

Facilitating improvements in the work–life balance of Directors of Nursing

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The work–life balance of the Director of Nursing at our small health centre has improved dramatically in the past five years. Prior to 2010, the DON was expected to be the sole practitioner responsible for providing the ambulance service; being on-call 24 hours a day, seven days a week. This workload often resulted in the experience of fatigue at levels well above what is acceptable and safe.

An initial proposal by a DON to management to allow two clinical nurses job description to include being on call to cover ambulance call outs was accepted. The funding was obtained due to the service delivery model being changed and this was taken into consideration, with in the budget. The model does cost more to implement than having the DON on call 24/7. The cost of having staff on call is not significant, but when an actual call out occurs and the ambulance is actually mobilised the cost of staffing can increase by 20% per month. The work/life balance that the DON has gained, far out ways the economic cost to the service.

Today all nursing staff are encouraged to complete some on-call work; with some suitably qualified staff are sharing ambulance on-call while others involved in 'on ward' call to relieve the staff member rostered on duty to attend ambulance call out. This remodelling of the on call system facilitates the operation of the ambulance service while assisting to accommodate the work/life balance of the nursing staff at our hospital. While the system takes time to implement, it has also benefited the facility by keeping nursing staff engaged in another aspect of rural nursing, pre-hospital emergency nursing while allowing the DON to have a much improved work/life balance. The service looks forward to making further adjustments to the on-call roster, in 2015, when we welcome two postgraduate registered nurses with paramedic experience.

This paper will demonstrate that it is important for DONs working in a health care facility with an ambulance attached to the service to be encouraged to explore alternate ideas about being on call with management. There are four other facilities within Qld with similar staffing ratios that would be capable of implementing the suggestions in the paper. There are 15 facilities in Queensland where a DON is the sole practitioner and the model suggested would not fit but they would still benefit by exploring alternatives to staffing models eg. Up skilling some staff to a certificate four in ambulance care. Qualitative evidence in the form of quotes from previous DON's and current staff will assist to demonstrate the need to look at alternative on call rosters to facilitate work/life balance.