



University of
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WORK,
LIFE &
HEALTH
S T U D Y

Jocelyn Auer & Jude Elton

FINAL REPORT
Executive Summary

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STREET ADDRESS

St Bernards Road
Magill SA 5072
Adelaide

POSTAL ADDRESS

GPO Box 2471
Adelaide, SA 5001 Australia

Authors: Jocelyn Auer & Jude Elton

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Executive Summary

Introduction

The Work, Life and Health (WLH) Study aims to improve the capacity of WA Department of Health and organisations within WA Health, to secure a healthy work life balance for the health workforce by informing and supporting evidence-based policy, intervention and practice. It commenced in mid 2007 and runs until mid 2010.

Research partners for the study are the WA Department of Health, the Centre for Work + Life at the University of South Australia and SafeWork SA. The study is part of an Australian Research Council linkage research project.

The study has been actively supported by the WA Department of Health including the Health Workforce Executive Directors, on-site managers and others; by Ramsay Health Care; union delegates; and members of the Work Life Balance (WLB) Networks. The study has the approval of the University of South Australia's Ethics Committee.

The study incorporates a qualitative and quantitative component. The qualitative study has *investigated* the work life outcomes of a sample of workers in the WA health workforce, it *identifies* key barriers and supports to effective work life balance (WLB) with a view to *informing* government and organisational policies to improve the work life outcomes of the WA and Australian workforce, and the recruitment and retention of workers.

A unique aspect of the research study is its approach in looking across key transitions of working life to provide a dynamic picture into the future. The transitions are:

- Entry into the workforce and early working life
- Family formation
- Mid-career
- Work into pre-retirement and retirement.

The *Final Report* presents the findings of the qualitative component of the study. It is based on an analysis of focus groups, interviews and the written comments of 105 health sector workers and managers from across occupations and both city, regional and rural/remote locations. Pseudonyms are used throughout and in some cases identifying information such as location or job, has been changed to ensure confidentiality.

Attached recommendations address the findings. They have been developed considering comments by study participants and the deliberations of two roundtables of senior WA Health managers, Advisory Committee members and members of the then Work Life Balance + Equity Unit.

In this Report:

- **Section one** provides background to the project and outlines the characteristics of study participants.
- **Section two** sets out findings relating to each work life stage.
- **Section three** presents the main findings on key issues for organisations in addressing work life balance. These relate primarily to organisational management and conditions of work.
- **Section four** brings the findings of previous sections together under four major themes.
- **Section five** sets out recommendations to address study findings. These are grouped around the four themes.

Key findings – work-life stages

Work life balance is important to workers across the generations and work life stages. There are important requirements at each life stage which need to be considered in development of policy and practice.

Into work

The study found:

- Young workers want a life outside work - they are interested in work life balance and avoiding overly long hours
- They expect career transitions, flexibility in work arrangements including part-time work, and will choose jobs/workplaces/bosses to get what they want.
- They are concerned about the impact on relationships of unsociable hours associated with shiftwork. This was especially significant for young people forming friendships, finding a partner and developing and sustaining relationships.
- They are aware of the negative health impacts caused by too much stress at work.

Into family

Family formation required major changes in the lives of study participants. Issues to be dealt with concerned pregnancy, financial constraints arising from inadequate paid leave, returning to work after parental leave, constraints on hours of work and the juggling of care, work and relationships as children grew and their needs changed. Participants noted that men as well as women were taking up direct caring responsibilities, requiring work organisations to accommodate the needs of both parents.

The study found:

- workers talk of deferring starting a family
- taking time away from work can create fear of losing skills, confidence
- financial pressures arising from inadequate or ineligibility for paid parental leave forced some to work extended hours prior to the birth and return to work much sooner than they wished.
- workers, especially but not only mothers, with infants and small children often feel guilt and time pressure. The demands of work and lack of support meant participants could not give as much personal care to their children as they wanted
- parenting placed constraints on the capacity of study participants to work long hours and particular hours and shifts
- participants are very committed to their work in health, and many were interested in a long-term career. However becoming a parent changed their priorities, at least for a while.

