<table>
<thead>
<tr>
<th>Title</th>
<th>Bi-Directional work to life conflict: An investigation of work-life balance for nurses in acute public hospital settings in Ireland</th>
</tr>
</thead>
<tbody>
<tr>
<td>Author(s)</td>
<td>Browne, Patricia</td>
</tr>
<tr>
<td>Publication Date</td>
<td>2015-01-26</td>
</tr>
<tr>
<td>Item record</td>
<td><a href="http://hdl.handle.net/10379/4901">http://hdl.handle.net/10379/4901</a></td>
</tr>
</tbody>
</table>

Some rights reserved. For more information, please see the item record link above.
## CONTENTS

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contents Detail</td>
<td>ii</td>
</tr>
<tr>
<td>List of Acronyms</td>
<td>vii</td>
</tr>
<tr>
<td>Declaration</td>
<td>viii</td>
</tr>
<tr>
<td>Acknowledgements</td>
<td>ix</td>
</tr>
<tr>
<td>Abstract</td>
<td>x</td>
</tr>
<tr>
<td>Introduction to Thesis and Thesis Structure</td>
<td>0</td>
</tr>
<tr>
<td>Understanding the Literature and Current Study Context</td>
<td>10</td>
</tr>
<tr>
<td>Work-Life Balance Policies and Practices</td>
<td>58</td>
</tr>
<tr>
<td>Impact of Work-life balance (WLB) Policies and Practices on Outcomes</td>
<td>96</td>
</tr>
<tr>
<td>Research Methodology</td>
<td>111</td>
</tr>
<tr>
<td>The Research Findings</td>
<td>136</td>
</tr>
<tr>
<td>Discussion and Conclusions</td>
<td>188</td>
</tr>
<tr>
<td>Contribution to Knowledge</td>
<td>208</td>
</tr>
<tr>
<td>Implications for Work-life balance (WLB) Research, Policies and Practices</td>
<td>213</td>
</tr>
<tr>
<td>Recommendations for Future Work-life balance (WLB) Research</td>
<td>216</td>
</tr>
<tr>
<td>Limitations of this Work-life balance (WLB) Study</td>
<td>217</td>
</tr>
<tr>
<td>Recommendations for Developing Work-life balance (WLB) Policies and</td>
<td>218</td>
</tr>
<tr>
<td>Practices for Nurses</td>
<td></td>
</tr>
<tr>
<td>Bibliography</td>
<td>220</td>
</tr>
<tr>
<td>Appendices</td>
<td>249</td>
</tr>
</tbody>
</table>
2.4 Gap Between Availability and Usage of WLB Policies ........................................... 73
2.5 Implementing Work-Life Balance Policy .................................................................. 74
  2.5.1 Factors affecting Implementation of Work-Life Balance Policies and Practices ...... 76
  2.5.2 The Role of the Manager in Work-Life Balance Policy Implementation .................. 79
2.6 Supporting Work-Life Balance .............................................................................. 81
  2.6.1 HR Manager, Supervisor, Co-Worker and Family Support ..................................... 84
  2.6.2 Consequences of Support of Work-Life Policies ................................................... 85
2.7 Factors Which Affect Usage of Work-Life Policies ................................................... 88
  2.7.1 Individual Factors ............................................................................................. 88
  2.7.2 Work/Organisational Factors ............................................................................ 89
  2.8 Usage and Satisfaction with Work-Life Policies ....................................................... 92
2.9 Conclusion ............................................................................................................ 94
3: IMPACT OF WLB POLICIES AND PRACTICES ON OUTCOMES ..................... 96
3.1 Introduction ......................................................................................................... 96
3.2 Impact of WLB Policies and Practices on Employees ............................................ 96
  3.2.1 Eliminating Stress And Burnout AmongST Health Professions ............................... 97
3.3 Impact of Work-Life Balance Policies and Practices on Organisations ................... 102
  3.3.1 Reducing Absenteeism, Illness and Turnover ...................................................... 103
  3.3.2 Increasing Commitment & Retention of Nurses ................................................... 107
3.4 Conclusion ......................................................................................................... 109
4 RESEARCH METHODOLOGY ............................................................................... 111
4.1 Introduction ......................................................................................................... 111
4.2 Overview of Theoretical Factors Affecting Research Design ................................. 111
4.3 Philosophical Assumptions of what Constitutes Knowledge .................................... 112
  4.3.1 Philosophical Foundations of the Study ............................................................... 115
4.4 Strategies of Inquiry Underpinning the Study ......................................................... 116
  4.4.1 Quantitative Collection Techniques Employed .................................................. 116
  4.4.2 Qualitative Collection Techniques Employed ..................................................... 119
4.5 Ethical Considerations Within the Study ............................................................... 123
4.6 The Research Design ........................................................................................... 124
  4.6.1 Research Questions Underpinning the Study ...................................................... 125
  4.6.2 Population Sample, Administration and Response Rates/Biases ......................... 127
  4.6.3 Analysis of Quantitative and Qualitative Data ..................................................... 131
4.7 Conclusion ......................................................................................................... 135
5 THE RESEARCH FINDINGS .................................................................................. 136
5.1 Background to Research Findings ......................................................................... 136
  5.1.1 General Research Question .............................................................................. 136
6.5 Findings & Discussion: Impact of Work-Life Balance Policies and Practices (Availability and Usage) on Public Sector Nurses Experiences of Work-Life Conflict (WLC) and Life-Work Conflict (LWC) .................................................. 202

6.5.1 Work-Life Conflict ................................................................. 202

6.5.2 Life-Work Conflict .............................................................. 204

Contribution to Knowledge .......................................................... 208

Recommendations for Future WLB Research ................................ 216

Limitations of this WLB Study ...................................................... 217


Bibliography ............................................................................. 220
Figures
Figure 1: The Separate Spheres Model ................................................................. 29
Figure 2: The Overlapping-Spheres Model .......................................................... 30
Figure 3: The Work-Life Integration Model ......................................................... 31
Figure 4: Worker's Social System (Barnett 1999) .................................................. 32
Figure 5: Content Analysis Coding Framework .................................................. 134
Figure 6: Work-Life Balance Basis of Entitlements Framework ............................ 140

Tables
Table 1: Overview of Significant Work-Life Balance Outcomes: Work-Life Balance at Individual and Organisational Level ................................................................. 12
Table 2: Factors that can contribute to Work-Life Imbalance ................................ 14
Table 3: Work-Life Balance and Associated Term Definitions used in the literature ......................................................... 18
Table 4: Definition of Role Terms by B. Biddle (1986) ........................................... 27
Table 5: List of Leave Arrangements for HSE Employees .......................................... 60
Table 6: List of Current Legislative Acts which support Employees .......................... 62
Table 7: Reasons for Absence from Work in the last 5 years .................................... 106
Table 8: Research Philosophies in Business and Management ............................... 113
Table 9: Scale Items and Cronbach's Coefficient Alpha Scores ............................... 117
Table 10: List of Qualitative Interviewees ............................................................. 121
Table 11: Open-ended Questions employed in Nurses' Questionnaires ..................... 122
Table 12: Response Rates by HSE Region ............................................................ 129
Table 13: Details on Data Collected and From Whom ............................................ 130
Table 14: Questionnaire 1 - Nurses Survey .......................................................... 131
Table 15: Questionnaire 2 - Hospital Management Survey ..................................... 131
Table 16: Summary Chart - Demographic Details of Nursing Respondents .................. 139
Table 17: Reported Availability of Policy Options that facilitate Work-Life Balance by Nurse Respondent .............................................................. 141
Table 18: Work-life Categories and Relevant WLB Policies based on Statutory and Non Statutory Provision ................................................................. 143
Table 19: Qualitative Description and Quantification of Most and Least Beneficial Work-Life Policies and Practices .......................................................... 150
Table 20: Total Scale Results for Supervisory Support ............................................ 151
Table 21: Total Scale Results for Career Consequences .......................................... 152
Table 22: Managements’ Communication Methods of Work-life balance (WLB) Options .............................................................. 153
Table 23: Illustration of Work-Life Balance Policy Usage by Respondents .................. 158
Table 24: Extent of Usage at Individual Level ......................................................... 159
Table 25: Nurses Rating of Work-Life Balance Effectiveness ................................... 160
Table 26: Nurses Satisfaction Rating of WLB ......................................................... 161
Table 27: Nurses Satisfaction Rating of WLB Response Details ............................... 161
Table 28: Total Scale Results for Work-life Conflict (WLC) ..................................... 169
Table 29: Total Scale Results for Life-Work Conflict (LWC) .................................... 170
Table 30: Significant correlations, means, standard deviation and alpha for scales on Work-life Conflict (WLC), Life-Work Conflict (LWC), Supervisor Support and Career Consequences .... 171
Table 31: Correlations between Demographic and Scale Variables .......................... 174
List of Acronyms

WFC – Work-to-Family Conflict
FWC - Family to Work Conflict
WIF – Work Interference with Family
FIW- Family Interference with Work
WIL- Work Interference with Life
WLC- Work-life Conflict
LWC- Life-Work Conflict
ABA – An Bord Altranais
DATH’s – Dublin Academic Teaching Hospitals
DoH&C – Department of Health and Children
HSE – Health Services Executive
IANO – Irish Association for Nurses in Oncology
ICN – International Council of Nurses
INMO – Irish Nurses and Midwives Organisation
REC- Research Ethics Committees
RCSI- Royal College of Surgeons Ireland
SIPTU – Services Industrial Professional & Technical Union
WHO- World Health Organisation
DON – Director of Nursing
ADON – Assistant Director of Nursing
CNM111 – Clinical Nurse/Midwifery Manager Three
CNM11 – Clinical Nurse/Midwifery Manager Two
CNM 1 – Clinical Nurse/Midwifery Manager One
CNS- Clinical Nurse/Midwifery Specialist
SSN- Senior Staff Nurse/Midwife
SN- Staff Nurse/Midwife
RGN- Registered General Nurse
RN- Registered Nurse
HCA- Healthcare Assistant
A&E- Accident and Emergency Department
ED- Emergency Department
ICU- Intensive Care Unit
HRM – Human Resource Management
IR- Industrial Relations
CIPD – Chartered Institute of Personnel and Development
APPM- Action Plan for People Management (DoHC 2002)
SPSS- Statistical Package for the Social Sciences
QCA- Qualitative Content Analysis
Declaration

I declare that this thesis has not been previously submitted as an exercise for a degree at the National University of Ireland Galway or any other university and I further declare that this body of work is my own and all others work referenced.

Signed: ____________________________
    Patricia Browne
Date: ______________________________
Acknowledgements

I wish to express my sincere thanks to all those who supported me both directly and indirectly during my years of this PhD journey. I would like to thank Dr Alma McCarthy and Dr Tony Royle who provided me with the opportunity to pursue this course of academic study and to Alma who was the main supervisor. In addition I would like to thank all those on the Graduate Research Committees at NUI Galway who together provided advice on this long and sometimes very uncertain path. Thanks also to SNAP printing, the Dr Stephens Resource Centre in Athlone, Keen Print Roscommon and Kenny’s Bindery Galway.

I would like to thank most sincerely all those Nurses who either took time from their busy schedules to complete questionnaires or volunteered to sit down and discuss their work and family lives with me directly. I wish to thank all their managers and supervisors who facilitated this research process and hope positive outcomes will result from the research. I want to specifically mention and thank fellow research colleagues at NUI Galway who offered me avenues and contacts during very bleak times through my data collection phase of the research. Thanks to Dr Andras Vag for providing statistical guidance on how to gain the most from the quantitative data collected from participants. I would like to make special mention to those staff based within the HSE and other organisations such as SIPTU who shared with me useful insights and data they collected through their own work and experience of working with Nurses. Sincere thanks to the Irish Nurses and Midwives Organisation who facilitated me in being able to access directly nursing professionals during their annual delegate conference in 2012.

A special word of appreciation is owed to all those who were there for me during this research especially my mother. I hope I managed my time well over the past number of years and made time in my life to keep connected to those who know me.

Finally thanks to all who contributed to informing the research findings in any way. I hope that all the data combined will shine a light on the lives of Nurses, the work they do within healthcare and the sacrifices many make through their daily work. May each healthcare employee remain aware of the important work they partake in and the vital services they facilitate through their dedication to their work each and every day.
Abstract

The overall research question this thesis will address is; How does Work-Life Balance Policy and Practice Affect Nurses Work-Life Balance in Public Hospital Settings in Ireland? In order to do this four sub-research questions have been asked which include what work-life balance (WLB) policies are available, how are they implemented and the factors which affect their implementation. Furthermore the extent work-life balance (WLB) policies are availed of is questioned and the factors influencing this use together with how Nurses rate their current Work-Life Balance?

The final question asks how do Nurses experience Work-Life Conflict (WLC) and Life-Work Conflict (LWC) and what is the association between (a) availability and (b) usage of Work-life balance (WLB) policies and practices on these experiences?

This study’s research methodology includes both qualitative and quantitative methods. Following documentary analysis a survey was designed to collect both qualitative and quantitative types of information and was then distributed. 225 nursing respondents became involved in the study from around Ireland. Fifty separate qualitative interviews were conducted using a semi-structured interview guide.

The key themes of availability, implementation, usage and impact of Work-Life Balance policies and practices during a particular timeframe were investigated to fill particular gaps identified in the literature. Key identification and categorisation of work-life policies and practices statutory and non-statutory/discretionary (formal and informal) were outlined as well as categorising the circumstances work-life balance (WLB) policies assist individuals. This thesis has identified top level findings which illustrate that both statutory and non-statutory work-life balance policy options currently exist. However being able to access all of these is uncertain within a challenging economic context e.g. parental leave or some can be made unavailable during a recruitment moratorium e.g. reducing/increasing hours within the public sector. This is due to budget restrictions and increasing staffing shortages. In this study Nurses overall satisfaction rating with their current work-life balance (WLB) showed 49.3% were satisfied while 39.1% indicated that they were not satisfied with their current Work-Life Balance. Work-Life Conflict (WLC) and Life-Work Conflict (LWC) are shown to be significantly correlated. Work-Life Conflict was also shown
to be significantly correlated to both Length of Time in Current Position and the Number of Hours worked per week. The longer the work hours and the greater the Length of Time in Current Position correlates with greater Work-Life Conflict results. Life-Work Conflict (LWC) had a significant negative correlation with Martial Status with LWC being more prevalent for those married compared to any other stated status (Single, Living with Partner, Separated or Divorced). Career Consequences had a significant negative correlation with Job hours (Full Time, Part-Time, Job Sharing) illustrating those part-time or job sharing perceived more Career Consequences than those on full time hours from the use of Work-Life Balance policies. Other correlation results indicate that increased Work-Life Conflict is statistically related to increased Supervisor Support results and reduced Career Consequences. Supervisor Support has a significant negative correlation to Career Consequences, illustrating the more support, the less negative Career Consequences. Further qualitative findings elaborate and illustrate the personal experiences of Nurses managing their work and non-work lives on an ongoing basis.

This research provides evidence for Nurses employed in the public sector. It illustrates the impact of available work-life balance policies and practices together with information concerning the implementation and usage of such policies and practices on Nurses experience of WLC and LWC. Decreasing Work-Life Conflict and increasing Work-Life Balance contributes to retaining motivated nursing professionals and so is critical towards the goal of achieving quality, affordability and efficiency in the delivery of health services.
Introduction to Thesis and Thesis Structure

Current research in the area of Work-Life Balance suggests that successive generations place greater importance on achieving Work-life balance (WLB) and that evidence to substantiate such a claim can be seen in both attitudes and behaviour. ‘Every now and then go away, have a little relaxation, since to remain constantly at work will cause you to lose power of judgement. Go some distance away because a lack of harmony or proportion is more readily seen’ (Leonardo Da Vinci). Robert K. Johnston and J Walker Smith (2001) use the wise words of the well known renaissance figure to remind us that he too contemplated the issue of finding balance between work and life. Their interpretation on these words explains that ‘without a life, work itself is compromised’ (2001:1). The question could then be asked what constitutes a life for an individual? This varies from individual to individual and from culture to culture and depends on the interactive effects between the individual and its cultural norms. The purpose of this thesis is to clearly identify a particular profession and look specifically at the topic of Work-Life Balance for this group in relation to human resource management policies and practices within a particular country and context. This thesis sets out a clear line of investigation in order to identify work-life balance policies and practices and the extent to which they impact Nurse Employees within public sector hospitals. Nurses were chosen as they are the largest employee group working in hospitals and form a female dominated workforce. The public sector was chosen due to it currently being the biggest employer and provider of healthcare in Ireland. The public sector is the main source of health funding in nearly all OECD countries (OECD Health Statistics, 2014). Theoretically Work-Life Balance and all closely associated terms have been reviewed and analysed together with research surrounding availability, implementation, usage and impact of Work-Life Balance (WLB) policies and practices. From this analysis a succinct portrayal of the Work-Life Balance theoretical and empirical landscapes is illustrated. Furthermore the possible implications of this concept on employees’ have been developed from both an individual perspective and organisational viewpoint.
It is appropriate to state at the outset that the World Health Organisation announced in 2006 a Health Workforce Decade and that this decade would include the years 2006 to 2015 (Turner 2009). Recognition on the world research stage of the important work that professionals in healthcare do is timely. Planned, fair and well developed management policies and practices of professionals within health systems are essential. Moss (2012) acknowledges in a review of leave policies that thirty-five ongoing research projects from nineteen countries are reported on leave policies and related work-life issues, ranging from cross national studies to studies undertaken for doctoral theses.

This thesis will focus on Work-Life Balance for nursing employees working in hospitals drawing on national and international literature. The research will seek to investigate to what extent work-life policies and practices are made available to this group, how they are implemented in a fair and impartial way as well as encouraging their use where needed. It will also seek to analyse the impact of these particular policies and practices on specific employee outcomes already identified as being important in the area of work-life within the literature. It will bring together existing research with current research findings and discusses both. It will develop a line of discussion for future policy makers and outline priorities for practitioners as well as researchers in the field.

**Research Aims and Objectives**

- The research aims and objectives for this study are to illustrate the meaning of Work-Life Balance and from this understanding to illuminate the human resource management policies and practices that specifically facilitate staff in gaining a Work-Life Balance. This will allow an assessment of the availability of such policies and practices to nursing staff.
- The research will aim to further investigate how Work-Life Balance policies and practices are implemented and illustrate the main factors that affect implementation.
Thirdly the research aims to assess levels of uptake of Work-Life Balance policies amongst respondents and to outline Nurses’ satisfaction of their Work-Life Balance.

The final objective is to investigate the impact of current Work-life balance (WLB) policies and practices through exploring Nurses’ experiences of Work-life conflict (WLC) and Life-Work Conflict (LWC) while working within a public sector hospital setting.

**Research Questions**

- What Work-Life Balance policies and practices are available to Nurses?
- (a) How are Work-Life Balance options implemented?: and (b) what factors affect the implementation of Work-Life Balance policies and practices for Nurses in hospitals?
- To what extent are Work-life balance (WLB) policies availed of by Nurses?: and (b) What factors influence the extent to which Work-Life Balance policies are availed of by Nurses?: and (c) how do Nurses rate their current Work-Life Balance?
- How do Nurses experience Work-life Conflict (WLC) and Life-Work Conflict (LWC)? And (b) is there an association between (a) availability and (b) usage of Work-life balance (WLB) policies and practices on these experiences?
Changes in work systems post the industrial revolution have 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-life integration has become a central issue for twenty-first century societies (Lewis et al., 2003). Beauregard (2011) represents the work home interface using 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. 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). Can better HRM policies in the arena of work-life policies improve public sector worker’s experiences of employment? The current thesis will shed light on work-life balance policies and practices, their availability, implementation, usage and impact on nursing employees Work-life and Life-Work Conflict experiences. Why Nurses in particular for this study? They are the largest body of professionals working to deliver healthcare worldwide and Skinner et al. (2011) further highlight that nursing and midwifery are considered priority professions in which there are and will continue to be workforce shortages. Yildirim & Aycan (2008) further highlight that little research on Work-life balance (WLB) exists for this professional group and the fact that it still remains a female dominated group makes the implications of such research, important for both theory and practice. Work-Life Balance, as a policy objective if attained can entice entrants to the profession while also retaining them and reduce other organisational problems such as absenteeism.

Work-Life Balance is a concept and term often used yet seldom fully understood. Fine-Davies et al. (2002) set out to present a strong argument as to the importance of Work-Life Balance policies within the workplace. The results of ignoring this critical issue often can result in increased absenteeism, increased presenteeism (being
present but psychologically unavailable), greater turnover and accidents and a
general loss of productivity and wasted human potential. Fine-Davies et al. (2002)
substantiate these arguments with research from a wide range of authors who
researched the area during the 90’s including Lewis and Cooper (1995), Geoff et al.,
(1992), Cooper and Williams (1994), Hall and Parker (1993), Grover and Crooker
(1995), Ganster and Schaubroeck (1991) and Wagner and Neal (1994). Each of these
factors which can result from neglecting policies associated with Work-Life Balance
issues for employees have serious implications for health service delivery, employees’ delivering health services and ultimately effective patient care.

Work-life Balance policies and practices are critical in the case of health service
delivery due to its intensive human capital dependency, emotional labour and the
24/7 nature of the work. Nurses and midwives comprise the largest professional
group in most national health systems (Turner et al. 2009). 34% of all staff employed
by the HSE are in the nursing category at the end of December 2008 as is set out in
al. (2011) clearly state healthcare organisations have been struggling with a drastic
shortage in skilled healthcare professionals (Auerbach et al. 2007; Brush et al. 2004;
Buerhaus et al. 2003; Hayhurst et al. 2005) and that this has been coupled with an
extremely high level of employee stress and burnout (Chang et al. 2005; Laschinger
and Leiter 2006; McVicar 2003; Vahey et al. 2004). Work-Life balance policies can
often involve personnel leaving the workforce for a length of time or incorporate
flexibility in work hours. Work-life balance policies and practices can be
implemented and supported better with adequate staffing. Where shortages exists the
importance of managing work-life balance of employees’ becomes all the more vital
to ensure sustainable service provision for the future. The need for ongoing research
in this area is necessary to ensure relevant policies can be devised and implemented
in a way that meets the needs of employees’ while ensuring no disruption to services
occurs.

Stress and burnout are two factors that will increase absenteeism and turnover
amongst Nurses and lead to increased problems in providing adequate health
services and patient care (Kirkcaldy et al. 2000; Hobson et al. 2001; Hammig et al.
2012). Burnout is seen as an indication that employees are no longer able to
adequately manage their emotions when interacting with clients according to research by Zapf (2002). Work-Life Balance policies and practices can reduce the damaging effects of both stress and burnout on nursing employees. Human Resource Management Policies which promote and result in Work-Life Balance are core to ensuring employee well-being and job satisfaction (Osterman, 1995, Lambert 2000, Grant-Vallone & Donaldson, 2001, Gregory & Milner 2009, Kinnunen et al. 2010). Work-family conflicts have been shown to result in job dissatisfaction, depression, absenteeism and an overall loss of health and sense of well-being (Thomas & Ganster, 1995; Poelmans and Sahibzada, 2004, Lapierre & Allen, 2006, Beauregard & Lesley (2009).

Research also indicates that at times, work and family lives actually enrich each other (Greenhaus and Parasuraman 1999, Greenhaus & Powell, 2006, Voydanoff, 2002 & 2004, Innstrand et al., 2008, Grady et al., 2008, Emslie & Hunt, 2009). The more fulfilled employees are within their own lives both professionally and personally, the result will be more productive employees’ and happier people. Jacobs and Gerson (2001) remind us that excessive time at work can result in undermining personal and family welfare while not enough time can weaken a family’s economic security and subsequently reduce a family’s standard of living. There is a balance to be achieved in relation to this aspect as well and individual employees will have varying economic needs and commitments. These factors will play a crucial role in the choices that employees will take either voluntarily or involuntarily with regards to how they manage their work and non-work lives.

The importance of looking at work-life balance policies and practices from a holistic perspective is vital to a full understanding of what the term and its derivatives actually mean and equally importantly what these can mean for employees and their organisations. McCarthy and Darcy (2007) call for a more holistic approach to this area and to view work-life issues for employees over their entire working lives and not just “specific snapshots” of their lives where maybe childcare issues predominate. Avgar et al. (2011) illustrate the following as the main work-life options available to employees explaining that the dominant ones include practices linked with Work-life balance (WLB) are family leave, flexible work time, childcare support (such as subsidies or on-site childcare), compressed working weeks,
telecommuting and job sharing. This study will seek to answer what Work-life balance (WLB) policies and practices are available to Nurse Employees? Avgar et al. (2011) believe that a shift has come about in why organisations are introducing such options for their employees changing from an original aim to facilitate working parents to a more strategic aim now to reduce overall stress, burnout and turnover and to improve all their employees’ performances.

Regardless of why organisations introduce work-life policies and practices there is a clear need for further research in this area especially with regards to healthcare professionals specifically for Nurses who form the focus for this study. The need to comprehensively understand and illustrate what exactly is available to nursing employees, the levels of uptake and factors affecting uptake need investigating. Research on how these policies are implemented and an understanding of the factors affecting implementation is required together with increased knowledge on outcomes of Work-Life Balance initiatives for employees and their organisations. New research on each of these areas will further inform policy makers and decision makers of the complex nature of work-life issues. It will further highlight the crucial impact which work-life policies have on employees and subsequently the smooth operation of organisations and in the case of healthcare organisations continuous safe, effective and reliable patient care.
Research Gaps and Contribution of the Current Study

Research in the area of Work-Life Balance has been widespread in a diverse range of disciplines from within business and psychology to social and family studies. However Avgar et al. (2011) who focus on Work-Life Balance from a multi-stakeholder perspective within hospitals state that in the healthcare setting research on the effects of Work-life balance (WLB) practices is still under-developed. Therefore a need exists for continued research on Work-life balance (WLB) for employees’ within a healthcare context. This study will focus on Nurses’ Work-life balance (WLB) within the hospital setting.


This study will add to the above to focus specifically on a number of dimensions (availability, implementation, usage, impact) of Work-Life Balance where gaps have been identified as will now be illustrated. Anderson et al. (2002) suggest a need to look more closely at informal workplace practices and call for research to investigate formal and informal practices simultaneously. The quest to find out if informal practices can support and enhance formal policies and practices is necessary in the ongoing development of how workplace policies can best meet the needs of their employees in balancing their work and non-work lives. This current study will investigate what work-life policy options are available to Nurses both statutory and non-statutory. Formal and informal options will be further identified and explored in order to address the gap.
Harris et al. (2009) explains that within health services the implementation of flexible working has caused strain and may be resulting in an inflexible workforce. He states clearly that there is a need to carefully examine the implementation of work-life policies in nursing. Researchers such as Kraut (1990) Nord et al. (2002) and Poelmans & Sahibzada (2004) further draw attention to the fact that very little research has been conducted on the actual implementation of work-family policies. This study will ask how work-life policies are actually implemented and identify the main factors affecting implementation together with looking at the role of management in the implementation of work-life policy options.

Work-life policies if implemented correctly will ensure that the gap between availability and usage both perceived and real is lessened to a large extent. Frye and Breaugh (2004) call for personal domain variables not to be neglected in favour of work domain variables as has been done in earlier research. The detailed inclusion of demographic variables in research is also considered to be important by authors such as Tompson and Werner (1997). Shankar & Bhatnagar (2010) explain that limited research exists around single individuals and those without caring responsibilities. They call for research which looks at Work-Life Balance for working individuals at large. Thompson, Beauvais & Lyness (1999) explain that it would be useful to look at benefit utilisation and long term Career Consequences. Flexible work arrangements and job sharing are believed to reduce work-family conflict yet Letvak (2001) states ‘this has yet to be proven through systematic research’. Hill et al. (2001) call for further research on flex time for different occupational groups and suggest the use of non-survey methodologies such as interviews to be used in the conducting of this research. This study will seek to assess the levels of work-life policy options usage of all Nurses’ not just those with caring responsibilities and the impact of usage through rating Nurses’ satisfaction with their current Work-Life Balance incorporating both questionnaires and interviews into the research methodology.

Ryan & Kossek (2008) emphasize however that we need to go further than monitoring the mere existence of work-life policies to evaluating how these polices impact employees in the work setting. Kelly et al. (2008) call for more multi-level, interdisciplinary approaches to work-life research evaluating inputs and outcomes at
both individual and organisational levels and state the need for “scholars to pursue more rigorous studies of work-family initiatives and their consequences” (Kelly et al. 2008:21). This study will mainly focus on the individual and experiences of WLC and LWC in conjunction with explaining the impact of current work-life balance policies and practices. It can be argued that individual outcomes alone can significantly impact organisational outcomes for example absenteeism. Further literature suggests a necessity to conduct multi-level research that is inclusive of three layers of context which shape outcomes. These layers include; personal context such as gender, 2) the work environment context such as the nature of the work and the location, levels of supervisor support and experiences of fairness, and 3) the national context (Ollier-Malaterre, 2010). This study will seek both male and female perspectives and will remain cognisant of the work context and how it facilitates or limits Nurses’ experience of Work-life balance (WLB). It will further examine external and internal cultural and economic factors influencing employees’ experiences of WLC and LWC. This study will specifically ask nurse employees both in management and non-management positions to explain the impact of work-life balance policy options on their experiences of Work-life conflict (WLC) and Life-Work Conflict (LWC).

In summary this study will contribute new knowledge to this field of research by asking what work-life policies and practices are available, how are work-life policies being implemented, identify the factors that affect implementation. It will further assess levels of usage by Nurses’ of Work-life balance (WLB) options and self-ratings of current satisfaction levels of Work-Life Balance will be explored. Finally it seeks to explain the impact of Work-life balance (WLB) policies and practices on Nurses’ experiences of Work-Life conflict and Life-Work Conflict within the public hospital setting within Ireland.
1 Understanding the Literature and Current Study Context

This chapter will address the importance of Work-Life Balance issues and outline significant work-life outcomes at both individual and organisational levels. It will discuss the concept as a whole and how it has evolved. From this discussion the chapter will proceed to further critique the concept and its associated terms. It will proceed to look at the case of public sector healthcare employees and Work-Life Balance for this sector. It will further outline the theoretical perspectives and work-life models informing the research together with a detailed discussion of conflict and enrichment work-life theory. The chapter will close with a section on how Work-Life Balance has been defined in the literature to date.

1.1 The Importance of Work-Life Balance Issues

The literature on Work-Life Balance has evolved and expanded from focusing on just work-family issues and how these affect working women with families to a wider discussion and analysis on Work-Life Balance concerns for both men and women with or without spouses and children. A brief look at work, family, policy and gender in the USA from the 1930’s to the present day highlights the evolving nature of work-life issues and responses (Moen, 2011). The dramatic change from focusing on homemakers’ isolation in the 1930’s to time pressure experiences in the twenty first century is just one example of this dramatic shift in work-life discourses. Kinman & McDowall (2009) illuminate that during a global recession Work-Life Balance policies may not be seen as a priority for organisations now but propose that the need for systematic research in this area has never being greater. These authors draw on work by Duxbury (2009) explaining that a down-grading of Work-Life Balance supports could result in serious human and organisational costs (Kinman & McDowall, 2009). It has further been acknowledged by these authors that Work-Life Balance issues differ by occupational context. Different occupations will have different gender compositions, unique challenges in unique contexts which can be often very vulnerable to external forces such as changing economic climates especially within public sector contexts.

Why are policies concerning Work-Life Balance and their impact on Nurses lives in general an important aspect to look at in health service delivery? It is critical because
it has been shown in the literature that the quality of Nurses’ practice environments and overall job satisfaction also has a direct link to patient care and outcomes (Kramer & Schmalenberg, 2004, Lowe, 2005 & 2006; Young- An, 2011). Factors such as stress, poor job, family and life satisfaction can have hugely negative effects on recruiting and retaining a highly qualified, motivated nursing workforce. Young – An (2011) explain that quality of work-life is seen increasingly as an influencing factor for organisational effectiveness. Quality of work-life for Nurses is seen as essential in achieving desired patient outcomes. A study of Korean Nurses found quality of work-life was the strongest predictor of organisational effectiveness and that organisation culture, quality of work-life and organisational effectiveness were the final variables found to influence patient centred care. Furthermore factors which directly impact on QWL (Quality of Work-Life) include low levels of work stress, positive relations with supervisors, few role conflicts, suitable job performance feedback, possibilities for advancement and fair and equitable pay levels (Knox & Irving, 1997, Vagharseyedin & Mohammadi, 2011). These factors which directly impinge on Nurses quality of work-life in addition can be argued to affect Nurses’ Work-Life Balance either positively or negatively. The importance of work-life policies and practices cannot be over emphasized as critical to improving Nurse Employees overall quality of both their work-life and lives in general and therefore can contribute substantially to the delivery of effective patient care and health services in general. Therefore an assessment of what types of work-life policies and practices are available and can be availed of by Nurses is an important first step in researching Work-Life Balance in this study.

