MERAS update – Getting staffing levels right at DHBs

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In previous articles in *Midwifery News* MERAS identified the urgent need for DHBs to address the way in which staffing levels have been historically set for midwives and we have promoted the MERAS Midwifery Staffing Standards as a tool to assist with this. Whilst most Midwifery Leaders are supportive of the MERAS Staffing Standards they require additional funding to implement fully and at present those within the tertiary and larger secondary maternity units are focused on trying to address the high midwifery vacancy rates within their current budgeted FTE.

There is a range of practical steps that DHBs can undertake now to improve the current high midwifery vacancy rate seen at the tertiary and large secondary units. Once these maternity units are fully staffed to their current budgeted FTE it will be easier to see what the additional needs of the service are.

I have used the themes of Recruitment, Retention and Responsiveness as a framework and reference point in discussions with women's health managers and midwifery leaders when looking at ways of addressing the current situation.

Recruitment

Developing effective and relevant strategies for recruitment is the starting point.

ADVERTISING: The approach taken by some DHBs to advertising for midwives has not been effective. It is hard for midwives to know a DHB has vacancies if they don't advertise. Where the adverts are placed the content is also important.

- Midwifery jobs need to be advertised on the DHB job search, New Zealand College of Midwives website and *Midwifery News*.
- The adverts need to show clearly what opportunities that DHB can offer midwives. Do they offer rotation, a range of shift hours, what are the range of services and midwifery roles that they provide?
- Some adverts can be too generic and don't promote the specific benefits or lifestyle opportunities of working as a midwife at that DHB.

Have a look at the adverts at your own DHB and ask: do they promote your maternity service well? Provide feedback to your midwifery leader if the adverts could be improved.

NEW GRADUATE PROGRAMME: Is there a well-structured new graduate midwifery programme in place and can the DHB clearly identify how many new graduate midwives can be supported? New graduates are more likely to be attracted to DHBs that offer a programme with a good reputation.

LOCAL OPPORTUNITIES FOR RECRUITMENT: Sometimes a DHB will rush to advertise overseas and overlook the opportunities for local recruitment. A lot of midwives work part-time so there may be midwives interested in increasing their hours. How many midwives are employed on casual agreements and would some of these midwives be interested in permanent employment? How many LMC midwives are working locally and would any of these midwives be interested in working part-time for the DHB?

FACTORS THAT INFLUENCE RECRUITMENT: In 2016, most of the larger maternity units saw an increase in the number of midwives changing from permanent employment to casual employment or reducing their contracted hours and then regularly working above these. These changes were often triggered by factors in the workplace such as difficulties with rosters or access to annual leave. Having one on one conversations with these midwives will often identify the factors that caused this to occur and the factors that would encourage them to consider returning to a permanent position or increasing their hours. Similar discussions with LMC midwives may also identify "perceptions" or factors about working at the DHB that may deter midwives from applying for positions. Unless there are changes in the workplace once a move to casual employment starts this is likely to be a downward spiral as it begins to have a negative impact on the rosters and working patterns of permanent staff creating a further drift to casual working patterns.

Retention

WHAT ARE THE BENEFITS OF MIDWIVES BEING A PERMANENT EMPLOYEE? This is something that MERAS is asking of DHBs. If they have restrictive rostering practices, do not meet roster requests and make it difficult to take annual leave then it's not surprising midwives will turn to casual employment or reduce their hours. When there are high vacancy rates and plenty of shifts available midwives in casual employment can choose when they work and what shifts they do and they can take holidays whenever they want. Establishing and promoting the advantages for midwives of being a permanent employee is vital if a DHB is focused on retaining its midwives. To do this, DHBs need to demonstrate the benefits of permanent employment.

ROSTERING: Is a key factor contributing to employed midwives having a sense that they are valued.The results of the 2016 MERAS staffing survey highlighted the impact of rostering on the FTE that midwives worked, factors that midwives considered important and options that would enable some to increase their FTE. Whilst some DHBs do show a flexible approach to rostering which reflects the results of the MERAS survey, others do not:

- There are midwives with a preference for night duty and many others who would prefer to do fewer nights yet not all DHBs allow this.
- Unless midwives have a preference for nights they should only be rostered a fair number based on their FTE.
- Some DHBs do not offer midwives the option of 12 hour shifts even though this is a popular option in those DHBs that do.
- Some midwives would like to work set shift patterns, yet only a few workplaces have this option available.
- Roster requests are important to midwives asthese are the times they do not want to work. Whilst some workplaces are very good at meeting all the roster requests others are not with some only meeting 60% of requests. Knowing that your roster requests will be met builds a huge amount of goodwill amongst midwives and helps maintain a work/ life balance. Repeatedly not getting roster requests met has the opposite effect and is a factor that pushes midwives to reduce their hours or change to casual employment.
- Permanent employed midwives should be able to view a new roster first so that they can swap shifts or pick up additional shifts.
- In larger units, there should be enough midwives to enable a flexible approach to rostering to accommodate a range of roster preferences. Whilst some DHBs demonstrate this flexible approach others have some way to go and it is often smaller units and wards that seem

to do this better even though they have smaller workforces.