Mid career

This group said they enjoyed work and wanted to continue to find rewarding work and, at the same time, life outside work was important to them.

The study also found:

- responsibilities around teenage children and ageing parents were often demanding
- these workers were interested in skill development and career development
- health and physical capacity issues were emerging for some.

Into retirement

Older workers see WLB from a different perspective to those at other life stages. Many clearly want to and need to continue to work up to the normal retirement age, but many older workers also want to work less hours as they near retirement. They talk of 'easing down', 'tailing off' and 'winding down'. They want to keep healthy and see work as part of that; they want to retire in 'good skin'.

The study also found:

- Care responsibility is also a theme at this life stage, but this time for elderly parents, grandchildren and sometimes other dependent adults.
- Superannuation entitlements are an important factor for workers in their decision-making around work and retirement.

Key findings - what helps and hinders work life balance

Shiftwork

Shift start and finish times, patterns, rostering and flexibility all impacted on the capacity of study participants to achieve work life balance. Problems with shift work had significant negative effects at all stages of the life cycle. They were not restricted to those with young families. A lack of balance in relation to shift work was manifest for participants in difficulties in maintaining social relationships, managing caring responsibilities, health, career opportunities and job security. Dissatisfaction with shifts was strongly linked to staff turnover.

Interviewees identified management practices in relation to shift work that undermined work life balance. They also noted arrangements that increased shift flexibility and would enable them to have a satisfactory personal life while continuing their employment as shift workers.

Hours of work

Long hours of work resulting from both unpaid and paid hours of work beyond normal hours and work encroaching directly or indirectly on life outside work emerge as important factors impacting negatively on WLB for people interviewed. The causes of long hours are varied and complex but workloads are a significant contributor. Older workers' perceptions of the younger generation are that this group will be less willing to work these hours. Technology can drive long hours. Long hours can be associated with work encroaching on personal life.

Work intensification and workloads

The study found that increased work intensity and workloads across health units was making it harder for workers and managers to fit work with other aspects of their lives. Work pressures were also impacting on recruitment and retention.

Study participants across health units reported intensification of work and high workloads that undermined their capacity to deliver health services and achieve WLB.

Participants identified a range of means to reduce unsustainable workloads.

Flexible hours and work arrangements

Achieving a reasonable balance between work and the rest of life is strongly associated with ready access to a variety of options providing flexibility in hours of work and work arrangements. This includes flexibility in starting and finishing times, short absences and time off in lieu of overtime as well as more structured and medium to long term flexible work arrangements such as 9 day fortnights, 19 day months, annualised hours, part-time work, job share and working from home.

The study found:

- access to flexibility in hours of work and work arrangements is greatly valued by workers in supporting better WLB
- while a wide range of flexible options are available in principle their application in practice is limited and varies across occupations, sites and sections and even over time – there are both systemic and attitudinal barriers to be faced
- there are models of good practice which could be promulgated and extended throughout large sections of the health sector
- there are specific work environments such as hospital wards where some forms of flexible work practice may not be appropriate and where improving access to flexibility will be a greater challenge.

Leave

Participants reported difficulties in accessing recreation leave, sick leave, bereavement leave, personal leave and long service leave. A lack of back filling during leave, leading to excessive workloads on return, was also noted as an important issue. Problems associated with leave made worker management

of caring responsibilities, especially school holidays, extremely difficult. They had detrimental effects on family relationships, personal health and job turnover. Interviewees identified several solutions to these problems. Examples of better management of leave were given from some sites that could usefully inform the practice of others.

The study found:

- getting leave is highly valued but not always easy
- relief pools are not adequate
- staff establishments are not always adequate.