Table 1 outlines a number of significant Work-Life Balance outcomes both positive and negative and distinguishes between individual and organisational levels. Lyness, K. and Judiesch, M. (2014) emphasize that work–Life Balance has significant implications for personal well-being and work-related outcomes. This research study will focus on the outcomes of Work-Life Conflict (WLC) and Life-Work Conflict (LWC) at an individual level. It is critical to state that conflict is not the only outcome of work-life interaction and so we must acknowledge and outline the positive benefits of work-life such as fit, enrichment and facilitation too. Work-Life Policies and Practice availability, implementation and usage will dictate to an extent the levels of positive and negative experiences both individuals and organisations
experience in the evolving challenge of integrating work and life. This research study will seek to illustrate the effect of Work-life balance (WLB) policies and practices on the Work-Life Balance of nursing employees’ through the answering of the four main research questions.

Table 1: Overview of Significant Work-Life Balance Outcomes: Work-Life Balance at Individual and Organisational Level

<table>
<thead>
<tr>
<th>Individual Level Positive Outcomes</th>
<th>Individual Level Negative Outcomes</th>
<th>Organisational Level Positive Outcomes</th>
<th>Organisational Level Negative Outcomes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Work-Life/Family &amp; vice versa</td>
<td>Work-Life/Family &amp; vice versa</td>
<td>Increased Retention</td>
<td>Lower Retention</td>
</tr>
<tr>
<td>Enhancement</td>
<td>Conflict</td>
<td>Increased Commitment</td>
<td>Reduced employee commitment and/or</td>
</tr>
<tr>
<td>Enrichment</td>
<td>Interference</td>
<td>Increased Attachment</td>
<td>engagement</td>
</tr>
<tr>
<td>Fit</td>
<td>Spill over</td>
<td>Increased Effectiveness/Efficiency</td>
<td>Lower employee</td>
</tr>
<tr>
<td>Facilitation</td>
<td>Imbalance</td>
<td>Greater Organisational Justice</td>
<td>Performance/Productivity</td>
</tr>
<tr>
<td>Balance</td>
<td>Decreased Job satisfaction</td>
<td>Greater Employee Engagement</td>
<td>Higher Absenteeism</td>
</tr>
<tr>
<td>Integration</td>
<td>Decreased Life Satisfaction</td>
<td>Decreased Absenteeism</td>
<td>Greater Turnover</td>
</tr>
<tr>
<td>Increased Job satisfaction</td>
<td>Increased work-life Conflict and vice versa</td>
<td>Decreased Turnover Intent &amp; Turnover</td>
<td>Lower employee job and life satisfaction</td>
</tr>
<tr>
<td>Increased Life Satisfaction</td>
<td></td>
<td></td>
<td>Greater Turnover</td>
</tr>
<tr>
<td>Decreased work-life Conflict and vice versa</td>
<td></td>
<td></td>
<td>Lower employee job and life satisfaction</td>
</tr>
</tbody>
</table>

Table 1 illustrates the breadth of terms used throughout the work-life literature and illustrates possible outcomes both from an organisational and an individual perspective (Please refer to Appendix 27 for sources). It distinguishes between a range of positive and negative outcomes. Work-Life balance policies and practices are introduced for a variety of reasons by employers for example the need to attract
and retain valuable employees and ensure they can function at an optimum level both in their public work sphere and in their private life sphere concurrently. This is especially important for Nurse Employees within hospital organisations who play a significant role in delivering healthcare in hospitals. The fact that it is a female dominated profession further increases the need for clear established work-life policy options to be made available to those who need it at an appropriate time.

1.2 Development of Work-Life Balance

The development and increasing attention being given to Work-Life Balance is evident from the extent of literature on the topic. One author explains that the difficulties associated with Work-Life Balance is increasing in priority for many employees and employers (Torun, 2004). 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.

Another impetus for research in this field is increasing globalisation and more diverse employee cultures in the workplace. Johnson (2004) states that for employees, employers should facilitate employees’ lifestyle into their work style in order to increase not just engagement, but respect, as it highlights that the employer cares about the one thing that’s most important to their employees’- their lives. Most employees would agree that they work to live rather than live to work and this impacts on how they both live and work and how they prioritise different aspects of their lives. Employers seek the best they can from their employees however they must acknowledge and understand that employees work obligations will compete with their employee’s non-work obligations on an ongoing basis. When work-life conflict occurs due to incompatible lifestyle and work-life needs, Johnson (2004) explains that if the employee is valued by the employer most situations can be resolved. If and when employees experience stress and Imbalance in their lives the symptoms as identified by Klopping (2011) include poorer quality of work, greater employee sickness, greater frequency in customer/client complaints and increasing consumption of nicotine and alcohol. Cullen & Farrelly (2005) outline factors that can contribute to work-life Imbalance as set out in the table 2 below. One could
argue that some of these factors could lead to Work-Life Balance as easily as work-life Imbalance for example Government Policy, Work-life balance (WLB) Policies and Practices and Personal Development.

Table 2: Factors that can contribute to Work-Life Imbalance
(Source: Cullen & Farrelly, 2005:72)

<table>
<thead>
<tr>
<th>Environmental Factors</th>
<th>Work Factors</th>
<th>Non-Work Factors</th>
</tr>
</thead>
<tbody>
<tr>
<td>Economic Climate</td>
<td>Downsizing</td>
<td>Additional Financial Commitments</td>
</tr>
<tr>
<td>Transport Infrastructure</td>
<td>Workload</td>
<td>Personal Interests</td>
</tr>
<tr>
<td>Changes In Industry/Sector</td>
<td>Organisational Culture</td>
<td>Children</td>
</tr>
<tr>
<td>Government Policy</td>
<td>Occupational Change</td>
<td>Medical Concerns</td>
</tr>
<tr>
<td>Legal Framework</td>
<td>Work Location</td>
<td>Eldercare</td>
</tr>
<tr>
<td>Globalisation</td>
<td>Staff Turnover</td>
<td>Personal Development</td>
</tr>
<tr>
<td>National Culture</td>
<td>Work-life balance (WLB) policies &amp; practices</td>
<td>Quality of Life</td>
</tr>
<tr>
<td>Changing Social Trends</td>
<td>Promotional Opportunities</td>
<td>Changes in personal/family supports</td>
</tr>
</tbody>
</table>

In understanding Work-Life Balance we must understand what leads to Imbalance in our lives. An analysis of the above table will help in understanding that as individuals we have little or no control over environmental factors for example climate, government policy or the cultural and legal boundaries we live within. Work factors too, often fall beyond an individual’s control once the individual chooses a particular profession and organisation. The final set of factors defined as non-work factors is where individuals hold the greatest ability to gain control of their lives and to make choices which will lead to balance rather than Imbalance. Work-life balance policies and practices require a focus on these areas so as to develop practicable Work-life balance (WLB) policies that will enable positive change.

Shankar & Bhatnagar (2010) elaborate on the need to conceptualise Work-Life Balance as being more than just individuals being torn between work and family demands. They further acknowledge that individuals will need to pursue their own desires and satisfy their needs within a broader understanding of individuals as entities beyond both the work and life spheres (Shankar & Bhatnagar, 2010). Sturges
(2012) found that all of the young professionals interviewed stated that achieving a Work-Life Balance was important to them. She uses previous research to explain that in achieving this goal individuals crafted their own Work-Life Balance using either physical (time at work and location of work), relational (management of work and non-work relationships explaining to bosses or significant others about their work and limitations) or cognitive (defining how they view and enact Work-Life Balance) techniques to do so. These techniques were seen as necessary in order to supplement formal work-life policies. Both environmental and work factors will influence the decisions employees make but it is important that individuals make choices in their non-work domains which will meet their own individual needs and promote their own Work-Life Balance.

Torun defines Work-Life Balance as the establishment of a successful balance between both working obligations and personal commitments (Torun, 2004). The proportioning out of time for individuals is an important consideration. The need to give adequate time in order to complete work and the need to ensure time for one self is vital for sustainable Work-Life Balance. Thompson and Bunderson (2001) use another metaphor they call the ‘container metaphor’ in order to explain the nature of activities which occupy our time, including their level of significance (2001). They propose a need to look beyond time to focus on the quality of how we spend that time. Torun (2004) goes on to illuminate 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. Rantanen et al. (2013) find research support for deciding that work-family balance is not a single state but can be viewed as combinations of work-family conflict, family-work conflict, work-family enrichment and family-work enrichment. If quality time is applied to achieving our goals in life be that in both the work and non-work domain greater satisfaction and less conflict should arise.

Thompson and Bunderson (2001) remind us that despite what perspective we choose (scholarly or practitioner), discussions surrounding the relationship between work and non-work-life often involves the importance of time allocation. Johnson (2004) state that time is viewed as a very valuable commodity. It is acknowledged that
'time’ is a finite resource and Thompson and Bunderson (2001) explain that a balance metaphor is useful in that time is a fixed resource that must be divided amongst domains that desperately require it such as work and life. Work organisations compete with non-work domains, such as family, friends and leisure for the employee’s finite time resources. Indeed Glass & Camarigg (1992) cite that family and the workplace have frequently been characterised as “greedy institutions” (Coser 1974) because of the commitment of time and energy that each demands during the peak years of family formation and career mobility (1992:131). An understanding of what Work-Life Balance means for individual employees is important for Human Resource Departments and HR Managers so their policies are relevant and their practices are meeting the needs and fulfilling the expectations of their respective employees. Doble & Caron Santha (2008) put forward the idea that individuals experience balance when they are able to consistently meet their occupational needs and that each individual must determine when they experience a sense of balance. The authors propose that individuals health and well-being will be enhanced when individuals are engaged in meaningful occupations either paid or non-paid. Therefore individuals must accept some degree of personal responsibility in their quest to achieving an adequate Work-Life Balance for themselves.

Pentland & McColl (2008) give the example of a professor of philosophy standing before his class and wordlessly picking up a large empty jar and filling it with rocks about two inches in diameter. He proceeded to ask his students if the jar was full and they agreed that it was full. The professor then proceeded to pick up a box of pebbles and pour them into the jar. He then shook the jar lightly and the pebbles rolled into the open areas between the rocks. The professor again asked his students if the jar was full. They laughed and agreed that it was indeed full this time. The professor then began pouring sand into the jar. The sand filled the remaining open areas of the jar. He then explained that the jar signifies your life. The rocks are the really significant parts of life, such as family, health, and relationships. The pebbles are the other parts that matter in your life, such as work or school. The sand signifies the remaining “small stuff” and material possessions. He elaborated further that if they were to put sand into the jar first, there would be little space for the rocks or the pebbles. Similarly, he explained if all of one’s time and energy is spent on the small stuff, there will be little room for the things that are truly important. “Take care of
the rocks first – things that really matter. Set your priorities. The rest is just pebbles and sand” (Anonymous, 2007). There is an argument to be made however that sometimes what is considered as insignificant in the story above can be very significant as it can have an impact on the bigger more important factors in life. A balance in developing one’s life needs to be supported both by the person themselves and also by those individuals around them.

In developing the story above of filling the jar it can help us to understand how we can gain balance in our lives. We must remember that what is going on outside of the jar (or beyond our own lives) will further impact directly the jar (or our own lives). Choices that individuals make can either ensure they remain true to themselves and their life goals or else are heavily influenced by decisions others make. Poor or inadequate Work-Life Balance is problematic for those who do not get their priorities correct or who have insufficient support either in the work place or beyond to facilitate such a balance. The consequences of inadequate employee Work-Life Balance can result in negative personal, organisational and community consequences.

Clutterbuck (2003) outlines that people who wish to be fulfilled need to allocate time and consideration to the following:

1. Themselves (‘me-time’) – recharging their batteries, taking care of their own physical and emotional needs.
2. Close others- family, close friends and other people with whom they have strong emotional ties.
3. Paid employment – as the means to finance the fulfilment of various needs.
4. Distant others –for example, involvement in voluntary activities for the larger community (Clutterbuck, 2003:9).

This section seeks out the various ways Work-Life Balance can be understood. It shows how the concept has evolved through various developments for example technological advances. It further seeks to understand what the concept as a whole means and what it should mean for individuals. It further illustrates what factors limit individuals control over their Work-Life Balance and how Work-Life Balance can be attained.
1.2.1 Defining Work-Life Balance

Table 4 below illustrates a number of definitions extracted from the current Work-Life Balance literature. These definitions explain the terms: WLB Work-Family Balance, Work- interference with life (WIL), Work-non-Work conflict, Work-family conflict, Work-family fit, Work-family facilitation, Work-family enrichment, Work-family role enhancement, Work-family culture, Work-life policies, Work-life practices, Work-Life Balance Programmes, Work-life balance support (WLB support) and Organisational family support.

Table 3: Work-Life Balance and Associated Term Definitions used in the Literature

<table>
<thead>
<tr>
<th>Term</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>Work-life balance (WLB)</td>
<td>Work-life balance (WLB) refers to a range of flexible working arrangements that go beyond employees’ statutory leave entitlements. WLB assists employees to combine employment with their family life, caring responsibilities and with personal life outside the workplace (The National Framework Committee for Work-Life Balance Policies, 2010).</td>
</tr>
<tr>
<td>Work-Life Balance</td>
<td>Work-Life Balance, from an employee perspective, is the maintenance of a balance between responsibilities at work and at home (De Cieri et al., 2005:91).</td>
</tr>
<tr>
<td>Work-life balance</td>
<td>Work-life balance is about people having a measure of control over when, where and how they work. It is achieved when an individual’s right to a fulfilled life inside and outside paid work is accepted and respected as the norm, to the mutual benefit of the individual, business and society...(Employers for Work-Life Balance 2006) (Fleetwood, 2007: 351).</td>
</tr>
<tr>
<td>Balance</td>
<td>Balance was defined as satisfaction and good functioning at work and at home with a minimum of role conflict (Clark, 2001:362).</td>
</tr>
<tr>
<td>Balance</td>
<td>Balance has been defined in terms of the time spent in self-care, work/productivity, play/leisure occupations. (Doble &amp; Caron Santha 2008:185).</td>
</tr>
<tr>
<td>Torun</td>
<td>Torun defines “Work-Life Balance as establishing a successful balance between working obligations and personal commitments” (Torun, 2004:1).</td>
</tr>
<tr>
<td>Shankar</td>
<td>“Work-Life Balance should not only mean a balance between work and family but between work and the rest of life activities” (Shankar &amp;</td>
</tr>
<tr>
<td>Term</td>
<td>Definition</td>
</tr>
<tr>
<td>------------------------------</td>
<td>---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Work-Family Balance</td>
<td>Greenhaus and Allen developed a more comprehensive conceptualisation of work–family balance that incorporated key elements from these prior perspectives, such as involvement in multiple roles, and also extended these ideas by acknowledging the importance of individual values and the dynamic nature of the construct; thus, they proposed that work–family balance should be defined “as an overall appraisal of the extent to which individuals’ effectiveness and satisfaction in work and family roles are consistent with their life values at a given point in time” (p. 174). Lyness, K. and Judiesch, M. (2014:100).</td>
</tr>
<tr>
<td>Work-interference with life</td>
<td>“We define work interference with life (WIL) as difficulty participating in non-work domains by virtue of participating in the work domain” (Keeney et al. 2013).</td>
</tr>
<tr>
<td>Work-non-Work conflict</td>
<td>We define work-non-work conflict as a perception that there is a general tension between one’s work-life and non-work-life (Thompson &amp; Bunderson 2001:25).</td>
</tr>
<tr>
<td>Work-family conflict</td>
<td>Work-family conflict is defined as “a form of inter-role conflict in which the role pressures from the work and family domains are incompatible in some respect. That is participation in the work (family) role is made more difficult by virtue of participation in the family (work) role” (Greenhaus and Beutell, 1985:77; Kossek &amp; Ozeki, 1998:139).</td>
</tr>
<tr>
<td>Work-family fit</td>
<td>Work-family fit is not the absence of work-family conflict but implies a positive correspondence between work and family (Voydanoff, 2002:148).</td>
</tr>
<tr>
<td>Work-family Facilitation</td>
<td>Work-family Facilitation – the extent to which an individual’s engagement in one life domain (i.e., work/family) provides gains (i.e., developmental, affective, capital, or efficiency) which contribute to enhanced functioning of another life domain (i.e., family/work) (Wayne et al., 2007:64). Work-family facilitation, which Voydanoff (2004b) defined as a form of synergy in which resources associated with one role enhance or make easier participation in the other role” (p.399) is a form of positive spillover (Seery et al., 2008:463).</td>
</tr>
<tr>
<td>Work-family enrichment</td>
<td>We define work-family enrichment as the extent to which experiences in one role improve the quality of life in the other role (Greenhaus &amp; Bhatnagar, 2010).</td>
</tr>
<tr>
<td>Term</td>
<td>Definition</td>
</tr>
<tr>
<td>-------------------------------------------</td>
<td>----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Work-family role enhancement</td>
<td>Work-family role enhancement moves beyond work-family role balance by reflecting the extent to which aspects of the work or family role provide resources that facilitate the performance of the other role (Voydanoff, 2002:149).</td>
</tr>
<tr>
<td>Work-family culture</td>
<td>Thompson et al defined work-family culture as, “the shared assumptions, beliefs and values regarding to which an organisation supports and values the integration of employees’ work and family lives” (Thompson et al. 1999:349).</td>
</tr>
<tr>
<td>Work-life policies</td>
<td>Work-life policies include any organisational programs or officially sanctioned practices designed to assist employees with the integration of paid work with other important life roles such as family, education, or leisure (Ryan and Kossek, 2008:295).</td>
</tr>
<tr>
<td>Work-life practices</td>
<td>We followed a commonly used method of classifying work-life practices into formal policies and informal policies. The first refer to the organisation’s institutionalised policies aimed at integrating multiple life roles (such as providing flexible work arrangements). The latter refer to informal practices that support employees in achieving Work-Life Balance, including emotional (Brummelhuis &amp; Van Der Lippe 2010:175).</td>
</tr>
<tr>
<td>Work-life balance programmes</td>
<td>WLB programmes are one set of HRM practices that are formally designed at the organisational level, usually by HR managers, and implemented and managed with the input of supervisors at the employee level (McConville and Holden 1999; Allen 2001; Purcell and Hutchinson 2007; Parris, Vickers and Wilkes 2008; Ryan and Kossek 2008) (McCarthy et al. 2013).</td>
</tr>
<tr>
<td>Work-life balance support (WLB support)</td>
<td>support from the direct supervisor (supervisor support) and from the organisation in general (family-responsive organisational culture) (Anderson et al., 2002; Lapiere &amp; Allen, 2006; Ryan &amp; Kossek, 2008). Together, we refer to these policies as Work-Life Balance support (WLB support). (Brummelhuis &amp; Van Der Lippe 2010:175).</td>
</tr>
<tr>
<td>Organisational family support</td>
<td>we use the term work–Life Balance support (WLB support), referring to both the presence of work–life policies in organisations and access and utilisation of policies. By focusing on WLB support rather than work–family support we emphasize that private life encompasses more than the family role alone. (Den Dulk, L. &amp; Groeneveld, S., 2013:387).</td>
</tr>
</tbody>
</table>

Organisational family support is a global construct that encompasses all the work-family policies and practices offered by an organisation – the totality of which convey a message regarding the organisation’s interest in helping employees achieve a viable balance between work and family life (White-Jahn, Thompson & Kopelman, 2003:125).
The term *Work-Life Balance* brings us to a diverse and varied range of definitions and explanations as to what the term actually refers to and means. This term’s derivatives lead us to a range of other terms with different meanings but which can be grouped within the same theme and agenda which the more recognisable term ‘Work-Life Balance’ invokes. One recent author suggests *WLB* amalgamates a broad range of constructs, including notions of conflict, crossover, integration and balance, when explaining the nexus between the life spheres (McDonald et al. 2013). The importance of establishing a clear definition and understanding of this term is seen as critical to the implementation of work-life policies by managers (Kossek et al. 2011, Gatrell et al. 2013). *Work-Life Balance* has been defined in the list of definitions above as a range of flexible working arrangements that go beyond employees’ statutory leave entitlements (The National Framework Committee for *Work-Life Balance Policies*, 2010) and the maintenance by employees of a balance between responsibilities at work and at home (De Cieri et al. 2005). Work-life balance can also be viewed as people having a measure of control over when, where and how they work and establishing a successful balance between working obligations and personal commitments (Fleetwood, 2007). This balance has been defined as being able to achieve satisfaction and good functioning at work and at home (Clark, 2001). We can see that with each definition the term *Work-Life Balance* expands its meaning and what is expected by using the term. It is seen as going beyond statutory employee rights in aiding employees achieve maintenance, control and satisfaction in both employees work and non-work lives. Therefore there exists a certain level of commonality in current work-life researchers understanding and explanation of this term throughout the literature to date although each demands more of the term. The need for management studies to examine the definition of *Work-Life Balance* is seen as important by Gatrell et al. (2013) in order to move away from a narrow understanding of a problem which is viewed as mainly affecting ‘affluent work-rich’ couples. Work-life balance is a concern for all individuals regardless of their martial, economic or employment status.
Work-life balance definitions place the focus on the individual first and subsequently their life contexts. These various contexts include individuals work entitlements, their ability to control their work situation/obligations and negotiate these with their personal/home lives to ensure good functioning. What is absent in all these definitions is a focus on sustainability of good functioning, flexibility and coordination between individuals work and non-work lives over the lifespan. Work-Life Balance is not an individual’s short term goal but a long term objective which may need modifications as life circumstances change. These changes could be short term for example participating in an educational course or more longer term for instance if individuals start a family. There is also the absence of clarity in defining what exactly work is and that individuals home lives could also be viewed as work in many instances especially where individuals are raising families or have other care responsibilities. The obligations on organisations and governments to support individuals in creating their own personal work-life paths is also less frequently mentioned throughout the literature although White-Jahn, Thompson & Kopelman (2003) did refer to organisational family support as a global construct that encompasses all the work-family policies and practices offered by an organisation. How work-life/family policies are defined is also critical in our understanding of the term Work-Life Balance. One author succinctly defines these work-life policies as including any organisational programs or officially sanctioned practices designed to assist employees with the integration of paid work with their other important life roles. Therefore we can conclude that in understanding the term Work-Life Balance we are looking at all aspects of individual lives and how different aspects interact with each other both positively and negatively. For this study of Nurse Employees Work-Life Balance (WLB) is understood as referring to:

*a range of flexible working arrangements that go beyond employees’ statutory leave entitlements. WLB assists employees to combine employment with their family life, caring responsibilities and with personal life outside the workplace (The National Framework Committee for Work-Life Balance Policies, 2010).*

Positive terms such as Work-Family Fit/Facilitation/ Enhancement/ Enrichment are used to specify certain frameworks from successful work-life integration. The authors tend to focus on the word work-family rather than work-life and this is
resulting from extant research that places a emphasis on employees who are also simultaneously engaged with family life that in many instances involves children. *Work-family fit* implies a positive correspondence between work and family whereas *Work-family facilitation* is more elaborately defined as the extent to which an individual’s engagement in one life domain (i.e., work/family) provides gains (i.e., developmental, affective, capital, or efficiency) which contribute to enhanced functioning of another life domain (Wayne et al., 2007). This is closely related to the way *Work-family role enhancement* is defined by Voydanoff (2002) which explains the term as to how the work or family role provide resources that facilitate the performance of the other role. Moving on to understanding what is meant by *Work-family enrichment*, Greenhaus & Powell (2006) inform us that this is the extent to which experiences in one role improve the quality of life in the other role. Recent research explains that work-life enrichment as a concept and the parental desire to spend time with their children or at work is under recognised especially with regard to fatherhood (Gatrell et al., 2013). These desires are explained further as being complex and variable and influenced to a large degree by social expectations based on gender. Social norms are seen as important with perhaps little room being provided for the accommodation of individual preferences. *Work-Life Conflict* is defined as a perception that there is a general tension between one’s work-life and non-work-life by Thompson & Bunderson (2001). *Life-Work Conflict* could similarly hold the same definition. In order to specify the difference we need to identify the direction of the conflict. Is life interfering/conflicting with work or is it work that is interfering/conflicting with life?

Action is needed often in the form of flexible working conditions and/or other supportive work-life practices or improved remuneration to remedy the incompatibility of work and other life roles individuals must partake in at different stages of their lives. Work-life Balance or the act of managing multiple life roles should not be viewed as a dilemma for women only. One recent paper explains and highlights a shift in work-life policies post 2000 to being restructured theoretically in order to include fathers (Gatrell et al., 2013). Work-life policies and practices need to work in theory and practice, be relevant and meet the needs of individuals both men and women.
In conclusion any comprehensive definition of Work-Life Balance should include a differentiation between the positive and negative associated terms of work-life fit/enhancement/facilitation and/or enrichment and work-life tensions and/or conflict for both men and women. Attempting to organise and negotiate work and other life roles takes planning and excellent co-ordination skills by both individuals and those around them in both work and life contexts. Individuals will strive to achieve an optimum balance between their work and other life roles and personal/life needs and this will inevitably lead at times to both positive and negative outcomes. The key aim for organisations in designing work-life policies and practices should be to maximise the positives or enrichment experiences and minimize the negatives or conflict instances that are experienced by all their employees. This will facilitate employees to be more effective in both their work and life roles. This will further result in better employees, better organisations and better societies with individuals being given more opportunities to reach their full potential in life through effective work-life policies and practices.

1.3 Theoretical Perspectives and Models for Work-Life Balance

Work-Life research is multifarious and dynamic in nature. Work-Life balance issues depend on many factors such as cultural contexts (Galeaa, C. et al. 2014), organisational norms and legislative structures (Sullivan, T. 2014) in conjunction with individual circumstances such as age, marital and occupational status. The variation in these work-life factors will vary widely and impact work-life outcomes greatly. The importance in understanding how and to what extent work-life policies and practices are made available, implemented, used and their impact will serve to strengthen this area of research. Role theory both, organisational and individual, provide us with a basis to contextualise individuals in both their organisational and personal roles. The impact of varying role demands can be seen as positive and/or negative. Role theory both organisational and individual helps us to create a basis for understanding how role conflict emerges. The following section will explore organisational role theory.
1.3.1 Organisational Role Theory

Organisational Role Theory came about from research conducted in the late 1960’s and early 1970 and only received modest attention or development since then. The literature outlines that “its tenets and assumptions remain reflective of the male-dominated workforce and “nuclear” family social structure prevalent at the time. (Wickam and Parker, 2007:442). It is further explained that classical organisational role theory focus remains on the roles that individuals hold in social systems that are pre-planned, task-orientated, and hierarchical. Roles are seen as having to be conferred by the organisation and the employee must adopt these roles in order for the organisation to function and achieve its goals. “The first is that each individual employee both confers and accepts a “role” that is reflective of the organisation’s culture and norms of behaviour. The second is that for an organisation to function effectively and efficiently, the array of roles must be effectively communicated, fully understood, and accepted by its employees (Katz and Kahn, 1966)” (Wickam and Parker, 2007:443). There are a further three aspects to classical understandings of this theory which incorporates the terms role taking, role consensus and role conflict. Role taking as a concept explains that employees’ will accept roles conferred upon them, role consensus explains that both employees and employers hold common norms, values and expectations which leads to consistent behaviour while role conflict understands that where expectations in different work roles are contradictory role conflict will emerge. Biddle (1986) further implies that organisations are rational, stable entities and that all conflicts within them are merely role conflicts, and that the participant or individual employee will inevitably be happy and productive once role conflict is resolved. Wickam and Parker (2007) cite research by Noor (2004) in order to explain three different types of conflict, one is resulting from time constraints resulting from multiple work roles, the second is due to stress impacting employees in such a way they cannot meet their role requirements and the third relates to incompatible behaviours attached to their different roles. The one major development ORT has witnessed is with the development of the concept of Work-Life Balance and recognition of how non-work roles can impact the working roles of employees. Developing arguments within this theoretical field and arising from research in the Work-Life Balance field highlight that role consensus will be impeded by employers not knowing or understanding
employees’ non-work roles and the interaction these have with their work roles. The understanding of the term role conflict is further being developed by work-life research with the understanding that role conflict can occur both within work roles but also between work and non-work roles.

Organisational Role Theory (ORT) can be developed in order to assist in our theoretical understanding of how it is necessary to understand different roles within organisational contexts and their effects on other non-work roles and vice versa. This is particularly important for human resource managers who are designing and implementing work-life policies and practices. In the nursing context whether individuals hold management or non-management positions, whether they are facilitated to job share, reduce their work hours, have control over their shifts and/or can provide input into drawing up rotas all impact on individuals ability to carry out all their role functions both within the workplace and beyond it. This directly impacts employees’ Work-Life Balance and ORT can assist in our overall comprehension of how this impact occurs. Organisations are basically a network of employees who enact specific roles that are ‘expected’ and ‘required’ by others within the institution (Wicham & Parker, 2006). It is noted that if employee roles are not managed effectively the results will be job dissatisfaction, lower levels of commitment and productivity, increased intentions to leave and higher absenteeism rates. Managing employees effectively means understanding the diverse nature of not alone the work environment but also employee’s non-work environments. The research carried out by Wicham & Parker (2007) found an increased likelihood of dissatisfaction and turnover when work roles meant giving up some non-work roles or when organisations failed to recognise employees non-work roles and/or did not facilitate employee’s participation in such roles. They called for organisational role theory to expand in order to allow for the ‘multi-faceted employee’ in order to provide for a more effective human resource policy framework. The development of this theory is also required in order to allow for other relevant factors (gender, industry/sector/location) when developing human resource policy. In the context of this current research we note that nursing professionals form a key cohort of health personnel within a hospital context and many of which are also female who have multi-faceted roles both within the work and non-work environments. These
considerations are essential when human resource departments are developing and implementing work-life programs.

Available work-life policy options that are relevant to all and meet the needs of both the individual and organisations as a whole simultaneously should be truly effective. Work-life policies and practices will in many instances enable individuals to enact multiple roles simultaneous while also facilitating organisations to continue to function and achieve its goals uninterrupted. Organisations will incorporate many individuals with evolving Work-Life Balance needs so clear employment of effective work-life policies and practices is essential.

1.3.2 Individual Role Theory

Individual role theory has been defined as a grouping of concepts, based on socio cultural and anthropological investigations, which are relevant to the way people are influenced in their behaviours by a variety of social positions they hold and the expectations associated with those positions (Barker, 1999). In this research study we understand Nurses’ form the largest employee group of health professionals and are expected to fulfil a number of roles once registered and employed within the public sector nursing workforce. This study will focus specifically on how role conflicts are experienced by Nurses’. Table 3 developed for the purposes of this study outlines a number of terms and provides definitions for their meaning. Role conflict can be understood as resulting in part from role ambiguity, role malintegration, role discontinuity and role overload. Biddle (1986) outlines the following definitions:

<table>
<thead>
<tr>
<th>Table 4: Definitions of Role Terms by B. Biddle (1986)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Role Concept</strong></td>
</tr>
<tr>
<td><strong>Role Conflict</strong></td>
</tr>
<tr>
<td>the concurrent appearance of two or more incompatible expectations for the behaviour of a person</td>
</tr>
<tr>
<td><strong>Role Ambiguity</strong></td>
</tr>
<tr>
<td>a condition in which expectations are incomplete or insufficient to guide behaviour</td>
</tr>
<tr>
<td><strong>Role Malintegration</strong></td>
</tr>
<tr>
<td>when roles do not fit well together</td>
</tr>
<tr>
<td><strong>Role Discontinuity</strong></td>
</tr>
<tr>
<td>when the person must perform a sequence of malintergrated roles</td>
</tr>
<tr>
<td><strong>Role Overload</strong></td>
</tr>
<tr>
<td>when the person is faced with too many expectations</td>
</tr>
</tbody>
</table>
Role theory provides a prediction that multiple life roles can cause inter-role conflict as individuals experience difficulties performing their roles successfully due to conflicting demands (Kahn, Wolfe, Quinn, Snoek, & Rosenthal, 1964; Kelly & Voydanoff, 1995, Allen, 2001: 417; Keeney et al. 2013).

One of the most popular theoretical perspectives in work and family research is role theory. Work-family role strain is illustrated by Allen (2001) as the result of the combined influence of demands and coping resources derived from individual, family, and work-related sources. According to role theory, the cumulative effects of multiple roles can lead to role strain while available resources may prevent or hinder role strain by facilitating individuals to cope with these demands (Allen, 2001). An example would be of gaining extra help with home duties or childcare at certain times and this could be afforded due to the financial compensation received for involvement in specific organisational work roles.

