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Management Re-Imagined

Abstract

Doctoral Consortium

Paper Title: An Investigation of Nurse’s Work-Life Balance in Public Sector Hospitals in Ireland

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Work-Life Balance
Nurses
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**Paper Title:** An Investigation of Nurses Work-Life Balance in Public Sector Hospitals in Ireland

**Abstract**

“Nurses are the single largest group of registered and regulated practitioners in the health workforce of any country and are internationally recognised as being fundamental to the provision of health care” (WHO:2002). The main aim of any health service is to ensure adequate, efficient and quality patient care. A number of commissioned research reports have sought to look at human resource issues such as the *Report of the National Taskforce on Medical Staffing* (2003), *Action Plan for People Management in the Health Service* (2002) and the *Integrated Employee and Well-being strategy 2009-2014*. These have looked at both staff and service needs and this often is a delicate balancing act in itself. The *Integrated Employee and Well-being strategy 2009-2014* states that 34% of all staff employed by the HSE were in the nursing category at the end of December 2008 (HSE:2009). This group alone, as has already been recognized by the World Health Organisation (WHO) play a huge role in providing health care in any country. An acknowledgement of this fact serves to highlight that an investment in adequate nursing staff numbers and proper HR policies and practices is a must in any countries hospital infrastructure. HR managers should be advocates as well as enforcers of good HRM policy and practices within their hospital organisations. The consequences, if the HR role is not promoted and properly integrated could well have deleterious effects for employees and services alike. Nurses play a vital role in healthcare provision. HR practices which affect nurse well-being, attendance and workplace performance are a very important element of adequate, efficient and quality employee care in hospital settings.
The core focus of this PhD research is on nursing employees and their experiences of HRM policies and practices which can help to facilitate a good work-life/family balance.

The following are the key research questions:

- What work-life balance policies and practices (formal & informal) are available to nursing staff across public sector hospitals?
- How are these policies and practices implemented by management?
- What extent are both the statutory and non statutory (formal and informal) WLB policies and practices availed of by nurses?
- How are WLB policies & practices monitored and evaluated in the hospital context for nurses?
- What impact both positive and negative do WLB policies and practices have for nurses working in the public hospital setting?

Many articles and theories to date exist on the subject of work-life/family balance (Barnett 1999, Campbell Cark 2000, 2001, Fleetwood 2007). Numerous authors have sought to explain this term and elaborate on the theme using various terms associated with this concept such as work-family conflict (Grant-Vallone & Donaldson 2001) and work-family enrichment (Greenhaus & Powell 2006). Other authors have sought to delve into the experiences of nursing employees as well as other groups exploring work conditions which promote both work-life/family balance and conflict and the consequences of both situations (Grzywacz et al. 2006, Hall et al. 2010). The results and consequences of employees not achieving a satisfactory work-life balance often are highlighted as resulting in increases in absenteeism, job stress, turnover and also burnout (Innstrand et al. 2008, Jamieson & Taua 2009, Lagerstrom et al. 2010). What policies and
work supports are most beneficial and the effects on overall employee well-being have also been explored throughout some of the literature (Ilies & Schwind 2007, Lapierre & Allen 2006). This review of relevant literature together with the most recent health services data provide a good theoretical research base as well as providing current data to help to inform and answer the research question and sub questions as outlined earlier.

The PhD will seek to address the specific HR issues around work-life balance from both a management and an employee perspective and draw on primary research findings to do this. It will further illustrate how and to what extent HR policies and practices impact on both employees work lives and beyond (Fine Davis et al. 2002; 2004, Anderson et al., 2002, Burnett et al. 2010, Heywood et al. 2010). The research study will contribute to knowledge by increasing the knowledge of work-life balance policies and practices and how they impact nurses in public sector hospitals in Ireland. As Brough and O’Driscoll (2010) state “published literature on organisational interventions to improve work-life balance is extremely limited” (2010:280). Once completed the research will illustrate how employee work variables as shown in the conceptual framework including work hours, employee level, job tenure and employee personal profile impact on HR work-life balance policy availability, implementation and illustrate nurses experiences of using WLB policies and practices in Irish hospitals. The research will seek to investigate that if through using HRM policies and practices which promote good work-life balance, nursing employees will in turn experience a decrease in work-life conflict and have more positive workplace experiences.