Remuneration

Remuneration levels had a significant impact on recruitment and retention. Consequent staff shortages and pressures on employees to obtain further income by working longer hours impacted on the capacity of individuals and health units to construct a fit between work and other aspects of life. Study participants suggested a number of ways that pay and financial benefits could be improved to assist both the retention of staff and WLB.

Transport and travel

Parking, mode of transport and travel time were important considerations for a number of participants. Travel arrangements had a significant impact on their capacity to effectively combine work, caring and other commitments. Changes to transport provisions that led to significantly increased travel times and costs, or less flexibility in relation to work, placed great stress on workers and affected staff turnover. Issues relating to transport and travel were of concern to interviewees from both urban and rural/remote locations.

Infrastructure support

The physical working environment, including infrastructure support, affected the capacity of participants to do their job, their workloads and their job satisfaction. Inadequate infrastructure impacted particularly on those in country locations and those who travelled between more than one worksite.

Accessing care for pre-school and school-aged children and co-ordinating care with work was a significant problem for participants. Shift patterns and work starting and finishing times frequently did not match child care centre and school hours.

There were insufficient child care centres and places in city and country locations for the children of interviewees. The employment participation of country participants was particularly constrained by a lack of child care services.

Inflexible care increased conflict between the demands of work and caring. Participants were generally unable to get child care at short notice to deal with on-call demands, relief work or shift changes.

Study participants identified measures that would assist them to better fit work with the care of their children. They gave examples of initiatives that were effective and could be extended to other sites.

Job satisfaction and opportunities

Interviewees demonstrated a high degree of commitment to working in health care. A number spoke of the satisfaction they gained in assisting the recovery and improving the health of other members of the community. For some, job satisfaction countered negative work arrangements sufficiently to prevent them leaving for work elsewhere. A lack of job satisfaction, including a lack of career and educational opportunities, contributed to turnover.

Study participants spoke strongly of the need to improve training and development. Ongoing professional development was identified as an important contributor to job satisfaction and WLB.

Form and tenure of employment

The study found significant use of casual agency staff and short term employment contracts across health units. Casual employment was taken up by participants predominantly as a way to gain the hours flexibility they needed to fit work with other commitments. However, casual work also led to other pressures and employment disadvantages. Such disadvantages were consequently born disproportionately by employees with caring responsibilities. Participants reported contract work as having fewer benefits than ongoing employment. Practices surrounding contract employment were of particular concern at one location.

Nurses in particular were managing the demands of dependent care in the context of inflexible, full-time shift work and leave restrictions, by resigning their permanent employment and working as an agency casual only on the hours that suited them. They were able to get preferred hours given the shortage of nursing labour. Their resignations and limited return were also contributing factors to that shortage.

Workplace culture and practice

The study found:

- Culture and practice are widely variable across sections and units.
- People seek out good managers and avoid bullies
- Procedural fairness is highly valued
- Senior managers are seen to have a vital role to play in demonstrating and supporting WLB and participants perceived a contradiction between what senior managers say about WLB and what they do. Participants think that senior managers should ‘walk the talk’
- Line managers at all levels play a pivotal role in promoting a positive culture which supports WLB and ensures that best possible outcomes are achieved for staff
- Lack of awareness, understanding, confidence and authority are identified as possible barriers to good management practice
- Participants identified the characteristics of a ‘good’ manager.

Policy implementation

Study participants welcomed policies supportive of WLB but found a gap between the words and implementation in many places. In particular participants found there was inconsistent and insufficient follow-through.

Interviewees noted a general absence of systematic steps to ensure policy implementation, including allocation of responsibilities, plans and procedures and lack of any independent avenue of appeal.

Awards and Agreements

Matters raised in relation to awards and agreements concerned the adequacy of existing provisions, difficulties in accessing them and breaches. Participants also saw the need to construct innovative solutions to staffing problems and that industrial fears and prescriptions could inhibit the development of solutions to WLB issues and staff turnover. At the same time, strong industrial provisions and easily accessible information about them were seen as important for the promotion and enforcement of change, especially in areas where management was unsympathetic.

