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**14<sup>th</sup> Annual Conference of the *Irish Academy of Management***

**Making a World of Difference: Nation Building and the Role of Management Education**

**TITLE: THE ROLE OF WORK-LIFE BALANCE POLICIES IN  
HEALTHCARE HUMAN RESOURCE MANAGEMENT**

**Track:** Healthcare and Public Sector Management

**Paper:** Working Paper

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## **Abstract**

Currently a European wide study has surveyed some 1,406 nurses in 115 units within over 30 hospitals as part of a longer study. This study looks at nurses' qualifications, productivity, their working environment as well as nurse retention (Donnellan, 2010). Work-life balance policies forms part of the HRM mandate. "Work-life balance means that individuals have successfully segmented or integrated life and work so as to achieve a satisfying quality of life, overall satisfaction and less strain or stress around juggling conflicting role demands" (Blyton et al., 2006: 2). This establishes what WLB should aim to achieve for individuals in organisations. Whether this is achieved often is dependant on both choices provided and the extent they are availed of by individuals.

Gambles et al. states that "the choices of the few can impact negatively on 'choices', well-being and equity experienced by the many, even if this is not the intention of the person working long hours"(2006:53). How can work-life balance policies be introduced effectively then? Jones et al. (2006) notes that the salience of work-life balance initiatives would increase by positioning family-friendly practices and other work-life initiatives as strategic human resource management (SHRM) practices.

This paper will explore the reasons for investigating family-friendly and work-life balance practices in healthcare organisations. The positive impact these have for both individuals working in the field and to the quality of services they help to provide collectively will be examined. The paper will provide a conceptual model of the antecedents of work-life balance programmes and discuss recommendations for research and analysis in a specific healthcare context.

### **Keywords**

- Work-life Balance
- Healthcare
- Public Sector
- Policies
- Nurses

## **Introduction**

This paper will seek to address three questions and look to the literature on work-family research to answer them. The questions raised will ask why family friendly and work-life balance policies should be investigated in public sector healthcare organisations, the impact these policies and practices have for individual outcomes as well as services delivered and finally a conceptual framework will be proposed which will illustrate the antecedents of work-life balance programmes and recommendations for future research and analysis. It will attempt to do this in a comprehensive way by drawing on a range of viewpoints and put forward a framework to develop research in the field of work-life research. This research will have a specific focus on nurses working in public sector hospitals.

### **Why investigate family friendly and work-life balance policies and practices within public sector healthcare organisations?**

Academics and audiences in general have come to recognise and realise the fundamental changes that have occurred within societies post the industrial revolution. Changes in work systems have also coincided with dramatic social and familial changes. Together these have resulted in increasing attention being given to work-life issues for both men and women and the roles they participate in both within workplaces and beyond. “Work-personal life integration is not a side issue but a central issue in twenty-first century societies” (Lewis et al., 2003:838). Beauregard (2011) condenses down the work-home culture into four categories including “organisational time demands, expectations that employees prioritise work over family or personal responsibilities, negative career consequences, managerial support and sensitivity to employee’s family or personal responsibilities. Each of these in turn needs to be seriously assessed for all employees involved in critical service delivery. Why focus research on those delivering services within the public sector specifically? It has been recognised in the literature that public sector workers have been found to report higher levels of stress and have less trust and confidence in their managers (CIPD, 2006, Wilemab, De Vosc and Buelens, 2010, Beauregard, A. 2011).

All organisations need to rely on some level of input from individuals. Healthcare organisations in particular place a heavy demand of input from individuals both from a time perspective and the number of individuals required in order to provide services. Human resource management has traditionally been seen to be responsible for recruiting, training; working conditions and managing pay and leave entitlements for individual employees while they are employed within that organisation. The HRM role in addition extends to ensure that employees are treated fairly and are there to listen to any grievances employees have either with their employer, other employees or employees working conditions. This shows the extensive responsibility which HRM departments have and the extensive remit assigned to their policies and practices. Why should HRM place importance on ensuring WLB policies are introduced and availed of within healthcare organisations? Hudson (2005) explains that organisations not providing real opportunity for employee work/life balance are increasingly more vulnerable to seeing more dissatisfied and unproductive employees and hence increased attrition rates. “Employees who experience increased stress due to work/life conflict and decreased perceptions of control over their work and non-work demands are less productive,

less committed to, and satisfied with, their organisation and more likely to be absent or leave the organisation” (Hudson, 2005:5). Therefore what has resulted is a dual agenda in what Lewis et al. (2003) describes as what is good for worker’s personal lives will also be good for the employees workplaces. Strategies which are deemed to improve WLB are seen as enhancing the autonomy of workers by facilitating them to integrate and co-ordinate both their work and non-work roles. “Environments that support employees’ work/life balance have been found to improve organisational commitment defined as a belief in and acceptance of organisational goals and values, a willingness to exert effort toward these goals and a desire to maintain organisational membership” (Hudson 2005:13). This will facilitate greater consistency and continuity in service delivery both as a whole and will reduce economic spending resulting from significant turnover and absenteeism rates.