Wayne et al. (2004) denotes that facilitation occurs when participation in one role is made better or easier due to participation in the other role. An example may be where Nurses have knowledge in health and care fields this will facilitate them in their personal lives where having such knowledge will be of benefit and give them an advantage. However if their work takes them away on an ongoing basis from roles involving say caring for a child when they are ill there can be no transferred benefit to their family from the individual having knowledge in the area of healthcare. From the understanding of scarcity and expansion theories, both conflict and facilitation between work and family are likely outcomes (Innstrand et al. 2009). Therefore research indicates that conflict and facilitation are not mutually exclusive. The existence of one does not exclude the other, meaning that role accumulation can be both demanding and enabling concurrently (Innstrand et al. 2009). Role accumulation could also lead to increased stress, exhaustion and eventual burnout. It is important to question and investigate whether conflict exists and to what extent. If conflict is a constant reality then the benefits incurred in accumulating roles will not give individuals much solace.
This research will assess the impact of a variety of demographic variables such as gender, job status, and caring responsibilities on Work-Life conflict and Life-Work Conflict for Nurses. The type of roles individuals are asked to do or choose to engage with both within the work domain and beyond will decide whether conflict experiences dominate their lives. How bi-directional work-life conflict manifests itself and how work-life balance policies and practices reduce, eliminate or eradicate these conflicts will be explored in the findings of this study. First an outline of Work-Life Balance models that exists in the field today will be illustrated. These highlight how in theory work and life are understood and how they potentially interact both positively and negatively with one another.

1.3.3 WORK-LIFE BALANCE MODELS

Barnett (1999) describes three models of work-life that were common across organisational landscapes at various stages over the last thirty years. The first of these were known as the Separate Spheres Model

![Figure 1: The Separate Spheres Model](source: Barnett (1999))

The separate spheres model expects that both work and family are completely separate with clear boundaries and that each has its own demands with women in the main having to manage the demands of both work and family. When work interferes with family this is viewed as inappropriate boundaries being broken and priorities being established by employees. The prevailing corporate culture insisted that all family related issues were left firmly outside the work place. Barnett (1999) reminds us that this bifurcated model still exists to a degree and that those traditional sex role assumptions still place a hold on our overall thinking.
The main workplace responses under the above model were policies such as parental leave, flex time, on-site childcare, and childcare referral services and were specifically aimed at women. However the use of these often led to long term career jeopardy and the force of the informal critical corporate culture over their uptake often prevented the beneficial use of such policies. Due to major demographic changes in workplaces a re-thinking of the work-family issue has occurred. Trends such as dual earner couples, working mothers with young children, similar male and female labour force participation and new family forms such as single mothers have all impacted on the development of work-family policies. “One concrete reflection of these dramatic changes is a semantic shift: work-family has become work-life” (Barnett, 1999:148).

Major changes in beliefs such as men and women should have equal responsibility for breadwinning and maintaining the home and that the mother-child bond is no more special than the father-child bond. These in addition to the increasing expectation that fathers should play a greater role in childcare have led to the development of a new model known as the Overlapping Spheres Model.

![Figure 2: The Overlapping Spheres Model](image)

*Source: Barnett (1999)*

This model acknowledges that both work and life are two spheres which overlap often and that each affect the other but that there is no implicit conflict between the demands of the two spheres. This model proposes that both men and women have to integrate both work and life aspects equally into their lives and that positive outcome are often possible by combining both functions in one’s life. The work-life policies and practices associated with this model are the same as the previous set and include parental leave, flex time, on-site childcare and childcare referral services. Barnett (1999) acknowledges that employees who are offered these policy options avail of
them but that often they are not made available and that the bridge between rhetoric and reality exists between policies and practices.

Further demographic shifts which have seen more people being educated to a much higher level and having less children, lengthening life spans and increasing non-work-non-family commitments have demanded changes in work-life policies. Current values of employees demand less working hours although now more than ever both men and women both increasingly maintain employment status even after marriage. This new contract impacts decisions which are work-related and the traditional more gendered division of labour in the home (Barnett, 1999). This increasingly calls for greater co-ordination and harmonisation between both people and their workplaces. The third model put forward by Barnett (1999) is known as the work-life integration model.

**Figure 3: The Work-Life Integration Model**  
*Source: Barnett (1999)*

The above model expresses an understanding for employees and their lives outside of work. This model takes into consideration the needs of its employee’s partners or spouses. This is to ensure employers can retain the best employees as well as ensuring optimum working productivity from its employees. Although this model has come about no new formal work-life policies have resulted which recognise men and women as multi-dimensional beings who participate in several roles through their lives (Barnett 1999). Due to this situation a new framework has been put forward known as the work-life systems framework. This framework sees the worker as part of an interactive system and views the worker not as an individual but as part
of the worker’s work-life system. Recognition given to the importance of well-being of all within the system is seen as ensuring the best outcomes for all.

**WORKER’S SOCIAL SYSTEM**

![Diagram of Worker's Social System](image)

**Figure 4: Worker's Social System (Barnett 1999)**

This framework calls on businesses to see how work-life policies impact on their core decisions and the effects of these on employees before they are fully implemented. This is proposed to be done via work-life impact assessments which would assess the costs both psychologically and in monetary terms before actual decisions are made by organisations. Barnett (1999) sets out this framework as a way to improve both men and women’s roles both within the work sphere and outside it. This is to be done through innovative workplace practices and programs that will be for the good of both employees and the organisations for which they work in.

In the context of this current research study the *Overlapping Spheres Model* is adopted. It is seen as providing a clear foundation that builds mutual consensus between the employer and the employee, both men and women and their significant others in their life without discriminating between those who are married and have childcare responsibilities and those who do not. It keeps the work and family spheres separate although acknowledging they operate concurrently. It further acknowledges that a gap often exists between Policy and Practice. Work-Life policy should retain the goal that both individual employees and organisations will benefit from introducing work-life policy options. Reducing bi-directional conflict must be seen
to benefit individuals and as a result the organisations they work within. Work-life policy option availability, implementation and use should strengthen as a result.

1.4 Work-Life Balance Conflict Theory

How is Work-Life Conflict understood in the literature? What causes and potentially alleviates such conflict and how does it manifest itself in the nursing profession? Conflict theory according to Byron (2005) proposes that work and family domains are incompatible with each other due to diverging norms and responsibilities which exist in each domain causing intrusion and negative spillover in both domains. This following section will explore conflict, its causes, potential alleviators and consequences in order to establish what type of work-life policies and practices can best promote balance and reduce conflict. Work-life conflict has been associated with lower job and life satisfaction by Yildirim & Aycan (2008). While this thesis does not explore job and life satisfaction in itself we understand that the more Work-Life Balance Nurses’ can achieve through the reduction of work-life conflict and Life-Work Conflict then the further outcome of job and life satisfaction will be attained.

1.4.1 Bi-Directional Work-life Conflict

Allen et al. (2013) brings to attention an issue of concern arising from the work–family literature to date in that, the same labels are in some instances applied to different constructs. The literature currently contains the following terms denoting conflict; work-family conflict (WFC), family-work conflict (FWC), work interference with family (WIF), family interference with work (FIW), Work-Life conflict (WLC), Life-Work Conflict (LWC). The meanings behind each one are very similar in nature. Work-to-family conflict is defined as “a form of inter-role conflict in which the role pressures from the work and family domains are incompatible in some respect. That is participation in the work (family) role is made more difficult by virtue of participation in the family (work) role” (Greenhaus and Beutell, 1985:77; Kossek & Ozeki, 1998:139). Work to Family conflict is described as a particular type of inter-role conflict where work interferes with the family domain.
When studying work-family conflict it is explained that it denotes both work interference with family (WIF) and family interference with work (FIW) by Blanch and Aluja (2012, 2009), Frone, Russell, & Cooper (1992), Major et al.(2008). Byron (2005) similarly point that work–family conflict is increasingly understood as consisting of two distinct, though related, concepts that of WIF and FIW citing research by Frone, Yardley, & Markel (1997). Mesmer-Magnus & Viswesvaran (2009) also describe the conceptualisation of work-to-family conflict from a bi-directional perspective i.e. when either work interferes with family (WIF) or when family interferes with work (FIW). They further distinguish between two different forms of conflict one which is based on time based conflict and the other based on strain-based conflict.

In the above analysis of terms used in the literature we have to ask why is it necessary to have so many terms or constructs which all relate to the same basic issue of how conflict occurs for individuals between their work and non-work roles. Does the use of so many terms serve to confuse and complicate unnecessarily rather than explain clearly and add to knowledge creation in an area that has changed considerably in the last number of decades? This study will consistently use Work-Life conflict (WLC) and Life-Work Conflict (LWC) as two distinct conflicts individuals’ experience. These together will be explained as bi-directional Work-Life conflict. This study will further propose the use of Work-Life conflict as the unifying term and inclusive of any aspect of the work role which impinges negatively (interferes and/or makes more difficult) on carrying out the life/family role either through time restrictions or energy/strain reductions. Similarly Life-Work Conflict will be understood as any aspect of the life/family role which impinges negatively (interferes and/or makes more difficult) on carrying out the work role either through time restrictions or energy/strain reductions.

Allen (2013) indicates that to date research has shown that WIF prevalence is always greater than FIW. Previous research which illustrates that work interference with family is more likely to occur than family interference with work includes Burke & Greenglass, 1999, 2001; Fox & Dwyer, 1999; Simon et al., 2004; Greenhaus and Beutell, 1985; Gutek et al., 1991. This may be due to the fact that employees’ are more acutely aware or more willing to accept and/or discuss that work affects their
life rather than vice versa. This research will aim to extract examples of how conflict experiences in both directions occur for Nurse participants.

1.4.2 Causes and Alleviators of Bi-Directional Work-life Conflict

There are numerous potential causes of conflict. Increasing workloads and time pressures, inability to control work hours/location, inappropriate staffing levels, inflexible, non-empathetic managers and/or supervisors, unavailable or difficult to access work-life policy options, perceived negative Career Consequences through use of work-life options and general work/life/family pressures all contribute to work-life conflict. Alleviators would consequently be reduced workloads, reduced time pressures, greater control in work, increased staffing levels, greater flexibility, greater supervisor support, easily accessible work-life policy options and no perceptions of negative Career Consequences arising from use of WLB policy options.

Being able to determine when, how long and sometimes where you work, has previously been shown to promote greater schedule control and less work-to-family conflict in cross sectional studies (Moen, 2011). For the nursing group most employees’ will have limited if indeed any control over when, how long and where they work once in their job role. A model proposed by Yildirim & Aycan (2008) illustrates that irregular work schedules and work overload shows the strongest relationship to work-to-family conflict. Greenhaus & Beutell (1985) further draw on numerous research findings to point out that work-to-family conflict is positively related to the number of hours worked per week and also associated with doing overtime and irregular shift work. Thompson & Bunderson (2001) concur and illustrate evidence from research by Pleck et al. (1980) which exists highlighting that unusual time demands in the form of overtime work, irregular shift work, and inflexible work schedules, are indeed positively associated with work-to-family conflict. Greenhaus & Beutell (1985) also emphasize that overtime and working hours indeed do contribute to work-to-family conflict. Skinner and Pocock (2008) explain the importance of time and workload based demands on employee’s experiences of Work-life conflict. They suggest the need for further research on
how long and unsocial work hours together with workload demands impact employee’s work-life conflict. Consistent with these research studies which look at hours of work and incidences of conflict Byron (2005) explain further that the number of hours which are spent on work was more positively related to WIF than to FIW, and the number of hours spent on non-work was more positively related to FIW than to WIF. Further employees with higher job involvement had more WIF than FIW. Therefore deductions from this research would suggest that number of hours of work is an issue for both experiences of WIF and FIW. Byron (2005) further indicates that other work causes of conflict have been explained as resulting from job-related stress arising from role conflict, ambiguity, and overload, and the effects of this spilling over into employees’ lives beyond the workplace.

Specific causes of conflict arising from family situations were described from this research too. Byron (2005) illustrated that employees who report greater marital turmoil or more conflicts with their children had increased interference between their work and family lives. Not alone are negative family situations a cause of conflict but so too can the amount of time spent with family be an issue. Research has shown that extensive time devoted to home and family activities, increased family demands, and the responsibilities associated with caring for children and ageing parents are associated with high levels of FIW (Anderson, Coffey, & Byerly, 2002; Byron, 2005, Di Renzo et al. 2011).

Lapierre & Allen (2012) suggests that planning behaviour may lead to an increase in work-to-family conflict, which is difficult to explain theoretically. A possible explanation may be that planning either allows or may lead to over committing one self and thus cause increased Work- life conflicts arising. Lapierre & Allen (2012) suggests that those who plan more, an increase in control at work would be more instrumental in removing incidences of WIF and greater control at home would be likely to remove incidences of FIW. Support from family had a stronger influence for women than for men in reducing FIW (Elliot, 2003; Perrewe and Carlson, 2002). Furthermore work support was a more important resource for men and family support for women in decreasing global WFC (Blanch & Aluja, 2012 Jansen et al., 2003; Roxburgh, 1999; Van Daalen et al., 2006). Halbesleben et al. (2009) report that highly conscientious individuals are in a better position to manage their
engagement at work and their family lives. Thus, while engagement may have the potential to create inter-role conflict, certain personality characteristics may also aid in reducing these conflicts. Greenhaus & Beutell (1985) analyse sources of conflict between work and family roles and also present a model to illustrate these. Their model “proposes that any role characteristic that affects a person’s time involvement, strain or behaviour within a role can produce conflict between that role and another role” (Greenhaus & Beutell, 1985:77). Research by Galeaa et al. (2014) further show work-life conflict through work–home interference caused by thoughts which can be a major concern resulting in stress and worries. The frequency of that conflict and the long term outcomes of such conflict require careful analysis for remedies to be found. Time pressures and conflict are seen as those that take a person away from one role physically or else pre-occupies their mind to such an extent that they are unable to fulfil the expectations on them in their other life roles. Work schedules, work orientation, marriage, children and spousal employment patterns can all result in pressures for greater participation levels in both work and family roles (Greenhaus & Beutell, 1985). It has also been found by Darcy & McCarthy (2007) that all parents with dependent children can experience work-to-family conflict differently depending on the dependents ages and those factors such as job involvement, job stress and colleague support can go some way in explaining the antecedents of work-family conflict. Greenhaus & Beutell, (1985) explain that parents of younger children experience more conflict than parents of older children due to additional time demands of younger children. It is noted that to avoid work-to-family conflict it is necessary to adapt behaviour in order to facilitate demands of more than one role. The findings of their research further show that strain, conflict and absences of support within the family unit can contribute and exacerbate work-to-family conflict.

Poelmans and Sahibzada (2004) acknowledge that many individuals are experiencing conflicts between the demands of work and family. This they explain as resulting from a mismatch between changing demographics and the needs of employees on one side and company and government policies and initiatives on the other. Work-family researchers have long stated that due to time commitments to work, conflict arises between employees work and non-work lives (Smith Major et al. 2002; Thomas & Ganster, 1995). The increasing numbers of women who have entered the workforce and who have sought to combine their professional roles with
the demands of their personal lives and commitments increasingly are concerned with achieving a balance between the two. Grant-Vallone & Donaldson (2001) explains that the result of an increase in roles is likely to lead to effects such as role conflict, overload and general negative consequences.

Research by Favero and Heath (2012) expand on the idea of Work-life conflict causes and suggest that from an organisational perspective the different conflict experienced by different employees due to employees coming from different generational groups is a current gap in understanding debates around work-life policy. These authors explain that a generational approach to work/life conflict investigates differences amongst women at different stages of their career and life cycles. The authors cite research by Martin and Tulgan (2006) to show lack of trust and communication breakdowns between different generations in the workplace can prevent effective teamwork and co-worker support from being developed. This is a consideration for managers when trying to understand causes of Work-life conflict for their employees. In addition to lessening the frequency of Work-life conflict Work-Life Balance policies should be able to significantly lessen the impact of work-family conflict through careful implementation of appropriate work/life practices for all employees.

Research by Byron (2005) reports analysis which supports the notion that WIF and FIW have unique antecedents, and therefore, may require diverse interventions and/or solutions in order to either prevent or reduce their occurrence. Therefore a variety of work-life policy options together with effective implementation strategies will most likely work to reduce experiences of bi-directional Work-life conflict. Pisarski et al. (2006) found Nurses who experienced high supervisor and co-worker support perceived greater control over their work environments and this in turn lowered their reported time based experiences of Work-life conflict. This reduction in conflict further led to greater well-being, job satisfaction and intentions to stay in nursing. Beutell (2010) concur noting that perceived supervisory support is linked with employee’s ability to control their work hours and overall employee satisfaction with their work schedule. The fact that workplace support has been shown to mitigate conflict leads to the need to develop supportive strategies in work-life policy implementation plans of work-life policy options. This research places both
Supervisor Support and Career Consequences as central to the study for effective implementation of work-life policy and practice.

1.4.3 Consequences of Bi-Directional Work-Life Conflict

Conflict in either guise needs attention as Beauregard & Lesley (2009) clearly state, work-life conflict can have a negative impact on employee performance. Moreover, failure to meet role demands in either a work or home context may potentially threaten the individual’s ability to maintain or gain valued resources, such as close relationships at home or promotion at work (Lapierre & Allen, 2006). Organisations, through failing to adapt their policies to new demographic realities e.g. dual-income families, are causing “social contamination” in the form of time and stress spilling over to families. As a result organisations are damaging a vital institution in the development of values and competencies within our society (Poelmans and Sahibzada, 2004). Families often provide crucial support to employees and by so doing are indirect supports to organisations. In this capacity work policies have to consider both employees and their families. A more holistic approach as was called for by Darcy & McCarthy (2007) is indeed needed and not alone in looking at the employee’s entire work-life and not just particular stages of it, but also in the holistic context of looking at an individual’s unique circumstances. It is only with an understanding by employers of the specific challenges their employees are meeting every day can work/life policies become truly relevant and effective.

Studies have shown that the strain of balancing both work and family have numerous consequences such as job dissatisfaction, depression and absenteeism (Thomas & Ganster, 1995; Poelmans and Sahibzada, 2004). Grant-Vallone & Donaldson (2001) further suggest from the research evidence gathered to date that work-family conflict is related to employee health and overall sense of well-being. Other studies have associated work-to-family conflict (WFC) to job and family dissatisfaction (Lapierre & Allen, 2006). Blanch and Aluja (2012) explain burnout as having the strongest association with WFC. The authors do explain that adequate supervisor support can serve to alleviate the levels of WIF and subsequently mitigate burnout. Flexible work arrangements and job sharing are believed to reduce work-to-family conflict (Letvak,
2001), however this has yet to be proven through systematic research. The findings of Grzywacz et al. (2006) research concur with other researchers such as Kovner et al. (2006) who state that work-to-family conflict contributes to poorer job satisfaction. Research evidence over the past decade has illustrated that both Work-to-Family Conflict and Family to Work Conflict are linked with reduced satisfaction as well as lower levels of psychological well-being (Burke, 1989; Frone et al. 1992; Burke & Greenglass, 2001). For Nurses who work in what could be termed an emotional work context, the maintenance of psychological well-being through effective Work-Life Balance policies could well be seen as vitally important for this cohort of professionals. Keeney et al. (2013) cite several researchers to explain Work-life conflict is often associated with increased incidence of depression, psychological strain, anxiety, lower job satisfaction and commitment. They emphasize the need to look beyond family variables only in explaining work conflict situations for individuals and suggest work-life rather than work-family remain the focus in any research on measuring this concept.

It has to be understood how either type of conflict emerges in the first instance before human resources policies and practices can be developed to reduce conflict. Time, emotional and psychological demands from both family and work roles are continually competing with one another. This study will strive to extend current theory in the Work-Life Balance literature through a focus on bi-directional Work-life conflict for Nurse Employees in hospital settings. The importance of introducing a wide range of work-life supports to establish an inclusive workplace is seen as critical and not just work-life policies for those with spouses and children. This will lessen tensions emerging between employees who have spouses and those who do not and prevent employee fear in the use of policies through fear of negative Career Consequences. The need to provide a fairer workplace strategy that will more likely succeed in achieving the goal of reducing bi-directional conflict must incorporate a range of work-life policy options as well as effective implementation supports.

Not alone is bi-directional Work-life conflict a solely personal issue for individual employees’ and the organisations they work within. It has further society and country level implications which need to be acknowledged. Research carried out on the Swiss population found twelve percent of the employed population reporting
high or very high Work-life conflict (Hammig et al. 2009). Work-life conflict rates are seen as proportionately higher in men, women with higher education, in managerial roles, in full time positions, those with irregular work schedules, required to do regular overtime, those who experience job insecurity and those with long commuting times. Work-life Imbalance is seen as an issue relevant for public health in Switzerland. Lakshmi et al. (2012) refer to the importance of a nation’s health explaining it determines the wealth of the country at large. A direct link therefore can be made between a nation’s economic prosperity and individuals achieving an optimum Work-Life Balance in their lives. Continual work-life Imbalance will generate stress within individuals causing numerous health problems and even death in extreme situations. Sullivan (2014) writes of an incidence concerning a Japanese man who was a third-generation Toyota employee and who dropped dead while he was at work at 4 o’clock in the morning. She explains that the term Karoshi became well recognised as a real cause of death during the Japanese economy’s boom years of the 1980s and in the lean years of the “Lost Decade” of the 1990s, when long hours, stress, and overwork and sudden deaths of hard-working business people made karoshi a common word (2014:2). What does this illustrate for advancing the debate on the need to reduce all types of work-life conflict now and forever in the workplace? It is necessary to ensure a norm can be established where over work and over commitment are not encouraged or endorsed and organisational and legal frameworks need to be in place to reverse such cultural tendencies if seen to be emerging. Policies can demonstrate what are considered organisational norms but legal entitlements provide greater strength to these rights because they do not depend solely on the goodwill of the employer (Sullivan, T., 2014). The development therefore of relevant statutory based work-life policy provision is perhaps the only way forward for real change to come about in the work-life arena for both men and women providing a way for fair and transparent implementation of work-life practices.

This research study will investigate how current WLB policies and practices are made available, implemented, the level of use and impact on employees’ experiences of Work-life conflict (WLC) and Life-Work Conflict (LWC).
1.4.4 Bi-Directional Work-life Conflict and Nursing Employees

This research study looks at the bi-directional conflict experiences of Nurses. Yildirim & Aycan (2008) identify and describe that a paucity of research investigating the issue in a nursing context exits. They further endorse the need for this type of research for its important theoretical and practical implications due to the fact that nursing is a female dominated profession with demanding working conditions.

Long and irregular work hours as well as difficult working conditions and job stress make Nurses more prone to work-family conflict experiences (Yildirim & Aycan, 2008). Benligiray & Sonmez (2012) highlight that due to psychological, physical and social pressures of their working conditions both doctors and Nurses are very likely to experience conflict between their work and family roles and this can lead to the harming of their relationships with the institutions they work within (Benligiray & Sonmez, 2012). Increasing absenteeism and turnover intentions are more likely when poor employee-employer relationships develop. Fujimoto et al. (2008) point to a number of researchers (e.g. Honma & Nakagawa 2002; Uemura et al. 2005) who look at the issue of work-to-family conflict amongst Nurses and all see it as an important issue facing the nursing profession.

Conflict is seen as inevitable for Nurses in a study of Nurses in Ankara (Benligiray & Sonmez, 2012:3901) as the time and energy needed for their organisations will result in them having less time and energy for their families. Work-to-family conflict can seriously affect employees in any work situation however it has been noted by several researchers that Nurses experiencing work-family conflict can further lead to Nurse shortages by being a barrier to those wanting to enter the profession while also acting as a real reason for many to leave the profession. Grzywacz et al. (2006) illustrate in their research that work-family conflict can be challenging for those within the nursing profession. They explain that this conflict can happen in two ways either through their work-life interfering with family (92%) or their family life interfering with their work-life (63%) and it is most likely to be episodic in nature. Yildirim & Aycan (2008) further illustrate from their research with Turkish Nurses that the higher demands at work and the lower the support employees received the outcome would be greater interference of work with family. Organisations therefore
need to be aware of all demands on employees to some extent but especially in the work context in order to ensure enough support is in place to help with those demands. An understanding of Work-Life Balance must start within the workplace and management must ensure workloads do not become excessive and that schedules can be predicted to some degree.

Sonmez & Benligiray (2011) in their research explain that parental status can have significant effects on work-to-family conflict with those employees with children experiencing more conflict. This conflict is further seen to increase with the number of children employees have in their families Nelson & Tarpey (2010). Shift work and in particular night shifts have been cited as a harmonising mechanism used by some Nurses to meet both work and family responsibilities (Lindsay et al. 2009). Lindsay et al. (2009) further cite research by Barnett et al. (2008) reporting Nurses working an evening shift had significant higher work to family conflict outcomes in comparison to Nurses working other shifts. An employee’s poor perception of a particular work schedule will in most instances increase the likelihood of the existence of work-to-family conflict. This arises through the perception of the scheduled hours as being too excessive, irregular or inflexible (Nelson & Tarpey, 2010). The need to consider the impact of work on Nurses non-work lives is obvious due to the nature of the work and the work hours involved. However what can be done when nursing healthcare is largely being provided by female nursing professionals and in a 24/7 environment. Lindsay et al. (2009) suggest the need for more flexible career paths, development of new leave options, shift times and length, more flexible childcare provision in order to facilitate Nurses to reconcile their work lives with their partners and children’s lives. The ability and facilitation of Nurses to retain practical skill levels while availing of certain work-life leave options must be remembered. Re-entering a workplace where changes in technologies and work roles may have occurred makes adjustment back into work more difficult.

Nurses who work-non-standard shifts report more frequent family interference with work (FIW) than did Nurses who work a standard day shift. Job tenure could not be said to be related to either type of conflict (Grzywacz et al., 2006). Care giving roles are particularly demanding in terms of time, emotional and physical energy. Nurses in particular due to the care giving nature of their professional work are also open to
being asked to fulfil these roles beyond the workplace due to their professional status often in a familial setting. Pitsenberger (2006) highlights the situation of elder care in America as being that caregivers are often on their own without support from the workplace. The increasing need for elder care is noted and employers are encouraged to anticipate its demands so that management can put in place policies which will benefit both the employer and the employee rather than ignoring the issue and allowing the issue to effect overall work productivity and increase turnover in their workplaces on a gradual basis. Research by Skinner et al. (2011) on Nurses and midwives reminds us strongly that a failure to address work-life issues for Nurses and midwives will result in their disengagement and withdrawal from particular work contexts and frontline services if not from the health industry itself as a whole because of work-life strains and pressures. This will place even greater pressure and strains on those remaining to deliver health services. The issue of Work-Life Balance can be addressed with serious intent now or later but the longer it remains a side issue the harder it will be to effectively manage in the future.

1.5 Work-Life Balance Enrichment Theory

1.5.1 Work-Life Balance Enhancement & Facilitation

Work-family role enhancement is beyond work-family role balance by highlighting the extent to which parts of the work or family role increase resources that allow the performance of the other role (Voydanoff, 2002). Most studies on work and family have focused on the negative spill over from work-to-family, ignoring the potential positive aspects of the interaction between work and family (Innstrand et al., 2008). Research indicates that it is worth promoting the fact that, at times, work and family lives actually enrich each other (Greenhaus & Powell, 2006). When individuals are facilitated in integrating their work and family domains successfully, the ‘synergy’ derived from these experiences can result in a high sense of well-being for them. In fact, satisfaction with work and family have been found to increase individuals’ levels of happiness, life satisfaction and perceived quality of life (Grady et al., 2008). This concurs with other research that states work-family facilitation, which Voydanoff (2004b) defines as a synergy in which resources associated with one role enhance or allow for easier participation in the other role in the form of positive spill
over (Seery et al. 2008). Work as a source of meaning, purpose and personal satisfaction has been identified as a key element of work-life facilitation (Greenhaus and Powell 2006; Voydanoff, 2005; Skinner et al., 2011). Nursing and Midwifery work have been identified as an occupation with potential for both positive and negative spill over (Skinner et al., 2011). An understanding that a range of positive spillover such as increased health knowledge, a greater sense of well-being from caring for others and greater financial resources may occur. An acknowledgement that negative spill over could result from reduced time for oneself, family or other life interests, reduced energy levels and increased strain and/or stress is understood. Other research by Lewis & Cooper (1999) alludes to the concept of work-family integration and uses research by Greenhaus and Parasuraman (1999) to explain integration as fostering a positive spill over of attitudes and experiences between work and family. Work-life policies and practices should strive to further enhance this positive spill over and lessen any negative family to work/life forces.

1.5.2 Work-Life Balance Enrichment & Fit

Similar to the previous section which illustrated the meaning of Work -Family Enhancement & Facilitation this section will look at Work-Family Enrichment & Fit. Greenhaus & Powell (2006:73) explain that similar to work-family conflict, work-family enrichment can be bi-directional and state work-to-family enrichment occurs when work experiences improve the quality of family life, while family to work enrichment happens when family experiences improve the quality of work-life. Similar research findings by Bourne et al. (2009) explain that through happiness and fulfilment at work individuals are better placed to have better relationships in their private lives. Emslie & Hunt (2009) found through their research that work sometimes was seen to be ‘therapeutic’ and potentially could act as a buffer to stresses in other spheres of their life. This idea can be expressed as work-family fit and is defined in the literature as not completely taking away all conflict between work and family life but ensuring that it does not lead to a completely negative situation. Work-family fit is not describing a complete absence of work-family conflict but more a positive relationship between work and family” (Voydanoff, 2002). Therefore combining work and family/social roles in life do not necessarily
always result in negative consequences on employee well-being or work outcomes. Galinski & Matos (2011) write that when work-life fit became an area of research in the 1960’s there was not much choices available for men and women in the management of their work, family or personal lives. In the world today rising stress levels in the workplace, increasing age profile of workers, technological advances and more dual earner couples have all contributed to an increasing need for both employees and their organisations to find workable work-life solutions to a variety of issues which will facilitate work-life fit and will benefit all involved. The importance of supervisor and co-worker support in the workplace is seen as critical in this goal. Through employees work-life fit employers will see greater levels of job satisfaction, engagement and retention. The health and well-being improvements will be evident also amongst employees as a result of greater work-life fit.

Greenhaus and Powell (2006) have 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 pre-requisites to increasing the numbers recruited and retained within the nursing profession. Retention in nursing is important. It is likely that the association between turnover and dissatisfaction with work scheduling or work-life fit will be greater in occupations where there is labour market shortage, such as nursing (Skinner et al., 2011). Shortages in workforce make work-life policy availability, implementation and usage all the more difficult.
Russo and Buoncore (2012) 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 lead to an increased value of the profession amongst Nurses thus creating a more positive external image for Nurses themselves and for their families (2012). 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. Kelly et al. (2008) go further highlighting the need to learn how to create workplaces and work-life initiatives that will improve work-family enrichment resulting in greater health and well-being benefits for both employees and their families. Available work-life policies must allow for work-life enrichment and fit through reducing or eliminating bi-directional work-life conflict.

1.5.3 Job, Family and Life Satisfaction

Previous research has shown that through reducing bi-directional conflict greater satisfaction in all life domains can be attained. This is the optimum outcome. Greene’s (2005) survey of new Nurses under the age of thirty-two showed that Work-Life Balance was ranked as the number one source of job dissatisfaction. Burke & Greenglass (1999) reviewed various research studies and conclude that Nurse job satisfaction was significantly higher amongst both full and part-time staff whose work schedules were the same as their preferences but that organisational commitment was higher amongst full time employees who worked their preferred schedules. Conflicts between work and family have been explained to be connected to work satisfaction. When work interferes with family, Nurses’ work satisfaction decreases and when family interfered with work no association to work satisfaction was found to exist (Kovner et al., 2006). It was also proposed by this research that more family friendly work environments and increased supervisor support could enhance group cohesion and improve organisational characteristics. This would subsequently result in greater work satisfaction for Nurses as work-related factors were seen as being significantly related to Nurses satisfaction.

Research by Namayandeh et al. (2011) highlights the significance of job and family satisfaction on work-to-family conflict and family to work conflict in research to
date. Their study subsequently found amongst married female Nurses in Shiraz-Iran, that employees with higher levels of job satisfaction experienced lower levels of work-to-family conflict. The explanation being that where work roles are allowed to interfere with family roles, individual’s job satisfaction is decreased” (Namayandeh et al., 2011). However no significant relationship was found between family to work conflict and respondents levels of job satisfaction consistent with research findings from Michael et al. (2004). Family satisfaction is however associated with lower levels of family to work conflict. Supervisor support, flexible schedules, childcare and eldercare services are cited as essential in limiting conflict between work and home domains.