The primary research for the PhD has used a wide range of methods (documentary analysis, survey, questionnaire and interviews) to establish a clear understanding of the
issues surrounding work-life and work-family for nurses in Irish hospitals. Through the use of the mixed methods approach and combining multiple methods from both qualitative and quantitative methodologies a large amount of research data has and continues to be collected to inform the research findings and to address the research questions. Health services do not have access to infinite human resources and so time pressures exist for all staff. This has a major impact on research design and the overall data collection process as when one is conducting research of this nature it involves seeking the time of those involved in healthcare delivery to be become engaged in the research process and give some of their time to the research. Specific findings to date have shown that for two hospitals a total of 1520 nurses were statistically reported as employed and of these 38% (highest percentage compared to other employee groups) reported working flexible hours. The lack of understanding of the term work-life balance and understanding policies associated with it is reported by a number of respondents. The qualitative research allows for a greater exploration of work life issues experienced by nurses and what policies and practices can be most and least beneficial in the reconciliation of work and life/family. Issues regarding knowledge of communication about the various work-life policies, their implementation and effectiveness will be addressed. There are still some challenges in terms of data access which would be useful to discuss at the consortium as well as getting advice from peers on write-up and analysis for the findings and discussion chapters.

To conclude I believe this conference would be a suitable place in which to reflect and focus on my PhD journey to date and the challenges that remain in terms of completing the research and the thesis. I would hope that the multi-national audience at the conference would result in diverse views as well as a range of academic and business
Introduction

“We will all need a nurse one day- whether it’s your mother, your child, your husband, you.”(Carr: 2006:208). The sheer importance of the nurse’s role in overall health care delivery in any country should never be under-estimated. The WHO recognises that nurses are the largest regulated health professional group of any country (WHO: 2002). In Ireland 34% of staff employed by the HSE are in the nursing profession. This has been outlined in the *Integrated Employee and Well-being Strategy 2009-2014* document (HSE:2009). Carr (2006) acknowledges that it is nurses themselves who must take responsibility for their own happiness and job satisfaction however she further states that management can do much to make nursing a healthier profession to be a part of. She cites findings from an extensive online survey carried out by the American Nurses Association that found that nurses intending to leave the profession were doing so as a result of poor working conditions. Good working conditions for staff form an integral part to ensuring good health care delivery. Having both of these outcomes existing together can sometimes be a huge challenge. During difficult economic times budgets are often stretched to the limit and a need exists to reduce costs while still maintain the same or
even better health care delivery. Management are left with a delicate role and balancing act and those with the role of managing people within health care systems have a huge responsibility placed on them.

Management need to ensure the health and the well-being of its staff in order for healthcare to be delivered within a timely and efficient way and ultimately ensure a reliable health system for those who need it. Reports such as the *Action Plan for People Management in the Health Service* (2002) and the *Integrated Employee and Well-being strategy 2009-2014* seek to address employee issues. Organisational goals and HRM goals must be strategically integrated and planned in such a way to maintain optimum outcomes for both employees and patients alike. Good HR policies and practices well developed and implemented fairly can ensure optimum outcomes become a reality.

