Resistance to Change

- **Loss:** change has unacceptable personal costs
- **Inadequacy:** the benefits from the change are not seen as sufficient
- **Anxiety:** fear of being unable to cope with the new situation.



Sources of Resistance to Change

- **Comparison:** the way forward is disliked because an alternative is preferred
- **Demolition:** change threatens the destruction of existing social networks.



Types of Resistance

- | | |
|--|---|
| Functional Resistance: | Dysfunctional Resistance: |
| <ul style="list-style-type: none">• critically assessing whether change will lead to improvements• exploring the personal consequences of change. | <ul style="list-style-type: none">• avoiding dealing with urgent and pressing issues• declining to work on what really needs to be done. |



Types of Resistance


- | | |
|---|---|
| Functional Resistance: | Dysfunctional Resistance |
| <ul style="list-style-type: none">• feelings of regret, anxiety or fear• to a previous history of non-disclosure and poor working relations. | <ul style="list-style-type: none">• blaming and criticising without proposing alternatives• sabotaging change• non-collaboration with others. |



Managing Change and Resistance to Change

Scepticism

- Causes are complex
- Often slow to overcome
- Sceptics often dislike the “language” change is expressed in and want practical and demonstrable benefits
- Not wholly negative - can be constructive in “reality-testing” change.



The Change Equation: Factors Necessary for Effective Change


A The individual, group or organisation *level of dissatisfaction* with the status quo

B A clear and shared picture of a *better future* - how things could be

C The *capacity* of individuals, groups and the organisation to change (orientation, competence and skill)


D Acceptable and “do-able” *first action steps*

E The *cost* (financial, time, “aggro”) of making the change to individuals, groups and the organisation.




The Change Equation

**A + B + C + D
must be greater than E**




The Change Equation: When Elements Are Missing

B + C + D means that the urgent will drive out the important and change will go to the “bottom of the in-tray”.




The Change Equation: When Elements Are Missing

A + B + D means that with no investment to improve change management capacity, anxiety and frustration will result.



The Change Equation: When Elements Are Missing

A + B + C means that the change effort will be haphazard and there will be a succession of false-starts.



Managing Change and Resistance to Change

A 4-Stage Process For Dealing With Resistance

- Consider Different People
- Work With Values and Beliefs
- Understand and Relate To Needs and Problems
- Tailor Your Message To Your Audience.



Consider Different People

- Identify the “adopters” - the staff the change will affect
- Identify key professional and organisational groups
- Identify crucial opinion-leaders in the organisation.



Work With Values and Beliefs

- Assess what’s important to people with regard to the change at personal, professional and organisational levels
- Understand and relate to what people consider important.



Understand and Relate to Needs and Problems

- For all key players, assess “What’s in it for Me?”
- Don’t be too precious about the detail of the approach proposed
- Understand people’s problems and needs from different perspectives.



Tailor Your Message to Your Audience

- Do “homework” - get to know what’s important to individuals and groups
- Keep the message as simple as possible
- Use case studies and examples to show benefits
- Highlight multiple pay-offs from change
- Use both informal and formal communication.




Rostering and Empowerment

**ROSTERING AND
EMPOWERMENT**
AN OVERVIEW



EMPOWERMENT

- “Responsible autonomy”, or
- “Freedom within a framework”
- In an empowered situation staff exert greater control over problem-solving and decision-making, while managers exert *influence* rather than control.



**Three Fallacies about
Empowerment**

- **Quick-Fix Fallacy:** unwillingness to accept that sustained effort is needed to bring about “people” change
- **“Single-Bullet Solution” Fallacy:** a panacea to resolve all problems (!)
- **Top-Down Fallacy:** an oversimplistic assumption that hierarchy can “cascade” change throughout the organisation.




**Managers’ Responses to
Empowerment**

<p>Positive:</p> <ul style="list-style-type: none"> • welcome greater staff involvement • compliment staff effort • create opportunities • offer issues for questioning. 	<p>Negative:</p> <ul style="list-style-type: none"> • threatened by perceived challenges • criticise staff “failures” • build restrictions • enforce the rules.
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**Managers’ Responses to
Empowerment**

<p>Positive:</p> <ul style="list-style-type: none"> • Open, shared information • Coaching and support 	<p>Negative:</p> <ul style="list-style-type: none"> • Secrecy and telling on a “need to know” basis • Tightly-defined roles and tasks.
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Centralised Rostering

- Familiar, efficient, big picture
- Senior nurse management are accountable
- Decisions made remote from the patient
- Dis-empowering of staff (and of CNMs)
- Stops development
- Gives the illusion of control – can be used unethically.



Rostering and Empowerment

Ward-Based Rostering

- Requires development of CNMs
- CNM role moves away from 100% patient care
- More sensitive to rapid change and patient needs
- Staff involvement
- CNM becomes accountable.



Team-Based Self-Rostering

- Agreed staffing guidelines and staff mix form the framework
- Staff very involved in the process - negotiate with each other, developmental and adult
- Staff become accountable
- Manager still has ultimate accountability.



