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Managing maternity leave and return to work for Allied Health Professionals in Queensland Health Hospitals - strategies and issues.

Ms Julie Hulcombe PSM, School of Human Movements and Nutrition Science,

Emeritus Professor Sandra Capra AM, School of Human Movements and Nutrition Science,

Professor Gillian Whitehouse, School of Political Science and International Studies.

University of Queensland

Aim of this study

To describe the management of maternity leave and return to work after maternity leave on flexible working arrangements (FWA) i.e. part-time work for AHP in Queensland Health Hospitals.

Key research questions:

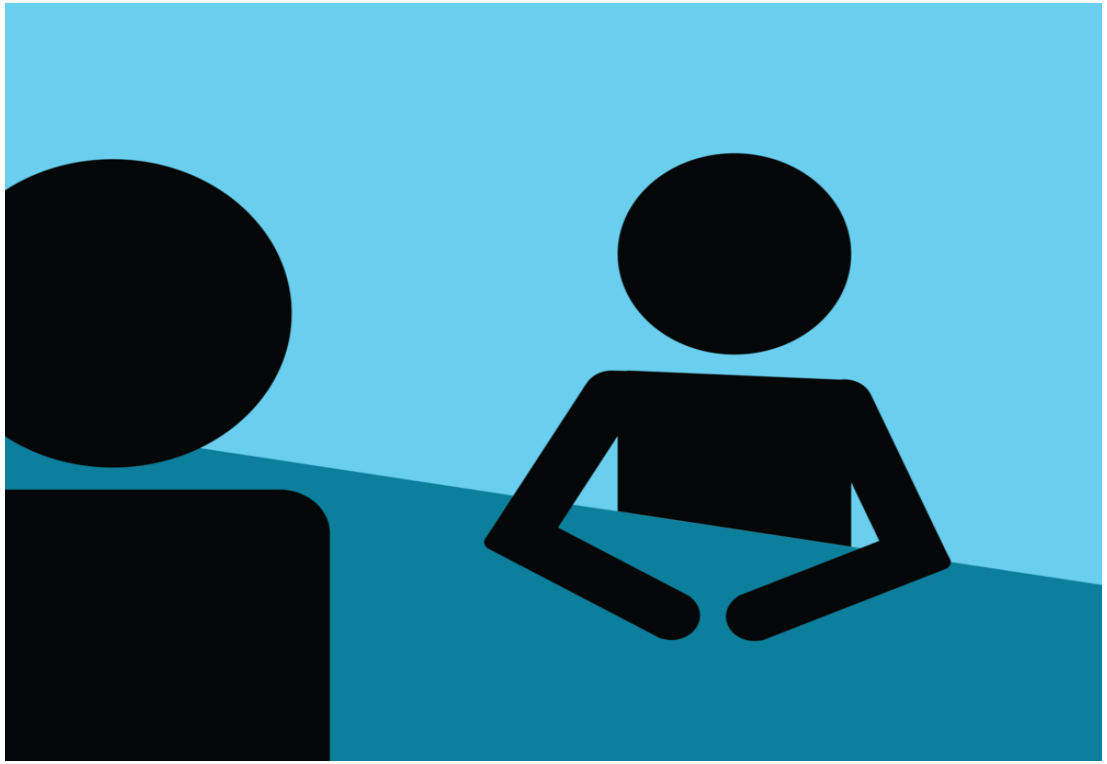
- How do AHP managers implement the government mandated regulation?
- What change processes are utilised to implement maternity leave and right to request to return to work on part-time hours on return to work from maternity leave policy?
- Are there differences in management of maternity leave and return to work hours by size of department, gender mix and location of the hospital?
- How do maternity leave and part-time work entitlements impact on workloads and service delivery?

Methodology: Qualitative study
Target: Department managers of selected AHP

Pre-interview questionnaire

- Personal demographics
- Workforce demographics
- Workforce data

Semi-structured interview



Sample selection:

Six professions - size, gender mix, type of work
Eight Queensland Health Hospitals – size and location

Profession	FTE n	Head count n	Females %
Nutrition and Dietetics	377	435	93
Speech Pathology	384	463	98
Medical Imaging (Radiography)	699	762	63
Social Work	910	1037	88
Occupational Therapy	815	1051	92
Physiotherapy	1026	1207	75

Recruitment

- Ethics and SSA approvals,
- Invitations were sent through a third party,
- Formal consent was obtained from participants,
- Response rate was 21 of 40 AHP (RR 53%) from 6 hospitals.