**Human Resource Management in Healthcare**

“Human resource management (HRM) is both important and challenging in a labour-intensive sector such as health care, in which organisations operate within a complex political, economic and legislative environment” (O’Donnell, 2010:140). The role of HRM is seen to become even of greater significance in a climate posing economic challenges. The effective management of people through key HRM strategies such as flexibility, commitment and the closer integration of HRM practices with overall organisational strategy is all the more crucial for viability within this type of environment. O’Donnell calls on authors Roche 1998 and O’Dowd and Hastings 1997 in noting the existence of centralised policy-making concerning pay and terms and conditions stating a reduction in the power of individual organisations within healthcare delivery to
implement flexible HRM policies. Greater centralisation of decision making can however allow for greater transparency and fewer inequalities to be experienced by those employed in health services. A greater alignment of HRM policy and practice across various health organisations should reduce costs involved in implementing policy and prove less contentious by employees. Healthcare involves many stakeholders and Beer et al 1984 as called on by O’Donnell (2010) explains that a range of stakeholders can result in their various interests causing conflicts and trade-offs in relation to HRM practices.

The more centralised HRM policy can become for similar healthcare personnel in similar environments the fairer and more transparent HRM practices can be and allow for greater efficiencies in implementation. The specific HRM policies and procedures in place to ensure staff can attain a good work-life/family balance are critical to maintaining a healthy, happy and productive workforce. Similar to other working conditions such as pay, work-life balance policies and practices need to be carefully implemented so as to ensure fairness and transparency in how employees experience HR policy within the healthcare organisation. The research for this doctorate seeks to ask a number of questions in order to investigate work-life balance policies, practices and outcomes for nurses within public hospital settings.

The PhD and Work-Life Balance Theory

The core focus of this PhD research is on nursing employees and their experiences of HRM policies and practices which can help to facilitate a good work-life/family balance. The following are the key research questions:
What work-life balance policies and practices (formal & informal) are available to nursing staff across public sector hospitals?

How are these policies and practices implemented by management?

What extent are both the statutory and non statutory (formal and informal) WLB policies and practices availed of by nurses?

How are WLB policies & practices monitored and evaluated in the hospital context for nurses?

What impact both positive and negative do WLB policies and practices have for nurses working in the public hospital setting?

It is important to understand what is meant by the concept and term which is work-life balance by the many authors who choose to do research within this area. It is also important to situate it so has to understand the possible implications it can have for both organisations and individuals alike. “The challenge of work-life balance is rising to the top of many employees and employers consciousness” (Torun, 2004:1). Lamont & Lamont (2001) concurs citing reasons such as societal changes, new communications technologies, lifestyle changes and a move to a more 24 hour global culture that requires flexible working practices to name a few. The aim of the paper by Torun is to illustrate that organisations can gain a competitive advantage when offering work-life benefits to its employees. In his research he defines “work-life balance as establishing a successful balance between working obligations and personal commitments” (Torun, 2004:1). Torun (2004) goes on to elaborate that life in the term work-life balance means everything outside paid work. However he acknowledges as does Lamont & Lamont (2001) that
there is greater integration between work and life now and defining clear boundaries can sometimes be difficult.

Individuals and Work-Life Balance

Together with difficulties in defining what is work and what is life is the balancing act which individuals/employees must often achieve while in employment. “There are many demands on the workforce outside the workplace including caring for dependent relatives or studying for qualifications, which require time and effort” (Torun, 2004:2). An understanding by employers of dual priorities facing employees provides an impetus to assess the needs of its employee’s in terms of work-life balance. This will allow for relevant work-life balance policies and practices to exist within the organisation and allow HRM to facilitate good employer practices. Torun (2004) makes an important point that an ideal balance varies from individual to individual and changes at different stages within one’s life. This concurs with recent specific research by Darcy et al., (2012) which seeks to investigate antecedents of WLB at four distinct career stages defined by various age brackets. Findings suggest that WLB is important to individuals at all career stages though reasons vary for this importance. The authors reiterate from their findings the importance of perceived managerial support and call on research by Thompson et al. 1999 as identifying a supportive workplace as crucial for successful implementation and take-up of WLB programs. This is relevant for employees at all career stages and not just those with parenting responsibilities. “Organisations need to consider new ways to approach the issues and complexities of modern day living for their employees and begin to target specific groups with relevant tailor made work-life balance initiatives” (Darcy et al., 2012:118). As well as targeting specific age groups and varying employee personal
profiles it is also necessary to tailor make work-life balance policies with an understanding of the work environment that employees are situated within be that health services or other unique sectors. Therefore an ongoing need to address work-life/family issues is there for both the employees and the employer’s. There are in addition ongoing rights and responsibilities on both sides to acknowledge what is required by both sides in order to attain mutual benefits. “When both company plans and employee efforts are complimentary, true work-life balance can be achieved” (Torun, 2004:8).