WLB policies when effectively implemented should result in reduced strain experienced by employees. Beauregard (2011) states that “it seems reasonable to suppose that the extent to which an organisational culture is supportive of work-home issues may contribute directly to employee strain” (2011:220). Higher levels of strain will be experienced by those employees who sense organisational pressures to work long hours and to prioritise their work over family and personal responsibilities. This further exacerbates problems within organisations leading to increased absenteeism and turnover intentions. Healthcare organisations in particular will be severely effected as often effective healthcare delivery is dependent upon effective teamwork and experience. Management must remain alert to the changing dynamics in both service demands as well as employee demands to ensure quality service delivery as well as ensuring adequate WLB for staff.

What else can work-life balance policies and practices achieve? “Work/life balance, in its broadest sense, is defined as a satisfactory level of involvement or ‘fit’ between the multiple roles in a person’s life” (Hudson, 2005:2). The authors further detail that achieving balance needs to be considered from multiple perspectives. The report also acknowledges the semantic shift from work/family to work/life and explain this as arising from a recognition that care of dependent children is by no means the only important non-work function. “Other life activities that need to be balanced with employment may include study, sport and exercise, volunteer work, hobbies or care of the elderly”(2005:4). Seiwert (2000, 2001) distinguishes apart from work and family two other life domains – health and meaningfulness of life – that are important in human life as well. His approach is based on the Nossrat Pesseschkian’s (in: Seiwert, 2000) intercultural research that identified four domains as the most important areas of life. These represent the main factors which reflect the multidimensionality of life. The life areas are: (1) work/achievement, (2) social contact/relationships, (3) health/body, and (4) meaningfulness of life. Therefore a social and community gain as well as an individual gain has to be acknowledged by the introduction of a comprehensive programme of WLB policies and practices for all organisations.

## **The impact of work-life balance policies and practices on individual employee outcomes and the services which are provided by these employees.**

Spinks (2004) addresses work-life balance as either an achievable goal or a pipe dream. She candidly states in her opening paragraph “Organisational success depends on people. People have multiple responsibilities, diverse needs, and often, conflicting priorities” (2004:5). How can organisations possibly ensure all their employees achieve optimum work-life balance while still running a sustainable organisation and in the case of healthcare providing adequate diverse services that are constantly in demand as well as being somewhat unpredictable? The answer is that they probably never will be able to please all their employees and achieve satisfactory service delivery. However that is not to say that HRM policies and practices concerning WLB should be left on the margins of management or simply not thought through or assessed on an ongoing basis. “Accommodating employer family-friendly policies can be viewed as contributing to this personal control and are usually thought to have positive outcomes for employees” (Hyman et al., 2005:708). This control given to individuals to help co-ordinate their work and lives outside their paid employment as a consequence of WLB initiatives should however have set limits as well as monitored benefits for both employees and employers. Individuals alone cannot achieve balance without outside support from families and communities and the levels of control organisations have over these variables is often non-existent.

The reasons put forward as to why WLB policies and practices should be introduced by organisations are often framed in what is often termed the business case for WLB (Kelly et al., 2008). Indeed Hyman & Summers (2004) go as far as to state that often policies are introduced to meet business needs rather than employee needs. These arguments often include economic rather than humanitarian reasons as to why WLB policies should be introduced for employees. Kossek et al., (2010) allude to the clear documentation “of the business outcomes associated with the reduction of work-family stress, such as decreased absenteeism and turnover and increased organisational commitment” (2010:15). Authors such as Ollier-Malaterre (2010) explain that from research carried out to date WLB initiatives can have positive, negative and also no specific outcomes for employees. More interestingly from a researchers perspective the author notes three layers of context which often shape outcomes. The authors call for a “need to conduct multi-level research that includes the three layers of context shaping these outcomes: 1) personal context such as gender, 2) work environment context such as the nature of the work and the location, and more relational factors, such as supervisor support and experiences of fairness, and 3) the national context” (Ollier-Malaterre, 2010:57). This contextual approach in the analysis of WLB outcomes for employees can potentially highlight the significant impact or not which WLB initiatives have for individuals and organisations as a whole. Caproni (2004) warns us that the literature on work-life balance “may lead us down the same path we are trying to get off, directing us to over plan our lives at the expense of living our lives” (2004:213). Research in this area should therefore explicitly identify what WLB policies and practices achieve for individuals in a personal way. People who are happy and are facilitated to minimize stress within their personal and work lives should therefore be competent and capable of providing good quality work and service to their employers and organisations of which they form part.