The issue of how work is scheduled and the available human resource numbers also has a significant relationship to job satisfaction. Nurses’ have highlighted their perceptions of what an appropriate balance is between number of available staff, skill mix, care organisation and rostering practice and their workload as a strong influence on their job satisfaction (Adams & Bond, 2000). The level of satisfaction also has been shown to vary across different age groups. Poorer job satisfaction was concentrated amongst more newly qualified and highly educated Nurses, and linked with administration, promotional prospects, security of tenure and the amount of time allowed for clinical duties (Hayes et al., 2006). Therefore it can be stated that the more satisfied Nurses are with their work role and the various aspects of their work roles the more satisfied they will be in their work lives. This will subsequently have positive spill over effects to other parts of their lives for example their family life and facilitate a more harmonious balance between work and life.
1.6 Implications of Work-Life Theories for PhD Research

This section has articulated the meaning of Work-life conflict (WLC) and Life-Work Conflict (LWC) as well as exploring a number of manifestations of conflict as is illustrated from current research literature. It has critiqued the meaning of the term as it is used in the extant literature. The review further showed the meaning of work-life enhancement, enrichment, facilitation and fit as outlined currently within this research field. This lays a foundation in understanding what relevant and effective work-life policies may attain for individuals. This research study proposes the continued use of a more encompassing term broadening work-family conflict (WFC) to Work-life conflict (WLC) which is inclusive of those with traditional family responsibilities and those without them. That this conflict can occur in both directions is key to understanding how conflict occurs so the term bi-directional Work-life conflict can be used to amalgamate a number of terms used to date in this field of study (WLC, LWC, WFC, FWC, WIF, FIW). It is necessary to understand how conflict arises and its causes in the first place in order to assess what lessons or eradicates it altogether. The causes of bi-directional Work-life conflict have been discussed from research available to date and a focus on Nurse employees has been developed for this study. This research study has chosen bi-directional Work-life conflict as its core outcome to study due to the fact that through reducing Work-life conflict we can increase Work-Life Balance if not further benefits such as work-life fit, enrichment and facilitation. Correct work-life balance policies and practices, properly implemented and used should serve to reduce bi-directional Work-life conflict. This is of particular importance to a female dominated employee group where there is a demanding work environment coinciding often with a demanding non-work environment. These demands can often induce conflicts and together can potentially manifest themselves in a range of ways such as practically, physically, emotionally and psychologically as a result of time pressures, financial pressures, physical strain, emotional strain and mental fatigue. Ultimately bi-directional Work-life conflict if not alleviated or removed completely will render individuals, their close families and the organisations they work for in a continuous precarious position. The results will include negative outcomes for the individuals themselves such as stress, illness, burnout and absenteeism with a strong possibility of an
eventual workforce exit. For healthcare organisations this could prove a very costly issue through ignoring or failing to prioritise correctly.

1.7 Current Study Context: Public Sector Nurses and the Irish Healthcare Sector

All organisations rely on individuals and public sector healthcare organisations in particular place a heavy demand of input from Nurses’ both from a time perspective and the numbers of Nurses’ required in order to provide effective services when and where needed. Lucio & Stewart (2011) recognition that the state must set an exemplary example in human resource management policies and practices in developing and ensuring fairness within employment relations is very relevant and is even more important during unprecedented challenging economic times. Another element to this understanding needs to include the manner in which the management and regulation of the employment relationship is influenced as much by external factors as internal factors specific to the organisation (Lucio & Stewart, 2011). A holistic understanding and explanation of all relevant factors must be considered both internal and external.

Human resource policies and practices contribute to organisational success and this has been shown to be the case for the healthcare sector by Bartram et al., 2007; Carney, 2006; Keating & McDermott, 2008 and Khatri et al., 2006. The HR mission is seen as ensuring that there are capable people working together to deliver safe and efficient healthcare services every day. Nurses form a large cohort of health staff and are key health team members in the delivery of our health services (Lakshmi et al., 2012). They are critical to successful front line service delivery and are represented and organised by a number of professional bodies.

Why should HRM place importance on ensuring Work-Life Balance policies are introduced and availed of by Nurses’ within public sector 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. Those employees who experience more work/life conflict stress and who have decreased
perceptions of control over their work and non-work demands are more likely to be less productive, less committed to, and less satisfied with their organisation. These employees’ will furthermore be more likely to be absent or leave the organisation (Hudson, 2005). 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. Work environments which support employees’ WLB have been reported to improve work commitment defined as an acceptance of organisational goals and values, a willingness to work towards these goals and a wish to continue organisational membership (Hudson 2005). 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. Research by Julien et al. (2011) reporting research in sixty public sector organisations illustrates that compressed work weeks can reduce employees work-life conflict experiences and signifies the importance of management support in enhancing employees Work-Life Balance. Drake & Georges (2012) highlight the fact that Nurses form the largest component of health care workers in the US and the largest majority (60%) of those are Nurses who work within the hospital setting. The nursing profession form one of the strongest components in health service delivery in almost all health contexts and continents.

Within the Irish Context the Health Service Executive is the largest employer in the Irish State with 84,074 employees as at the end of 2008 who work in a range of different services. This translates into over 72,695 Whole Time Equivalent (WTE) employees (HSE: 2009). The majority of employees are front line employees who directly provide patient care. The budget for this organisation is the largest of all public sector organisations at almost twelve billion euro. The most recent comparable data on Irish Health spending from the OECD outlines that total health spending accounted for 7.5% of GDP in Ireland in 2007, almost one and a half percentage points lower than the average of 8.9% across OECD countries” (OECD, 2009). Wiley (2005) estimated that health expenditure over the 1990-2002 period, increased over 300% from around 2 billion euro in 1990 to over 8 billion euro in 2002. However it is from 1996 onwards that the rate of growth in health expenditure
began to see a sharp increase. The very establishment of the Health Service Executive in 2005 illustrates the biggest programme of change ever undertaken in the Irish public service. The Department of Health and Children is the other element of the Irish Health structure which involves itself more with the overall strategic and policy issues facing the Irish Health system. The Irish Nurses Organisation was established in Dublin in 1919 and is currently the largest professional union for both Nurses and Midwives in Ireland with about 40,000 members. It is the fourth largest trade union in Ireland. 34% of all staff employed by the HSE are in the nursing category at the end of December 2008 as is set out in the Integrated Employee and Well-being strategy 2009-2014 (HSE:2009). Buchan (2009) illustrates that in 2006 a total of 82,576 Nurses were registered with An Bord Altranais and of these 65,000 were on the active register. This left 17,000 on the inactive register or currently not in practice. In 2011 the HSE Employee Census recorded a total of 19,912 Nurses employed within the acute public hospital sector in Ireland.

The documentary evidence provided by the employing body of the public sector nursing workforce, the Health Service Executive provides us with useful background information in the task of answering the research questions for this study. Together with information provided by the Nurses national union, the Irish Nurses and Midwives Organisation, the Nurses regulatory body An Bord Altranais we gain insight into the various contextual issues affecting health service delivery and Nurses Work-Life Balance.

1.7.1 Work-Life Balance and Nursing Employees

The International Centre for Human Resources in Nursing in 2012 recognises in its report on Flexible Work Practices in Nursing that Nurses want to balance their multitude of work-life responsibilities. The highly gendered nature of the nursing population is illustrated as being made up of women mostly. It is noted that supports other than flexible working are required by Nurses to achieve a balance within their lives. The report further states that flexible work options voluntarily chosen can be linked with Nurses’ increased job satisfaction, organisational commitment and intention to stay (MacPhee & Svendsen Borra, 2012).
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 likely they still will be practising in five years. One of the factors identified in that study which would influence this decision to stay or leave nursing was improved Work-Life Balance. Research conducted by Lagerstrom et al. (2010) reviewed Nurses’ daily experiences of work-family roles and investigated the antecedents, responses and consequences of interference between family and work roles. This research involved looking at Nurses who work in hospitals in Iran. Iranian Nurses were found to not only face the unpredictability and irregularity of overtime, but also experienced longer working weeks due to the shortage of Nurses (2010). The research 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 in support provided for elderly dependent relatives will help lead to a greater balance between work and family demands for Nurses within this context. Further research highlights hospital Nurse work demands includes continuous patient care involving complex decision-making, problem solving strategies, technical alertness, cognitive flexibility, and intense physical and emotional human interactions (Drake and Georges, 2012). It was noted that anyone can ‘fall victim to poor sleep and physical restoration’ (Drake and Georges, 2012:307). For Nurses fatigue is associated with 12 hour shift work, night shift work and moving patients and/or equipment (Drake and George, 2012). The consequences of this by-product from inadequate working conditions and increased workload due to inadequate staffing levels can never be under estimated in a hospital context.

In an Irish context the Integrated Employee and Well-being strategy 2009-2014 recognises that the well-being and welfare of employees is a central component in delivering quality health services in Ireland (HSE: 2009). In order to sustain work practices that enable Work-Life Balance within health services and amongst Nurses, adequate staff numbers are essential to enable service needs to be met together with employee Work-Life Balance needs. Wise et al. (2007) acknowledges that nursing present’s problems for Work-Life Balance as it is a female dominated profession and has to have family unfriendly hours due to its work nature. Wise et al. (2007) in addition found in their research that there are three elements of work organisations
that are important to shaping Nurses’ working hours and their capacity to control their Work-Life Balance. These are described as 1) management of working hours 2) the degree of dependence between Nurses in teams and finally 3) the nature of patient care. Findings from Picher (2009) suggest that Work-Life Balance is most closely associated with working long hours and working evenings, nights and weekends. It has previously been illuminated through research that much work-life conflict can result in irregular work schedules and that the more control employees can have over their work hours and schedules the less conflict there will be experienced (Beutell, 2010).

Health Service Facilities providing a 24 hour service are different to those operating a nine to five Monday to Friday service. The INO (Irish Nurses Organisation) believes that the introduction of a 35 hour week from either a forty or thirty-nine and half hour week will reduce turnover and improve retention amongst the nursing profession. It sees this reduction in the hours of work as a way to enhance the quality of service and the organisation of work. There are no legal rights in Ireland to enable employees to work flexibly. This however is in contrast to other countries such as the UK, Netherlands, Germany and Sweden where employees have their rights to request changes in working time enshrined within legislation. The argument put forward by the Irish Nurses Organisation in 2009 states that flexible working time is not only crucial to the implementation of the 35 hour working week, but it can help with the implementation of organisational changes and the delivery of health care. Flexible working time can further assist the recruitment and retention of staff, Work-Life Balance, staff morale and job satisfaction (INO Submission 2009). This is evidence of the critical nature of implementing effective Work-Life Balance options in relation to work hours and flexible working for Nurses. The emphasis in the research given to the importance of choice and empowerment over work hours is critical not alone to employees Work-Life Balance concerns but also to employees work performance and ability to provide good quality patient care.

Research by Newman et al. (2002) states that improvements in Work-Life Balance are one of the pre-requisites to increasing the numbers recruited and retained within the nursing profession. Stress and job dissatisfaction are indicated to be associated with higher turnover rates in nursing (Adams & Bond 2000; Durand & Randhawa,
2002). This is reiterated in research which highlights that three of the twenty-seven respondents had thought seriously about seeking employment outside nursing, and one was making an application. Shift work, long hours and staff shortages were all found to be contributory factors (Gould & Fontenla, 2006). Boychuk-Duchscher & Cowin (2004) suggests that young Nurses/midwives and other professionals want a meaningful quality of life and may not be willing to work overtime on a continual basis.

Together this research highlights the necessity to consider the important implications of effective WLB human resource policy for Nurses especially around getting Work-Life Balance options correct. These policies and practices will have a direct impact on the healthcare sectors in which Nurses are employed within. Employee work-life balance policies and practices are critical for all employees to ensure employee wellbeing within an organisation. These policies need to promote individual Work-Life Balance for all staff but especially Nurses regardless of where they are located within the hospital or what level of seniority they have reached.

1.7.2 The Recruitment Moratorium

The introduction of a recruitment moratorium right across the public service came into being on the 27th March 2009 for employees in the civil service, local authorities, non-commercial state bodies, the Garda Síochána and the Permanent Defence Forces. For health services a general moratorium on recruitment, promotion and acting appointments to all management and administrative grades and all other grades in the health sector. It did not apply to consultants in hospitals and certain other health grades, such as Speech and Language Therapists, Occupational Therapists and Emergency Medical Technicians. Positions in these grades which become vacant could be filled, and a limited number of new posts may be created within a broad ceiling on employee numbers. (http://www.rte.ie/news/2009/(Accessed:2014)

The HSE HR Circular 010/2009 outlined that from 27th March 2009 all recruitment activity and recruitment competitions was being placed on immediate hold pending
notification of further instructions from the HSE Human Resources Division. This was stated to last until the end of 2010. Another HR circular issue in 2011 declared “the continuing purpose of the general moratorium on recruitment and promotion is to facilitate a permanent, structural reduction in the numbers of staff serving in the public service and to contribute significant and ongoing savings to the Exchequer” (HSE HR Circular 002/2011). This has caused a significant impact on levels of staff in particular nursing staff. A reduction of over five thousand Nurses from 2007 levels was reported by the INMO (Irish Nurses and Midwives Organisation) in 2012 with a two thousand drop in one year alone. Shelia Dickson the president of the INMO stated “The recruitment moratorium remains a most destructive and irrational tool which has, is and will continue to do huge damage to frontline public health services” (www.thejournal.ie 8/5/2012). The Work-Life Balance of remaining employees is compromised due to staff reductions. Those with the responsibility of ensuring the implementation of key Work-Life Balance policies have to make choices which are made all the more difficult with reduced staff numbers.

Gregory et al. explain that public policy has been affected by the post-2008 “Great Recession”. Public sector employment which is associated with increased work-life satisfaction, has seen real cut backs in many countries with further cuts to follow (2013). Issues such as work intensification and greater stress levels for remaining employees where cuts have taken place are also seen as increasing work-life conflict. This is most likely to occur in public service roles such as nursing and labour intensive occupations where service demand cannot be reduced in accordance with reducing staffing levels as in public sector hospitals.
1.8 Conclusion

This introductory chapter sets out clearly why Work-Life Balance is important. It illustrates a variety of theoretical perspectives and work-life models and sets out the use of one model for this study and why. It draws on aspects of organisational and individual role theory to explain how work-life research can be clearly understood and developed. The range of work-life terms currently in existence is explored and their definitions. It discusses, differentiates and explains the term Work-Life Balance and all associated terms. It further provides a definition of Work-Life Balance for the context of this research study which focuses on Nurses in public sector hospital settings. The environmental context (recruitment moratorium) during which the study takes place is outlined. It seeks to understand and explain concepts such as Work-life conflict (WLC), Life-Work Conflict (LWC), enhancement, facilitation, enrichment and fit from the literature. It provides a brief outline of the implications of conflict theory for this PhD research. From this foundation we can progress to looking specifically at work-life balance policies and practices.

2.1 Introduction

This research study has set out to investigate Work-Life Balance policies, practices and outcomes for Nurses in public hospital settings in Ireland. In doing this it recognises that work-life balance policies and practices can be both formal and informal and statutory and non-statutory. Brummelhuis & Van Der Lippe (2010) followed what they see as a common method in distinguishing between formal and informal policies. They describe formal policies as organisations institutionalised policies aimed to facilitate their employees to integrate their multiple life roles. Informal policies they describe as providing emotional support and a responsive work environment and organisational culture to meet their diverse life needs. Distinguishing between statutory and non-statutory is more straightforward as work-life policies based on statutory rights must be provided by law to employees whereas non-statutory policies can be denied if employers cannot facilitate all employee requests for work-life options. Formal work-life policies within an organisation are often based on the statutory rights of individual employees alone. Other organisations go further and try to give more generous benefits and entitlements to their employees based on a variety of reasons and criteria for doing so from trying to attract the best employees to trying to retain them and ensure they are facilitated in being highly productive in their work roles. This chapter will set out the different types of work-life policies that can be introduced for nursing employees differentiating what is statutory (formal) to what could be considered as non-statutory (informal) only. It will specifically use examples of work-life policies in the context of health services organisations such as hospitals. In addition the factors which affect usage as the literature illustrates to date of such policies will be explored. Both individual and organisations factors will be discussed and how organisations can best support the use of work-life policies will be explained.

2.2 Types of Work-Life Balance Policies

This research sets out to answer how work-life balance policies and practices influences Nurses experiences of Work-life conflict (WLC) and Life-Work Conflict
(LWC). The literature review will seek to describe such policies and show how they are usually made available. It will specifically outline the type of leave arrangements made available to HSE employees.

Shankar & Bhatnagar (2010) ask the question of whether WLB is the responsibility of the individual or of the employer? (2010). It can be seen that much of the employment policies which facilitate employees in managing their work and non-work lives are mandated on a statutory basis by the state. There are however other non-statutory work-life policies and practices in place within organisations such as study leave, Employee Assistance Programmes and Occupational Health Service provisions. Therefore perhaps it could be argued that the responsibility rests with all three i.e. the individual, the employer and the state. Statutory policies ensure employee entitlements to such leaves as Maternity Leave, Adoptive Leave, Parental Leave, Carer’s Leave, Force Majeure Leave and other examples would include rules around maximum weekly work hours. Drew (2012) assesses the Irish situation in a review of thirty-three different countries by Moss. In this summary document it is evident that changes in statutory provision are often initiated by European law and directives. Those employees employed directly by the state should therefore in theory always get their statutory entitlements as governments have little choices in abiding with these amendments. Countries have certain discretionary powers in some instances and so not all leave provision is uniform across all European states.

Organisations that set in place a coherent policy framework in which to base work-life human resources policies and practices on for their employees as a whole will be in a better position to ensure fairness to all employees. Batt & Valcour (2003) distinguish between two different sets of work-life policies that may be introduced in organisations. The policies which are designed to provide care services for example information, referral or financing of childcare or eldercare and those which permit flexible work arrangements such as job sharing, telecommuting and compressed work weeks. Flexible work arrangements would allow individual employees to manage their own work-life requirements in ways that would best suit their specific circumstances. They do not refer to specific leave arrangements such as paternity, parental or Force Majeure and their impact nor more specific supports such as
Employee Assistance Programmes, health promotion and occupational health services. In research carried out by Nord et al. (2002) participants were asked to suggest work-life programs that would improve their lives. A call for greater communication, increased flexibility, on-site gym/fitness facilities, subsidized cafeteria, valet service and paid sabbatical leave were reported as what would be beneficial in meeting participants work-life needs.

In considering work-life options for nursing employees within an Irish context there is almost no reference made to the specific subject of Work-Life Balance within the employers’ publications. Work-Life Balance is referred to under the issue of health promotion in the strategy document on employee well-being and welfare by the HSE in 2009 and Family Friendly Policies are seen to be included under the umbrella term of Employee Welfare (Appendix 4). Employee entitlements arising from working within the health service organisation are clearly outlined in Table 5 though some are subject to service requirements as is set out in the employee handbook on Terms and Conditions of Employment.

**Table 5: List of Leave Arrangements for HSE Employees**

<table>
<thead>
<tr>
<th>HSE Leave Entitlements</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Statutory Entitlements</strong></td>
<td></td>
</tr>
<tr>
<td>Maternity Leave 1st March 2007</td>
<td>26 weeks paid and 16 weeks unpaid</td>
</tr>
<tr>
<td>Force Majeure Leave</td>
<td>3 working days in 12 months or five working days in 36 months</td>
</tr>
<tr>
<td>Parental Leave</td>
<td>14 weeks can be taken before the child reaches eight</td>
</tr>
<tr>
<td>Carer’s Leave</td>
<td>104 weeks unpaid</td>
</tr>
<tr>
<td>Adoptive Leave 1st March 2007</td>
<td>24 weeks paid and 16 weeks unpaid</td>
</tr>
<tr>
<td><strong>Non-Statutory Entitlements</strong></td>
<td></td>
</tr>
<tr>
<td>Paternity Leave</td>
<td>3 days paid leave anytime up to four weeks after the birth (job sharers and other on flexible hours are entitled to this leave on a pro-rata basis)</td>
</tr>
<tr>
<td>Study Leave</td>
<td>Paid study leave may allowed in respect of third level examinations.</td>
</tr>
<tr>
<td>Compassionate Leave</td>
<td>3 days in the event of a death/sudden illness (extra days allowed if death occurs abroad)</td>
</tr>
<tr>
<td>Flexible Working/ Flexi-Time</td>
<td>Employees can reduce their hours to a minimum of eight hours or maximum of 39 hours.</td>
</tr>
<tr>
<td>Leave for Trade Union Reps</td>
<td>Employees may be granted time off with</td>
</tr>
</tbody>
</table>
Table 6 below outlines legislation which has been drawn up during the past fifteen years. All of the Acts except the specific *Nurses and Midwives Act 2011* apply to all employees and enshrine their rights in law in certain circumstances. Employers by law must abide by the terms defined within each of these Acts. There is also a new Public Service Agreement for all employees in the public sector which are terms agreed by Unions and Government for the years 2010-2014. Within the health sector organisations what is being proposed and planned for is a more ‘productive match’ between staffing levels and activity levels while still maintaining high clinical and safety standards. There is currently a moratorium in place on all further recruitment and promotion with only limited exemptions for some grades. A number of other options such as incentivised early retirement, special career break and a shorter
working year scheme have been introduced. These each have a significant effect on all employees working within these sectors whether they avail of the options or not.

Table 6: List of Current Legislative Acts Which Support Employees

<table>
<thead>
<tr>
<th>Current Relevant Legislation</th>
</tr>
</thead>
<tbody>
<tr>
<td>2012 Protection of Employees (Temporary Agency Work) Act 2012</td>
</tr>
<tr>
<td>2011 Nurses and Midwives Act 2011</td>
</tr>
<tr>
<td>2010 Civil Partnership and Certain Rights and Obligations of Cohabitants Act 2010</td>
</tr>
<tr>
<td>2006 Information and Consultation Act 2006</td>
</tr>
<tr>
<td>2006 Parental Leave (Amendment) Act 2006</td>
</tr>
<tr>
<td>2005 Safety, Health and Welfare at Work Act 2005</td>
</tr>
<tr>
<td>2004 Disability Act</td>
</tr>
<tr>
<td>2004 Maternity Protection Act 2004</td>
</tr>
<tr>
<td>2004 Maternity Protection (Amendment) Act 2004</td>
</tr>
<tr>
<td>2003 Protection of Employees (Fixed-Term Work) Act 2003</td>
</tr>
<tr>
<td>2001 Protection of Employees (Part-time Work) Act 2001</td>
</tr>
<tr>
<td>2001 Carer’s Leave Act</td>
</tr>
<tr>
<td>1997 Organisation of Working Time Act 1997 (Annual Leave Entitlements)</td>
</tr>
</tbody>
</table>

2.3 Availability of Work-Life Balance Policies

Work-life policies include any organisational programs or official practices which are designed to help employees with integrating their paid work with other important life roles such as family, education, or leisure (Ryan and Kossek, 2008). Effective work-life programmes help to forge a symbiotic relationship between an employer and employee that leads to mutual benefits (Joshi et al., 2002). Lobel et al. (1999)
concur and describe one impact of these programmes as enabling employers to retain valued employees and promote the notion of building work-life policies into broader business objectives. McCarthy et al. (2013) allude to the fact that the availability of Work-Life Balance policies may be interpreted as expressions of how much an organisation supports the well-being of its employees. The availability of Work-Life Balance policies have been linked to enhanced employee commitment and reduced turnover intentions amongst all employees not just those who avail of work-life policies (Grover & Crooker, 1995; Casper & Harris, 2008). The link between work-life policy availability and organisational performance is explained through improving employee attitudes and increasing perceived support and therefore policy use leading to reduced work-life conflict (Beauregard and Henry 2009; Butts et al. 2013). The importance of availability on work attitudes was viewed as stronger than use of work-life policies (Butts et al. 2013). Therefore the importance of availability needs to be emphasized and assists employees even when they may not be availing or actually using them.

How do environments both internal and external affect WLB policy availability? Gregory and Milner (2009) in their research focus on the impact of trade unions in promoting the WLB agenda for their members. Their mixed empirical findings indicate that most but not all unions within industrialized countries actively seek to campaign and bargain around work–Life Balance (WLB) issues. This they explain as being linked to a modernisation agenda attached to feminization and to ‘positive flexibility’. They have found support for the modernisation theory in the UK particularly in the public sector, but with severe constraints explained by employer initiative. Anwar et al. (2013) in their research look to what organisations should do to improve Work-Life Balance for their employees. Their results indicate that training and development, professional commitment and adherence to core values, time management, clarity of vision, purpose and objectives, employee relationships based on humanity, salary package and a conducive work environment as well as innovation are the areas that organisations should focus and act upon to create WLB.

Further research provided by Kumar et al. (2013) explain that due to the relationship between WLB and organisation effectiveness, the current economic environment results in WLB policy availability as being regarded as one of the most important workplace qualities second only to payment rates. This research further explains that
organisational problems in publicising and practicing WLB practices slows down introducing WLB policies and that strategic moves can be taken to prevent this hampering progress. The authors suggest guidelines prescribed for employees and compliance checklists to be developed in order to strengthen WLB practices.

Authors such as Poolmans and Shabidza (2004) indicate that to date limited research has been conducted at the meso level or human resource management perspective where it is necessary for management to consider both internal and external factors before implementing work-family programmes. Some of these factors can act as barriers to introducing family supportive policies such as costs involved, reduced efficiency, fears that labour unions will enforce collective agreements, no dedicated government ministry and employee backlash. The CIPD research report published in 2000 investigated getting the right Work-Life Balance. They identified three key obstacles to the introduction of family friendly policies. These included a perceived negative business case for introducing such policies, a strong workplace culture which encourages traditional ways of working or else structural constraints such as organisational size, labour market conditions or a social policy environment which fails to encourage or Acts against the introduction of flexible working. The main reasons identified as to why organisations should adopt family friendly arrangements provided by nine various organisations was “the need to retain the skills and experience of valued employees” (2000:11). Despite these often active barriers in existence organisational work-family policies and practices are essential to employees in many instances. This research study incorporates both an employee and a management perspective and seeks to gain a clear awareness of both internal and external contextual factors that impact on availability of work-life policies.

Research by Cegarra-Leiva et al. (2012) found that the availability of Work-Life Balance initiatives generates positive outcomes for both employees and employers. According to Osterman (1995) and Lambert (2000) the more that employees perceive limited Work-Life Balance practices and programmes in their organisation, the more they were likely to display negative attitudes and dissatisfaction towards the organisation while the more motivated they will become to provide their organisation with non-discretionary effort if employees perceive that the organisation is providing them with the opportunity to work in an environment
where social benefits and a sense of equality are important. Signaling theory proposes that WLB availability can facilitate perceptions of organisational support (POS) (Casper & Harris, 2008). The organisation’s motives for introducing work-life policies, how managers implement them and support employees in availing of them, the work culture and how work is organised all impinge on how well Work-Life Balance policies can positively affect the workings of the organisation as a whole. This is especially pertinent to health organisations which are both labour and time intensive in delivering their services. The organisation of working time is vital to health service employees and critical for effective health service delivery.

2.3.1 Flexible Work Practices

The report Flexible Work Practices in Nursing published by the International Centre for Human Resources in Nursing states employees mainly use flexible hour’s arrangements (i.e. temporal flexibility) in order to improve their Work-Life Balance (2012). The report further alludes that the impact of flexible work practices on staff, patient and organisational outcomes is only recently being acknowledged. The literature on flexible working notes the organisational context will decide which type of flexibility is most appropriate to introduce while the social context will influence the extent to which they are used by employees (Blair-Loy & Wharton, 2002). Galeaa et al. (2014) acknowledges that flexible working practices can only be positively related to work–Life Balance when they are voluntarily chosen by the employee and not imposed by employers (Vandeweyer and Glorieux 2008) for example in nursing where shifts and working hours are usually dictated by the employer. Galeaa et al. (2014) further explain that flexible working hours has become the most valued type of workplace flexibility by men and by women at every life stage.

The report by the International Centre for Human Resources in Nursing found that almost half of the nursing workforces in Australia are employed on a part-time basis. These are mainly employed within the acute care sector. Similar trends can be seen in countries such as Denmark (53%), Iceland (73%), New Zealand (48%) and Germany (40%). Asian countries report less part-time (approx 14%) employees in
nursing than either their North American (29%) or European counterparts. A problem with work hours in Japan is explained as resulting from a culture of mandatory overtime. While Japanese governments are implementing Work-Life Balance legislation cultural norms of long work hours still predominate with just a four percent positive response of knowledge of Work-Life Balance policies and laws amongst Japanese Nurses. The different cultural expectations impact what types of work-life policies are made available and who uses them the most. McDonald et al. (2005) explains that part-time work opportunities are widely available to Australian women and seen as relatively attractive. This however could be viewed as securing women remain the main carers in the home and providing for a situation where women need to combine employment and family as joint responsibilities (Strachan and Dickens, 1996). Are these work-life policies liberating for women or are they ensuring traditional roles are maintained while allowing for new ones? In Ireland a standard forty hour working week is the norm for most sectors and Nurses traditionally have worked forty hour weeks in Ireland. Options to work part-time and job share and a reduction in work hours in recent years which allowed a full time Nurse to work a thirty-seven and a half hour week over three days have been introduced. The ability to change working hours and/or job sharing opportunities have in most instances disappeared during the public sector recruitment moratorium. This work hours culture could be viewed currently as entrenching women in both full time employment while also encouraging and facilitating responsibility for families and specifically childcare. The importance of ensuring work-life options can ensure flexibility to suit the needs of individuals depending on their changing circumstances will avoid women being in constant conflict with their work and non-work lives.

New organisational models place higher emphasis on empowering their employees’ and the employee-employer relationship in order to create necessary internal and/or external resources for work and personal life effectiveness (Lobel et al., 1999). Harris et al. (2009) calls on a definition by Pettinger (2002) who explains flexible working as being able to employ people when and where required in the interests of everyone. Day & Chamberlain (2006) in their research involving Nurses explain that highly committed mothers with rotating shifts may have to organise a variety of
childcare arrangements in order to avoid conflict between their work and home domains.

Both managers and employee co-workers influence if and to what extent human resource management policies surrounding flexible working and Work-Life Balance issues are used. Kossek et al. 1999 assert that cultural change can occur if managers take the lead in order to remove social barriers to using flexible schedules. Kossek also refers to research by Hackman (1992) to elaborate that in addition to managers, co-workers can also have a significant influence on individual’s thoughts and actions through establishing group norms. This has further been highlighted by research in 2007 by Darcy and McCarthy. Flexible work arrangements such as part-time work are associated with reduced work pressure but it does so significantly only for women. Managers who were women were more likely than men to use flex time and much more likely to avail of part-time work and leave arrangements (Kossek et al., 1999). The relationship between flexi-time, reduced work pressure and consequently work-life conflict is significant only in the public sector, suggesting that the effectiveness of flexible work practices is dependent on institutional contexts (Russel et al., 2009). The authors go on to state that we have attempted to address the question of whether Work-Life Balance is freely determined by individuals or whether it is restricted by a wide range of factors operating at a micro (individual), meso (organisational) and macro (national) level. …. They determine that individual choice is restricted by the cultures of organisations (Russel et al. 2009). The report Flexible Work Practices in Nursing for the ICN in 2012 recognising the need for flexible work practices to meet Nurses work-life demands and calls for choice, collaboration and compromise in relation to implementing flexible work practices for Nurses ensuring a win -win situation occurs for Nurses, patients and organisations.

Despite evidence of demand for more flexible work arrangements, including from those without caring responsibilities, research evidence suggests that take-up of flexible working practices remains relatively low. A more active implementation policy of well planned and co-ordinated flexible practices meeting the needs of both the organisation and the individual employee will ultimately influence the levels of uptake. The results should be less work-life conflict experiences for individual Nurse
employees and increased human resource efficiency resulting in more effective health care outcomes for patients.

Nursing is a profession which is associated with work arrangements such as shift work, rosters and rotas. These arrangements aid in providing 24 hour care to patients within hospital settings. What impact do these practices have on staff and is there room for improvement? Wise et al. (2007) in their research allude to the fact that shift work can potentially make it difficult for Nurses to manage care and other non-work responsibilities such as relationships and community or personal development activities. Day & Chamberlain (2005) explain that in addition to the number of hours worked, the way work is scheduled also impacts on work-family conflict and found that regular work schedules as opposed to shift work allowed for lower amounts of conflict between work and non-work roles. Indeed shift work has been seen as adding to work-life conflict for Nurses. Nurses are frequently required to work in shift work teams to provide continuous, 24-h patient care. Some Nurses adapt to their work schedules but many report negative impacts on work-life conflict and their health (Loudoun & Pisarski, 2005). West et al. (2012) emphasize that within the nursing literature the negative impact which shift/night work can have on Nurse well-being is recognised. Skinner et al. (2011) cites research by Perrucci et al. (2007) noting shift work is a well known as a risk factor to health and well-being. Skinner et al. (2011) further state after researching in an Australian context that there is substantial room for improvement in Nurses’ current work practices. Participants in the study by West et al. (2012) found the main problem was ensuring enough rest was achieved between shifts. The necessity to determine a ‘personal level of shift work tolerance’ is cited as being important to Nurses specifically those at mid-life. ‘Employee Sovereignty’ and creative ways of organising shiftwork was seen by participants as one way of overcoming the disadvantages associated with 24/7 healthcare delivery (West et al. 2012). Insufficient autonomy and inadequate control over work schedules and workload are also leading causes of turnover and job dissatisfaction in nursing (Loudoun & Pisarski, 2005)” (Pisarski et al., 2008:585). Through increasing Nurses’ ability to select their own hours, work-life dilemmas and work-life conflict become less problematic for Nurse employees.
2.3.2 Flexible Working Hours & Employee Choice

The report *Flexible Work Practices in Nursing* in 2012 cites research explaining the wish for flexible work practices seems to be a global nursing phenomenon (Stone et al. 2003; ICN 2004; MacPhee & Svendsen Borra, 2012). Another report (Krings et al. 2009) looks at 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. This concurs with research by White et al. 2003 who highlight the importance of policy in regulating working hours because these have been shown to have the most influence by far on negative work-to-home spill over. Lewis & Cooper (1999) called for a need to investigate consequences of long working hours on employee’s health and well-being. Extended hours at work were significantly related to WIF, and FIW, and in turn were connected to health impacts such as depression and stress related illnesses (Smith Major et al., 2002).