**Implications of Work-Life/Family Issues**

Illness and Absenteeism

The consequences for employees who are faced with many demands at the same time are seen too often resulting in those employees being “over tired, lacking in concentration or suffering from ill-health” (Torun, 2004:2). Long work hours have also be shown to be connected to employees suffering from depression and other stress related illness. (Smith Major et al., 2002:434). What can work-life programmes or greater flexibility in working hours hope to achieve to counter these work life dilemmas which so many employees have already faced or will do at some point in their working lives? “Work-life programmes can reduce absence rates and improve absenteeism” (Torun, 2004:5). This we assume also benefits the employee as we conclude less sick leaves are experienced as well as absences which are for other life reasons. Torun (2004) further draws on research by Lockwood (2003) to back up this assertion stating that the company Johnson and Johnson found that there was a 50% decline in absenteeism among employees who used flexible work options and family leave policies. Many other companies who successfully implemented work-life programmes such as IBM, General Electric and Kraft Foods have
all seen the benefits. The research which seeks to illustrate the benefits to the employer is seen to suggest “that organisation of different sizes and in different sectors have all benefited” (Torun, 2004:6). However it is also clear that a one size fits all approach to the work-life balance dilemmas will not be successful (Darcy et al. 2012). Torun draws on research by Drew (2003) acknowledging that employer differences (sector, business, operating hours) and variations in employee needs all have to be considered at the outset. A focus on performance in terms of reaching objectives and specific output targets is seen as important rather than encouraging increased working hours within the organisation. A focus on ensuring individuals gain a better work-life balance should also coincide with a focus on ensuring employees experience greater work-life enrichment.

Work-Life Enrichment and Higher Retention

Role accumulation theory (Sieber, 1974) and Role expansion theory (Marks, 1977) are explained by the authors Russo and Buonocore (2012) as meaning that humans possess infinite amounts of energy and can expand to accommodate multiple role commitments. They call on research by Greenhaus and Powell (2006) who developed a theoretical model based on work-family enrichment suggesting synergies could arise from combining work and family roles. The development and understanding of the concept work-family enrichment has led the authors Russo and Buonocore (2012) to provide a rationale for the relationship between work-family enrichment and professionals exhibiting lower turnover intentions as a result of higher rates of job satisfaction and professional commitment. Their research data is based within the nursing profession and it further endorses managements need to encourage work-family enrichment for nurses as this will directly lead to reduced turnover and turnover intentions. They further call on
research by Reindl et al. (2011) to explain that those working in an enriching profession may result in a stronger psychological bond between the employees and their profession. Research by Mallol et al. (2007) describes that the greater the sacrifice perceived in leaving the less likely the intent of the employee to actually leave. Further research by Newman et al. (2002) states that improvements in work-life balance are one of the prerequisites to increasing the numbers recruited and retained within the nursing profession. Russo and Buoncore (2012) also found in their research that nurses who experienced work-family enrichment had less intent to leave and this was also due to high levels of professional commitment. “Work-family enrichment can indeed enhance the value of the profession among nurses, stimulating a positive external image for nurses themselves and for their significant others” (2012:228). The authors put forward that the work-family enrichment theory suggests that both individual employees and organisations as a whole can benefit from employees engaged in multiple role commitments.