Key themes

Four key themes emerge from the study:

Work life stages

WLB issues are not just about family, they are relevant at all work life stages.

At all work life stages there is evidence that many full-time and part-time staff are strongly committed to their work, wanting to do a good job and to achieve job satisfaction.

Some requirements for WLB are different at different stages of life and this means that workplace responses must be nuanced. For example: young people have requirements around social life and home establishment; at family formation these requirements centre on birth, child care and schooling; in mid-career requirements relate to teenagers, care of elderly parents/friends and for mothers and some others an interest in/or need to revitalize careers; towards retirement there is elder care, physical capacity, enabling continued engagement in satisfying work and providing opportunities to wind down and prepare for retirement. All groups have requirements around study, education and training.

There is varying capacity and willingness to work full-time.

Overall across the main work life stages a failure to address WLB issues will affect turnover, retention and recruitment and is a contributing factor to staff shortages.

Organisation of work

The way work is organized and jobs are designed is crucial to WLB. This study found scattered examples of good practice that could have very positive outcomes if broader implementation could be achieved.

There are some examples of good practice relating to shift reorganisation and flexibility options for shifts.

Some staff manage shift inflexibility by resigning permanent positions and becoming agency casuals.

There is a culture of long hours at all levels to the detriment of WLB.

Flexibility in hours of work and work arrangements (including flexi-time, TOIL, part-time positions, job sharing and working from home) are greatly valued by staff that can access them. There are examples of good practice. However, overall implementation is patchy, inconsistent and arbitrary.

There is resistance to part-time work in some areas, especially in traditional male areas such as laboratories and in management positions. It is suggested that serious attention be given to restructuring work and redesign of jobs to improve recruitment and retention and opportunities and to improve WLB.

Job share arrangements rely on worker initiative and lack systemic support by management.

There is patchy understanding of the operational detail relating to flexibility options and what is required to support implementation.

Some staff are unable to access leave entitlements due to a lack of relief staff or inadequate staff establishments.

There are a number of ways work intrudes into personal life and home space through phone and email communications, on-call and workload for example, and this has an impact on personal relationships and responsibilities outside work and on WLB.

Resources and infrastructure

The study found that there are significant factors which, if they are not addressed, will substantially undermine WLB initiatives and strategies. In addition there are two areas - transport and child care - which emerge as warranting special attention.

There is a vicious cycle of understaffing which leads to greater work life imbalance and hence to higher turnover, staff shortages and further imbalance.

Staff shortages and inadequate staff establishments are a barrier to implementation of relevant WLB policies and to staff accessing their leave entitlements.

Inadequate staffing is a major factor in supporting the culture of long working hours and work intensification, again leading to greater work life imbalance.

Funding for relief pools over and above establishments is inadequate and would help.

In some areas there are inadequate resources for basic office infrastructure including access to an office, information technology and suitable motor vehicles and this impacts negatively on job satisfaction and commitment and ultimately on WLB.

Remuneration levels can impact on staff propensity to work overtime and on retention.

Access to parking and transport impacts on the capacity of individuals to manage child care, schooling, shift work and can affect the capacity of staff to respond flexibly to patient needs.

Travel costs and time impact on recruitment and retention.

There are a range of child care initiatives which are highly valued by staff. For example, where health units have engaged in on-site care and/or onsite emergency care, school holiday programs and after-school care; and where there have been initiatives in conjunction with other health units and schools.

Easily accessible child care and schooling are central to WLB for young families and can impact on recruitment and retention.

Policy into Practice

WLB requires a broad policy framework and to be supported by a raft of supplementary policies that underpin supportive human resource work practices and arrangements. Translating policy into practice is a crucial step in strengthening opportunities for staff to achieve better WLB.

At present some policies appear to be too rigid and some are contradictory.

Implementation of relevant policies is patchy, inconsistent and arbitrary.