An analysis of the first national survey of employees in Ireland by Russell et al. (2009) examines the impact of three main types of flexible work arrangements on employees’ perceptions of work-life stress and their ability to carry out their caring responsibilities. Their basic hypothesis is that flexible work arrangements – flexi-time or flexible working hours, part-time work and working from home – will reduce work-life conflict because they provide employees with greater choices. This concurs with Rodgers (1993), who reports that the option of full time, flexibly scheduled work was indicated as the most valuable benefit option by employees, and ranks ahead of dependent-care issues (Allen, 2001). Empowering the individual employee to choose the work-life flexibility for their stage in life in addition to choice is vital. Flexible work policies have been traditionally designed to allow employees a degree of choice over how much, when and where they work and to assist them to achieve a more satisfactory Work-Life Balance (Kelliher & Anderson, 2010). Further these authors also call on numerous research articles to highlight that when employees are able to exercise choice over their working patterns, evidence suggests that a positive impact on job satisfaction will result (Hill et al., 1998;
A review of sixty studies including qualitative and quantitative evidence of ‘off-shifts’ (nights, weekends and/or holidays) on quality and outcomes for employees within the hospital context found evidence to suggest outcomes for patients was worse at weekends and for employees those working night shifts had poorer health outcomes (De Cordova et al. 2012). Within employee outcome studies, statistically here was significant evidence that those who work at night and rotate to work at night were at increased risk of poorer outcomes (e.g. fatigue, decreased mental well-being and job dissatisfaction) (DeCordova et al., 2012). The nature of healthcare means that almost all employees will be required to work nights at some point in their working lives. How work-life policies can be designed to counter-act the negative effects of such working hour schedules or how individuals can develop coping strategies to reduce the negative impacts needs to be developed? This research study looks broadly at Nurses’ opinions on their experiences of WLC and LWC which does include looking at their working hours, schedules and the impact of these on their lives.

Flexibility in employees work-life is an essential element to facilitating WLB and Russel et al. (2009) found that even by these policies existing improvement in working conditions can be seen regardless of take-up. The availability of work-life balance policies and practices, independent of actual use is reported to produce similar positive results in terms of work-related attitudes (Beauregard & Lesley, 2009). This has also been shown for family friendly policies. By virtue of offering such policies companies and organisations are showing consideration of employee needs and this will often result in greater organisational commitment (Grover & Cooker, 1995).

Complete choice over work hours for all Nurses may be an impossible achievement in some organisational settings where staff shortages are common and often Nurses are either in similar age brackets or varying age ranges with either similar or diverse life needs. Research involving 650 randomly selected Nurses in Ontario, Canada found that of those participating in the study (89%) were working an employment pattern of their choice (Mallette, C., 2011). This study further suggested that Nurses want to work different patterns depending on their age. Of those aged under 30, 64% wished to work full time, of those between 30 and 39, 61% preferred to work in part-
time or causal positions while 39% wished to work full time. Nurses work hours were found to impact their psychological contract with full time Nurses having a more ‘relational psychological contract’ than their part-time or causal counterparts based more on loyalty and support. The type of contract Nurses have directly effects Nurses job satisfaction, commitment and intent to withdraw from their nursing career. The need to ensure strong employment relationships through the development of relational psychological contracts within the nursing profession is cited as a possible way around current and future challenges due to an ageing workforce, a nursing shortage, economic demands and budget shortfalls. The improvement in Nurses perception of organisational support is seen as vital in this goal. WLB policies and practices which actively seek to reduce WLC and LWC for example offering some degree of choice in shifts and work schedules illustrate organisational support to employees. Although research by Mallette is situated within a Canadian health service context similar challenges are and will continue to be met within an Irish Health service context.

2.3.3 Nurses Contracts & Scheduling

The lack of control and choice over work hours is seen to impede employees’ achievement of Work-Life Balance and increase work-life conflict. Nurses who lack perceived control over their shifts are stated as increasing work-life conflict, fatigue and have negative health implications (Loudoun and Bohle, 1997; Pisarski et al., 1998, 2002 2006). To encourage balance between work and home, possible benefits of self-scheduling strategies have been noted, especially for Nurses who have responsibilities such as young children (Kane and Kartha, 1992; Teahan, 1998; Kane 1999; Hung 2002; Hayes et al., 2006). Research by Stordeur et al. (2006) highlights that self-scheduling may promote good balance between work and home whereas long shifts, overtime, weekends, nights, holidays and weekend overtime have a strong relationship with turnover (Shader et al.2001, Strachota et al. 2003). Control over work hours and schedules have been associated with better Work-Life Balance as reported by several research studies. Research findings from 13 of 17 studies suggested that employee control over work hours is linked with improvements in Work-Life Balance (Albertsen et al., 2008). Further research into self-scheduling by Bailyn et al. (2007) points to its benefits as it empowers Nurses to balance their
personal and professional lives, increases predictability and flexibility of the nursing schedule and enhances communication and co-operation in the work environment. Almost all Nurses involved in Bailyn et al. (2007) research pilot felt that self-scheduling offered them more flexibility and allowed them to give better patient care. This concurs with research by Pryce et al. (2006) who looked at the benefits of open-rota systems. They indicated that with open-rota scheduling systems, and the control and choice over work-rest schedules, that significant benefits for Nurses can result (Pryce et al., 2006). Research by Nelson & Tarpey (2010) found Nurses perception of fairness to work schedules (distributive justice) as well as how schedules were developed (procedural justice) are equally important to Nurses overall satisfaction with their work schedules.

2.3.4 Schedules and Parental Responsibility

Work-Life Balance is about successfully managing multiple life roles. Parenting, one of the more demanding life roles employees may engage in outside of work involves significant time, energy and emotional commitment. Panisoarăa, G. & Serbana Procedia, M. (2013) state that a large body of research including Duxbury and Higgins (2008) links parental responsibilities of working couples to incidences of work-family conflict. Research by Roth & Moore (2009) investigating the impact of emergency medical services work on the family system found that shift work and its impact on parental roles was frequently mentioned by respondents. It was found common for spouses to report the feeling that much of parenting responsibilities fell to them when their other half was working a particular shift (Roth & Moore, 2009). Further exploration found rotating shifts to cause chaos within the home environment and have a negative impact on the work-family fit. The research reported by Bailyn (2011) highlights the importance of collective schedules being drawn up not one to one decisions being made with a supervisor. A team based collaborated form of problem solving regarding work flexibility is seen to overcome problems with work flexibilities. The author described that “when employees were granted flexibilities individually, their absence not only interfered with the flow of patient care and made the staff who remained feel unfairly burdened” (Bailyn, 2011:107).
Research using a secondary dataset from the U.S 2002 National Study of the Changing Workforce found evidence amongst working parents to suggest that employees who saw their work schedule as flexible indicated higher levels of Work-Life Balance, which in turn was further linked with positive paths to well-being (Jung Jang, 2009). Day & Chamberlain (2006) found that both Nurses and police officers who worked irregular schedules and showed the highest parent commitment also had the highest conflict in their lives and those with lower parent commitment had the lowest amount of conflict. Overall the study found increased work-spouse conflict was related to decreased spouse commitment while increased work–parent conflict was related to increased parent commitment but with decreased spouse and job commitment. Therefore it can be deduced that the levels of commitment result in conflict levels either increasing or decreasing and this is dependent on choices made by individuals. Choices however can often be affected by individuals work environment and the implementation of work-life balance policy.

2.4 Gap Between Availability and Usage of WLB Policies

The theme of work culture has explained the provision-utilisation gap in previous research by McDonald et al. (2013) within both a public and private sector context. They chose the construction sector in Australia to analyse. The discourse practice gap is in evidence within the public sector with a clear description that disparity exists between formal work-life policy, managerial rhetoric and the working life experiences of employees. Benefits to organisations are explained as enhancing employee commitment and reducing turnover. Smith & Gardner explain that supportive supervisors can promote employees to use workplace initiatives, reduce perceived time demands, career damage and consequently lessen conflict between the work and home domains (2007). Mescher (2010) further explains that companies increasingly portray themselves as supportive of WLB in order to gain competitive advantage in recruiting and retaining employees’.

McDonald et al. (2005) outline five key dimensions of work-life culture which explain the provision utility gap of work-life policies including; Manager Support, Organisational Time Expectations, Career Consequences, Gendered Perceptions of
Policy Use and Co-Worker Support. *Supervisor support* has been singled out in previous research as a key factor in the success or not of family leave policies in particular and *co-worker support* is seen as requiring further investigation. This research study investigates supervisor support under the theme of implementation.

Supportive Supervisors and a well developed culture of support of WLB must be accompanied by real and relevant work-life policies and practices. Casper & Harris (2008) put forward a self-interest utility model to explain that it is the usefulness of work-life policies to employees that influences their use and subsequent attachment to the organisation. This in turn will increase affective commitment and decrease turnover intentions amongst all employees. Combining a person’s individual and work variables alone is not enough to establish the ability of that individual to achieve an adequate Work-Life Balance. It is essential to assess organisational policies and practices in relation to relevant human resource management practices. Only then can a true estimation of what is possible be reached.

### 2.5 Implementing Work-Life Balance Policy

Looking at what policies and practices are available is not enough in assessing what can be really made possible by these same policies and practices. We further need to assess the extent to which they are implemented. Matland (1995) explains that implementation occurs at both macro and micro levels. Berman (1978) is cited as noting that the main problems arise when the macro policy interacts with the institutional setting on the micro level. Therefore variations in how policies are experienced at a local level are expected and that the ability to adapt policies to local situations will facilitate successful implementation. Implementation is explained as being based on the interaction of policy and context and so the development of one theory of implementation is neither practical nor realistic. Berman (1980) cited by Matland (1995) suggests that an implementation plan involving a top down or bottom up approach should be adopted but that both schools are relevant to all implementation plans and processes. The approach should be further determined by the context. In determining whether policy has been implemented successfully the ability to ensure the goals of statutory mandates have been fulfilled is considered important. How else can we establish a clear understanding and definition for
implementation of HR policies? Khilji & Wang state “implemented’ HRM refers to practices operationalized in organisations and experienced by employees” (2006:1172). It is in the experiences of employees’ that we can truly establish if policies and practices have been implemented and if the outcomes are consistent with policy makers’ objectives at both the macro and micro levels. In this study work-life balance policies and practices are being studied. The main objective of implementing such policies can only be that employees’ achieve a balance in their lives which will positively impact not alone themselves but also the settings they work within in a variety of ways.

Fleetwood (2007) acknowledges that Work-Life Balance is very much linked to flexible working but that a set of flexible working patterns does not automatically enable Work-Life Balance. He identifies flexible working practices as often being referred to as employee friendly and often comprise typically of ‘flexible start and finish times, Term-Time Working, voluntary part-time, job share, compressed working weeks (9 day fortnight or four and a half day week), shift swapping, self-rostering, time off in lieu, sabbaticals and career breaks. These are just a sample range of the type of work practices that can be introduced to facilitate greater Work-Life Balance for all employees. Butler et al. (2009) separate flexible work arrangements into two categories one which allows flexibility of work schedules and the other which allows flexibility in where work is performed. He acknowledges that in several countries flexible working arrangements are advocated as a means of balancing work and other commitments, and thus reducing work-life conflict, work-family conflict and work pressure. Regarding the nursing profession certain flexibilities such as where work is preformed cannot be facilitated due to the very nature of the work. De Menezes and Wood (2006) explain that for many flexible work practices are seen often as core to the HR system that is associated with high performance. Research including sixty public sector organisations reported that public sector senior managers should stop thinking of alternative work arrangements as a way to solve all of their employees’ Work-Life Balance issues (Julien et al., 2011). There is no quick fix to work-life conflict dilemmas employees’ face. Lewis (2007) argues that the approach taken to framing current debates around Work-Life Balance has led to quick fix solutions, such as flexible working policies and explains that these often are of limited effectiveness because they do not question
assumptions about the gendered nature of work and/or the constraints under which individual make choices about their work (Lewis et al., 2007:369). These constraints could well involve financial and family care obligations. It has also been recognised by McDonald et al. (2013) that the literature also shows that ‘the implementation of strategies which deal with work-life dilemmas do not always lead to employees full integration of their home and work lives and eradicating conflict’. Is this as a result of low take-up of work-life policies, policies which are not fit for purpose or other factors which affect implementation of work-life policies and practices?

2.5.1 Factors affecting Implementation of Work-Life Balance Policies and Practices

Availability alone of work-life policies has been shown to improve outcomes however for real impact to occur effective implementation is a pre-requisite. Researchers such as Kraut (1990) Nord et al. (2002) and Poelmans & Sahibzada (2004) draw attention to the fact that very little research has been conducted on the actual implementation of work-family policies. “The organisation should assess how policies are being translated into practice, and whether a culture of acceptance, support and flexibility exists. McDonald et al. (2005) cites research by Russell and Bourke (1999) regarding a review of organisational work-family policy which highlighted that adoption of such policies could best be described as ‘ad-hoc’ with little evidence of systematic approaches to work-life policy implementation. This could lead to consistent failures in implementing work-life policy options. Galeaa et al. (2014) explain that when flexibility is unavailable to all employees across the same organisation a atmosphere of jealousy and discomfort can lead to the creation of a workplace culture of suspicion. This as a result places pressure on those respondents who avail of WLB benefits (Galeaa et al., 2014). Although individuals have different work-life needs policies and practices must be enforced equally.

Harris et al. (2009) explains that within health services the implementation of flexible working has caused strain and may be resulting in an inflexible workforce where older Nurses may be required to compensate for the flexible working patterns of their younger colleagues. He states clearly that there is a requirement to examine the implementation of work-life policies in nursing not only to reach the full
potential of flexible working, but to further retain a skilled, older workforce and to uphold fairness in employment practice (Harris et al. 2009). These researchers also explain that people working in ‘mid-life’ have specific preferences in terms of balancing work, life, health and well-being. The Department of Health and Children recognises that the nursing and midwifery rostering system should allow for work balance needs of staff in conjunction with patient need. It further acknowledges that the system of rostering should involve all staff (Buchan: 2009). Therefore the agenda to achieve WLB will challenge managers within health settings to not alone implement WLB policies and initiatives for all staff but to do so in a fair and equitable manner.

As supervisors are key personnel for proper management and gatekeepers of organisational information, organisations must pay close attention to the level of support afforded by supervisors to their employees’. This will consolidate the impression of organisations being serious about supporting their employees’ lives outside of work (White-Jahn et al., 2003). Edgar & Geare (2005) explain that the number of Work-Life Balance practices available is not sufficient and that the way policies are implemented is a stronger determinant of employee attitudes. HR practitioners may need to carry out regular surveys in order to assess employee attitudes and reactions to current HRM practice and assess these on a longitudinal basis to identify what is and is not working (Edgar & Geare, 2005). This should in turn lead to more effective policies and practices being in place.

When companies promote Work-Life Balance they can seek a situation where employees’ concentrate on their paid work without the distractions of home life. Companies can then maximise the contribution from their workforce (Collins, 2007). The benefits which organisations will derive from having policies and practices that work and have been shown to do so will far outweigh the costs of monitoring implementation and effectiveness of these specific human resource management programmes. Costs from high turnover and/or high absenteeism and training in of new employees or losses in productivity would without doubt be more costly than ongoing monitoring of employee Work-Life Balance through monthly interviews and/or survey analysis of employee Work-Life Balance satisfaction levels.
It is evident that balance between two different domains in people’s lives can only be achieved through collaboration between workers and management in organisations. The sharing of this responsibility between workers and managers to ensure that individuals do not experience excessive work-family conflict still remains (Jones et al., 2006:137). Gambles et al. (2006) in their research further explain that despite attention to work and family issues in workplaces implementation gaps between Policy and Practice are widespread. Many employers concede to adopting policies in a ‘quick fix’ approach to work and personal life challenges but are slow to accept the need for more systemic change (Rapoport et al., 2002; Lewis & Cooper, 2005)” (Gambles et al., 2006).

There is a widespread implementation gaps between policy (public and workplace) and practice everywhere (Haas & Hwang, forthcoming; Brandth & Kvande, 2002; Gambles et al., 2006). The implementation gap is explained as worsening “current working patterns and pressures within global competitive capitalism in the private sector and the cost cutting strategies of ‘new public management’ in the public sector” (Gambles et al., 2006:240). The authors note the need for state- provided entitlements, together with collective agreements as necessary for setting standards for the articulation of paid work and family. It often appears that a major constraint in the implementation of WLB policies and practices is at line manager or supervisor level. It is clear that lower level managers require support from senior management to ensure the implementation of a broad range of working arrangements, in order to allow for diversity and equity within organisations to be maintained (Blyton et al. 2006).

In the healthcare environment diversity exists between employees and this must be allowed for in the implementation of work-life policies and practices. Employee diversity should also be seen as facilitative in implementing work-life options fairly and in a way they can impact both individuals and organisations in the best way possible. One of the main factors affecting implementation is the role of managers/supervisors in implementing successfully Work-Life Balance policies.
2.5.2 The Role of the Manager in Work-Life Balance Policy Implementation

Managers are the agents of HRM policy and operations and are also part of the human resource which is so valuable to their organisations (McConville & Holden, 1999). Their roles need to be defined as a way of ensuring proper management can occur within organisations. Todd and Binns (2013) cite research showing that where managers are ambivalent about work-life policies or apply them in an inconsistent way the employee’s ability to use these policies and their meaningfulness in general can be severely undermined (Eaton 2003). Further to this line of discussion Gambles et al. (2006) argue that often work-life policies and practices are developed unevenly and are most likely to be developed in large organisations, especially in the public sector or where women’s labour is needed. Legislation does provide rights to men concerning their work and non-work-life integration. While some men, mainly in the public sector, use parental leave to reduce their working week, the portrayal of the ideal worker as working full time and ensuring family life does not intrude on work still dominates in most organisations (Gambles et al., 2006). If this climate exists within organisations then the implementation of Work-Life Balance policies will be severely curtailed. The role of the manager is to ensure extensive implementation of work-life policies is facilitated. Therefore organisations and managers must go beyond just acknowledging employee’s childcare and parental responsibilities. Nord et al. (2002) suggest a need perhaps for a total readjustment within the human resource system in order to facilitate employees to align their job requirements, evaluations and rewards with their own Work-Life Balance goals and objectives. The important role of human resource managers in implementing policies and practices is recognised.

Research by Long-Zeng Wu et al. (2012) explain that supervision which is abusive causes work stress that provokes employees’ work-family conflict. As a result increased levels of work-to-family conflict result in actions that undermine the self-worth of their family members (2012). The importance of training employees’ to create boundaries between work and family domains may minimize the negative spill over effects of work on the family. Managers have responsibility to facilitate this type of training and to see it as an important work-life policy for employees in reducing work-life conflict.
Clutterbuck (2003) explains the impact that HR systems have upon Work-Life Balance issues is often hidden and sometimes insidious, acting to create a glass ceiling on those who opt to take on flexible work patterns. Any negative consequences resulting from the use of Work-Life Balance options will further exacerbate the situation of employees not achieving optimum Work-Life Balance. Hayman et al. (2009) explain that employees that do not feel able or free to use the flexible work practices provided by their organisations, because they fear their career prospects may be compromised as a result, may not gain the intended benefits of these work-life policies or initiatives, such as work/Life Balance. The main finding of the Hayman et al. (2009) study found that perceived usability of flexible work practices was linked to work and personal Life Balance. Line Managers must and should ensure that all work-life policies can be accessed by all employees’ in their role. Clutterbuck (2003) further comments that if Human Resources is to take the lead in establishing a supportive Work-Life Balance atmosphere, it must carry out a rigorous audit of all the systems and procedures it controls or initiates. Who gets promoted is one of the strongest symbols of cultural values within any organisation. If there are little or no examples of flexible workers accessing promotion, especially high profile ones to ensure people feel able to avail of WLB opportunities (Clutterbuck, 2003). He believes that there exists at least a moral responsibility to ensure that employees are not trapped in jobs which generate unreasonable, continuing levels of stress. The line manager holds the key to empowering people to take practical steps to improve their Work-Life Balance. HR can boost confidence by creating forums for exchanging experience-newsletters, chat rooms and, most importantly, face to face gatherings where they can share concerns and ways of dealing with them.

Line managers’ sense of isolation on work-life issues should be a key objective in the plan to improve work-life issues within the organisation. Work-life balance isn’t just about agreeing to arrangements with individuals. It’s about enlisting the creativity and goodwill of the team in the design and implementing of on-the-ground solutions (Clutterbuck, 2003). By changing the culture so as to ensure it is truly supportive of Work-Life Balance requires changes in perceptions and in practice from the organisation, line managers, individuals and the team. Human Resource
departments need to play a co-ordinating role. By just appointing HR professionals to organise and manage initiatives is not enough for change to occur; Work-Life Balance must be integrated within key management processes within the organisation (2003). This should ensure the real implementation and effective outcomes of effective work-life balance policy options within organisations and prevent gaps between policy and practices’ arising as is often widespread according to Gambles (2006). Jones et al. (2006) highlights the need for a culture of collaboration between management and employees. It is evident that balance between the two major domains in people’s lives can only be achieved via collaboration between workers and management in organisations through sharing the responsibility of lowering experiences of excessive work-family conflict and working towards the enhancement of people’s work and family lives” (Jones et al., 2006). This acknowledges that the responsibility of ensuring Work-Life Balance is promoted and achieved perhaps is contingent upon co-operation between both employees and employers. Indeed managers need to remain aware that both employees and employers will benefit if policies which promote and assist Work-Life Balance are successfully implemented within organisations. However as Todd and Binns (2013) remind us if management refuses to engage proactively in the implementation of work-life policies attracting and retaining employees will continue to cause organisations problems in a competitive labour market. In a healthcare context where a nursing shortage is a global phenomenon healthcare managers need to ensure they are not complacent when it comes to addressing work-life issues. Nurses’ will exit the workforce and organisations which ignore their work-life needs. How can support of work-life balance policies and practices in all its guises from supervisor support to a no Career Consequences culture from using work-life options be promoted and developed?

2.6 Supporting Work-Life Balance

Supporting Work-Life Balance in theory and in practice seems to be the ideal goal that organisations and employers should aspire too. Lyness, K. and Judiesch, M. (2014) suggest however that studies have shown that supervisors can form impressions about their subordinates’ non-work involvement and further that supervisors’ judgements about how well their subordinates balance work and non-
work responsibilities can be positively linked to appraisals of performance at work and affect promotional opportunities. Lyness & Judiesch explain that in particular in work settings, supervisors may have varying degrees of personal contact and insights into their work colleagues’ personal lives and how WLB is conceptualised for them (2014).

Excessive employer or supervisory invasion into employees personal lives could be perceived as organisations using a Work-Life Balance agenda to further their cause rather than actively seeking to promote the support of employees’ to be able to achieve the Work-Life Balance which employees’ choose for themselves, can live with and be happy with. The understanding that support of Work-Life Balance incorporates the facilitation of employees’ to manage multiple roles both within and beyond the workplace must remain conceptually intact. Supervisors and managers need to be aware that in general all their employees will have multiple commitments in their lives. Their role as managers therefore should be primarily to support and implement effective human resources policies and practices which reduce role conflict. This must remain the paramount goal in supporting Work-Life Balance.

Research by Abendroth & Den Dulk (2011) of 7867 service-sector workers in eight European countries show that the most extensive national work-life policies are still to be found in Scandinavian countries while in other European countries, Work-Life Balance support is seen as a private concern, with people dependent mainly on assistance from relatives or friends in the juggling of work and non-work demands (2011). What is meant by the term support when discussing Work-Life Balance? WLB support, as a strategic HRM policy, is meant to help retain employees’ and to develop an employee’s ‘unique capacities’ (Mescher et al. 2010). This research study understands support to be any assistance provided to individual employees in combining their work and non-work roles with the main outcome of this support being Work-Life Balance. Workplaces often form a central part in many people’s lives. This is not to the exclusion of their lives beyond the boundaries of the workplace. Individuals require better support but this can be hindered by poor or no understanding of how sources of stress vary between different practice areas. It can further be hindered through the poor predictive power of assessment tools, and a general lack of understanding of how personal and workplace factors can interact.
with each other (McVicar, A., 2003). This understanding however is critical to ensure effective implementation of Work-Life Balance practices. Moos’ Work Environment Scale suggests that a supportive work environment enables Nurses to provide quality patient care, enhance their own self-esteem, increase job satisfaction, and provide cost savings to their employers. An environment like this promotes the retention of skills and expertise of experienced Nurses providing better patient care with fewer complications. It further reduces the economic and social costs associated with healthcare for both the consumers and the providers (Hayhurst et al., 2005). Similarly Frye and Breaugh (2004) suggest that an employee’s work environment must support the use as well as offer family friendly benefits. Availability of work-life policies and practices alone without proper support will not probably impact WLC and LWC in any real way. The use of work-life options will be undermined without supervisor support and a supportive culture for employees who strive for a good Work-Life Balance.

Abendroth, A., & Den Dulk, L. (2011) survey which looked at emotional and instrumental workplace and family support highlight findings regarding employer support that illustrates that the public sector and larger organisations are leading the way (2011). Research involving Australian public and private sector employees, including 1064 Nurses (344 from the public sector) by Brunetto et al. (2010) looked at the supervisor-subordinate relationship. It specifically looks at the relationship with perceptions of work-family conflict and in turn job satisfaction using the relational dimension of the social capital theory. It is acknowledged that with the introduction of new public management (NPM) which is understood to be public sector organisations adopting private sector management practices the supervisor-subordinate relationship has been changed and lessened in favour of a greater focus on finance. The importance of looking at the impact of supervisory relationships on work experiences (work-family conflict) of Nurses is argued by Brunetto et al. (2010). In a climate of economic challenges and HR being dictated to by finance departments, supervisor and management support and promotion of Work-Life Balance and their respective policies and practices becomes all the more critical. Without the continual endorsement by managers and supervisors of the need for policies and practices which facilitate Work-Life Balance, neglect of this area could
lead to greater financial strains being placed on organisations through the side effects of increased absenteeism and turnover.

2.6.1 HR Manager, Supervisor, Co-Worker and Family Support

One author from the literature explicitly states that where supervisors proactively encourage the integration of paid work with family responsibilities, employees will be more likely to avail of work-life programs which are made available (McDonald et al., 2005). Further research carried out in a sample of large public and private sector organisations in Ireland as reported by McCarthy et al. (2013) found HR managers influence usage of work-life policy options. Their findings extend the work-life supportiveness theory by being inclusive of the HR manager as a potentially significant factor in determining employee WLB programme uptake and outcomes (McCarthy et al. 2013). Major et al. (2008) report that research has consistently shown that a supportive relationship with their supervisor can be associated with diminished work-family conflict and work-life outcomes are improved as a result.

Work-family balance is said to be promoted and protected through encouraging and fostering supervisor-subordinate relationships which are based on mutual trust and respect. In addition effective communication, improved workplace networks and overall increased social capital within the organisation is highlighted as leading to better economic outcomes for the organisation and greater organisational effectiveness Brunetto et al. (2010). This is illustrated as resulting from supervisors and employees finding solutions to work-family conflict situations leading to win-win situations rather than lose-lose situations. As to what are the antecedents of positive perceptions of organisation support job security, supervisor and work group support were seen as factors to positive support perceptions (Valcour et al. 2011).

Results from a survey of 564 workers, show that family friendly policies exert little effects on felt conflict, and that a positive work-family culture and correct family support may be more useful in helping employees to balance their work and home roles (Premeaux, Adkins and Mosholder, 2007). Supportive supervisors play a key
role in the implantation of family supportive policies: supervisors embody and reflect the organisational culture (Powell and Mainiero, 1999; Scandura and Lankau, 1997). Human resource managers and management at all levels therefore have a role in increasing the level of support they provide and that this alone could be as beneficial as available family friendly policies and the use of such policies. Research has shown that employees who benefit from social support from supervisors indicate less work-family conflict (Frone et al., 1997; Thomas and Ganster, 1995; Jones et al., 2006). Workplace support from supervisors and co-workers incorporates aspects of instrumental and emotional social support as well as a sense of community in the workplace (Abendroth, A., & Den Dulk, L., 2011). This support provides information and assistance in performing work duties, solidarity, understanding, acceptance, and praise. Allen (2001) suggests that the availability and existence of family supportive benefits could be indirectly related to work-life conflict through the perceived family supportiveness of the organisation. Her results indicate that employees’ who perceive their organisation as less family supportive experience more work-life conflict and less job satisfaction than employees who perceive their organization as more family supportive.

The importance of the role of the supervisor in remaining focused on building good employee relations is seen as critical in the adoption of new public management practise where the focus has moved on managing financial aspects more than supporting employees. Where supervisors have dual responsibilities for managing people and budgets, a backup support mechanism should be set in place. The word human in human resource management needs to remain intact and a key component of that role must remain employee support as well as a trusted information source for all employees. Work-Life policies and practices will not be successful if not adequately supported both formally and informally within organisational settings at all levels from senior management to co-worker in conjunction with external familial supports.

2.6.2 Consequences of Support of Work-Life Policies

Organisations and supervisors who are seen to support individuals to conserve resources such as time which they need to meet both their work and non-work
demands will result in employees having positive perceptions that organisations and supervisors are supportive of them achieving a Work-Life Balance and using work-life policies. Increased work hours or enforced overtime and increased workloads will all negatively impact on employee’s perception of organisational support and undermine possible use of work-life policies. It has been argued that previous research has recognised that employee perceptions of organisational work-life support as a significant predictor of multiple personal, family and job-related outcomes (Valcour et al., 2011). As well as making available a wide range of work-life policy options effective support structures must be in place to achieve positive outcomes in both the employees’ work and non-work domain.

One of the key concerns for any employee using work-life options in a non-supportive work context is the impact this will have on the further progression of their career development. Lyness & Judiesch (2008) cite research that suggests according to gender culture theory, organisations provide promotional opportunities to those employees who focus on work tasks and have no interference from family or other life/personal matters (Acker, 1990; Kanter, 1977). However they report their own research findings which look at manager’s use of work-life policies and highlight that Work-Life Balance had a significant positive relationship to potential career progression (Lyness & Judiesch, 2008). In supporting use of work-life policies it is essential that no negative consequences result or is perceived as an inevitable outcome. Yildirim & Aycan (2008) cite research by Anderson et al. (2002) explaining negative Career Consequences was related to lower job satisfaction and higher turnover while supervisory support had a direct relationship with all employee outcomes.

Management at all levels need to support all work-life initiatives if they are to achieve successful outcomes for both employees and their organisations Cegarra-Leiva et al. (2012). The purpose of such initiatives needs to be clearly understood and work-life needs to move beyond being a woman’s issue only. WLB policies need to move to mainstream as one author suggests that, as long as these policies and programs do not form part of the actual composition of organisations but remain additions, the use of them will continue to be suspect (Jones et al., 2006). Therefore a need to view Work-Life Balance as a people’s issue and not just an issue for
women is required when at the planning and implementing stages of Work-Life Balance policies within organisations. This will further strengthen the ability to organise a collective support agenda towards the development and use of a range of work-life policy options which will be suitable to meet a range of employee needs. These will be inclusive of all employees regardless of gender and/or age or other demographic variables.

Many of the studies have argued that work-family policies are a necessary but insufficient strategy to help employees effectively manage work and family demands (Batt and Valcour, 2003). Some argue that employers must consider a broad range of human resource practices as components of systems that together shape employee capacity to meet work and family demands in a holistic manner. They point out that the effectiveness of formal work-life policies depends, in large part, on whether front line supervisors support their implementation. Previous studies have shown that supervisory support of work-family balance results in job satisfaction being higher and work-family conflict being lower (Voydanoff: 2002). Yildirim & Aycan (2008) found research in a nursing context in Turkey to find that supervisory support is a factor which is directly related to work-to-family conflict (WFC) and also directly related to higher job satisfaction. Kelly et al. (2008) further reinforce this fact noting supportive supervisors and greater perceptions of support result in lower levels of work-family conflict (WFC) citing numerous authors which corroborate this finding. Kelly et al. (2008) note that supervisor support and work-family conflict is significant for women but not men citing research by Batt & Valcour 2003. Support from top management is cited as being important. One research project reported top level management support for WLB programs was viewed as being very important (Nord et al. 2002). To conclude support and perceived support in the work context is vital to work-life initiative implementation and use and their potential beneficial outcomes to both employees and their organisations. Therefore for this research study it is necessary to investigate support and satisfaction with work-life use in order to assess the full impact of work-life balance policies and practices on WLC and LWC outcomes.
2.7 Factors Which Affect Usage of Work-Life Policies

2.7.1 Individual Factors

It is acknowledged in the literature that individuals are multi-faceted and so too are the factors that will sustain or disrupt individuals having an optimum work-life relationship. Skinner and Pocock (2008) illustrate three factors which will contribute or not to individuals achieving a healthy work-life relationship which include; individual life circumstances, values and priorities. Depending on these three areas the work-life agenda will vary for individuals.