Carr (2006) cites findings from an extensive online survey carried out by the American Nurses Association which suggests improvements for retention of nurses were seen as important in areas such as better compensation, improved work environments (more resources and less stress), better hours and management giving more respect to them. “Additionally the survey found that of those nurses who have left the profession, almost half said that a less stressful work environment would likely cause them to consider returning” (Carr, 2006:210). Employees who are happy overall with their working conditions and lives outside their workplaces will prove better employees. This will enable these employees to cope with the levels of stress generated through caring for people who are ill rather than stress induced through working in dysfunctional health organisations.
The primary research for the PhD has used a wide range of methods (documentary analysis, survey, questionnaire and interviews) to establish a clear understanding of the issues surrounding work-life and work-family for nurses in Irish hospitals. Part of the research process to date has involved going through research ethics committees which are attached to individual hospitals and sometimes are attached to groups of hospitals. This process acts as a mechanism to protect both employees and patients if they are being approached to become involved in research. It allows for senior health officials and management within the system to formally approve or not the study be conducted within their hospital and/or health service region. Currently approval has been granted by four different Ethics Committees covering hospitals in the North West, West and Mid-West Region. Getting information about the study to the relevant personnel has proved somewhat challenging. Not all Directors of Nursing wish for their nurses to become involved in the study due to current work pressures while others leave it to individual nurses and nurse managers to decide for themselves. This in itself is a research finding and highlights the control that exists around this profession and how decisions which can be made by one individual have consequences for the many. Participation levels in the study have been disappointingly low given the numbers of nursing based within the chosen research sites initially. This however has improved with the introduction of the questionnaire online and the opening up of the research study to including more areas. There is an increasing awareness among participants of the importance of the research topic given recent changes in HR policy and practice such as for example a moratorium on the recruitment of new staff into their organisations. This has left remaining health
personnel with ever increasing workloads and increasing uncertainty over future service delivery plans.

Thematic Design

The research design has involved the development of a conceptual framework to guide the research process. Key findings in the data collected surround three themes and aim to facilitate the answering of the key research questions as previously illustrated. The three themes come under the following headings of; Availability, Implementation and Usage. Under the theme Availability all aspects of availability of work-life balance policies will be analysed. Although many policies that facilitate work-life balance may exist on paper, they may not exist in reality or not be used for example due to work and/or family pressures. Availability of different leaves as well as flexibility in work hours will be assessed for a variety of nurse grades. In looking at the second theme Implementation the focus here will be solely on managerial grades (nursing and non-nursing). It will seek to address how management facilitate implementation of work-life balance policies and practices from supporting employees either through the organisation of rosters to the referral to occupational health services and/or other employee assistance programmes. Other aspects of management will be looked at for example looking at the monitoring and evaluation mechanisms of these leaves and programmes in meeting employee needs. The final theme of Usage will look at what is being accessed to facilitate work-life balance for nurses in their current work contexts. It will further seek to evaluate the impact this usage has through nurses own personal assessments in improving both nurse’s work and personal outcomes.
Discussion on Research Findings to Date

Insert Table 1 Here

The above table illustrates the number of nurses and the number of hospitals they are employed within by region. Nurses have their own career structure so within these overall figures there are different grades within the profession of nursing. These include Advanced Nurse/Midwife Practitioner, Clinical Nurse/Midwife Manager, Clinical Nurse Midwife Specialist, Director of Nursing/Midwifery Assistant, Director of Nursing/Midwifery. Further grades include Nursing Education/Clinical, Other Nursing/Midwifery, Post-registration Nurse Students, Pre-registration Nurse Students, Public Health Nursing, Staff Midwives, Staff Nurse (Psychiatric) Staff Nurses (General/Children’s). The table below summarises the role descriptions of the different nursing and midwifery grades employed within the health service as set out by Conway (2007) when she was exploring the level of job satisfaction experienced by nurses and midwives. Each of these grades of nurses has different roles and different work-life balance issues facing them in their work context.