Ozbilgin et al. (2011) succinctly captures what work-life research to date has sought to focus on when they write “work-life research explores the antecedents, correlates and consequences of the balance, conflict and facilitation between – as well as integration of – work and non-work domains” (2011:177). This group of authors also remind us that when designing research studies to investigate WLB issues we must remain mindful of demographic diversity, non-traditional non-work commitments and historical and structural power relations operating within societies and organisations. In reality work-life balance policies and practices often range from flexibility in working hours, different types of leave arrangements to a variety of employee assistance programmes. The impact of these continues to be monitored and evaluated across a range of organisations as well as academic disciplines. It has been noted within the academic literature significant comparisons across regions. Examples illustrated that the “UK and the US experience higher levels of work-life conflict when compared with continental European countries where there are structural supports for childcare and other supportive arrangements for management of the work-life interface” (Ozbilgin et al., 2011:184). We must remember however that work-life conflict does not only result for employees with young children. It has been reported by Eikhof et al. (2007) that only five EU countries had natural population increases by 2004. The growing interest in work-life research is becoming much broader in its approach to include areas of life beyond family and childcare alone to include aspects such as education, unpaid domestic and care work as well as leisure. WLB support as a HRM policy is seen to contribute to employees’ retention and to further “develop an employee’s unique capacities” (Mescher et al., 2010:22). It has been stated that increased work flexibility can also result in increased effort by employees. Parker and Allen (2001) explain that as job responsibilities increase as a result of organisational turbulence employees are increasingly likely to find that work-family benefits will help them to fulfil both their work and personal responsibilities. Specifically many reasons have been put forward so as to validate the introduction and maintenance of WLB options for employees. These can be divided broadly into two categories, one which sees the benefit to the individual and the other which views the advantages in terms of positive outcomes for the organisation as a whole and to the services that are provided by that organisation.

### **A conceptual model of antecedents of work-life balance programmes for nurses and recommendations for research and analysis.**

Research carried out by Decola & Riggins (2010) surveyed 2203 nurses in 11 different countries and found that 46% of nurses stated their workload as greater today than five years ago while only 53% say it is very likely they still will be practising in five years. One of the factors which would influence this decision to stay or leave nursing was improved work-life balance. Research conducted by Lagerstrom et al. (2010) explained nurses’ daily experiences of work-family roles and investigate the antecedents, responses and consequences of interference between family and work roles. This research involved looking at nurses who work in hospitals in Iran. “Most of the Iranian nurses not only faced the unpredictability and irregularity of overtime, but also experienced a high number of weekly working hours due to the shortage of nurses” (2010:171). It further found that Iranian nurses experienced threats to their health as a result of striving to balance work and family roles. The need for society to ensure day care for children during nurses work shifts and increases support for elderly dependent relatives will help lead to a greater balance between work and family demands for

nurses within this context. Together this research highlights the necessity to consider the important implications which HR policies surrounding WLB issues have for both individual's nurses and the healthcare sectors in which they are employed within. This will probably become of even more relevance as healthcare systems develop and service demands on nurse employee's increase. Specifically if we look to the Irish healthcare system many reports and policy documents have sought to analyse health service delivery so as to improve delivery and health outcomes for the population as a whole. Examples of which include *Report of the National Taskforce on Medical Staffing* (2003), *Audit of Structures and Functions in the Health System – Putting Strategy to Work* (2003) and the *Report of the Commission on Financial Management and Control Systems in the Health Service* (2003), *Quality and Fairness; a Health System for You* (2001), *Quality & Fairness; Primary care- a new direction* (2001), *Action Plan for People Management in the Health Service* (2002), *Health Information – A National Strategy* (2004), '*Report of the working group to examine the development of appropriate systems to determine nursing and midwifery staffing levels*' (2005) *Health Services Partnership Agreement* (2006) and the *Integrated Employee and Well-being strategy (2009-2014)*. The role which nurses and midwives as the largest employee group (34.4% (2009) – Dept. of Health and Children) in health service delivery have in delivering quality healthcare has recently been reviewed at a policy level by the Department of Health and Children in a report entitled "*Strategic Framework for Role Expansion of Nurses and Midwives: Promoting Quality Patient Care*". A specific framework has been developed in order to pursue high standards and a quality driven service and one which will see roles being expanded for nurses and midwives. Within this policy document the context has been carefully documented and "contextualised within national policies, health service delivery priorities, service need, skill mix, patient pathways, workforce planning, nursing and midwifery regulation and location of care" (DoHC: 2011) (See Appendix: Fig 1). This will ensure more responsibility is placed on this particular group of employees and issues concerning work-life balance will become increasingly important. WLB policies and practices need to be continually researched, reviewed and monitored by management as work roles develop and change within hospitals.