Smith & Gardner (2007) explain that awareness of work-life balance policy availability at an individual level is strongly associated and supports the use of such policies. Lack of awareness therefore can contribute to non-use of such policies. Gender too has been found to be associated with initiative use with females more likely to use WLB initiatives. The importance of gender as a factor in work-life balance policy use is recognised by authors such as Hill et al. 2012 and Uusiautti & Maatta, 2012. Further research evidence found overall that no significant relationship exists between work-life balance policy use and number of dependents, marital status and tenure (Smith & Gardner, 2007).

Work-family conflict has been found in other studies to be greater when dependents are younger in age McCarthy & Darcy (2007). Indeed McDonald et al. (2005) cites research explaining that in fact women with dependent children have been the largest demographic group to use work-life policies (Charlesworth, 1997). Research by Laurijssen & Glorieux (2013) found that following children (family formation) only the reduction of working hours seems to improve work-family balance for employees through reducing experiences of time pressure. The importance of work-life policy availability to employees with young children is further noted by Jung Jang (2009). The need to ensure work-life programs meet the needs of all employees including older employees is emphasized by Hill et al. 2012 as organisations will increasingly rely on a older aged workforce. Johnson (2004) lists six different age groups and explains that the one thing they all have in common is that they need a tailored approach due to all having varying needs (2004). Johnson further explains
that for employees to become truly engaged with their work, employers must track the changing expectations of their employees. The emerging individual needs of each employee must be recognised and employers must treat people as individuals when they are working for them. This must be seen as a key pre-requisite to successful implementation of Work-Life Balance policies.

Employees who are ‘dual centric’ as Galinsky (2003) notes put equal emphasis on their work and non-work roles. Equally employers should view employees as ‘whole people’ with lives in implementing usage of work-life policies and programs. All individuals have varying personal circumstances that will impact on their ability to achieve Work-Life Balance. Personality and situational factors will combine to influence the type of Work-Life Balance that needs to be achieved. A person’s gender, marital status and the number of dependents they have both under and over 18 will impact on the roles they have to play through their lives and the decisions which the choose (Uusiautti & Maatta, 2012; Hill et al. 2012). None of these personal factors remain static and so the constant evolving nature of personal factors will influence the individual’s ability to maintain and sustain the necessary Work-Life Balance.

This study provides analysis on eight individual demographic variables; Gender, Marital Status, Spousal Employment Status, Dependents Under eighteen and Over 18, Nursing Position, Length of Time in Current Position, Temporary/Permanent Contract, Job Status, Number of Hours per week, Number of Years of Training and Average Commute Time. Although nursing employees are predominately female there are an increasing number of male employees within the profession. These demographic variables were included for analysis as they were deemed important in previous work-life studies.

2.7.2 Work/Organisational Factors

In addition to the influence of personal variables specific work and organisational variables must in addition be considered in the individual’s ability to gain a good Work-Life Balance. A person’s position, the length of time they have been in their work position, their training and the numbers of hours they work are key factors
influencing their daily life choices. The type of contract employees’ are employed under and the choices employees make in relation to their work hours is seen as impacting on individuals Work-Life Balance. Security of tenure provided by employers allows for more stability and a greater ability to make long term plans both in employee’s career and personal lives. Research to date has shown that in many instances employees who choose to work reduced hours often accept, that this comes with an understanding that their promotional prospects may well be affected as a result. One employee noted that as a result of not going back to full time hours, any chance of serious promotion is gone for them (Kodz et al., 2002). It was noted especially by employees in managerial positions that working long hours and not availing of flexible work options was important in order not to jeopardise career prospects. Another angle on the same theme illustrates many employees fear that if they use WLB programs, they may be perceived as being less committed to the organisation, and thus lower their career prospects (Nord et al. 2002). McDonald et al. (2005) too found that one of the explanations for the gap between work-life balance policy provision and use concerns the perception of negative Career Consequences. The under-utilisation of work-life policies has possible implications for fertility levels in developed countries (McDonald et al., 2005). Tomlinson (2006) outline that younger woman with higher occupational status delay starting families in order to develop careers that they can maintain through their life at their own choosing. This is in contrast to their lower educated counterparts who tend to follow a more traditional life route making career choices later in life similar to previous generations. Similar discussions surrounding women’s family formation and career decisions have been explored by numerous work-life researchers as illustrated by Moen (2011).

McDonald et al. (2013) in her research within the construction sector in Australia found an understanding that having children was seen as a personal decision and a rejection of the notion that any form of responsibility should fall on the organisations in supporting childcare. Career consequences are not an inevitable outcome of choosing work-life options and employees need to ensure they remain true to their own personal life goals. The costs of not using work-life options could well result in missed life opportunities or repeated work-life conflict that will eventually lead to more serious consequences than reduced promotional opportunities. Bourne et
al.(2009) state that companies should illustrate the ‘bridge’ between employees’ work and non-work roles, whether that involves supporting care giving responsibilities, encouraging volunteer efforts, offering specific leaves from work, supporting health and well-being, or any other dual centric program (Bourne et al., 2009).

The family-supportive supervisor is one who is sympathetic to the employee’s wish to find a balance between work and family and who engages in attempts to assist the employee accommodate his or her work with family responsibilities (Allen, 2001). Of all family-responsive policies flexible schedules of work such as flex time have been shown to improve absenteeism, turnover and overall job satisfaction for employees (Grover & Crooker, 1995). The term perceived organisational family support is also used and is presented as a two-dimensional construct. Current theorizing together with the results of existing research show that employees seem to differentiate between tangible support (e.g. work-family practices) and intangible support (i.e. the culture of support, the belief that an organisation is understanding of and flexible about conflicts that may arise) (White-Jahn et al. 2003). Bailyn (1997) is cited by Clark (2001) to identify three characteristics of family friendly work cultures. These are described as temporal flexibility (flexible work scheduling), operational flexibility (flexible work processes), and a general understanding by organisational leaders that family needs are important to consider (Clark, 2001). Temporal flexibility is defined by Clark as the ability to have discretion in ones work schedule. Bailyn’s (1997) definition of operational flexibility is then used by Clark to define this term as an employee’s ability to control the conditions of their work and that this work can be done without unnecessary monitoring and conditions. Therefore to summarise, research has to look at both work-life balance policy option availability and who employees communicate with in order to avail of these policies. These personnel form the gatekeepers to usage of work-life policies. The gap however that can sometimes exist between what is available and what is used must be explored.
2.8 Usage and Satisfaction with Work-Life Policies

The achievement of Work-Life Balance can arguably be narrowed to a number of main points according to Clutterbuck (2003). These include the following items: 1) being aware of all the demands on your time and energy 2) Having the ability to make choices in the allocation of time and energy and 3) knowing what values you wish to apply to these choices together with making those choices consciously. The recognition of the need to achieve a semblance of balance in life is critical to a conscious awareness of thinking through these three areas with a vision to gaining a balance and improving one’s general life, health and well-being. From this awareness and personal evaluation employees can inform organisations and their own personal support network what they need from them. Research by Sturges and Guest (2004) explores what possible work/Life Balance meanings exist for different groups of employees, especially younger people and those without ‘traditional’ family responsibilities. They further explain that understanding what WLB can mean for different individuals will be especially valuable in the development of theory about work/non-work balance (Sturges and Guest, 2004). This current research study although not specifically asking participants what Work-Life Balance means to them, it does ask them to assess if they are currently satisfied with their own Work-Life Balance.

Research carried out by Kodz et al. (2002) illustrated that take-up of options such as part-time, job share and career breaks were higher amongst women, lower grade staff and amongst those who do not place a high priority on their career. The research also highlights managers’ opinions when it is reported by them that people are more relaxed at work if they know they can take time to deal with domestic issues if such a requirement presents itself (2002). McCarthy et al. (2013) found that perceptions of work–life support measured at human resource management and immediate supervisor levels affect employee uptake of work–life programmes, employee work–Life Balance outcomes and turnover intentions.

Research by Abendroth, A., & Den Dulk, L. (2011) explain that results show that emotional support and instrumental support in the workplace have a complementary relationship where emotional family support has a positive impact on Work-Life
Balance satisfaction while instrumental family support does not. Supervisor and colleague support is essential for the actual take-up of workplace policies and for the management of work and personal lives (2011). Therefore emotional support from individual’s families in achieving satisfaction with their WLB together with supervisor and co-worker support for the actual usage of organisational WLB policies and practices will contribute to employees’ overall WLB usage and satisfaction levels. The pressures on work/Life Balance increase steadily as graduates become more embedded in the organisation. At the same time, they become more likely to feel that the organisation has failed to keep its promises concerning hours and workload. The tensions between working long hours and a wish for work/Life Balance is supported by a study by Sturges and Guest (2004). Thomas and Ganster (1995) explain how control- the ability to influence one’s personal environment so that the environment becomes more rewarding and less threatening – has been found to play an important role in the moderation of work-family conflict. WLB policies such as flexi-time, job sharing and participation in decisions that impact control around their work should reduce the strains of bi-directional work-family conflict (Jones et al., 2006). Clutterbuck explains that job sharing requires the people concerned to have joint responsibility for the same tasks and that they may each have some specialisation and would leave subtasks to each other, they manage a joint outcome. He notes that the need for liaison, particularly when handing over is essential (Clutterbuck, 2003). Blyton et al. (2006) discuss that the duration and scheduling of working patterns in healthcare, together with related levels of workload and work pressure raise important questions in the quest of providers to achieve meaningful Work-Life Balance. There is evidence to suggest direct links between high patient-to-nurse ratios and mortality rates within hospitals together with higher emotional exhaustion, increased job dissatisfaction, and increased incidences of work-life conflict amongst Nurses (Shamian and Griffin, 2003). The findings suggest the importance of reducing the demands placed on healthcare providers with a focus on improving the work environment in support of Work-Life Balance.

(Shamian and Griffin, 2003) outline the most obvious difference is that healthcare employees’ deal solely with human lives – in all stages which means that the risks and consequences cannot be assessed exclusively or even primarily in economic
terms. They highlight the irony that in an environment which aims to support those in need and do all that is possible to meet the needs of the people receiving care but seem incapable of meeting the needs of those who are giving the care (Shamian and Griffin, 2003). The authors explain that research to date looks at the nature of jobs, the environment, and more generally the culture and that each can have a significant impact on the ability of workers to achieve satisfactory Work-Life Balance. It is imperative that work-life policies are designed to be both relevant and appropriate to the individual and in doing this remain cognizance of both the employees work environment and personal circumstances. Only in this scenario are we likely to see a reduction in bi-directional work-life conflict.

Once effective WLB supports are in place usage of work-life policies should follow. Individuals vary in their abilities and desires so how individuals choose work-life options and their satisfaction with their Work-Life Balance will result from both personal and work factors.

2.9 Conclusion

This chapter has focused on the types of Work-Life Balance policies available and how they have been categorised in the literature to date. It has looked specifically at relevant Irish and EU legislation that directly supports such policies. A table of HSE leave entitlements were illustrated highlighting the terms on which these leaves are made available to employees and what impacts availability of work-life policies was outlined. Factors affecting implementation have been discussed including the important role of managers in ensuring successful implementation and the need for a recognition that a responsibility exists with both employers and employees to ensure Work-Life Balance for all is highlighted. Exploration of research from a variety of authors was used to illustrate the positive impact of work-life policies to both employees and their organisations arising from the successful implementation of Work-Life Balance policies. These include better employee attitudes, greater employee well-being and job satisfaction, reduced work-life/family conflict, absenteeism and turnover and increased organisational commitment. The importance of support at all management levels and in a variety of ways for WLB has been
explored. This chapter provides the theoretical background and discussion leading to the first three research questions. These again are:

1. What Work-Life Balance policies and practices are available to Nurses?
2. (a) How are Work-Life Balance options implemented? and (b) what factors affect the implementation of Work-Life Balance policies and practices for Nurses in hospitals?
3. (a) To what extent are WLB policies availed of by Nurses? and (b) What factors influence the extent to which Work-Life Balance policies are availed of by Nurses?: and (c) how do Nurses rate their current Work-Life Balance?
3: Impact of WLB Policies and Practices on Outcomes

3.1 Introduction

An analysis on the potential impact HR policies and practices can have on individuals achieving adequate Work-Life Balance has to remain cognisant of personal, organisational, and national level contextual factors. These contextual factors as well as the work-life balance policies and practices themselves will impact work-life practices and affect outcomes achieved through work-life policy options. The purpose of this research is to grasp the real essence of Nurse participants WLB and understand how they experience WLC and LWC and the impact WLB policies and practices have on these experiences. This chapter provides a background of theory for the final research question which asks, how do Nurses’ experience Work-life Conflict (WLC) and Life-Work Conflict (LWC) and explain the impact of WLB policies and practices on these experiences?

3.2 Impact of WLB Policies and Practices on Employees

The literature on work-life policies to date proposes many positive outcomes which can be derived from employees using work-life options such as work-life enhancement, enrichment, integration, fit as well as reduced work-life conflict (WLC) and Life-Work Conflict (LWC). Specifically how these impacts manifest themselves in Nurses’ daily lived experiences requires illustration in order to promote a strong case for the continued and extended availability and effective implementation and unhindered usage of such policies and practices.

Research on family supportive work practices and policies illustrate benefits in terms of employee attitudes and well-being (Thomas & Ganster, 1995; McDonald et al. 2005). Thomas & Ganster (1995) focus on work-family policies and is quoted as describing two family supportive elements of the workplace: family supportive policies and family supportive supervisors. Family supportive policies are services such as flexi-time and childcare that help make the management of everyday family responsibilities easier. Facilitating employer family friendly policies can be seen as contributing to personal control and are thought in the main to result in positive
outcomes for employees’ (Hyman et al., 2005). This control given to individuals to help co-ordinate their work and lives outside their paid employment should however have set limits as well as monitored benefits for both employees and employers.

Authors such as Ollier-Malaterre (2010) explain that from research carried out to date Work-Life Balance 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 carry out multi-level research that is inclusive of three layers of context shaping these outcomes: 1) the personal context such as gender, 2) the work environment context such as the nature of the work and the location, and more relational factors, e.g. supervisor support and experiences of fairness, and 3) the country context (Ollier-Malaterre, 2010). This contextual approach in the analysis of Work-Life Balance outcomes for employees can potentially highlight the significant impact or not which Work-Life Balance initiatives have for individuals and organisations as a whole. Caproni (2004) warns us that the literature on Work-Life Balance may result in us going down the same path we are hoping to get off, directing us to over plan our lives at the cost of living our lives (2004). Research in this area should therefore explicitly identify what Work-Life Balance 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 will be more competent as a result and capable of providing good quality work and service to their employers and organisations of which they form part. This is critical to health service delivery.

3.2.1 ELIMINATING STRESS AND BURNOUT AMONGST HEALTH PROFESSIONS

Nursing is widely thought to be a very stressful occupation, characterised by high turnover, absenteeism & burnout (Kirkcaldy et al. 2000). Research by Grady et al. (2008) notes that the world health organisations have expressed concerns over the negative consequences of stress for individuals’ psychological well-being, organisational performance, and financial costs to organisations. Hobson et al. (2001) elaborates that failure to balance excessive work demands with family demands has negative effects for both individuals and organisations, including higher stress levels, increased absenteeism and decreased productivity.
Research by Hammig et al. (2012) which investigated stress and burnout amongst health employees in a Swiss hospital found work-life imbalance to contribute strongly to predicting psychological stress and burnout amongst its employees’. Within the health services context excessive workload has strongly featured amongst the leading occupational stressors, together with patient care, staff relations, self-perceived competence, and other system constraints (Kirkcaldy et al., 2000). Raftopoulos et al. (2012) state that type of ward Nurses work impacts on their expressed levels of burnout. Nurses within the oncology departments, for example expressed the highest level of burnout (21.9%) in comparison to their colleagues working in operating theatres (17.5%), in surgical wards (17.2%) and in the emergency departments (15.9%) (Raftopoulos et al., 2012). Nurses who also worked in ICU (Intensive Care Units) in addition expressed relatively low levels of burnout. This research carried out on Cypriot Nurses found in addition lower levels of burnout in private hospital settings compared to public hospital settings. Burnout is defined in this study as a breakdown of energy resources and adaptability as a consequence of severe stress (Raftopoulos et al., 2012). Understanding the causes and consequences of burnout provides a basis for arguing the need to ensure work-life policies are in place to first of all ensure prevention. In the event of burnout as a work consequence then a suitable work-life policy should be made available to nursing employees in order for Nurses to recover and be able to return with all the necessary support.

The report by the International Centre for Human Resources in Nursing explains clearly that stress related to employees work can have serious health consequences. The report cites research by Hayes et al. (2006) showing that organisational factors such as heavy workloads, managers who are unsupportive, poor career progression routes, inflexible work hours and schedules and lack of autonomy and control in the work environment can all contribute to Nurse stress and dissatisfaction. Eliminating this stress and dissatisfaction which inevitably leads to increased experiences of work-life conflict should be the main goal of work-life policies. Achieving a satisfactory Work-Life Balance is one of the factors which can contribute to employee well-being at work through stress reduction (Grady et al., 2008). Research by Laschinger & Leiter 2006 developed a nursing work-life model to illustrate how
nursing unit and organisational factors influence Nurses lives by contributing to or mitigating burnout. Disengagement is provided as one outcome of burnout. Job satisfaction and burnout have been linked in research by Laschinger et al. 2001. Through improving Nurse job satisfaction, decreased incidences of burnout can result. Manojlovich & Laschinger (2007) extend the Nurses’ work-life model to include structural empowerment. These research studies indicate that Nurses who are empowered, use their work domains more effectively, and as a result, receive greater job satisfaction (Manojlovich & Laschinger, 2007). When managers empower Nurses they are perceived as being good leaders and are more available to be supportive to their Nurse colleagues. As has previously been discussed support is critical in effective implementation of work-life policies. It further contributes to the positive outcomes which work-life policies can achieve.

Adeb-Saeedi (2002) cites research by Wolfgang (1988) who compared Nurses with doctors and pharmacists and found that Nurses reported higher stress levels due to workload, patient needs and team conflicts. Heijden et al. (2008) concludes that the higher Nurses job demands are on a continuous basis then the higher work home interference experienced by them will be and the increased likehood of diminished health and well-being. Research carried out by Pryce et al. (2006) suggest that open-rota systems are, to some extent, an effective way to enhance job satisfaction, Work-Life Balance, support and co-operation within nursing teams. Poor work scheduling and long working hours have been identified as a very real threat to employee health and wellness (Pryce et al., 2006). However the degree of choice which employees have over their working hours is seen as directly related to their health and well-being. Work overload and schedule irregularity appear to increase stress (i.e., WFC) resulting in poorer psychological health and negative attitudes towards work. The importance of maintaining reasonable workloads and ensuring some schedule regularity, to improve Nurses Work-Life Balance must be understood. Further, training programs should be provided to supervisors to improve their empathy and assistance in dealing with the work-family problems of Nurses (Yildirim & Aycan, 2008). The diversity of work-life/family concerns cannot be underestimated and proper supports in workplaces can ensure employees are empowered and concerns can be dealt with effectively for the benefit of both employee and employer.
Control is defined as the understanding that one can exert influence over their environment, either directly or indirectly, in order for that environment to become more rewarding and/or less threatening (Ganster & Fusilier, 1989; Thomas & Ganster, 1995). Several studies of female Nurses confirmed according to research by Pisarski et al. (2002; 2008) that perceived control is inversely related to work-life conflict and that work-life conflict has negative health effects. Wider research based on Karasek’s demand-control-support model (Karasek and Theorell, 1990) and the more recent job demands-resources model (Demerouti et al., 2001) explains that control over different aspects of work reduces stress, improves health and well-being and reduces work-life conflict (Mauno et al., 2006; Pisarski et al., 2008). Elaborating on this idea and applying it to the allocation of shift work both supervisor and colleague support have both been found to influence psychological well-being directly by enabling nursing employees to have more control over shifts and work-life conflict (Pisarski et al., 2008).

Research on what work-life policies often achieve has been explained and in terms of worker well-being, availing of work-life programmes lowers the level of stress employees’ experience who attempt to reconcile demands from home and their job (Grady et al., 2008). This in part is due to allowing employees’ to have greater control over their work commitments. Diez-Pinol et al. (2008) cites Pines (1993) in defining burnout as a state of physical, emotional, and mental exhaustion caused by continuous exposure to emotionally stressful situations. Burnout is considered to be a reaction to prolonged work stress exposure in which different job demands exceed the individual’s capacities to adapt to these demands (Innstrand et al., 2008). The significance of this is that it has been shown that working conditions and the way in which work is organised is directly related with employee burnout. The psychosocial dimensions that have a huge influence on burnout are those which include working conditions (mental pressure and time pressure), work role definitions, level of autonomy, and the support for a balance between work and private life (Moumtzoglou, 2007; Diez-Pinol et al., 2008). Zapf (2002) notes that burnout was first investigated in the helping professions by authors such as Maslach, 1982a, 1982b; Schaufeli & Enzmann, 1998. It started with observations about personal relationships with patients, clients or children which can be sometimes emotionally very demanding and require a high level of empathy and emotional involvement.
(Zapf, 2002). This requires managers to have some degree of knowledge of employees’ personal demands so as to provide empathy and advice on how best work-life options can be used to reduce bi-directional work-life conflict.

This is an important and often neglected area of research for those working in the extremely emotionally demanding environment of health services. Freeney et al. (2009) point to the fact that 25% of European Nurses suffer from burnout of which 7-10% suffering from severe or clinical burnout (Schaufeli and Brunk, 2003; Kristensen et al, 2005; Landau, 1992). Most empirical studies so far analysed relationships between aspects of emotion work and emotional exhaustion, which is a key component of burnout. Stress and burnout are two factors that will increase absenteeism and turnover amongst Nurses and lead to increased problems in providing adequate health services and patient care. Burnout is seen as an indication that employees are no longer able to adequately manage their emotions when interacting with clients according to research by Zapf (2002). Work-Life Balance practices can reduce if not eliminate entirely the damaging effects of both stress and burnout on employees and subsequently ensure maintenance of effective health service delivery. The importance this gives to the findings of this study is that it investigates in-depth core themes (availability, implementation, usage, impact) which facilitate the maximum potential from work-life balance policies and practices to be understood more clearly from Nurses’ perspective within a public sector hospital context.

The HSE Survey of Stress at Work illustrates that arising from this survey some insights into what are the main causes of stress at work have been highlighted which include; work overload, workplace conflict, understaffing, emotional nature of work and time pressure being referred to specifically. Over half (52%) said that their performance had been affected by work overload. A third approximately of respondents said that their performance had been affected by the emotional demands of service users (32%) and by conflict in the workplace (31%) (HSE 2009:20). Medical and Nursing staff were more likely than other groups to have been affected by workplace conflict (HSE 2009). A majority of respondents (61%) were concerned about an aspect of Health & Safety at work; the most frequently cited concerns related to ‘overwork/understaffed/time pressure/stress’(21%), while ‘a poor working
environment’ and ‘size/overcrowded/lack of space’ were mentioned by 15% and 13% respectively (HSE, 2009). There has been policy progress within the HSE in relation to recognising and managing stress within the workplace. December 2012 saw the publication of both the Policy for Prevention and Management of Stress in the Workplace and the HSE Policy for Preventing & Managing Critical Incident Stress.

3.3 Impact of Work-Life Balance Policies and Practices on Organisations

Although this research study does not analyse in-depth organisational level outcomes arising from work-life balance policies and practices an understanding of these is necessary. Policies which for example could potentially reduce absenteeism and turnover will have a significant impact on individual employees. Less absenteeism will result in less re-organising of staff at short notice and keep workloads stable. Fewer turnovers will ensure better working relationships can be developed and maintained while increasing rather than reducing the level of experience the workplace has acquired.

The reasons put forward as to why Work-Life Balance policies and practices should be introduced by organisations are often framed in what is often termed the business case for Work-Life Balance (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 Work-Life Balance policies should be introduced for employees. Kossek et al., (2010) allude to the clear documentation of the business outcomes linked to the reduction of work-family stress, such as decreases in absenteeism and turnover and increases in organisational commitment (2010).

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 incidences of work-
life conflict in comparison to other continental European countries where structural supports for childcare exist and other supportive work-life arrangements for managing the work-life interface (Ozbilgin et al., 2011). 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.

Work-Life Balance support as a HRM policy is seen to contribute to employees’ retention and to further develop an employee’s unique capabilities (Mescher et al., 2010). 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 Work-Life Balance 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.

3.3.1 Reducing Absenteeism, Illness and Turnover

Absenteeism has been cited as being a particular problem within the health sector in many countries (Schreuder et al., 2011). This exacerbates staff shortages and often increases the workloads of remaining staff where budgets do not or cannot facilitate short term agency cover. High levels of staff absenteeism compounds existing work pressures which can in turn lead to further absenteeism. Nurses are exposed to general work stressors such as intense workloads, shiftwork, role conflicts, role ambiguity and other environmental dangers (Schreuder et al., 2011). The emotional demands placed on staff working in the health sector together with the responsibility of patient care increases stress and work pressure. It has been recognised in research to date that through ensuring employees achieve a good Work-Life Balance organisations can reduce their rates of absenteeism and turnover (Carter &
Tourangeau, 2012; Zeytinoglu et al. 2011). 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, having poor concentration levels or suffering from illness (Torun, 2004). Appendix 2 provides absenteeism rates by different healthcare employee groups illustrating for 2012 Nurses’ in Irish public sector hospitals had a 5.42% absenteeism rate. This rate was higher for Nurses than other medical, health and social care professionals but lower than management and other general support staffing groups.

Long work hours have also been illustrated to being related to employees’ suffering from depression and other stress illnesses. (Smith Major et al., 2002). 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 facilitate a reduction in absenteeism rates (Torun, 2004). 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 amongst 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 suggests that organisations of varying sizes across different sectors have all benefited as a result (Torun, 2004). 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. If this does not happen the result will often be poor retention rates and higher turnover.

The most obvious positive predictors of turnover are work overload and work stress, whereas supportive nursing managers and a positive work group climate promoting job satisfaction are negative predictors of nursing turnover (Campion et al., 1996; Stordeur et al., 2006). In research by McCarthy et al. (2007) kinship responsibility
and job satisfaction were found to be the two most important predictors of intent to leave their nursing post. Further research by Jamieson & Taua (2009) discusses that the main reason why Nurses leave the profession is due to the demands of family life be that childcare or needs of close family members, working conditions or the need for a career change. The twin demands of attempting to balance the needs of a career with the needs of their own children have been shown to be the strongest incentives for participants to exit their work (Jamieson & Taua, 2009). The authors call for further research to be conducted on areas such as the working environment, Work-Life Balance and the demands of the Nurses role. Gould & Fontenla (2006) in their research study illustrate that flexible hours for Nurses in standard posts was greater in the first trust, where considerable effort had been invested in developing family friendly policy and resulted in Nurses in this trust displaying higher levels of job satisfaction and to be more strongly committed, both to nursing and to their organisation. This was in a comparison with another trust who had not developed family friendly policies to the same levels. A direct relationship therefore can be understood to exist between available Work-Life Balance programmes and Nurse job satisfaction. Kossek & Ozeki, (1998) explain that people who have high levels of work-family conflict tend to be less satisfied with their jobs. Reducing bi-directional conflict is therefore important to increasing overall job satisfaction. Pisarski et al. (2006) explain a direct relationship between job satisfaction and turnover with greater dissatisfaction resulting in greater turnover. Therefore a relationship between work-life conflict and turnover can be deduced. Work-life policies and practices can be used as HR instruments to reduce organisational turnover. Therefore work-life policies and practices can simultaneously benefit individual employees and organisations as a whole.

Brewer et al. (2009) found that work-family conflict is positively related to turnover intentions of nursing staff. Costs associated with turnover and renewed recruitment drives within health services lead to problems for management in their objective of delivering efficient health services. Bourne et al. (2009) cite that a recent study by Jones & Gates (2008) found that to replace a registered Nurse would be 65,000 dollars. Hayes et al. (2012) reminds us that advancements in nursing turnover research further highlight concerns relating to staffing instability within health care organisations. It has been suggested by Pisarski et al. (2006) that organisational
factors are the leading causes of turnover in nursing. Specifically negative health implications of shift work, lack of control over work rosters, increasing workloads, work-life conflict, job dissatisfaction, lack of autonomy, poor communication, poor managerial practices and lack of supervisor support all contribute to Nurses ambitions to leave either the organisation or the profession entirely. Policies which positively influence and aid staff in achieving a good Work-Life Balance should be acknowledged and promoted as essential in maintaining a happy stable workforce capable of delivering efficient health services and ensuring positive patient outcomes.

The *HSE Survey of Illness and Absenteeism Work* illustrates that arising from this Research 69% of all respondents had been absent from work on sick leave during the last five years. The two most common reasons for absence on sick leave were: musculoskeletal disorders (cited by 28% of those who were absent) and respiratory illnesses (cited by 25% of those who were absent). Those working for the HSE for over 2 years and those who would not recommend the HSE as a place to work were more likely to have been on sick leave (HSE, 2009). Table 7 below shows the range of reasons why employees were absent from their work. It should also be noted at this point that some reasons provided were as a consequence of their work.

**Table 7: Reasons for Absence from Work in the Last 5 years** *(Source HSE: 2009)*
A similar but slightly lower number of respondents (63%) had been absent from work on sick leave during 2006, with the average reported absence being 16 days. The majority (71%) of those participating in the survey were absent from work on sick leave for 14 days or less in 2006. Almost one in five were absent from work for between zero and two days during the same period. However, 2% of those responding were absent from work for over 100 days (HSE, 2009). Less than one in four (24%) employees’ agreed that they have ‘back to work’ meetings with their line manager when they return from sick leave. The majority of respondents state that they do not have such meetings (54%) (HSE, 2009).

Employees were also asked what they consider appropriate supports to facilitate a return to work following a period of sick leave; 12% of respondents cited a helpful manager as a suitable support, while a further 10% cited, more generally: help with difficult tasks / workload / to ease into work (HSE, 2009). Just over a third of respondents (34%) indicated that they had used the Occupational Health Service; 70% of these were satisfied with the service, while 9% respond that they were not satisfied (HSE, 2009). Since this survey was conducted in 2009 a new policy has been written up entitled Rehabilitation of employees back to work after illness or injury policy and procedure (August 2011). Policies offer a clear and fair mandate as to what employees should expect from their employer. Where practices vary from the stated policy employees should be offered a safe route in which to seek redress.

3.3.2 Increasing Commitment & Retention of Nurses

The emphasis in the research given to the importance of choice and empowerment over work hours is critical not alone to employees Work-Life Balance, but also employees overall work performance and ability to provide better patient care. In the national health Service (NHS) Plan (DoH 2000) the government states that improving the working lives of staff could contribute to improved patient care through better recruitment and retention. Family friendly schemes introduced as part of improving working lives are emerging as important aspects to encouraging retention (Buchan & Seccombe: 2003; Gould & Fontenla 2006). Indeed research by Newman et al. (2002) states that improvements in Work-Life Balance are one of the pre-requisites to increasing the numbers recruited and retained within the nursing profession. Stress and job dissatisfaction are reportedly linked to high turnover rates.
in nursing (Adams & Bond 2000; Durand & Randhawa, 2002). This is reiterated in research which highlights that three of the twenty-seven respondents had thought seriously about seeking employment outside nursing, and one was making an application. Shift work, the stress associated with long hours and staff shortages were contributing factors (Gould & Fontenla, 2006). Other research which places a focus on strategies to retain Nurses conducted a qualitative style analysis of Nurses own views working in Canada. Their themes highlight a number of areas identified as being important in retaining Nurses one of which included flexible work schedules in order that Nurses can manage their work and non-work lives no matter what stage of life or career they have reached (Dietrich Leurer, 2007). 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. In addition the survey found that of those Nurses who have exited the profession, nearly half said that reduced stress in their work environments would likely cause them to consider a return to nursing (Carr, 2006).