Insert Table 2 Here
The table below illustrates the sources of data collected to date and shows the way this is being achieved. Questionnaires are completed both in hardcopy and some have been completed online. Questionnaire 1 allows individuals (nurses and nurse managers) to complete a number of questions concerning work-life balance, the level of supervisory support they receive and to assess ten work-life/family and life/family to work statements. It also poses a number of open-ended questions to which individuals can elaborate more comprehensively on their personal views of work-life balance policies and practices. Questionnaire 2 was developed for more managerial levels either within nursing or in the HR departments of hospitals. It asks questions such as what is available, how these WLB policies are communicated to staff members if they exist, what supports are in place and what overall are the WLB issues for nurses as perceived by management. Each of the qualitative interviews addresses the themes surrounding Availability, Management Implementation and Usage of WLB policy and practice for each of the participants regardless of their work position.

Insert Table 3 Here


A number of participant nurses so far in this study state that they do not know what work-life policies and practices are in reality and some state they do not exist. There is no one particular policy or practice that can be identified that aims to ensuring nurses achieve a good work-life balance. A table outlining what is potentially available to staff to facilitate
the achievement of work-life balance has been drawn up based on employer data on the HSE website (Appendix A).

Some respondents feel it is nurses own responsibility to ensure they have a satisfactory work-life balance. Krings et al. (2009) report addresses working time, gender and work-life balance and explains that the control of time remains the key question and that workers are seeking effective autonomy in deciding and managing their work hours. Specific findings found last year have shown that for two hospitals in the West region, a total of 1520 nurses were statistically reported as employed and of these 38% (577.6) (highest percentage compared to other employee groups) reported working flexible hours. Many nurses working in acute public hospital settings have to ensure health services are delivered on a continual 24/7 basis. This means that most nurses will have a range of work hours. These vary in both duration and the amount of control over hours worked, for many on an ongoing basis often depending on a combination of work and personal circumstances. Certain grades of senior nurse’s e.g Clinical Nurse Manager levels are not required to do night duty. Some nurses find this a benefit to themselves personally in managing their work-life balance but with this managerial role comes extra responsibility to their more junior nurse colleagues. It is often the responsibility of Clinical Nurse Manager as ward managers to ensure safe staffing levels are maintained at all times on the ward to ensure good patient care while also ensuring all staff are facilitated in the hours they work to suit their personal situations. One manager points out the difficulty that can arise in attempting to do this, explaining ‘if you accommodate one you have to accommodate all and this can prove impossible at times’.
Rosters, Shifts and On/Off Duty are words often associated with how work hours are organised for this group of employees. Collins English dictionary defines ‘roster’ as a list of people and their turns of duty and the word ‘shift’ as a period of time during which they work. Findings in this research have found that both management and senior union officials familiar with nurses work environments accept that to be able to ensure nurses are able to be facilitated to have a work-life balance i.e that all leave entitlements are easily accessible and flexibility in work hours is guaranteed there has to be adequate staff levels within hospitals. Research findings to date suggest that there are increasing incidences of staff shortages with the introduction of a moratorium on recruitment since March 2009. This is becoming an ever more pressing concern to remaining employees and management as more leave the workplace due to either opting for incentivised early retirement schemes and other leaves e.g maternity leave, sick leave e.tc.


In order to collect substantive data all grades of nursing staff were distributed questionnaires. This enables the researcher to assess their knowledge first of all of different types of leave arrangements e.g. Maternity Leave, Parental Leave, Compassionate Leave, Force Majeure Leave e.t.c. and also to secondly establish the levels of support provided by supervisors experienced by nurses in availing of these options if and when needed by nursing employees. In the in-depth interviews carried out to date it is noted that management do at times try to accommodate the needs of their individual staff members. This however does not in most cases take precedence over the demands and needs in providing healthcare delivery. There are some instances where
what staff need and want are facilitated and in other cases employees are not accommodated. Decreasing numbers of staff increase work-life balance problems for both managers and staff alike though for different reasons. It has been noted by management that ensuring everyone receives all their leave and flexibility in work hours increases problems in ensuring there are enough staff to cover basic service provision.