Scenarios

Scenario 1

A staff member has come to you requesting the next Saturday off. You have just enough staff that day and can't really afford to let her go. You are afraid that if you say no, she will call in sick.



Scenario 2

You have been asked to change the hours of your day service to 12 hours instead of the current 7 hours for the winter months to catch up on demand. Normally, you staff three nurses each day.



Scenario 3

You are having trouble recruiting nurses to your service. You have 3 posts vacant out of 18 posts available. The suggestion has been made that nursing assistants (5) are added to the staff instead of nurses.



Scenario 4

You have a staff member on permanent night shift who has worked that shift for many years. You are growing concerned because reports of patient care issues are coming back to you from people who work with her, and who come on shift after her. Closer supervision is needed, but there is no appropriate staff member on nights to do the supervision.



Action Plan

Actions	Resources/Supports	Notes

Rostering Workshop Evaluation

Date: _____

Venue: _____

Facilitator: _____

Please rate the following aspects of the programme by ticking the appropriate box.

	Very good	Good	OK	Poor	Very poor
1. Programme	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Presentation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Facilitator	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. Which part of the programme did you find most valuable and why?

5. Was any part of the programme inappropriate and why? How could this be changed?

6. Any additional comments

Thank you

Personnel, Payroll and Related Systems (PPARS)

The Personnel, Payroll and Related Systems (PPARS) project aims to develop information support systems that underpin the human resource management needs of the Irish health sector.

PPARS uses the SAP software package, which is an enterprise resource planning (ERP) system. IBM hosts the system centrally on behalf of the health boards under a managed service agreement. A national project team carries out development implementation and support.

Implementation has been divided into two main phases.

Phase 1: Personnel Administration

The setting up of core personnel records, organisation structures, pay-scale maintenance and interfaces to existing payroll systems, as well as a number of HR modules such as qualifications, training/events management and absence recording. This phase includes

- Time Management: recording of the planned and actual working times for an employee and calculation of the associated premium entitlements used to calculate an employee's pay
- Electronic Time Capture: a process by which the working times for employees can be entered into SAP via electronic time capture systems such as swipe cards.

Phase 2: Time Management/Payroll

The capture of time, work schedule planning and payroll processing. The initial sites for this phase went live in 2003. This phase includes

- Shift Planning: a system used to plan future staffing requirements for a particular organisational unit.

FURTHER READING

Contextual

Department of Health and Children (2002), *Action Plan for People Management in the Health Service*, Stationery Office, Dublin

Department of Health and Children (2001), *Quality and Fairness: A Health System For You*, Stationery Office, Dublin

Department of Health and Children (2001), *Effective Utilisation of the Professional Skills of Nurses and Midwives*, Stationery Office, Dublin

Department of Health and Children (1998), *Report of the Commission on Nursing - A Blueprint for the Future*, Stationery Office, Dublin

National Council for the Professional Development of Nursing and Midwifery (2003), *Agenda for the Future Professional Development of Nursing and Midwifery*, Dublin

Office for Health Management (2000), *Report on Nursing Management Competencies*, Dublin

Rostering

Given, A (1999), "Time Machine: Self-Rostering", *Nursing Standard*, Vol. 14, No. 12, p. 26

Paget-Wilkes, M (1997), "Self-Rostering on a Neonatal Intensive Care Unit", *Nursing Standard*, Vol. 11, No. 22, pp. 39-42

Silvestro, R and Silvestro, C (2000), "An Evaluation of Nurse Rostering Practices in the National Health Service", *Journal of Advanced Nursing Practice*, Vol. 32, No. 3, pp. 525-535

Vernengo, A (1996), "Time For Change", *Nursing Standard*, Vol. 11, No. 10, pp. 26-27

Management of Change

Fraser, S (2002), *Accelerating the Spread of Good Practice: A Workbook For Healthcare*, Kingsham Press

Gollop, R (2002), *From Scepticism To Support: What are the Influencing Factors?*, NHS Modernisation Agency

NHS Modernisation Agency (2002), *Sustainability and Spread: Improvement Leader's Guide*

Useful Websites

www.doh.gov.uk/iwl/selfroster.pdf

www.doh.gov.uk/iwl/goodpractice.pdf

www.doh.gov.uk/iwl/flexitime.pdf

www.ppars.ie

www.officeforhealthmanagement.ie

Contacts

- **Self-rostering in Mental Health Services**

Helen Cunningham, Deputy Director of Human Resources, East London and The City Mental Health NHS Trust (0044-20-8880-6226)

- **Self-rostering in Forensic Psychiatry Services**

Vivien Watson, Tees and North East Yorkshire NHS Trust (0044-1642-283888)

Martin Shuttleworth, South West Yorkshire Mental Health NHS Trust (0044-1924-327380, ext 7355)

- **Self-rostering in Children's Services**

Pam Cox, Clinical Nurse Manager, Birmingham Children's Hospital NHS Trust (0044-121-333-9678)

- **Multidisciplinary Organisation-Wide Self-rostering (including non-clinical staff)**

Helen Selvidge, Deputy Director of Human Resources, Doncaster and Bassetlaw Hospitals NHS Trust (0044-1302-381304)

Notes

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