



## Self-Rostering for Student Midwives During Covid-19: Four Perspectives

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### Summary

Research has demonstrated the positive effects self-rostering can have on employees' work-life balance by allowing staff to select shifts that fit in with personal commitments. The midwifery team at Oxford Brookes University introduced self-rostering for placement shifts in an attempt to support students and practice colleagues, and enable students to continue practising during the pandemic. The roll-out of the initiative has been successful despite initial challenges. A ward manager appreciated the resulting reduction in her workload and observed students' increased

placement satisfaction. Two students described how they have benefitted from the autonomy and improved work-life balance that self-rostering provides.

### **Sarah, Senior Midwifery Lecturer**

Self-rostering is not a new concept, with literature on the subject dating back to 2003.<sup>1</sup> Results from studies have consistently demonstrated the positive effects self-rostering can have on employees' work-life balance by providing the opportunity for staff to select shifts that fit in with family and personal life commitments.<sup>2,3</sup> A study in 2021 focused on nursing students and self-rostering.<sup>4</sup> It was found that, like qualified staff, students also appreciated the opportunity to self-roster and there were demonstrable benefits in terms of attendance and willingness to learn.

Shortly after the beginning of the first national lockdown, in April 2020, the midwifery team at Oxford Brookes University introduced the concept of self-rostering for placement shifts on the antenatal and postnatal wards. The initial driver for this initiative was a desire to support both students and practice colleagues, and enable students to continue their placements at a time when both staff and students were facing many new challenges in both their work and personal lives.



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Prior to COVID-19, placement areas were provided with lists of students and the dates of their placement, and were then tasked with assigning their practice supervisors and shifts. This was a considerable task for staff in the placement areas, and also frequently led to students attempting to swap or rearrange allocated shifts that clashed with personal or family commitments such as childcare. Self-rostering removed this task from hospital staff and gave the control to the students.

Before instigating the move to self-rostering, approval was sought from senior managers at the hospital who were very positive about the initiative. In addition to it resulting in a reduced workload for staff, the managers were keen to introduce an initiative that responded to the needs of students, especially at a time when they were faced with the additional challenges caused by the pandemic. The current arrangement is that the midwifery team at the university releases an online self-rostering document at the beginning of each month to which students and relevant managers at the hospital then have access.

**Figure 1 Blank self-roster document**

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Level 5 Day Shift Midwives are in white *Please indicate the no. of the msw you wish to work with in the sign up box*	Venue	24th May	25th May	26th May	27th May	28th May	29th May	30th May
		5, 6, T5	5, 5, 10, 11	T5 + 2 x cover	2, 8, 15	2, 9, 10	5, 15, 18	2, 3, 6
Day	L5							
	L5							
	L5							
OA day shift midwives *Please indicate the letter of the msw you wish to work with in the sign up box*		G, K	A, J	F, K	B, D	H, R, S (early)	R	A, M
	OA							
	OA						Shift not available	
Night		1, 8 1, N	1, 7 G, I	1, 7 G, M	4, 14 M	4, 8 D, E	4, 12 E, H	5, 12 H, J
	L5							
	L5							
	OA							

Self-rostering has had clear benefits. The student midwives have greater autonomy over their shift pattern and therefore work-life balance; they can choose their shifts almost as soon as the midwifery off duty is released and they can make changes to their shifts without having to email individual managers and lecturers. This has evidently led to greater satisfaction whilst on placement. From a ward manager's perspective this has also meant a reduction in my workload.

### Practice challenges

1. Reflecting on your own time as a student midwife, did you face challenges in terms of work-life balance? If so, did you address them?
2. Reflecting on your own time as a student midwife, do you think that the placement areas and university could have better supported you in terms of shift patterns? If so, how?
3. Has the COVID-19 pandemic impacted student midwives in your workplace? If so, in what ways? Consider impacts from both a practical and academic perspective and also an emotional wellbeing perspective.

### Wendy, Postnatal Ward Manager

When I started as Postnatal Ward Manager, it quickly became evident there was no structure to the student off duty. The students were allocated shifts which were written directly on the paper copy of the midwifery off duty. As changes were frequently made, the off duty could become confusing and sometimes unreadable which was not ideal when trying to assess staffing levels for the incoming shift. I separated the students' and the midwives' off duty and became more structured when allocating shifts and practice supervisors. However this was extremely time-consuming.

As the pandemic struck, conversations arose between the midwifery lecturers and me at Oxford Brookes regarding student

midwives' practice placements and the term 'self-rostering' was mentioned. The feeling of pressure had accumulated significantly by that point - I was having to ensure our students were receiving their off duty in a timely fashion, and also ensure they were working a pattern of shifts that allowed them a work-life balance, which had been proving a considerable task.