Compounding the problem of reduced staff numbers is any level of absenteeism due to sick-leave. This has resulted in increasing attention being paid to staff who takes sick leave over a certain amount of time in any given year. Sick Leave interviews are conducted to investigate the issue further with nursing staff by management. This has been found to be quite intrusive by some employees while one manager states “Well there is some allowance but I mean each case is looked at individually. You cannot legislate for everybody when you are talking about sick leave. I mean you have to be fair and you have to be fair and equitable in my opinion and that is the way we would manage them here”. Research already alluded to in this paper (Smith Major et al. 2002; Torun: 2004). has shown that levels of absenteeism reduced and less illness experienced by employees when there is attention paid to the work-life balance issue for employees. Therefore although staff shortages are a problem the remaining employee’s work-life issues cannot be ignored as a further consequence to these staff shortages.


Qualitative findings have revealed some deeper insights into WLB policies and practices and the impact these have on nurse employees. One manager does express clearly the
viewpoint “I mean the one thing about work/life balance would certainly say that if peoples home life, if things at home are not right that definitely influences the way they work”. Employees depending on their personal circumstances and where they are at in their career will experience work-life balance policies and practices differently and hold different viewpoints on the subject. There is an acknowledgement by both management and staff that security in tenure is important and something staff require. One nurse explains that the fact she is permanent in her job takes a lot of pressure off her in her role as wife and mother. She states “I wouldn’t be in Ireland if I didn’t have some permanency”. She notes that when one is the breadwinner within a family context it places an extra pressure on one. Another nurse noticed feeling a greater sense of balance when her husband secured employment. This sense of security in employment allows individuals to plan their lives more fully into the future and is important for staff members due to financial commitments and/or family responsibilities.

Personal circumstances often take precedence for many over reduced and/or flexibility in working hours or leave entitlements for example parental leave. In order to ensure what employees perceive as security in their post some will even sacrifice availing of certain leaves. Others choose not to avail of them because they cannot receive the time when it will benefit them most for example when children are on holidays during the summer months. Nurse Managers in particular with their extra responsibilities in their work role sometimes find it harder to avail of all their employment rights and can find themselves in the position of a permanent sub for all other staff on their ward in cases of emergency leave either for family or personal reasons. One manager stated a belief that there exists “an extra onus I think is on the manager to kind of resolve every situation”. There is a unique position for every staff member and the impact of work-life balance policies and
practices needs to be understood in a holistic context. What is a good situation for one may not be for another. Therefore the need for flexibility to be built into any work-life balance policy is essential. An awareness that the up-take of work-life balance practices can have negative consequences for other staff members must be understood and acknowledged. Action taken to remedy or alleviate these negative effects will ensure successful implementation of work-life balance policies and will improve usage and outcomes for every staff member in the future.

Implications of Findings So Far and Conclusion

The findings so far are from across the country and although participation levels are low it shows that there is a wide interest in the subject of work-life balance among nurses in all hospital settings in Ireland currently. Many express a sentiment that they are currently happy with their work-life balance while others express the opposite opinion of their personal situation. Although all are in the same profession and work in a similar health care environment it shows that divergence of opinions and situations that can exist for both employees and employers. The work-life balance is extremely individual and personal factors must be taken into consideration in any discussion surrounding this specific topic and when proposing any policy recommendations. Basic data must be collected to give an overall demographic profile of any organisations employees. This will give a general idea as to the possible issues facing some of its employees in their objective to reconcile both their work lives and their lives beyond the workplace. Together with this data and more qualitative in-depth reports of individual experiences, a clearer understanding of the subject and what may solve problems for individuals can and will be achieved.
Bibliography


Table 1 – Statistics: Nurse Figures at 31/12/2011
(Source: Health Service Personnel Census)

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<thead>
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<th>Administrative Area</th>
<th>Number of Hospitals</th>
<th>Number of Nurses</th>
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<td>Dublin North East</td>
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<td>4759</td>
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<tr>
<td>Dublin Mid-Leinster</td>
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<td>6329</td>
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<td>South</td>
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<td>4463</td>
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<tr>
<td>West</td>
<td>13</td>
<td>4345</td>
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Table 2: Source: Conway, G. (2007) “An Exploratory Study into the Level of Job Satisfaction of Nurses and Midwives” MBS in HRM University of Limerick.