Sonmez & Benligiray (2011) explain the role of promoting occupational commitment amongst Nurses in order to increase their overall job satisfaction and decrease their intentions to leave the profession. Research by Sonmez & Benligiray (2011) suggest that through providing Nurses with flexible working hours, work pattern regularity and career advancement opportunities occupational commitment can be achieved within the nursing profession. Support at work has also been found as an important determining factor in retaining Nurses. Zeytinoglu et al. (2011) after researching 1396 Nurses in Southern Ontario suggest the need for a ‘supportive two-way communication policy’ to be enacted in hospitals. They further found that Nurses in part-time positions were less likely to leave their positions than their full time counterparts. Research by Brown et al. (2013) which reviewed previous research studies suggests retention of nurse managers and intentions to stay in nursing can be related to many factors. They categorise these into three subheadings which include organisational (organisational culture/values, administrative system, empowerment, job satisfaction), role (empowerment, job satisfaction) and personal (job satisfaction). Work-Life Imbalance was seen as an important consideration for
nurse managers as they often experienced difficulties in combining responsibilities. Research by Firmin & Bailey (2008) suggests that while nurse managers who are also full time mothers have roles which complement one another they also face unique challenges and cite the need for employers to ensure flexible scheduling, educational and childcare support for these individuals.

The necessity for nursing employees to be able to negotiate their working lives with their lives outside the workplace will further enhance their commitment to their profession. Reducing stress in the workplace is critical for nursing employees. High levels of stress within the workplace will spill over into their non-work lives. International Labour Organisation lists the main stressors in the Nurses’ workplace as conflicts with managers, role conflicts and uncertainty, shiftwork, heavy workloads and the emotional stress from working with patients (Sonmez & Benligiray, 2011). Additional stress will occur beyond the workplace if Nurses are facing difficulties in achieving a satisfactory Work-Life Balance resulting in lower levels of satisfaction and commitment.

Boychuk-Duchscher & Cowin (2004) suggests that young Nurses/midwives and other professionals want a meaningful quality of life and may not be willing to work overtime on a continual basis. Why are work arrangements and the impact of these on Nurses’ lives in general an important aspect to look at when planning health service delivery? It is critical because it also has been shown in the literature that the quality of Nurses’ practice environments and overall job satisfaction also has a direct link to patient care and outcomes (Kramer & Schmalenberg, 2004, Lowe, 2005 & 2006). Factors such as stress, poor job, family and life satisfaction can all also have hugely negative effects on recruiting and retaining a highly qualified, motivated nursing workforce (Fereday et al. 2010; Smith et al., 2006 ). An essential pre-requisite for stable reliable health service delivery is indeed a highly qualified, motivated nursing workforce.

3.4 Conclusion

This chapter looked to understand the reasons why employees may not avail of Work-Life Balance options and the influence of working within the public sector. It
draws together existing research on employee views from within the HSE context on what affects them in their workplace. This chapter proposes that the working context of Nurses is particularly stressful and so the need for effective work-life policy is all the greater. It discusses in detail the outcomes of poor Work-Life Balance for individuals and organisations. It illustrates what is beneficial to the organisation can also benefit the individual employee. The fourth research question seeks to delve into the individual Nurse Employee experience of both Work-life and Life-Work Conflict. A complete understanding and appreciation of bi-directional work-life conflict experiences will serve as a mechanism to highlight the important role of work-life policies and practices for this employee group while also perhaps shedding light on how these can be further improved and developed in the future. The core themes of the research study as outlined in the research framework on page four illustrates the critical stages from work-life policy availability to the potential impact these policies and practices have on specific work-life outcomes which are for Nurses’, their diverse and varied experiences of WLC and LWC.
4 Research Methodology

4.1 Introduction

This chapter will detail the exact processes which this research study undertakes to answer the research questions. All research is about developing new knowledge in a particular field as we are reminded by Saunders et al. (2012). This research project will aim to develop new knowledge in the specific field of Work-Life Balance for Nurses working within the Irish public sector hospital context. It will outline the steps taken throughout the research process and provide reasons behind the methodological decisions decided upon during the study. Krippendorff explains that methodology provides a language for discussing the process of research, not just the subject matter (2004). It is this understanding about processes which leads us to understand how we can generate new knowledge on a particular subject matter.

4.2 Overview of Theoretical Factors Affecting Research Design

To be able to answer the research questions as set out for this study there is a need to be able to select appropriate research methods. “The essential thing is to be able to select the method which is most likely to meet the objectives of the research” (Moore, 1983:9). It is important to think about research design in terms of how useful a particular approach is for your research topic. Silverman explains “Models, concepts, methodologies and methods cannot be right or wrong, only more or less useful” (2006:15). This study has drawn on a variety of methods in order to access as wide a population of Nurses as possible and to facilitate both breadth and depth in data collected from participants. Saunders et al. (2012) explain that when using an inductive approach that this will lead the researcher to be particularly concerned with the context and suggest that a small sample of subjects might be more appropriate than a large number as required when using a deductive approach. The literature on Work-Life Balance has provided a wide source of material to inform the research process. From analysing this information, key themes were identified as important in seeking to establish an understanding of Work-Life Balance and specifically for Nurses working in a 24/7 hospital context.
4.3 Philosophical Assumptions of what Constitutes Knowledge

“The research philosophy you adopt can be thought of as your assumption about the way in which you view the world” (Saunders et al. 2012:128). Ontology is a term used to describe the nature of reality. The ontological question asks ‘What is the nature of reality and further, truth? (Merten: 2008:74) “Pragmatists recognise that there are many different ways of interpreting the world and undertaking research, that no single point of view can ever give the entire picture and that there may be multiple realities” (Saunders et al. 2012:130). This seems all the more relevant when seeking to analyse work-life balance policy and practices and the implications of these on individual employees within organisations. We are further informed that interactions between social actors are in a constant state of revision and to fully understand what is happening we need to investigate the reality behind what is happening. Two ontological views are explained by Saunders (2012). *Objectivism* explains social entities exist in reality external to and independent of social actors for example management itself. The second ontological view *Subjectivism* explains managers attach individual meaning to their jobs and positions and the way they think that those jobs should be performed. In this research study the researcher understands that both objectivism and subjectivism ontological viewpoints are relevant. Managers are viewed as separate from individual employees and policies and practices both statutory and non-statutory are external of individual employees. Nursing respondents however when discussing their personal and/or work roles may hold a more subjectivism viewpoint on issues relating to Work-Life Balance. These subjective accounts will provide for a greater authenticity to personal experiences relating to work-life issues.

The relevance again for researchers in the field of Work-Life Balance must acknowledge that each individual will contribute a unique perspective that is a reflection of their lived experiences. Accumulating individual experiences will potentially lead the researcher to be informed of the general reality of situations within organisations and what is happening in employees’ lives within these organisations.
“Epistemology concerns what constitutes acceptable knowledge in a field of study” (Saunders et al., 2012:132). The Epistemological question asks ‘What is the nature of knowledge and the relationship between the knower and the would be known?’ (Merten: 2008:74). Researchers who focus on resources that can be measured in a statistical way are seen as using a positivist philosophy in developing new knowledge while a researcher focusing on feelings and presenting their findings in a narrative is described as employing more of an interpretivist philosophy.

As a researcher using an interpretivist philosophy the researcher needs to adopt an emphatic stance. This involves the researcher understanding the world from the research subject’s point of view. The philosophical position of a Realist Position which Saunders et al. (2012) describes as similar to positivism as it assumes a scientific approach to knowledge creation. Gill and Johnson (2002) remind us through the work of Burrell and Morgan (1979) that for the realist the social world exists independently of individuals. The social world is seen as having a reality of its own and not a reality which is created by individuals themselves but one in which they are born into and live within. The social world is as real and concrete as the natural world for the realist.

Table 8: Research Philosophies in Business and Management

<table>
<thead>
<tr>
<th>Comparison of Four Research Philosophies in Business and Management Research (Saunders et al. 2012:140)</th>
<th>Pragmatism</th>
<th>Positivism</th>
<th>Realism</th>
<th>Interpretivism</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ontology: the researcher’s view of the nature of reality or being</td>
<td>External, multiple, view chosen to best enable answering of Research Questions</td>
<td>External, objective and independent of social actors</td>
<td>Is objective. Exists independently of human thoughts and beliefs or knowledge of their existence (realist), but is interpreted through social conditioning (critical realist)</td>
<td>Socially constructed, subjective, may change, multiple</td>
</tr>
<tr>
<td>Epistemology: the researcher’s view regarding what constitutes</td>
<td>Either or both observable phenomena and subjective meanings can provide acceptable</td>
<td>Only observable phenomena can provide credible data, facts. Focus on causality and law-like generalisations,</td>
<td>Observable phenomena provide credible data, facts. Insufficient data means inaccuracies in</td>
<td>Subjective meanings and social phenomena. Focus upon the details of situation, a</td>
</tr>
</tbody>
</table>
### Comparison of Four Research Philosophies in Business and Management Research

(Saunders et al. 2012:140)

<table>
<thead>
<tr>
<th>Pragmatism</th>
<th>Positivism</th>
<th>Realism</th>
<th>Interpretivism</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>acceptable knowledge</strong></td>
<td>knowledge dependent upon the research question. Focus on practical applied research, integrating different perspectives to help interpret the data</td>
<td>reducing phenomena to simplest elements</td>
<td>reality behind these details, subjective meanings motivating actions</td>
</tr>
<tr>
<td><strong>Axiology: the researcher’s view of the role of values in research</strong></td>
<td>Values play a large role in interpreting results, the researcher adopting both objective and subjective points of view</td>
<td>Research is undertaken in a value-free way, the researcher is independent of the data and maintains an objective stance</td>
<td>Research is value laden; the researcher is biased by world views, cultural experiences and upbringing. These will impact on the research</td>
</tr>
<tr>
<td><strong>Data Collection Techniques Most often Used</strong></td>
<td>Mixed or multiple method designs, quantitative and qualitative</td>
<td>Highly structured, large samples, measurement, quantitative, but can use qualitative</td>
<td>Methods chosen must fit the subject matter, quantitative or qualitative</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Small samples, in-depth investigations, qualitative</td>
</tr>
</tbody>
</table>

Table 8 above concisely compares different research paradigms and what this means for ontology, epistemology, Axiology and Data Collection Techniques. As a researcher in the field of Work-Life Balance a **pragmatic approach** gives scope in allowing the researcher to invoke multiple methods when seeking to answer the research questions. The diversity of people’s experiences is allowed to be captured more accurately when invoking multiple methods. The analysis also allows the researcher to be both objective and subjective in interpreting the results. This is a crucial consideration in Work-Life Balance research. It gives scope to the researcher in drawing up their findings and allows them to include their own values during this process. The context in which the data is to be collected must in addition be considered as this can impact heavily on respondent’s availability to participate and time/resources required in order for sufficient information and responses to be provided.
Researchers in the field of Work-Life Balance are often relying on individual participants to provide an accurate reflection on their daily lived experiences to assess their level of Work-Life Balance and this will always be more of a subjective view as opposed to a completely objective view by the respondent. Through using a number of different research methods we can include multiple perspectives from a variety of individuals and from within different roles allowing for a more comprehensive understanding, greater scope for triangulation and greater validity and reliability in subsequent findings.

4.3.1 Philosophical Foundations of the Study
Many philosophical perspectives exist and this is often dependent on what field of research one is in and what research methods researchers invoke to expand the knowledge of that particular knowledge field. It is accepted that there are about four recognised paradigms operating in the research community currently. These are described as 1) Positivist-Postpositivist paradigm 2) Interpretive-Constructivist paradigm 3) Transformative-Emancipatory paradigm 4) Pragmatism paradigm. Teddlie & Tashakkori define a paradigm as “a worldview, together with the various philosophical assumptions associated with that point of view (2009:84).” Pragmatism is often expressed as the best philosophical foundation for studies involving mixed methods. Pragmatism allows for subjective and objective interpretation and involves using multiple sources to research a particular phenomenon. Mertens contends that although science while grounded in an empirically based tradition it too is influenced by values and recognises the powerful influences of different values. She feels the goal of research and evaluation should be a more ‘just and democratic society’. The author expands that “the researcher has an important role in documenting the goals and values of programs and policies and in critically examining the goals and values of the interventions under investigation” (2008:70). Saunders (2012) explains that Pragmatism allows for a focus on practical applied research integrating different perspectives in order to understand the data collected. Values he cites also play a large role in the researcher’s interpretation when using a Pragmatist philosophical foundation. Research into Work-Life Balance must acknowledge the role and influence of values at an individual and societal level. This will further facilitate a comprehensive understanding of how Work-Life
Balance can be achieved and what policies and practices need to be in place to best support this goal. A pragmatic philosophical foundation is the most useful approach.

4.4 Strategies of Inquiry Underpinning the Study

This study began with a focus on human resource policies and practices in health services delivery to specifically investigating human resource practices that affect Nurses Work-Life Balance in a hospital context. Due to the increasingly difficult economic climate that enveloped the country and in particular public services during the time of the study the level of generalisability of the study findings may be affected to some extent. However due to both the retrospective as well as current investigative style of the research strategies undertaken a level of generalizability of the phenomena under study was maintained. The literature does acknowledge that research of extreme events can lead to limited generalizability but highlight the “importance of assessing research work on its own terms” (Lee & Cassell, 2013:129).

4.4.1 Quantitative Collection Techniques Employed

The quantitative approach also sometimes referred to as the scientific approach relies on the collection of hard, objective information and data which is measurable. Prior to data collection research questions or hypothesis are decided upon, exact variables are outlined in order for them to be measured and research instruments are designed to collect data to answer the pre-determined research questions or hypothesis. The quantitative phase of this research study involved the distribution of two different questionnaires that were developed, designed and informed through the documentary analysis stage of the research study and incorporating scales and questions previously used in work-life research studies. The first questionnaire in Appendix 18 was for all Nurses both manager, specialists and junior Nurse levels within hospitals. All Nurses regardless of grade are entitled to be facilitated towards achieving a Work-Life Balance. The first questionnaire sought to gain information on demographic details, knowledge of available work-life supports such as specific leave entitlements, Employee Assistance Programmes and health promotion advice. A number of scales were used to assess individual perceptions of supervisory support, Career Consequences and WLC and LWC. The scales adopted were from
Anderson et al. (2002) Statements were provided for respondents to rate on a scale of one to five or one to four in some instances on their preferred rating on a Likert scale. The table below outlines the results for the coefficient alpha reliability for each scale used and the reliability of the scale in this study. Further information can be found in Appendix 18 on the questionnaire and scale items. Analysis of data from questionnaires combined both qualitative and quantitative techniques. Descriptive and frequency tables together with more advanced statistical analysis including crosstabulations, chi-squares and correlations were incorporated into the answering of the research questions. Analysis of the open ended questions within the questionnaires involved Content Analysis of all answers and narrowing into core themes identified.

Table 9: Scale Items and Cronbach’s Coefficient Alpha Scores

<table>
<thead>
<tr>
<th>Nurse Questionnaire # 225 respondents</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Manager/Supervisor Support</strong></td>
</tr>
<tr>
<td>Items:</td>
</tr>
<tr>
<td>• My supervisor is supportive when I have a work problem.</td>
</tr>
<tr>
<td>• My supervisor is fair and does not show favouritism in responding to employees’ personal or family needs.</td>
</tr>
<tr>
<td>• My supervisor accommodates me when I have family or personal business to take care of - for example, medical appointments, meeting with child’s teacher, etc.</td>
</tr>
<tr>
<td>• My supervisor is understanding when I talk about personal or family issues that affect my work.</td>
</tr>
<tr>
<td>• I feel comfortable bringing up personal or family issues with my supervisor.</td>
</tr>
<tr>
<td>• My supervisor really cares about the effects that work demands have on my personal and family life.</td>
</tr>
<tr>
<td>Reliability of the scale in Anderson et al. (2002) study.</td>
</tr>
<tr>
<td>Reliability of the scale in this current PhD study.</td>
</tr>
</tbody>
</table>

| **Career Consequences** |
| Items:                   |
| • At the place where you work, employees who ask for time off for family reasons or try to arrange different schedules or hours to meet their personal or family needs are less likely to get ahead in their jobs or careers. |
| • There is an unwritten rule at my place of employment that you can’t take care of family needs on organisational time. |
| • At my place of employment, employees who put their family or personal needs ahead of their jobs are not looked on favourably. |
| • If you have a problem managing your work and family responsibilities, the |
attitude at my place of employment is: ‘you made your bed, now lie in it!’
- At my place of employment, employees' have to choose between advancing in their jobs or devoting attention to their family or personal lives.

| Reliability of the scale in Anderson et al. (2002) study. | .75 |
| Reliability of the scale in this current PhD study. | .89 |

**Work-Life Conflict**

Items:
- Have you not had enough time for yourself because of your job?
- Have you not had enough time for your family or other important people in your life because of your job?
- Have you not had the energy to do things with your family or other important people in your life because of your job?
- Have you not been able to get everything done at home each day because of your job?
- Have you not been in as good a mood as you would like to be at home because of your job?

| Reliability of the scale in Anderson et al. (2002) study. | .85 |
| Reliability of the scale in this current PhD study. | .90 |

**Life–Work Conflict**

Items:
- Kept you from getting work done on time at your job?
- Kept you from taking on extra work at your job?
- Kept you from doing as good a job at work as you could?
- Drained you of the energy you needed to do your job?
- Kept you from concentrating on your job?

| Reliability of the scale in Anderson et al. (2002) study. | .80 |
| Reliability of the scale in this current PhD study. | .81 |

From table 9 above we see that each of the scales provided for a reliability score above the .70 which is required for sufficient reliability. Pallant states “Values above .7 are considered acceptable; however values above .8 are preferable” (2010:100).

The second questionnaire was distributed to all HR managers and senior nurse managers at the twenty-one hospitals included in the study. Fourteen responses were received back. In some instances human resource assistants completed the questionnaire. The second questionnaire in Appendix 19 looked to assess items such as the existence of a policy document on Work-Life Balance within hospital
organisations, levels of support, communication, monitoring and evaluation of such policies. It sought to investigate how policies are implemented and whether or not managers include Work-Life Balance issues as one of their main priorities. An adapted version of the State of Work-Life Balance Survey was used from David Clutterbuck (2003) book ‘Managing Work-Life Balance – A guide for HR in achieving organisational and individual change’. The development of this questionnaire was also informed through prior documentary analysis of the employee handbook on terms and conditions for employees working within the Health Service Executive.

4.4.2 Qualitative Collection Techniques Employed

Documentary Analysis of a variety of relevant documents from the HSE was completed together with the transcripts from fifty interviews from Nurses’ HR Managers and Union officials. In addition open ended questions asked in questionnaires of both Nurses’ and managers were analysed qualitatively.

Qualitative research uses a variety of methods to analyse various phenomenon. “There are four major methods used by qualitative researchers: observation, analysing texts and documents, interviews and focus groups and audio and video recording” (Silverman, 2006:18). The emphasis placed on words and language rather than on numbers and statistics is evident in qualitative methods. “Qualitative data refers to all non-numeric data or data that have not been quantified and can be a product of all research strategies. It can range from a short list of responses to open ended questions in an online questionnaire to more complex data such as transcripts of in-depth interviews or entire policy documents” (Saunders & Thornhill, 2009:480). “Qualitative data is the term given to data based on meanings which are expressed through words and language” (Anderson, 2004:104) “Qualitative procedures rely on text and image data, have unique steps in data analysis, and draw on diverse strategies of inquiry” (Creswell, 2003: 179). Bryman and Bell (2007) further note that qualitative research places greater emphasises on words rather than quantification in collecting and analysing research data. The diverse range in methods of collecting data is useful in answering the research questions for this research study due to their broad range. “The idea behind qualitative research is to
purposefully select participants or sites (or documents, or visual material) that will best help the researcher understand the problem and the research question” (Creswell, 2003: 185). However as Silverman (2006) states, one of the strengths of qualitative research is its ability to access directly what happens in the real world. Qualitative research explores the insights and perceptions of others and the deeper meanings they attach to their situation (Dietrich Leurer et al., 2007:310). This is relevant in the context of Work-Life Balance research as qualitative research methods allows for real insights to be gleaned into the complex negotiations which individuals must participate in when combining their work and non-work roles.

Qualitative research has the capability to examine what people actually do in real life rather than just asking them to comment on it. “There are many different ways of tackling research projects in HR, and it is important to formulate an approach that is contextually appropriate and will generate data and conclusions that are meaningful and valuable” (Anderson, 2004:115). The research questions to be focused on in this particular study require a detailed analysis of employees’ in an organisation, in this case, nursing employees’ in a hospital context. Due to this specific contextual nature qualitative research methods as well as quantitative methods are appropriate. “With qualitative data the organisational context can be taken into account and data focused on particular themes and issues can be generated” (Anderson, 2004: 164). The research questions look specifically at employees and ask about their experiences of using work-life balance policies and practices. Qualitative research methods such as observation, interviews and focus groups can all provide considerable information to answer comprehensively research questions of the nature asked in this research study. External and internal factors can also be accounted for such as specific economic and cultural factors. “One of the main reasons why qualitative researchers are keen to provide considerable descriptive detail is that they typically emphasize the importance of the contextual understanding of social behaviour. This means that behaviour, values, or whatever must be understood in context” (Bryman & Bell, 2007:418). The Nurses in their responses provided some key descriptive insights into their working context and how this interacts with their non-work roles.

Qualitative data was collected from Nurses and managers at all levels through face to face interviews and questionnaires. In meeting Nurses face to face senior nurse
managers facilitated this process by encouraging their colleagues to participate in interviews with the researcher. Six specific hospitals (Galway, Sligo, Donegal, Limerick, Dublin and Waterford) were targeted and the researcher negotiated specific days and times with nurse managers to make visits in order to carry out face to face interviews. Table 11 below sets out who was interviewed and what ward or unit they were working on at the time of the research interview. Information packs containing details of how to access the online questionnaire were provided and emails were circulated. Confidentiality of all content was guaranteed to participants both at individual and hospital level. A number of Nurses signed up for telephone interviews during an annual national union delegate conference. These are marked with an asterisk in Table 11 below.

Table 10: List of Qualitative Interviewees

<table>
<thead>
<tr>
<th>Who was Interviewed</th>
<th>(*Conducted by Telephone)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Nurse (Shop Steward)</td>
<td></td>
</tr>
<tr>
<td>1 Clinical Nurse Manager (Cardiac Unit)</td>
<td></td>
</tr>
<tr>
<td>2 Clinical Nurse Specialist (Oncology)</td>
<td></td>
</tr>
<tr>
<td>1 Staff Nurse (Oncology) non-recorded</td>
<td></td>
</tr>
<tr>
<td>1 Unit Nursing Officer</td>
<td></td>
</tr>
<tr>
<td>1 Unit Nursing Officer (acting)</td>
<td></td>
</tr>
<tr>
<td>2 Staff Nurse (Intensive Care Unit)</td>
<td></td>
</tr>
<tr>
<td>1 Staff Nurse (Stroke Unit) non-recorded</td>
<td></td>
</tr>
<tr>
<td>1 Clinical Nurse Manager (Stroke Unit) non-recorded</td>
<td></td>
</tr>
<tr>
<td>1 Clinical Nurse Manager two (Medical Ward) non-recorded</td>
<td></td>
</tr>
<tr>
<td>1 Staff Nurse (Medical Ward) non-recorded</td>
<td></td>
</tr>
<tr>
<td>1 Clinical Nurse Specialist (Oncology)</td>
<td></td>
</tr>
<tr>
<td>1 Staff Nurse (Oncology)</td>
<td></td>
</tr>
<tr>
<td>1 Clinical Nurse Manager (Oncology)</td>
<td></td>
</tr>
<tr>
<td>2 Staff Nurse (Acute Assessment Unit)</td>
<td></td>
</tr>
<tr>
<td>1 Staff Nurse (Renal Dialysis)</td>
<td></td>
</tr>
<tr>
<td>1 Clinical Nurse Manager (Theatre)</td>
<td></td>
</tr>
<tr>
<td>3 Staff Nurse (Theatre)</td>
<td></td>
</tr>
<tr>
<td>1 Senior Staff Nurse (Theatre)</td>
<td></td>
</tr>
<tr>
<td>1 Staff Nurse (Theatre)</td>
<td></td>
</tr>
<tr>
<td>1 Clinical Nurse Manager (Surgical)</td>
<td></td>
</tr>
<tr>
<td>2 Staff Nurse (Oncology)</td>
<td></td>
</tr>
<tr>
<td>1 Staff Nurse (Oncology) non-recorded</td>
<td></td>
</tr>
<tr>
<td>1 Staff Nurse (INMO Executive Council Member)</td>
<td></td>
</tr>
<tr>
<td>2 Staff Nurse (Surgical)</td>
<td></td>
</tr>
<tr>
<td>1 Ward Manager (Surgical)</td>
<td></td>
</tr>
<tr>
<td>1 *Staff Nurse</td>
<td></td>
</tr>
<tr>
<td>1 *Clinical Nurse Manger 2</td>
<td></td>
</tr>
<tr>
<td>1 *Staff Nurse (Theatre)</td>
<td></td>
</tr>
</tbody>
</table>
A number of open ended questions were provided in both questionnaires in order to allow participants freely and privately to provide their thoughts and views on the subject in their own words. Survey Monkey was used in order to maximise potential participation in this aspect of the study through the distribution of the questionnaire online. In some instances assistance was provided through the printing off of the online version of the questionnaire and distributed to be completed by hand. In Table 12 which follows both sets of open ended questions are displayed that were used in both questionnaires.

**Table 11: Open ended Questions employed in Nurses Questionnaires**

<table>
<thead>
<tr>
<th>Open ended Questions in Questionnaire 1 for Nurses and Nurse Managers</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Are you satisfied with the balance you are achieving between your job demands and life currently? Please state Yes or No and elaborate</td>
</tr>
<tr>
<td>2. Are the various Work-Life Balance policies and practices available in your hospital effective for managing work and Life Balance? Why or Why not? Please provide examples where possible.</td>
</tr>
<tr>
<td>3. Which Work-Life Balance policies and practices in particular are most beneficial for balancing your work and life demands?</td>
</tr>
</tbody>
</table>
Open ended Questions in Questionnaire 2 for HR and Nursing Management

1. What do you perceive as being the roles of senior management in ensuring Nurse employees have a positive state of Work-Life Balance?

2. What do you see as the biggest challenge in enabling Nurses to achieving Work-Life Balance?

3. What is the biggest step forward your hospital has made in ensuring Nurse employees achieve Work-Life Balance?

(Full Questionnaires available in Appendix 18 & 19)

As both questionnaires and interviews were combined in this study the data received back from survey questionnaires helped to inform the qualitative phase of the research. It should be noted at this point that only nurse managers were asked to complete two separate questionnaires. This was to ensure to get the nurse managerial perspective on issues such as implementation practices of Work-Life Balance policies or such policies that would facilitate Nurses attaining such a balance. It was also seen to be important to the overall findings of the study that the questionnaire which looked specifically at Nurses individual Work-Life Balance positions would also be completed by nurse managers. Their experiences were seen to be in variance to other Nurses as they had different work hours but also had extra responsibility in the management of wards or their units on a continuous basis.

4.5 Ethical Considerations Within the Study

The collection of a large amount of good quality primary data proved challenging at times and time consuming for this research study. Prior to any research being undertaken at hospital sites, there is a necessity to have the research study reviewed by the resident Research Ethics Committee (REC) or in some instances the local regional Research Ethics Committee. These committees meet at different times throughout the year and discuss submitted proposals of research for consideration. Four committees covered more than three hospital sites. These include REC North
East, REC South East, REC Midlands and the regional Research Ethics Committee based at Limerick Regional Hospital. All of the other hospitals have their own separate committee. Ten committees approved the study once reviewed while a further two gave approval after some clarifications and/or changes to information leaflets were made. Exact details can be found in Appendix 5. One committee did not allow the research to be conducted within their hospital because the researcher was not part of the hospital and had no relationship to the hospital. One other had already made research commitments and did not feel more research studies could be conducted at the present time within their hospital. A full list of the hospitals included in this study can be found in Appendix 1.

4.6 The Research Design

An understanding of what is involved in any research journey is critical so as to proceed in a logical and progressive manner that will allow for successful research outcomes. Mackenzie and Knipe (2006) look to analysing the research process and below can be viewed, an abridged version of the research journey which has been used in this current research study. This is a guide to illustrating the path chosen for this research journey.

The Research Journey

1. Determine Area of Investigation
2. Identify Approach
3. Conduct Literature Review
4. Determine Data Types
5. Choose Data Collection Methods and Instruments
6. Identify where, when and who data will come from
7. Obtain Ethics Approval
8. Conduct Data Collection
9. Analyse the Data
10. Return to the literature
11. Write up Thesis (including findings, discussion and conclusion)

Adapted from Mackenzie and Knipe (2006)
Determine Area of Investigation & Identify Approach

The area for investigation was narrowed over the initial course of the research journey. An initial expansive interest in human resource management in international health services was subsequently focused to looking at Human Resource Policy and Practice in relation to Work-Life Balance specifically for nursing employees in Irish public sector hospitals. The researcher remained open to incorporating as many options as possible in the data collection phase due to the difficult nature of getting access to health professionals. Advertising the research took place at a number of conferences and an open invitation for Nurses to participate in the research was placed on the active link website (Appendices 9, 10, 17 and 26).

4.6.1 Research Questions Underpinning the Study

1. What Work-Life Balance policies and practices are available to Nurses?
2. (a) How are Work-Life Balance options implemented?: and (b) what factors affect the implementation of Work-Life Balance policies and practices for Nurses in hospitals?
3. (a) To what extent are WLB policies availed of by Nurses?: and (b) What factors influence the extent to which Work-Life Balance policies are availed of by Nurses?: and (c) how do Nurses rate their current Work-Life Balance?
4. How do Nurses experience Work-life Conflict (WLC) and Life-Work Conflict (LWC)? And (b) is there an association between (a) availability and (b) usage of WLB policies and practices on these experiences?

Conducting the Literature Review & Determining Data Types

The literature reviewed much of the literature in the field of Work-Life Balance. This involved using a number of databases specifically for journals in the field of business and also multi-disciplinary databases such as Scopus. Search terms such as Work-Life Balance and Nurses and combining such terms were used to ensure all relevant literature was included in the review. A specific focus was placed on peer reviewed articles which had been published within the ten years prior to the commencement of
the literature review. This meant that all articles published during or after 1998 were read and used to inform the research journey.

**Choose Data Collection Methods and Instruments**

1. **Survey Research Methods Underpinning the Study**
   - Appendix 18 and 19 (Questionnaires for Nurses, nurse and HR Managers)
   - Appendix 15 and 16 (Questions used in Union Individual Interviews)

2. **Interview Research Instrument**
   - Appendix 21 (Themes used to conduct Semi-Structured Interviews)

Scale items included in the questionnaire were reviewed prior to the inclusion of the scales used in the Nurse questionnaire. Thomas and Ganster (1995) used a scale to measure work-family conflict. This scale was a five point Likert scale using twenty-four items to measure this phenomenon. It was felt by the researcher that this was too long when the research aimed to measure a number of other phenomenon such as supervisory support, Career Consequences and family-work conflict throughout the questionnaire. Netemeyer et al. (1996) also used scales to measure both work-family and family to work conflict using five items in each scale. However they used a seven point Likert scale and the wording in each item was slightly longer than the one used by Anderson et al. (2002) in their research measuring the same phenomenon. It was deemed by the researcher that the latter scales used by Anderson et al. were more focused and clear and so were chosen. Jahn (2003) measured perceived supervisory support using six items however again the scale used by Anderson et al. (2002) also incorporating six items to measure managerial/supervisor support was felt by the researcher to have better clarity, were more concise in the wording used throughout the items and therefore easier for respondents to understand quickly and answer. The scale chosen to investigate Career Consequences had no evaluative stage to go through before being used as the researcher did not identify any suitable alternative during the review of literature.

**Identify where, when and who data will come from and collect data**

The process of collecting data was considered to be challenging due to the work environment Nurses are working within and the additional problem of the worsening economic climate that existed during the collection phase of the research process.
Initially two hospital sites were identified as the main data collection sites and this later was extended to include just under half of all public hospital sites. A full list of all hospitals participating in the study can be found in Appendix 1. Key personnel in management were approached on a written and a face to face basis and from here nursing participants gave their permission to be interviewed once ethical approval for the study was obtained. A number of key nursing conferences were also viewed as a way of increasing participation levels and one of the main nursing unions (INMO) also facilitated data collection at one of their main conferences. Questionnaires were the main collection tool at conferences although a sign-up sheet to participate in telephone interviews was provided.