Implementation is currently heavily slanted to family and can be selectively supplied to the 'deserving' parent sometimes to the cost of other staff. Policy should apply across life stages and be consistently applied.

A workplace culture which supports long hours, doesn't adequately tackle bullying and/or is resistant to change undermines implementation of WLB policies.

Currently entrenched old practices and culture often go unchallenged as management has a broad right of refusal for 'operational reasons' and there is currently no right of appeal.

Leadership for WLB has to start at the top and to be demonstrated at all management levels down the hierarchy. Current leadership and management training is a positive initiative supporting WLB leadership.

Line managers have a vital (lynch pin) role in translating policy into practice - they are often the decision-point and they can be innovators or rigid constrainters.

Managers often do not know what is possible and/or have not got the time to explore options or make considered decisions. There can be a fear of precedent.

Skills in people management are not sufficiently valued and this undermines implementation of WLB initiatives.

Colleagues do not know what is possible and can be resentful and resistant to others accessing WLB opportunities. This may be related to patchy, inconsistent and arbitrary implementation of these opportunities.

Recommendations

The following recommendations address the findings of the Work Life Health study. If implemented they will make it easier for WA Health employees to combine and maintain work, home and community life. In so doing they will also assist WA Health units to better recruit and retain employees. They have been developed considering comments by study participants and the deliberations of two roundtables of WA Health managers, Advisory Committee members and members of the then Work Life Balance + Equity Unit held on 2nd and 3rd April 2009. The final recommendations are those of the authors.

Recommendations regarding work life stages and specific issues raised by study participants are grouped in accordance with the four key themes outlined above. They are set within a system-wide implementation framework. Allocation of responsibilities for implementation would occur within this framework and consequently have not been specified in every recommendation.

WA Health Framework for WLB

We recommend that:

- A WA Health WLB Framework and resources be established to structure, guide and ensure the implementation of WLB initiatives service-wide to enable staff to better fit work, home and community participation, and consequently improve the capacity of health units to retain staff and meet service demands in the context of an ageing workforce.
- Framework establishment be endorsed by the Minister and implementation be led by the Director General and Senior Executives of WA Health and supported by the Retention and Equity Unit.
- The Framework include comprehensive policies and procedures to address the issues raised in this study and system-wide indices to measure implementation.
- Health unit performance against indices be measured and reported bi-annually and constitute part of unit performance assessment.
- System-wide indices include: labour turnover, graduate cohort half-life; rates of return from parental leave; job classification and level before and after parental leave; distribution of flexible work arrangements by unit, occupation and level; and other indices as appropriate.
- The Retention and Equity Unit continue to research, monitor, develop implementation strategies and assist individuals and health units to implement the changes necessary for WLB, and be staffed in regard to numbers and classifications to effectively carry out these functions.
- The Retention and Equity Unit have access to WA Health data required for its work, for example regarding staff retention.

Work life stages

Into work

We recommend that:

- Mentoring programs be established for early career professional and managerial staff, to provide an avenue of information and advice regarding job performance and employment needs with the aim of reducing stress and improving retention.
- Training for new employees working shifts, especially out of 'normal' office hours, include information on the negative physical and emotional health impacts of shift work and long hours, employer occupational health and safety obligations and prevention of fatigue and stress.
- Independent surveys be conducted of new starters at 3, 6 and 12 months after commencement as an early intervention mechanism to assist job performance, job satisfaction and retention. Such surveys to be separate from performance reviews.

Into family

We recommend that:

- Paid parental leave provisions be extended with broader eligibility to at least 18 weeks, in order to reduce financial pressures on staff to work extended hours prior to the birth, up to the birth and to return to work soon after birth.
- 'Stay in touch' and return to work programs be developed for employees on parental leave.
- Return to work from parental leave be supported by a pre-return meeting with management to identify and plan for preferred hours and patterns of work and refresher training.
- A study of return rates from parental leave be undertaken, including reasons for non return.