<table>
<thead>
<tr>
<th>Grade and Role Description Grade</th>
<th>Role Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Director of Nursing/Midwifery (DoN)</td>
<td>Manager of a hospital/community area</td>
</tr>
<tr>
<td>Assistant Director of Nursing/Midwifery (A/DoN)</td>
<td>Assistant manager of a hospital/community area</td>
</tr>
<tr>
<td>Clinical Nurse/Midwifery Manager 3 (CNM3)</td>
<td>Manager of a group of units/wards within a hospital</td>
</tr>
<tr>
<td>Clinical Nurse/Midwifery Manager 2 (CNM2)</td>
<td>Manager of a unit/ward within a hospital</td>
</tr>
<tr>
<td>Clinical Nurse/Midwifery Specialist (CNS)</td>
<td>Specialist in an area of practice</td>
</tr>
<tr>
<td>Clinical Placement Co-ordinator (CPC)</td>
<td>Guides nursing/midwifery students within a hospital</td>
</tr>
<tr>
<td>Clinical Nurse/Midwifery Manager 1 (CNM1)</td>
<td>Assistant manager of a unit/ward within a hospital</td>
</tr>
<tr>
<td>Senior Staff Nurse/Midwife (SSN)</td>
<td>Nurse/Midwife with more than twelve years experience</td>
</tr>
<tr>
<td>Staff Nurse/Midwife (SN)</td>
<td>Nurse/Midwife with less than twelve years experience</td>
</tr>
</tbody>
</table>

Table 3: Sources of Data Collected

<table>
<thead>
<tr>
<th>Sources of Data Collected</th>
<th>Questionnaires 1 &amp; 2</th>
<th>Interviews (face to face)</th>
<th>Interviews (Telephone)</th>
<th>Information Emails</th>
</tr>
</thead>
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<tr>
<td>Nurses (All Grades)</td>
<td>171 (QEST. 1)</td>
<td>27</td>
<td>1</td>
<td>0.85% of nurses in public hospitals</td>
</tr>
<tr>
<td>HR &amp; Nurse Managers</td>
<td>12 (QEST. 2)</td>
<td>1</td>
<td>1</td>
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<td>Relevant Organisations</td>
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<td>(Irish Association for Nurses in Oncology)</td>
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## Appendix A

**Source: HSE Terms and Conditions of Employment**

<table>
<thead>
<tr>
<th>Category</th>
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<tbody>
<tr>
<td>Flexible working/ Flexi-Time</td>
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<tr>
<td>Maternity Leave</td>
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<td>Adoptive Leave</td>
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<td>Paternity Leave</td>
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<td>Parental Leave</td>
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<tr>
<td>Term-Time Working</td>
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<tr>
<td>Force Majeure Leave (If Yes Please State Reason)</td>
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<tr>
<td>Carer’s Leave</td>
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<td>Special Leave with Pay on Marriage</td>
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<td>Special Leave without Pay</td>
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<tr>
<td>Compassionate Leave</td>
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<tr>
<td>Career Breaks (If Yes Please State Reason)</td>
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<tr>
<td>Special Leave with Nominal Pay</td>
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<td>Leave for Trade Union Reps</td>
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<td>Reserve Defences Force Leave</td>
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<td>Employee Assistance Programme</td>
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<td>Health Promotion Advice</td>
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<td>Study Leave</td>
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<td>Other - Please Specify:</td>
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