Participants - Demographics

Profession	Number
Dietetics	5
Medical Imaging	3
Occupational Therapy	4
Physiotherapy	3
Social Work	3
Speech Pathology	3
Total	21

Gender	15 (71%) females	6 (29%) males
Age	Mean 46yrs (SD=7.1)	Range 30-61 yrs.
Time as Director of the department	Median = 5	Range 1-27 yrs.

Implementation of the parental leave regulatory framework

1. Adverse consequences

1.1 Gender inequality
- Reinforcement of gender roles
- Disadvantages to employees on maternity leave and returning to work on FWA

1.2 Management workload
- Increased time required for management of work

1.3 Problems with service delivery
- Inefficiencies in service delivery (e.g. continuity of care, clinical hand over) and possible consequences for patients.

1.4 Workplace conflict
- A sense of entitlement among some employees on FWA
- A sense of unfairness among some employees not on FWA, i.e. that others wear the consequences of parental leave entitlements

2. Management responses (although management approach varies)

2.1 Formal compliance with the regulation without complementary workplace change or redesign to "normalize" FWA
- Work is managed traditionally without job redesign
- Workplace culture influences the implementation of FWA
- Lack of organisational support
- Permanently backfilling long term temporary arrangements not typical
- **Managers appear to be in conflict** adhering to the policy with contradictory commitment to the implementation of FWA.

2.2 Managers 'muddle through' and/or take the path of least resistance
- "Anything goes" approach
- Communication is limited

2. Management responses: Flexible work arrangement varied

Part-time work

- Minimum hours for return to work were 0.2 – 0.5 FTE week, mean=0.4 FTE
- Part-time hours varied from 0.2-0.8 FTE, mean=0.5 FTE
- Other arrangements varied – no acute/acute, job-share/no job share, reduced hours in the day/no reduced hours.

Consistently:

No working from home

2.1 Formal compliance with the regulation without complementary workplace change or redesign to "normalize" FWA

Work is managed traditionally without job redesign

Managers are finding workloads that suit part-time work, avoiding job share and minimising impact

Like I said, a lot of them are the women's health's outpatients' staff. …and we've got some reliever positions so sometimes we'll put the part-timers in the reliever as well, so that if then they need leave then there's less impact.[AH10]

The only other option past that is to job share and they don't work in inpatient environments very well at all. [AH13]

..there's no shared accountability, because it typically doesn't work and creates more problems, [AH11]

Work is managed traditionally without job redesign

Flexible working hours are not popular with little uptake of weekend work!

I tried all options around Saturdays and Sundays and combos and things like that, but it just was not a preferred option at all. No one. [AH13]

There was insight that change was needed

It's not ideal, but it's the reality, and so we've really got to work on managing, now with the part time workforce versus having a fulltime workforce. Knowing that we just have to put in different processes, we have to put in different ways of doing business, making sure we've got some clear expectations of staff, those kinds of things. [AH16]

Workplace culture influences the implementation of FWA

Depends on the team support

> *..so long as there's this healthy respect, and respect for also, their colleagues who are in similar positions, so that they're not taking the lion's share of leave and you know, all of that sort of stuff. You have to moderate things a little bit for them at times. [AH21]*

Consistency and transparency of decision making was important. Historical implementation of part-time work influenced the strategy for managers.

> *We've actually swung the balance back to be equitable and transparent across everyone. Weekends, late shifts, public holidays and on call gets rostered six months in advance. It gets rostered pro rata. [AH17]*

Workplace culture

Staff are not involved in design of work

> *Not in any - we didn't run any formal focus groups or sessions, but we certainly have discussed it in our management team and the reasons why and then canvassed it with HR partners.[AH13]*

Universal use of FWA a way to go!