Mid career

We recommend that:

- Education, skill and career development opportunities be systematically planned for and offered to employees in their middle years.
- Increasing demands of elder care and care of grandchildren, and changing physical capacities be clearly incorporated as grounds for granting requests from mid career and pre retirement employees regarding hours of work and flexible work arrangements.

Into retirement

We recommend that:

- Ramsays' over 50s program be examined as a model for recruitment and retention of older workers in WA Health.
- The continuing employment, phasing in of retirement and return to work of older workers be facilitated by greater availability of part-time employment and choice of hours across occupations and classification levels.
- Shorter hours be made available without the necessity to resign and reapply for positions.
- Seniority and classification be maintained regardless of actual hours worked in a position in order to facilitate and not disadvantage employees phasing in retirement.
- WA Health seek a review of an amendment to public sector superannuation provisions to make it easier for workers to reduce their working hours prior to retirement without incurring financial penalties.
- One day per year be available to workers approaching retirement to take advice regarding retirement planning and superannuation.

Organisation of work

Shift work and working hours

We recommend that:

- The allocation of shift hours and patterns take into account the needs and capacities of employees at all stages of their working life and that managers receive training and support to identify and respond positively to these needs.
- Self-rostering by staff and greater choice in the number and times of shifts to be worked be supported, with local management oversight to ensure fairness and equity in shift allocation across life stages.
- Management take responsibility for informing new employees of the demands of shift work and its impacts on health and social life, and that such impacts are taken into account in shift allocation.
- Shift rosters be notified, in consultation with staff, well in advance to enable them to organise care arrangements.
- Any requirement to work a set number or pattern of shifts per week or fortnight be reviewed and retained only if proven absolutely necessary to service provision, recognizing that a minimum four hour shift may be required for work and financial viability.

- Traditional shift hours and patterns and work starting and finishing times be systematically reviewed and adjusted to give a better fit between work, child care and school hours.
- Any review of shift hours and patterns and work starting and finishing times also review models of patient care, particularly entrenched traditions of meal and wash times.
- A review of the application of shift penalties and allowances be conducted by all parties to awards and agreements in WA Health, with the aim of making it easier for workplaces to provide flexible shift arrangements. The review to take account of shift penalties as compensation for working unsocial hours; as an important part of employee income; and as a cost that can inhibit opportunities for shift flexibilities.
- There be no formal or informal limit set to the number of requests by employees to change working hours in recognition of the changing care arrangements of children as they age, the growing demands of elder care and changing physical capacities.

Flexible work arrangements

We recommend that:

- Flexible work arrangements be accessible across all life stages and classification levels in recognition of the varieties of care required of workers and managers, their desire for a life outside of work and their desire to phase in retirement.
- Right to request flexible work provisions be instituted and include the right to convert from full-time to part-time work and back again.
- In order to minimize work pressures on part-time employees, any arrangement for an individual to work part-time be accompanied by a negotiated agreement on the duties and workload to accompany the hours to be worked.
- Working from home be systematized with the development of a common policy; clear guidelines for implementation, including the provision/costs of facilities such as phone, computer, email access; and arrangements for management support, workload determination and productivity assessment.
- Opportunities for job sharing and part-time work be increased at all levels and facilitated by the development of policies, guidelines managers on job redesign, creation and management of such positions, guidelines for applicants and examples of successful operation.
- Management positions be advertised as available on a part-time and job share as well as on a full-time basis.
- The creation of part-time and job share positions not be used to cut staffing levels and staff establishments.

Long hours, workloads and work/home separation

We recommend that:

- A cap on hours of work, including on-call hours, be inserted into all awards and agreements covering WA Health staff, including medical staff.
- The boundaries between health professions be reviewed to enable greater flexibility in and minimisation of on-call demands, without undermining patient care.
- Periodic surveys be conducted of actual hours worked (paid and unpaid), the taking of TOIL and the match between actual and preferred hours by occupation and site.
- Backfilling of staff on leave occur as a matter of course in order to lessen workloads for remaining staff and for employees returning from leave.
- Expectations that certain employees, particularly those in management positions, will take work home be acknowledged and reviewed, with the aim of ending this requirement.