- Centralised rostering approaches or organisation-wide rostering policies can have a negative impact on midwives, reducing the opportunities for a flexible approach to rostering as anticipated in the MERAS MECA.

The way midwives want to work does differ amongst maternity wards and units but it is useful if a midwife manager listens to the ideas around rostering and is willing and able to trial different ways of rostering (with advice from MERAS).

ANNUAL LEAVE: In some DHBs midwives experience several barriers to getting annual leave. These can include; long waits for approval, difficulty in finding weeks that are available and annual leave requests being declined. These situations can cause midwives to convert to casual employment or resign.

Questions for DHBs to consider:

- Is there a system in place so midwives can easily see weeks available for annual leave?
- Do all midwives understand the process for booking annual leave?
- Is it clear how much FTE can be on leave at one time?
- Are annual leave requests approved quickly so that you can book your holiday and still get the special deals?

WORKLOAD: In many larger DHBS midwives have reduced their FTE due to workload fatigue. Whilst some units are gradually increasing their staffing levels to reflect the increasing acuity and higher caesarean section rates, the baby is still not recognised as a patient in its own right and therefore the unique situation on postnatal wards of two patients in each bed space is not acknowledged.

Even though the workload in maternity is similar between the day and the night some DHBs still have fewer midwives rostered overnight than on the day shift. Local postnatal transfer policies or contracting out of primary units by some DHBs can limit who and when women can transfer to primary units and as a result increases workload for the base hospital.

Questions for DHB's to consider are:

- Is the staffing appropriate for acuity and does it reflect the 24 hour 7 day nature of maternity?
- Do the staffing levels reflect the MERAS staffing standards?
- Has the impact of secondary care handovers on staffing been considered?
- Does the staffing allow the shift coordinator to have a reduced workload?
- Are the midwife managers/ leaders able to assist clinically when the unit is very busy?
- Is there a good understanding of the differing roles of LMC midwives versus core midwives with each able to work to their full scope?
- Are there organizational- wide policies or initiatives that have little relevance for maternity, impacting on workload?
- Are there primary units available and could the use of these be increased to reduce the workload on secondary and tertiary facilities?

FEELING VALUED: Midwives often comment about not feeling valued and when asked, senior managers can find it difficult to define how they demonstrate that they "value' their staff. Small gestures go a long way. Too often midwives feel their ideas are ignored. Very few DHBs have forums that enable core midwives and LMCs to come together with the Midwifery Leader or manager and contribute to the direction of the maternity service. Where this is in place and working well it has a positive impact.

Having visible midwife managers who assist clinically when the maternity service is very busy is valued and midwives feel there is a greater understanding of their workload pressures.

Questions to consider in your workplace:

- What opportunities are there for midwives to contribute ideas to the maternity service?
- How many projects, resource roles or responsibilities are delegated to staff midwives?
- How is change initiated in your workplace and how do staff midwives contribute to this?
- What communication tools are used in your workplace to keep staff informed (e.g communication book, staff meeting, email or newsletter)?

STUDY DAYS and CONFERENCES: In some units midwives experience onerous application processes to attend external study days or conferences. They experience cancellation of study days at the last minute because of staffing shortages on the ward or difficulties in getting approval to attend.

Questions to consider in your workplace:

- How easy is it for midwives to apply for and attend study days and conferences?
- Could this process be simplified?
- Are there opportunities for you to share the information from these days with your colleagues?

Addressing the points outlined above can have a positive impact on retention. Continual loss of staff and the need to recruit has a cost both in financial terms and in building a great workplace. Putting more energy and resources into creating a workplace where midwives want to work has far more benefit to both the workplace, the midwives and the women and families receiving car**e.**

Responsiveness

How promptly and effectively do DHBs respond to known reductions in FTE which may be from retirement, maternity leave, long term sick leave or resignations? Often DHBs seem to wait until a staff member has left before they advertise. A prompter response would reduce the period of staffing shortfall. For smaller DHBs the loss of one staff member can be a significant percentage of the budgeted FTE.

Most DHBs have exit interviews available to staff who are leaving, however midwives are often reluctant to be too explicit about why they are leaving a DHB in case they want to return at a later date. DHBs instead should listen to the staff remaining and not wait until they leave. DHBs can be quite slow to respond to a downward trend in staffing or be reluctant to acknowledge the factors at the heart of a growing vacancy rate. DHBs need to enable their Midwifery Leaders and Midwife Managers to respond to the changing needs of their workplace and make the decisions for the maternity service in discussion with their staff without being bogged down by layers of hospital bureaucracy.

In summary, there are practical steps that DHBs can take in consultation with their staff that can help alleviate the very real pressures around staffing within DHBs.

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