

*Making the call: medical
imaging staff perceptions of
self-rostering*

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Self-rostering: A scheduling methodology

Essentially, a shift in the responsibility of scheduling from management to staff. (Asgeirsson, 2013)

“...autonomy with regard to worktime” (Harma, 2006)

Self rostering is increasingly embraced across a multitude and variety of health departments.

Improvements in wellbeing (various metrics) noted with SR in many healthcare settings studied.

Self-rostering in practice

Different systems that are centred around staff shift requests:

1. 'Raw' self-rostering
2. Minimum threshold of accepted shift requests etc...
3. More creative systems such as token or bartering-type systems

Context

- Community interest in exploring self-rostering
- Mixed enthusiasm towards rostering within community
- Dearth of supporting research in MI, NZ and CBPAR approach

Context

Staff interest

- Overall mixed
 - Too much admin, don't care enough
 - Won't be fair
 - Don't want the change
 - Some consistency in my schedule would be good
 - Keen to choose my shifts
 - Less shift-changes

Management interest

- Overall for
 - Could reduce roster administration, a traditionally stressful and undesirable role.
 - Non-monetary benefit for staff
 - Increased in worker satisfaction
 - Want to know if it reduces 'sickies'

Project aims:

- Collective learning about self-rostering
- Enquiry: how would SR work in this particular practice?
 - Determine the viability of 'raw' self-rostering for this staff community
 - Determine the likely reality of self-rostering as it would best fit this community. Using 2 x dry-run rosters
 - Surveys and focus groups to capture perceptions prior, during and after
- After this, determine whether the staff community wish to pilot self-rostering.

Next step... wherever the staff wish to take it...

Methodology:

- Community-based participatory action research:
 - Working within a community to solve a problem that is important to them.
 - Furthermore, a community of practice trying to improve practice together. We're all MRTs trying to improve practice together.
 - Research in and amongst/ collaboratively/ with the community.
 - Traditional participant/ researcher divide more fluid. Opportunity for participants to be authors/researchers. "Include, include, include!"

(Butson, 2022)

- Emergent design a form of design-based approach. (Thompson & Butson, 2008)
- Well suited to facilitating organisational change. (Cavallo, 2000)
- Allows community to steer the project to fit their needs.
- Fits a narrative approach ~ focus group work.

Suggestions?

References:

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