- A system-wide policy prohibiting the sending of emails after 6pm at night and at weekends, except where patient care or clinical needs require it, be developed, promulgated and enforced, including by management example.
- Management at all levels say 'no' to demands, including from government, to meet growing service demands with insufficient resources. This response to point out the ramifications on service provision, the WLB of existing staff and recruitment and retention of unrealistic expectations.

Resources and infrastructure

Staffing issues

We recommend that:

- Staffing levels and relief pools be urgently reviewed and increased as necessary to ensure that all employees are able to take work breaks, their recreation leave entitlements each year and have greater access to flexible work arrangements, including flexible, extended and purchased leave, and study leave. The review to ensure a balance between permanent and casual relief pools and that FTEs are not lost with the use of relief pools.
- Staffing levels be increased to enable staff to work their nominated hours and not be pressured to work paid or unpaid overtime or additional shifts.
- Relief pools be extended to country areas to ease workloads, enable better WLB and aid retention.
- Planned increases in graduate intakes factor in additional relief pool requirements.
- Staffing establishments and working arrangements allow for team meetings in paid time to enable staff to raise work and staffing issues, including those relating to WLB, and address them with management.
- Staff training and ongoing professional development be made more accessible through improved study leave provisions, scholarships, coverage of training costs, VET on site and flexible delivery.
- Staff training and development officers be reintroduced to assist workplaces identify area and individual training needs, develop and implement training and mentoring plans, and further develop creative mechanisms to provide training such as on-line courses.
- Clear skills pathways for lower paid staff, for example patient care assistant to enrolled nurse, be further developed and made more accessible through a guarantee of no loss of income during training and help to meet education costs.
- 360 degree reviews incorporating WLB issues be available to staff, with adequate resourcing to ensure independence and confidentiality.
- Employment on the basis of successive short term contracts, regardless of the successful completion of a probation review, cease as being counter to the ability of staff to plan their lives and counter to transparent recruitment processes.
- Voluntary, confidential exit interviews be systematically offered to employees leaving WA Health.

Accommodation, transport and travel

We recommend that:

- Travel costs and time, particularly for those staff with complex caring arrangements be taken into account in the establishment of new sites, determination of parking policies and provisions and connections with public transport.
- A non-threatening, easy access management system be developed to facilitate job swaps and transfers between sites, including in the establishment of new sites, to assist staff to deal with travel and accommodation issues.

- Organisational support to reduce travel costs and time be developed. Such supports to potentially include: provision of subsidised travel via smart cards (purchased in bulk so as not to incur fbt); the creation of a 'smart' travel officer in units to facilitate measures such as cards, car pooling, free or low cost on-site or local parking arrangements; greater support for bicycle users by for example, the provision of showers; more fleet cars to lessen staff use of their own vehicles in relation to work.
- WA Health investigate the purchase/leasing of housing/unit accommodation close to major metropolitan health sites for rental by early life stage, lower income and shift employees in particular. Recognising that this benefit would both assist staff to access affordable accommodation and minimise travel time and costs, and support recruitment and retention.
- A review be conducted of policies regarding transport, travel and accommodation in rural and remote areas to ensure that they do not conflict with policies regarding parental leave, part-time work and flexible work arrangements or undermine the capacity of employees to combine work and care.
- Policies governing the use of and reimbursement for private vehicle costs be reviewed to ensure that they do not disadvantage rural and remote employees, but rather encourage their recruitment and retention.