> *That will really be setting the cat amongst the pigeons for the non-mother people, but I think I'm at that point where we're going to have to say that only - well there will be priority to the returning from maternity leave because of policy reasons. [AH18]*

Lack of organisational support –more rhetoric than reality

How many times over the years has flexible HR work practices come up? I'm like well when's that going to be employed? [AH18]

Lack of organisational support

Inconsistent advice

It comes down to the quality of their interpretation of the policy and the quality of the HR people that are interpreting it on their behalf as well [AH3]

HR supported the employee over operational convenience

More certainty in having it applied - or support for the managers from HR, but obviously HR's there for the organisation not for the manager. [AH1]

Need for consistent application across the organisation

I think there can be a lack of organisational support to try and use the policy and again, another, like not even just an inconsistent application locally, but I think at a wider Queensland Health level, oh, when I worked here, it was fine to do or I've got a friend who was able to have six years of unpaid leave, why can't I? [AH20]

Lack of organisational support

No training

You need someone else to provide you some guidance, especially for some of the junior managers. [AH6]

Systems (HR, payroll and finance/budgeting) did not support the implementation of the policy

But the systems don't actually - you can't just pull it out and go here I am. This is the true picture of what I'm having to deal with on a day-to-day basis. [AH7]

Permanently back-filling staff not typical

Support and understanding

Yeah I mean you would think that in a department with more than 10 FTE that are all - mostly youngish women that at any given time there's always going to be at least point something of an FTE away forever and ever and ever…But if the boss up the corridor doesn't let you take the risk, then it's not really my decision is it?[AH5]

Barriers – organisational, budget management.

It did give us that bit of flexibility to flex down, in our FTE temporarily, to get us over the line. [AH16]

Being over establishment. I'd never get it past my business manager anyway. [AH21]

Three managers had moved staff earlier into permanent part-time prior to the mandated time frame.

After the first 12 months I have, we have a conversation about whether they're ever likely to return full time. [AH3]

Managers appear to be in conflict

Regardless of the management approach managers were in conflict about adherence to the policy and commitment to FWA.

I don't need to have any part-timers in my workforce but if I'm female-dominated, well, maybe we should have more part-time jobs because people then recognise that the OT professional is all women, so our workforce needs to reflect that we might need to have more substantive part-time positions. [AH4]

They provided complete flexibility but had to deal with the impact on service delivery, management and the team.

So, I had to be really flexible with her but also acknowledging the impact it had on the team. [AH19]

Managers appear to be in conflict

They were not going to continue to support employees FWA when the entitlement was no longer available, although they knew that this was not what employees wanted.

I just don't know whether I want to make them permanently part time, …workforce relations were not very supportive. Not supported but felt that there would be issues with us declining a request to go permanently part time…. I don't think they would come back fulltime, I honestly don't.[AH16]

Certainly, you know, trying to maintain as many full-time employees as possible, is a lot - a lot easier, I guess. [AH13]

Managers did see the benefits

I always offer to have them back full-time if that was their original position. But really it's about worker retention for us and it's hard to get good workers and hospital trained staff. So you generally try and do what you can.[AH9]

I guess you could also say that if you've got part-time staff, you're increasing your number of staff. So, it could be that you're actually increasing your skill base as well because you've got more people that are bringing more - different sets of skill sets and experience. [AH6]

What needs to be done: Management

FWA need to integrated into business and universally available to all staff

- Work and role redesign – 7-day services and whole of hospital,
- Advertise all positions as part-time/full-time,
- Consistency of application,
- Involve staff in the strategy,
- Evaluate changes and patient impact.

What needs to be done - Management

Workload management

- Collaborative workloads with accountability,
- Use a buddy system for all workloads,
- Self-rostering and self-determination,
- Case management approach,
- Permanent back-fill of staff.

Other

- Communicate early and regularly,
- Discuss impact on career with employees,
- Provide minimum, meaningful work hours.

What needs to be done -Organisation

- Systems to support managers,
- Consistent advice which supports managers, employees and the organization,
- Training and mentoring for staff,
- Resources to acknowledge the impact on management and service delivery.

Organisation - Policy

Workforce stability:

- Right to request full-time hours.

Work redesign:

- Decrease the statutory working hours.

Conclusion

- Work needs to be reimagined and redesigned to improve quality of FWA and normalise FWA,
- Change management strategies needed including involving all staff in the strategy,
- Organisational support,
- Limitations of the study: small sample, only view of the managers.

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Thank you and questions

Contact details:
julie.hulcombe@uq.net.au