Specific research has revealed some insights into the practice of WLB policies and the impact these have on nurse employees working in one particular hospital context to date. One nurse reported thinking about work at home while another reported she needed to be at home with her two children but she also needed to work full time because of a large mortgage. Job sharing was seen as very facilitating by four nurses while one other nurse reported not knowing of any work-life balance policies at the hospital. This highlights some major issues for management and for WLB policies to address at a local hospital level. Maternity Leave, Parental Leave, Carer's leave, Force Majeure leave, Compassionate Leave, Career Break, Study Leave, Health Promotion Advice, Employee Assistance Programme and Leave for Trade Union Reps were all utilised by staff in the survey.

"A working definition of 'balance' in the context of work-life balance is a state where an individual manages real or potential conflict between different demands on his or her time and energy in a way that satisfies his or her needs for well-being and self-fulfilment" (Clutterbuck, 2003: 8). Bacharach, S., Bamberger, P. & Conley, S. (1991) state that "regardless of occupational group, role conflict appears to serve as an important antecedent of work-home conflict, and burnout, an important consequence" (1991: 51). Role conflict is when a person is subjected to two or more contradictory expectations whose commitments the person cannot simultaneously meet in behaviour and so therefore balance in their life cannot be achieved. Wikipedia explains a key insight of role theory is that role conflict occurs when a person is expected to simultaneously act out multiple roles that carry contradictory



expectations. Clutterbuck (2003) explains that gaining a better balance between demand and availability is due in large part to managing expectations both our own and those of other people. The role of the organisation, therefore, is to provide resources that enable people to think work-life balance issues through, and to help them achieve solutions that are beneficial to all their stakeholders – work, home and community. These resources are likely to include: pragmatic education programmes that make people aware of choices. The education of managers to be a coach as people attempt to think through these issues highlight what the implications of alternate emphasis might be on their work and career. Professional counselling for those who struggle to see their way forward may also be an option. (2003: 83).

Hudson (2005) explains that managerial support on a daily basis is a critical variable in employees' decisions to the use of available benefits and programs. "Informal supervisor support for family is a critical determinant in whether or not workers have access to formal work-life policies (Hammer et al., 2009b) (Kossek et al. 2010:5). Hudson (2005) also notes a second factor associated with work/life culture, and one that has been strongly associated with the under-utilisation of work/life policies, is the perception of negative career consequences. The report states "the most significant example of this problem is the part-time work option" (2005: 16). The third construct thought to influence the uptake and overall supportiveness of work/life policies is organisational time expectations. "The number of hours employees are expected to work; how they use their time (e.g., whether employees are expected to take work home); and the level of discretion in one's work schedule" (Hudson, 2005:17). Together these form the major components to a conceptual framework around the theme of work-life balance for organisations. Type of work and time demands, levels of managerial and co-worker support, impact on career development, impact on life or family development all can be viewed as antecedents to possibly attaining satisfactory work-life balance. The qualitative approach seeks to examine the "whole person" holistically within that person's natural environment – a fully contextualised approach as Gelo, Braakman, Gerhard, & Benetka, (2008) outline. Moreover Castro et al. (2010) explains through research cited that the qualitative approach affords an in-depth analysis of complex human, family systems, and cultural experiences in a manner that cannot be fully captured with measurement scales and multivariate models (Plano Clark, Huddleston-Casas, Churchill, Green, & Garrett, 2008). Together with a sample of quantitative data using validated scales to assess items such as career consequences of WLB programmes, work-life conflict and life-work conflict for example those illustrated by Anderson, S., Coffey, B. & Byerly, R. (2002) can all form a comprehensive research study to provide a rounded study of WLB for nurses working in public sector hospitals.

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## Appendix

**Fig 1: Contextual Overview:** Strategic Framework for Role Expansion of Nurses and Midwives: Promoting Quality Patient Care. Department of Health and Children (May 2011)