Basic supports

We recommend that:

- There be a systematic assessment of gaps in the provision of information technology and administrative support and planning to address these gaps.
- The health of employees be facilitated through the organisation of exercise programs catering for different life stages, stress management programs and ensuring that affordable, healthy food is available for employees, including shift workers.
- Employees required to travel as part of their work also be provided with appropriate office space and administrative support.
- Employees working night shifts have access to facilities where they can rest.

Care facilities

We recommend that:

- All health sites be equipped with accessible facilities (not toilets) for breast feeding and expressing milk.
- Health sites be actively encouraged and supported to develop low cost child care, before and after school provisions and vacation care on site and/or with local child care centres and schools.
- On site and/or other support for emergency child care and elder care be investigated as part of the development of care initiatives.
- Care facilities and support be investigated to meet short term needs arising from on call demands, relief work and shift changes.
- The provision of care facilities and support take into account the 24/7 hours of health services and shift start and finishing times.
- The implementation of care initiatives be informed and guided by pilot programs.

Policy into Practice

Policy and implementation

We recommend that:

- All sites develop WLB/recruitment and retention plans to include: systematic identification of issues and potential solutions in consultation with staff; implementation steps and timetables;

allocation of responsibilities; education and training for staff and managers; monitoring and review.

- Middle and front-line managers be given the autonomy and capacity to make and implement decisions in support of WLB.
- Transparent policies and procedures regarding WLB provisions and implementation be developed and promulgated to all staff and managers to ensure and demonstrate fairness in management implementation of WLB provisions.
- A plain language guide to protocols relating to WLB and implementation processes be developed to assist employees to apply for and managers to implement good WLB practice.
- Case studies illustrative of the implementation of shift and working hours arrangements enabling WLB across life stages, occupations and types of workplaces be developed and promulgated to workers and managers. Such case studies to illustrate the policies, formal procedures and practical steps used in implementation, common objections and responses, and include senior management endorsement.
- Policies that conflict with/undermine the implementation of WLB policies and practices be identified; where possible addressed by senior management; or where appropriate reported to Government.
- Reviews of services, units and staffing be required to seek advice and include consideration of WLB effects on staff and demonstrate that outcomes will improve rather than undermine WLB and retention.

Leadership, management and workplace culture

We recommend that:

- Leaders of WA Health and units within it publicly commit to a vision and values for WLB, and that they 'walk the talk'.
- Performance management and review at all levels incorporate evaluation of WLB management.
- Anti-bullying training for managers at all levels and training for staff in how to deal with bullying continue.
- Greater emphasis be placed on the management of transition to retirement with the implementation of a fully developed phased retirement program.
- Training of managers at all levels:
- include skills development in WLB leadership and management, and the implementation of WLB policies.
- include how to recognise and support employees at points of crisis, such as placement of a parent into an aged care facility, that may require for example, time off work.
- assist them to identify bullying behaviour and rigid styles of management and to develop skills in people-centred listening, inclusive and responsive styles.
- The form and content of management training programs be regularly and systematically evaluated.
- Management training be planned in such a way as to ensure that it is accessible to all managers and that take-up be monitored.
- Formal mentoring programs be established and supported, including for early career and young managers and employees of all ages moving from professional/technical to management positions.
- Time required for the management of WLB be taken into account in the determination of management workloads.

- Vacant management and administrative positions be filled as rapidly as possible and not be used as part of savings strategies, in order to provide staff with a continuity of management functions and support.
- A culture of long hours as a means to address staff shortages and measure employee commitment be actively discouraged by senior management.

Awards and Agreements

We recommend that:

- All parties to industrial awards and agreements work to address WLB issues raised in this report in the next review/renewal of these instruments.
- Industrial Agreements include provisions for the review and appeal of requests for flexibility that are refused.
- The provision of child care allowances and leave for elder care be considered in the next round of bargaining.
- Remuneration for new graduates in general and mental health nursing be at least to the same level, without the inclusion of shift loadings, as those of teachers and police.
- Advice and input regarding WLB and retention be included in the process of award/agreement renewal and reviews of units and staffing.