There was also a focus on maintaining the wellbeing of students whilst on placement during a pandemic. The first iteration of the self-rostering document was a blank table sorted by dates and shifts which was shared virtually via Google Docs with students, the midwifery lecturers and me. Prior to the start of each week, I would print a hard copy of the completed table and make it available to the ward staff. The first challenge reported by the students was that when they arrived for a shift, the midwives were often not expecting them, and unsure who each student should work alongside.

This issue was initially resolved by implementing a midwifery coordinator role on the ward - this person was responsible for allocating students to practice supervisors at the start of each shift. However, as time progressed, it became evident that it was beneficial for student midwives to have opportunities to achieve some continuity of practice supervisor, so a system was developed to assist with this, as explained by Sophie, below.

### **Practice challenges**

1. As a registered midwife, reflect on how you support student midwives to maintain a work-life balance.
2. How would a self-rostering system be initiated and managed in your current place of work?
3. Would you anticipate any challenges with implementing a self-rostering system in your place of work?
4. Reflect on the role that managers and staff midwives take in supporting student midwives, and facilitating an enjoyable and rewarding placement experience.

### **Sophie, Second-year midwifery student**

I am a second-year student and I became involved with self-rostering through my role as a 'student representative' for my year group. The idea behind self-rostering was to allow students a say in when they worked, in the hope of avoiding the need to sacrifice placement hours for outside commitments. In the beginning self-rostering was managed by the lecturing staff. The rosters were released online monthly on a first come, first served basis, with a 30-minute period at the beginning of sign-up reserved for students with caring responsibilities.

Whilst the response to the autonomy afforded by self-rostering was overwhelmingly positive, the emotional strain and practical difficulties of starting from scratch with a different practice supervisor every single day soon began to take their toll on students. A group of student representatives brought these issues to the university lecturers and hospital management, with a plan to add the names of supervisors to the student self-roster document.



However, this was met with concerns regarding midwives' personal information being on an online document that was within the public domain. After some brainstorming, a compromise was reached. It was agreed that each practice supervisor would be given a number, and this number was added to the student self-roster document.

This allowed students, if they chose to, to 'follow' a specific number across a placement week, ensuring continuity of practice supervisor whilst still protecting the midwives' personal information. In order to know whom they were working with on the day of their shift, a list of the numbers and corresponding practice supervisors was kept in the ward manager's office. The numbers assigned to each midwife are changed monthly with the release of each new self-roster document.

Student self-rostering is now run entirely by a small group of volunteer students who liaise with the antenatal and postnatal ward managers each month to access the staff rota and create the placement roster. This system is not perfect; balancing the need to protect the privacy of the practice supervisors with the need to know which number corresponds with which midwife has proven difficult!

However, it is a marked improvement from the previous system of blind self-rostering in which practice supervisors were completely unknown. Although this system was created in response to the pandemic, I believe (and hope!) that it will become the new normal.

### **Anna, Second-year midwifery student**

As a mature student with three children, managing childcare, family life and placement shifts can be difficult; self-rostering

helps make it easier. Before self-rostering, students' shift allocations were often not made available until a week or two before the placement commenced. Together with the inability to choose suitable shifts, it was difficult to make appropriate arrangements for childcare.



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When the self-rostering document is released each month, as a parent, I am able to log on during a 'priority' slot, half an hour before the majority of the cohort. This enables me to allocate myself the shifts most suited to my childcare arrangements and allows me to maximise time with my children whenever possible. It is important to have a set of rules to make self-rostering fair and equitable for everyone; we are given instructions on how many shifts we can book and when, so that everyone has the opportunity to book a variety of shifts.

I love the autonomy self-rostering gives us; it allows us to manage our shifts around other commitments and gain a better work-study-life balance, which, in turn, has a positive impact on our mental health.

### **Practice challenges**

1. As a current student midwife, how do you perceive your work-life balance?
2. As a current student midwife, do you think self-rostering would benefit you? Reflect on why, or why not, this might be the case.
3. As a midwife, consider how your workplace allocates shifts and practice supervisors to students. Does it work well for both midwives and students? Reflect on whether any changes could or should be made, and what those changes might be.

### **Conclusion**

As with any new initiative, self-rostering has had both positive and negative aspects. For example, from the university's point of view, the creation of a user-friendly self-rostering document template has been an iterative - and often challenging - process, but we have involved the students in its design and development each step of the way. However, the few challenges faced are, we all think, outweighed by the positive aspects of self-rostering and it is an initiative we aim to continue and, in time, introduce to other placement areas. **TPM**

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