



## Safe staffing and rostering position statement

### 1. Purpose

This position statement sets out the principles the Australian Nursing and Midwifery Federation (ANMF) considers should apply to staffing and rostering to ensure:

- quality nursing and midwifery care, including continuity of care, is available to anyone requiring care, 24 hours a day, seven days a week (or for the service's operating hours)
- sufficient nursing and midwifery staff with appropriate skills mix to safely manage acuity levels and known fluctuations in demand.

It should be read with the ANMF position statements: *Workplace health and safety* and *Professional practice framework and standards for nurses and midwives*.

### 2. Definitions

**Staffing levels** refers to the number of staff available at anyone time.

**Rostering** refers to the allocation of those available staff over a time period.

### 3. Context

Widely accepted research clearly demonstrates a strong relationship between nursing and midwifery staffing levels and skills mix and:

- the adequacy, safety and quality of care nurses and midwives provide
- health outcomes for people receiving their care
- the work health and safety of nurses and midwives delivering the care.<sup>1</sup>

Conversely, inadequate staffing levels and skills mix leads to excessive staff turnover, absenteeism and injury, and this adversely affects staff morale and contributes to financial inefficiencies.

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<sup>1</sup> See the following:

Aiken LH and Sloane DM. 2020. Nurses matter: more evidence. *BMC Quality & Safety*, 29:1-3.

Needleman J, Liu J, Shang J, Larson E, and Stone P. 2020. Association of registered nurse and nursing support staffing with inpatient hospital mortality. *BMC Quality & Safety*, 29:10-18.

Duffield C, Diers D, O'Brien-Pallas L, Aisbett C, Roche M, King M, and Aisbet K. 2011. Nursing staffing, nursing workload, the work environment and patient outcomes. *Applied Nursing Research*. 24:244-255.

Needleman J, Buerhaus P, Pankratz VS, Leibson CL, Stevens, SR, and Harris M. 2011. Nurse staffing and inpatient hospital mortality. *New England Journal of Medicine*, 364 (11):1037-1045.

Aiken LH, Clarke SP, Sloane DM, Lake ET, and Cheney T. 2008. Effects of hospital care environment on patient mortality and nurse outcomes. *Journal of Nursing Administration*, 38 (5):223-229.

Willis E, Price K, Bonner R, Henderson J, Gibson T, Hurley J, Blackman I, Toffoli L, and Currie T. 2016. Meeting residents' care needs: A study of the requirement for nursing and personal care staff. Australian Nursing and Midwifery Federation.



## 4. Position

### Staffing

It is the position of the ANMF that:

1. All health services must implement an enforceable minimum staffing system and methodology that is supported by the nursing and midwifery professions and the ANMF.
2. Nurses and midwives must have decision-making power in developing, implementing and evaluating the staffing system and methodology.
3. Nurses and midwives must be involved in determining nursing and midwifery service delivery costs to ensure accurate, reliable, transparent, valid and timely methodology, data input and interpretation. This includes ensuring the system for accounting such costs:
  - separately costs nursing and midwifery from costs generated by other services
  - separately costs the involvement of nurses and midwives in non-nursing or non-midwifery care.
4. The staffing methodology must:
  - enable nurses and midwives to provide care that is consistent with the Nursing and Midwifery Board of Australia (NMBA) *Professional practice framework*<sup>2</sup>
  - include a reliable mechanism to identify the relationship between inadequate or inappropriate staffing and increased workload; staff turnover; absenteeism; injury and attrition; and the safety and quality of patient care outcomes.
5. To this end, the staffing methodology must:
  - enable nurses and midwives to meet their legal and professional obligations
  - support nurses and midwives in their professional judgement
  - enable nurses and midwives to work within their professions' scope of practice and to their full individual scope of practice
  - consider variability of needs and outcomes as well as the safety and quality data for people receiving care
  - support ongoing professional development.
6. The staffing methodology must be easily available to nurses and midwives.
7. Nursing and midwifery managers must ensure the staffing and skills mix models are monitored and evaluated using agreed tools that have escalation processes to enable nurses and midwives to raise concerns.

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<sup>2</sup> See the ANMF position statement: *Professional practice framework and standards for nurses and midwives*.



## Rostering

It is the position of the ANMF that:

8. Rostering systems must:
  - ensure quality nursing and midwifery care, including continuity of care, for each person in care across all shifts
  - achieve an appropriate balance between the needs of people receiving care and the rights of employees
  - meet and advance the workplace health and safety needs of nursing and midwifery staff
  - conform to relevant industrial agreements and accommodate employee leave entitlements
  - support education priorities
  - be underpinned by policies that protect employees from discriminatory rostering practices.
9. Rostering practices must:
  - facilitate effective communication between nursing and midwifery staff and other personnel such as medical practitioners and allied health professionals
  - include adequate time for supervision, both direct and indirect, of new nursing and midwifery staff; early career nurses and midwives; students and other health personnel
  - include adequate overlap to allow for safe clinical handover procedures.
10. Rostering practices must recognise and adjust to evidence-based research about minimum break periods between shifts; shift rotations; and the number of consecutive shifts of any type, and other specific recommendations as they emerge. New strategies to minimise the potential effects of shift work should be agreed on and implemented in rostering systems as soon as possible.<sup>3</sup>
11. Rostering practices must allow staff to access professional development or in-service programs without increasing workloads.
12. On call rostering must be fair and equitable and comply with the on-call provisions in relevant industrial agreements.
13. Rosters should be prepared at the local level so nursing and midwifery staff can participate in the process and express their preferences or self-roster.
14. Nursing and midwifery staff must also be actively involved in assessing roster patterns and reviewing them for equity.
15. Rosters should be posted well in advance as per relevant industrial agreements to help nursing and midwifery staff manage and balance their professional and personal lives.
16. Supplementary back-up rosters should be maintained to ensure an efficient and reliable process for backfilling unexpected vacancies or staff shortfalls.

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<sup>3</sup> Zhao, Isabella & Turner, Catherine. (2008). The impact of shift work on people's daily health habits and adverse health outcomes. *Australian Journal of Advanced Nursing*, 25. [https://www.ajan.com.au/archive/Vol25/AJAN\\_25-3\\_Turner.pdf](https://www.ajan.com.au/archive/Vol25/AJAN_25-3_Turner.pdf)



### Consultation with the ANMF

It is the position of the ANMF that:

17. Employers must consult with employees and the ANMF when they intend to:
  - prepare rosters centrally
  - propose any significant change to their established rostering arrangements or policies
  - plan, implement or monitor roster patterns that include 12-hour shifts.

### 5. Position statement management

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