4.6.2 Population Sample, Administration and Response Rates/Biases

- Population Sample

This research initially chose two specific research sites to carry out data collection. One hospital was a university hospital and the other was a General Hospital. This plan was subsequently altered due to lack of participation by nursing staff at one hospital due to work pressures. The researcher then undertook to broaden the study to facilitate a wider selection of Nurses working across public sector hospitals in Ireland to be included in the study. This involved making ethical applications to Twelve Hospital Ethics Boards around Ireland. On approval being granted this allowed access to twenty-three different public sector hospitals in Ireland and to approximately 9229 Nurses working within all grades (HSE Census Figures 2011). Permission was sought via letter to disseminate information about the research study via ICT HSE channels in any area that would facilitate (Appendix 12). HSE North West granted information to be circulated via ICT channels. Other specific Directors of Nursing undertook to inform members of their nursing staff via email. The total number of nursing staff recorded by the HSE as working within public sector hospitals in 2011 was 19,912. Approximately 1.3% of this nursing population took part in this research study either through an interview or completing a questionnaire. It was hoped to get at least one senior management perspective from each of the final twenty-three research sites. Fourteen management questionnaires were returned.
Administration of the Study

Initially two research sites were chosen and so only two ethics applications were submitted originally. Subsequently the administration of the study involved approaching all HR Managers and all Directors of Nursing of Public Sector and Public Voluntary hospitals in Ireland. This was done via written letters and telephone calls to assess levels of interest and possible future levels of co-operation in carrying out data collection and encouraging participation amongst their staff members. Following on from this and on receiving a positive response from key personnel the relevant ethics board were approached and instructions in making ethical applications followed before final applications were submitted. On receipt of approval further contact was made with identified key gatekeepers within each of the hospital sites. This was done either through telephone calls, email, conference calls and/or face to face meetings. Further correspondence sometimes included providing managers at hospital sites with research information packs containing key documents such as posters, pens, information sheets and consent forms for participants. These information packs provided key information on websites and telephone numbers for those interested in participating in the study either by completing questionnaires online via Survey Monkey, in hardcopy or doing face to face or telephone interviews (See Appendix 13, 20 & 24). In three hospital sites hardcopies of the questionnaire were circulated by a selected staff member and thirty-seven were returned to the researcher. This information was also provided by the researcher at key nursing conferences in 2012 one being the Royal College of Surgeons Nursing and Midwifery Conference in February 2012 and the second being the annual delegate conference of the Irish Nurses and Midwives Conference held in May 2012. There were difficulties in accessing large numbers of Nurses in order to encourage them to participate in the study. Initial attempts to access research participants after ethical approval had been gained to conduct the study within a hospital and/or region proved a real challenge. However through visiting hospitals and making face to face contact with key gatekeepers (Nurse and HR managers) within hospitals and attending Nurse union conferences, these proved the most effective means in which to increase participation in the research.
- Response Rates/Biases

The response rate to the questionnaire which was open to all nursing staff across all grades in the chosen research sites received a total of 225 responses (a combination of online -109/48.4% and hardcopy responses -116/51.5%). This is a 2.4% response rate on the total public sector hospital nursing population. The second questionnaire which was aimed at senior HR/Nurse Management levels were to be completed only by a senior manager either within a HR department or within the nursing department and this questionnaire received 14 (100% online responses). This gives a response rate of 60.8% when approximately twenty-one responses were expected to be returned in total as only these numbers of hospitals were participating in the study. There is a slight sample bias towards the Western Hospital Group for questionnaire one. This was where the main focus was placed initially when collecting the data though this may not be the only reason why the largest number of responses is from this area. Nurses from this region might feel under more pressure or be more interested in the topic compared to Nurses’ from other regions and be interested in participating in a study on Work-Life Balance. The results presented do not indicate that location or nursing position bias influenced the findings in any negative way.

Table 12: Response Rates by HSE Region

<table>
<thead>
<tr>
<th>HSE Region (Q’s Distributed and Collected: 2011 &amp; 2012)</th>
<th>Questionnaire 1 (All Grades of Nurses)</th>
<th>Questionnaire 2 (HR &amp; Nurse Managers)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Western Hospitals Group</td>
<td>84</td>
<td>4</td>
</tr>
<tr>
<td>Mid-Western Hospitals Group</td>
<td>15</td>
<td>3</td>
</tr>
<tr>
<td>Southern Hospitals Group</td>
<td>17</td>
<td>1</td>
</tr>
<tr>
<td>South Eastern Hospitals Group</td>
<td>9</td>
<td>1</td>
</tr>
<tr>
<td>Dublin Midlands Hospitals Group</td>
<td>20</td>
<td>2</td>
</tr>
<tr>
<td>Dublin South Hospitals Group</td>
<td>37</td>
<td>1</td>
</tr>
<tr>
<td>Dublin North Hospitals Group</td>
<td>16</td>
<td>0</td>
</tr>
<tr>
<td>North Eastern Hospitals Group</td>
<td>9</td>
<td>2</td>
</tr>
<tr>
<td>Region Unknown</td>
<td>18</td>
<td>0</td>
</tr>
</tbody>
</table>

* 29.8% Management  
58.2% Non-Management  
12% Unknown
Table 13 below outlines details on how data was collected and from whom during the course of this study.

**Table 13: Details on Data Collected and From Whom**

<table>
<thead>
<tr>
<th>Time of Collection (2011-2012)</th>
<th>Quantitative</th>
<th>Qualitative</th>
<th>Qualitative</th>
<th>Quant &amp; Qual</th>
<th>Quant &amp; Qual</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Questionnaires 1 &amp; 2</td>
<td>Interviews (face to face)</td>
<td>Interviews (Telephone)</td>
<td>Conferences</td>
<td>Information Emails</td>
</tr>
<tr>
<td><strong>Nurses</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Position Details</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Nurses</td>
<td>225 (QEST. 1)</td>
<td>37</td>
<td>7</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Top Management</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(DON, ADON=7% (14)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Middle Management</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(CNM 1,2,3 CNS=34.2%(68)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Non-Management Nursing Staff</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>52.3%(104)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Other Education, Agency = 6.5%(13)</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>HR &amp; Nurse Managers</strong></td>
<td>15 (QEST. 2)</td>
<td>3</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>HSE Workforce Planners</strong></td>
<td></td>
<td>1</td>
<td></td>
<td>2</td>
<td></td>
</tr>
<tr>
<td><strong>Union Heads &amp; Officials</strong></td>
<td></td>
<td>2</td>
<td></td>
<td>1</td>
<td></td>
</tr>
<tr>
<td><strong>Staff from the Office of the Nursing &amp; Midwifery Services Director</strong></td>
<td></td>
<td>2</td>
<td></td>
<td>1</td>
<td></td>
</tr>
<tr>
<td><strong>Relevant Organisations</strong></td>
<td></td>
<td></td>
<td></td>
<td>1 (Irish Association for Nurses in Oncology)</td>
<td></td>
</tr>
<tr>
<td><strong>Conferences Attended</strong></td>
<td>INMO (2012)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>RCSI International Nursing &amp; Midwifery Conference (2012)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Conferences where Information was Distributed</strong></td>
<td>IAON-Irish Association for</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Time of Collection (2011-2012)</td>
<td>Quantitative</td>
<td>Qualitative</td>
<td>Qualitative</td>
<td>Quant &amp; Qual</td>
<td>Quant &amp; Qual</td>
</tr>
<tr>
<td>--------------------------------</td>
<td>--------------</td>
<td>-------------</td>
<td>-------------</td>
<td>--------------</td>
<td>--------------</td>
</tr>
<tr>
<td>Oncology Nurses (2012)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Tables 14 and 15 outline below which questions within the questionnaires answered which research question and by whom.

**Table 14**

**Questionnaire 1 - Nurses Survey**

<table>
<thead>
<tr>
<th>Question</th>
<th>Section</th>
</tr>
</thead>
<tbody>
<tr>
<td>Q1 What WLB Policies and Practices are available to Nurses?</td>
<td>Section 2</td>
</tr>
<tr>
<td>Q2 How are WLB P&amp;P implemented and what factors affect their implementation?</td>
<td>Section 3 Scales 1 &amp; 2</td>
</tr>
<tr>
<td>Q3 To what extent are they used and how do Nurses rate their current WLB?</td>
<td>Section 2 Section 4</td>
</tr>
<tr>
<td>Q4 How do WLB P&amp;P impact Nurses experiences of WLC and LWC</td>
<td>Section 3 Scales 3 &amp; 4</td>
</tr>
</tbody>
</table>

**Table 15**

**Questionnaire 2 - Hospital Management Survey**

<table>
<thead>
<tr>
<th>Question</th>
<th>Part 1 Question</th>
</tr>
</thead>
<tbody>
<tr>
<td>Q1 What WLB policies are available to Nurses?</td>
<td>6,7</td>
</tr>
<tr>
<td>Q2 How are WLB P&amp;P implemented and what factors affect their implementation?</td>
<td>1,2,3,4,8,9, Part 2, Part 3, Part 4</td>
</tr>
<tr>
<td>Q3 To what extent are they used and how do Nurses rate their current WLB?</td>
<td></td>
</tr>
<tr>
<td>Q4 How do WLB P&amp;P impact Nurses experiences of WLC and LWC</td>
<td></td>
</tr>
</tbody>
</table>

### 4.6.3 Analysis of Quantitative and Qualitative Data

Sections 4.4.1 and 4.4.2 outline both the quantitative and qualitative techniques employed during the study and provide specific details of what data was derived
from using these techniques. The analysis of the Quantitative data involved the software package SPSS (Statistical Package for Social Sciences). Basic descriptive statistics analyses were run for all question categories. Statistical graphs were developed from the results of correlation tests carried out that proved statistical significant between different data categories. These included both demographic variables and scale level data. The open ended questions within questionnaires were analysed first qualitatively and a number of categories were arrived at from the various answers received. These then were coded and inputted into SPSS for inclusion within the quantitative statistical analysis part of data analysis.

Krippendorff (2004) in his second edition of looking at the methodology of *Content Analysis* reminds us that it is potentially one of the most important techniques used in research within the Social Sciences. In defining what the term actually means he uses Webster’s Dictionary of the English Language which states *Content Analysis* as analysis of the manifest and latent content of a body of communicated material (as a book or film) through classification, tabulation, and evaluation of its key symbols and themes in order to ascertain its meaning and probable effect. Another definition used by the author explains “Content Analysis is a research technique for making replicable and valid inferences from texts (or other meaningful matter) to the contexts of their use” (Krippendorff, 2004: 18). Therefore content generated through interviews and/or other methods which leave a body of literature/information require this type of analysis in order for a full meaning and understanding to be explained and outcomes deduced. Researchers must further explain to their audiences as Krippendorff (2004) explains as to how we as researchers derive our judgements so that others especially those critiquing our work can replicate the results we have drawn from our analysis.

How to best approach the analysis of data is a key concern for researchers so as to ensure the full meaning and content of findings are not lost during this process. Weber (1990) explains that the key to Content Analysis or any mode of inquiry is to choose a strategy which will yield interesting and useful theoretical generalisations while simultaneously reducing the amount of information which requires analysis and reporting. Content Analysis and specifically QCA (qualitative content analysis) allows for a systematic approach through assigning “successive parts of your
material to the categories of your coding frame” (Schreier, 2012:1). This is the same process that is used regardless of the data collected or the research questions that need answering. (Krippendorff states that “the key to reliable Content Analysis is reproducible coding instructions” (2009:351). The development of a clear framework in order to facilitate a structured approach to the coding of qualitative data goes towards providing those coding instructions which can be reproduced and so ensuring reliable Content Analysis. Qualitative Content Analysis is considered by Schreier (2012) as systematic in nature and this she explains is its distinctive feature as it requires the researcher to examine all the material and to do so using the same sequence of steps regardless of content or research questions. Schreier (2012) further describes QCA (Qualitative Content Analysis) as a ‘highly flexible method’ and a method of analysis which requires the researcher to tailor the coding frame to the material. This means that the coding frame is not alone reliable but also valid. Schreier succinctly explains that in QCA ‘you are always to some extent concerned with describing the specifics of your material’ (2012:7). She further acknowledges that QCA reduces data as it requires the researcher to focus the analysis of the collected data on selected aspects through the revision of the coding frame during the analysis. She clearly outlines ‘you limit your analysis to those aspects that are relevant with a view to your research question’ (Schreier, 2012:7). The overall approach allows for and ensures a comprehensive and inclusive approach in the analysis of the data. It facilitates focused exploration though the use of categories and coding ensuring a reliable and consistent approach is used in analysing all the material collected.
Figure 5: Content Analysis Coding Framework

<table>
<thead>
<tr>
<th>Coding Data</th>
<th>Content Analysis Framework</th>
<th># ( ) Number of Times Theme Referred to by interviewees</th>
</tr>
</thead>
<tbody>
<tr>
<td>Availability of Work-Life Balance Options (67)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Planned Family/Life Events (3)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Flexibility in Working and Support for Unplanned Events (8)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Personal and Professional Development (8)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- General Work/Life Supports (4)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Statutory Entitlements (24)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Non-Statutory Entitlements (20)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Implementation of Work-Life Balance Options (145)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Roster and Economic Influence (56)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Personal Situations and Staffing Levels (47)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Work-Life Policy Flexibilities and Limitations (42)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Usage of Work-Life Balance Options and Satisfaction with Work-Life Balance (80)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Planned/Unplanned Events (10)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Personal Circumstances and Support (48)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Personal and Professional Work-Life Policy Options (22)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Impact of Work-Life Balance Options (192)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Life-Work Conflict (25)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Work-life Conflict (37)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Work Environment and Stress (65)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Workloads &amp; Leave Policy Options (26)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- External and Internal Support (39)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

The above framework outlines the key headings used when analysing the research interview transcripts and also the results from the questionnaires. The interviews were listened to and the transcripts provided for profile summaries for each respondent to be drawn up. From each of these profiles relevant information was
colour coded depending on what category the information fitted within and the qualitative themes were quantified.

### 4.7 Conclusion

This chapter has sought to provide an explanation for methodological reasoning and understanding throughout the research study. It details the exact research journey, what research instruments were used both quantitatively and qualitatively, who participated in the study and why they were chosen together with an account of what happened throughout the research processes. The next chapter will detail the findings from this research process in order to answer the research questions. It will do so for each of the four main research questions and provide both quantitative and qualitative evidence to substantiate the answers provided from the study’s findings.
5 The Research Findings

5.1 Background to Research Findings
This research study began with a general focus on human resource policies and practices and how these related to health sector employees. The specific focus on work-life balance policies and practices and within the nursing population came about early on in the study as Nurses form the largest employee group within health services. Nursing has traditionally been and continues to be a female dominated workforce. The nature of the role Nurses’ undertake in their work lives is not wholly dissimilar to that of the role many women undertake in their personal daily lives i.e. caring for others and carrying out multiple tasks simultaneously. How the organisational role and the individual role interact and how work-life balance policies and practices through availability, implementation and usage can impact role conflicts forms the theoretically and practical background to this study’s findings.

5.1.1 General Research Question
How does Work-Life Balance Policy and Practice Affect Nurses Work-Life Outcomes in Public Hospital Settings in Ireland?

5.1.2 Specific Research Questions
1. What Work-Life Balance policies and practices are available to Nurses?
2. (a) How are Work-Life Balance options implemented? : and (b) what factors affect the implementation of Work-Life Balance policies and practices for Nurses in hospitals?
3. (a) To what extent are WLB policies availed of by Nurses? : and (b) What factors influence the extent to which Work-Life Balance policies are availed of by Nurses?: and (c) how do Nurses rate their current Work-Life Balance?
4. How do Nurses experience Work-life Conflict (WLC) and Life-Work Conflict (LWC)? And (b) is there an association between (a) availability and (b) usage of WLB policies and practices on these experiences?
This chapter will address each of the four research questions in turn. It will represent and analyse both quantitatively and qualitatively findings which look at 1) *Availability* of work-life policy options 2) *Implementation* including factors affecting implementation 3) *Usage* of work-life policy options and Nurses own rating of their current Work-Life Balance 4) The *Impact* of Work-Life Balance policies on Nurses experiences of WLC and LWC. The data for this research study was collected both quantitatively and qualitatively from health service documents and human resources including individual Nurse participants during the second half of 2011 and the first half of 2012. The recruitment moratorium began on the 27th March 2009 and is a significant public sector contextual factor in helping to understand the context of nursing employees working climate. This moratorium had been in place for twenty-seven months or more when the data being presented in these findings was being collected from the nursing participants.

### 5.1.2.1 Research Participant Demographic Details

Table 15 which follows provides details on respondents to the nursing questionnaire. The largest proportions of respondents were from the West followed by Dublin Mid-Leinster, the South and finally Dublin North East. Largely the respondents were female however 26% (53) were Male. The age range highlights that the majority of respondents were in the 41-50 (36.4%) age bracket and this followed closely by the 31-40 (34.8%) age group. 20.7% were aged 51 and over while 8.1% accounted for those aged 20-30. Please refer to Appendix 3 for more details on nursing employees current age categories. Over half reported they were married (55.4%) while a smaller percentage reported they were single (36.8%). The remaining were either living with a partner, separated or divorced. Of those who were married 59.6% stated their husbands were employed.

The number of dependents they had varied. 46% stated they had no dependents under eighteen while 72.6% stated they had no dependents over eighteen. 20.9% stated they had two dependents under eighteen while 10.3% stated they had two dependents over eighteen. Only 4.3% stated they had more than three dependents under eighteen and 0% reported more than three dependents over eighteen. 75.9% of all respondents were in permanent positions and 79.3% were full time. 52.3% were
in non-management positions with 34.2% in middle management grades while 7% held top management positions. The remaining held other roles such as coordinators, tutors or agency staff.
Table 16: Summary Chart - Demographic Details of Nursing Respondents

<table>
<thead>
<tr>
<th>Respondent Numbers by HSE Area</th>
<th>West 99 (47.8%)</th>
<th>South 26 (12.6%)</th>
<th>Dublin Mid-Leinster 57 (27.5%)</th>
<th>Dublin North East 24 (11.6%)</th>
<th>Number of Missing Responses 19</th>
<th>Total Respondent Numbers 206</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gender</td>
<td>Male 26% (53)</td>
<td>Female 74% (151)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Age</td>
<td>20-30 8.1% (16)</td>
<td>31-40 34.8% (69)</td>
<td>41-50 36.4% (72)</td>
<td>51+ 20.7% (41)</td>
<td>24</td>
<td>206</td>
</tr>
<tr>
<td>Marital Status</td>
<td>Married 55.4%</td>
<td>Single 36.8% (75)</td>
<td>Living with Partner 3.4% (7)</td>
<td>Separated 1.0 (2)</td>
<td>Divorced 3.4 (7)</td>
<td></td>
</tr>
<tr>
<td>Number of Dependents (Under 18)</td>
<td>None or N/A 46% (86)</td>
<td>One 19.3% (36)</td>
<td>Two 20.9% (39)</td>
<td>Three 9.6% (18)</td>
<td>More than three 4.3% (8)</td>
<td></td>
</tr>
<tr>
<td>Number of Dependents (Over 18)</td>
<td>None or N/A 72.6% (127)</td>
<td>One 14.9% (26)</td>
<td>Two 10.3% (18)</td>
<td>Three 2.3% (4)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Spouse employment Status</td>
<td>Employed 59.6% (118)</td>
<td>Unemployed 12.1% (24)</td>
<td>N/A</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Working Contract</td>
<td>Temporary 24.1% (49)</td>
<td>Permanent 75.9% (154)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Job Status</td>
<td>Full Time 79.3% (161)</td>
<td>Part-Time 14.3% (29)</td>
<td>Job Sharing 6.4% (13)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Position</td>
<td>Top Management (DON, ADON) 7% (14)</td>
<td>Middle Management (CNM1,2,3, CNS) 34.2% (68)</td>
<td>Non-Management (STAFF NURSE/MIDWIFE/RGN 52.3% (104)</td>
<td>Other (Education, Agency e.t.c.) 6.5% (13)</td>
<td>24</td>
<td>199</td>
</tr>
</tbody>
</table>
5.2 Research Question 1: What Work-Life Balance Policies and Practices are Available to Nurses?

The identification of policies and practices which could be viewed as facilitating a Work-Life Balance formed the first step in answering this research question. The HSE employee handbook and literature surrounding working terms and conditions provided basic information. Questionnaires were subsequently developed and distributed amongst the public sector nursing population in order to gain employee perceptions on what they saw as being available to them currently. HSE literature also formed the basis for the development of a framework to help establish various work-life categories, specific work-life policy options could best suit. Throughout the qualitative interviews the theme of availability of work-life policy options were explored further from interviewees personal experiences.

**Figure 6: Work-Life Balance Basis of Entitlements Framework**

<table>
<thead>
<tr>
<th>FORMALITY</th>
<th>STATUTORY or NON-STATUTORY/DISCRETIONARY</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>STATUTORY</td>
</tr>
<tr>
<td>Formal</td>
<td>Maternity Leave</td>
</tr>
<tr>
<td></td>
<td>Force Majeure Leave</td>
</tr>
<tr>
<td></td>
<td>Parental Leave</td>
</tr>
<tr>
<td></td>
<td>Carer’s Leave</td>
</tr>
<tr>
<td></td>
<td>Adoptive Leave</td>
</tr>
<tr>
<td></td>
<td>Remuneration/Pay/Entitlements</td>
</tr>
<tr>
<td></td>
<td>Annual Leave (4 weeks)</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>Informal</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>
5.2.1 Quantitative Findings on Availability

Table 17: Reported Availability of Policy Options that facilitates Work-Life Balance by Nurse Respondents

<table>
<thead>
<tr>
<th>Please indicate which of the following is available to you in your current role by ticking Yes No or N/A and then tick if you have availed of the policy.</th>
<th>YES (Available)</th>
<th>NO (Unavailable)</th>
<th>Non-Applicable</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Sample Number 225 (100%)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Statutory Entitlements</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Maternity Leave</td>
<td>82.9%</td>
<td>7.5%</td>
<td>9.5%</td>
</tr>
<tr>
<td>Adoptive Leave</td>
<td>73.1%</td>
<td>17.1%</td>
<td>9.7%</td>
</tr>
<tr>
<td>Parental Leave</td>
<td>82%</td>
<td>13%</td>
<td>4.9%</td>
</tr>
<tr>
<td>Force Majeure Leave (If Yes Please State Reason)</td>
<td>77%</td>
<td>18.9%</td>
<td>4%</td>
</tr>
<tr>
<td>Carer’s Leave</td>
<td>65.1%</td>
<td>29.2%</td>
<td>5.5%</td>
</tr>
<tr>
<td><strong>Non-Statutory/Discretionary Entitlements</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Flexible Working/ Flexi-Time</td>
<td>56.2%</td>
<td>40.6%</td>
<td>3.1%</td>
</tr>
<tr>
<td>Paternity Leave</td>
<td>65.4%</td>
<td>23.2%</td>
<td>11.3%</td>
</tr>
<tr>
<td>Term-Time Working</td>
<td>26.9%</td>
<td>66.7%</td>
<td>6.4%</td>
</tr>
<tr>
<td>Special Leave with Pay on Marriage</td>
<td>27.2%</td>
<td>67%</td>
<td>5.7%</td>
</tr>
<tr>
<td>Special Leave without Pay</td>
<td>68.1%</td>
<td>27.3%</td>
<td>4.5%</td>
</tr>
<tr>
<td>Compassionate Leave</td>
<td>90.1%</td>
<td>8.3%</td>
<td>1.5%</td>
</tr>
<tr>
<td>Career Breaks (If Yes Please State Reason)</td>
<td>58.1%</td>
<td>38.5%</td>
<td>3.4%</td>
</tr>
<tr>
<td>Special Leave with Nominal Pay</td>
<td>28.1%</td>
<td>64.7%</td>
<td>7.2%</td>
</tr>
<tr>
<td>Leave for Trade Union Reps</td>
<td>58.1%</td>
<td>34.3%</td>
<td>7.6%</td>
</tr>
<tr>
<td>Reserve Defences Force Leave</td>
<td>21.1%</td>
<td>66.2%</td>
<td>12.7%</td>
</tr>
<tr>
<td>Employee Assistance Programme</td>
<td>38.5%</td>
<td>52.3%</td>
<td>9.1%</td>
</tr>
<tr>
<td>Health Promotion Advice</td>
<td>56%</td>
<td>37.3%</td>
<td>6.6%</td>
</tr>
<tr>
<td>Study Leave</td>
<td>72.9%</td>
<td>25.5%</td>
<td>1.6%</td>
</tr>
<tr>
<td>Other - Please Specify:</td>
<td>26.4%</td>
<td>50%</td>
<td>23.5%</td>
</tr>
</tbody>
</table>

A number of Legislative Acts support individuals and assist individuals in both their work and non-work domains of their lives. These legal rights support employees in ensuring they attain and maintain a level of balance between their paid work and non-paid work lives. These include statutory entitlements such as: Maternity Leave, Parental Leave, Adoptive Leave and Carer’s Leave. It is viewed in much of the work-life literature that organisations need to do more for individuals and ensure more than just employee’s statutory entitlements are met to ensure employees can attain an adequate Work-Life Balance. Therefore it is necessary to investigate work-
life policies beyond statutory entitlements for individual employees especially during difficult economic climates.

69.2% of managers said that a Work-Life Balance Policy did not exist in their hospital. Please refer to Appendix 20 for further information from the managers’ questionnaire. When Nurse respondents were asked during the course of this research study to complete a questionnaire they were asked to indicate what was available to them in their current role as a Nurse. From the 225 respondents who answered this question we can view from Table 16 above a range of Yes responses received. Compassionate Leave (90.1%), Maternity Leave (82.9%), Force Majeure Leave (77%), Carer’s Leave (65.1%), Parental Leave (82%), Special Leave without Pay (68.1%), Career Break (58.1%), Adoptive Leave (73.1%), Study Leave (72.9%) and Flexible Working (56.2%) were the top responses to receive 100 or more Yes responses which indicated they are available to the Nurse respondents in their current position. Although there was not a 100% yes response to work-life policies which are a statutory right such as Maternity Leave or Parental Leave the researcher analysed the data further on age and gender and deduced that in some instances personal contexts dictated that certain statutory entitlements could not be available to all respondents due to ineligibility on the grounds of age or gender.

Those options not available to the individuals who responded include; Term-Time Working (66.7%), Special Leave with Pay on Marriage (67%), Special Leave with Nominal Pay (64.7%), Flexible working (40.6% ), Reserve Defence Force Leave (66.2%) ), Health Promotion Advice (37.3%), Employee Assistance Programme (52.3%), Career Breaks (38.5%) and Paternity Leave (23.2%). Due to the nature of service provision Term-Time Working is frequently not considered a viable option for Nurses to avail of by management.

The broad trends suggest that not all those options listed in the Health Service Executive Handbook as being available to employees working in Health Services are in fact seen to be available by Nurse Employees themselves. Further analysis on findings from this table will be done on the section looking at usage by Nurses of work-life policy options that facilitate Work-Life Balance.
5.2.2 Qualitative Findings on Availability

5.2.2.1 Documentary Analysis

Content analyses of HSE documents of what leave entitlements and supports are in place have been documented. They have supported the development of work-life categories by the researcher into the following with appropriate WLB policy options:

- **Planned Family/Life Events** *(Maternity Leave, Adoptive Leave, Paternity Leave, Parental Leave, Special Leave with Pay on Marriage)*
- **Flexibility in Working and Support for Unplanned Events** *(Flexible Working, Term-Time Working, Carer’s Leave, Compassionate Leave, Force Majeure Leave, Special Leave with Pay, Special Leave without Pay)*
- **Personal and Professional Development** *(Employee Assistance Programme, Health Promotion Advice, Leave for Trade Union Reps, Reserve Defence Forces Leave, Career Break, Study Leave)*
- **General Work/Life Supports** *(Pay, Annual Leave, Sick Leave, Childcare Support e.g. Creche facilities, Occupational Health Services, Information and Referral Services, Canteen-Healthy Eating Choices, Rostering/Discretionary Shift Swapping)*

<p>| Table 18: Work-life Categories and Relevant WLB Policies based on Statutory and Non-Statutory Provision |
|-------------------------------|---------------------------------|---------------------------------|
| <strong>Work-Life Category</strong>       | <strong>Statutory Entitlements</strong>       |
| Planned Family/Life Events   | Maternity Leave 1(^{st}) March 2007 |
|                               | (Forty-two weeks: at least two weeks must be taken before birth) |
|                               | 26 weeks paid and 16 weeks unpaid |
| Flexibility in Working and Support for Unplanned Events | Force Majeure Leave |
|                               | (Three days paid leave in any 12 consecutive months, up to a limit of five days in any 36 consecutive months). |
|                               | 3 working days in 12 months or five working days in 36 months |
| Planned Family/Life Events   | Parental Leave |
|                               | (Unpaid Fourteen weeks per parent per child (i.e. an individual right)). |
|                               | 14 weeks can be taken before the child reaches eight |
| Flexibility in Working and Support for Unplanned Events | Carer’s Leave |
|                               | (Employees with 12 months continuous service can take a maximum of 65 weeks unpaid ‘Carer’s leave’)|
|                               | 104 weeks unpaid |</p>
<table>
<thead>
<tr>
<th>Planned Family/Life Events</th>
<th>Adoptive Leave 1st March 2007</th>
<th>24 weeks paid and 16 weeks unpaid</th>
<th>(Forty weeks leave for adopting mothers or sole male adopters, with 24 weeks paid; payment and eligibility as Maternity leave).</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Non-Statutory/Discretionary Entitlements</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Planned Family/Life Events</td>
<td>Paternity Leave</td>
<td>3 days paid leave anytime up to four weeks after the birth (job sharers and other on flexible hours are entitled to this leave on a pro-rata basis)</td>
<td></td>
</tr>
<tr>
<td>Personal and Professional Development</td>
<td>Study Leave</td>
<td>Paid study leave may allowed in respect of third level examinations</td>
<td></td>
</tr>
<tr>
<td>Flexibility in Working and Support for Unplanned Events</td>
<td>Compassionate Leave</td>
<td>3 days in the event of a death/sudden illness (extra days allowed if death occurs abroad)</td>
<td></td>
</tr>
<tr>
<td>Flexibility in Working and Support for Unplanned Events</td>
<td>Flexible working/ Flexi-Time</td>
<td>Employees can reduce their hours to a minimum of eight hours or maximum of 39 hours.</td>
<td>(Breastfeeding mothers can either adjust their working hours or, if breastfeeding facilities are provided at work, take breastfeeding breaks up until the child is 6 months)</td>
</tr>
<tr>
<td>Personal and Professional Development</td>
<td>Leave for Trade Union Reps</td>
<td>Employees may be granted time off with basic pay to carry out routine duties associated with their position. This excludes branch, executive and sub-committee meetings</td>
<td></td>
</tr>
<tr>
<td>Flexibility in Working and Support for Unplanned Events</td>
<td>Special Leave without Pay</td>
<td>Variable</td>
<td></td>
</tr>
<tr>
<td>Personal and Professional Development</td>
<td>Career Breaks</td>
<td>These are granted for domestic reasons, educational purposes or foreign travel. Minimum of one year and maximum of five years. 3 months notice must be given to indicate the intention to return</td>
<td></td>
</tr>
<tr>
<td>Personal and Professional Development</td>
<td>Employee Assistance Programmes/ Occupational Health Services</td>
<td>Variable</td>
<td></td>
</tr>
<tr>
<td>Personal and Professional Development</td>
<td>Health Promotion Advice/ Vaccinations</td>
<td>Variable</td>
<td></td>
</tr>
<tr>
<td>Flexibility in Working and Support for Unplanned Events</td>
<td>Term-Time Working</td>
<td>Employees can reduce their working weeks to either 42 or 39 and get pay for all weeks but at the reduced rate depending on choice of weeks worked. However this</td>
<td></td>
</tr>
</tbody>
</table>
entitlement is based on services needs being met

<table>
<thead>
<tr>
<th>Flexibility in Working and Support for Unplanned Events</th>
<th>Special Leave with Nominal Pay</th>
<th>Employees are entitled to apply for this to work in a recognised under-developed country or one with an under-developed health service or disaster/emergency region. The maximum of this leave is five years</th>
</tr>
</thead>
<tbody>
<tr>
<td>Personal and Professional Development</td>
<td>Other Leave</td>
<td>Candidate for interview - a maximum of six days a year is allowed to appear before selection boards of certain posts. In addition any ministerial appointments to any commission, committee or statutory board or appointment to a selection board also makes employees eligible for leave.</td>
</tr>
<tr>
<td>Personal and Professional Development</td>
<td>Reserve Defences Force</td>
<td>Annual/basic or special training leave with pay</td>
</tr>
<tr>
<td>Planned Family/Life Events</td>
<td>Special Leave with Pay on Marriage</td>
<td>5 days</td>
</tr>
<tr>
<td>General Work/Life Supports</td>
<td>Remuneration/Pay/Pension Entitlements</td>
<td>Variable depending on position and length of time in position</td>
</tr>
<tr>
<td>General Work/Life Supports</td>
<td>Annual Leave (Min 22 days and Max 32 days /Public holiday Entitlements)</td>
<td>Variable depending on work contract and hours worked</td>
</tr>
<tr>
<td>General Work/Life Supports</td>
<td>Sick Leave</td>
<td>Variable and can be with pay and without pay depending on amount of time absent</td>
</tr>
<tr>
<td>General Work/Life Supports</td>
<td>Childcare Supports e.g Creche</td>
<td>Variable</td>
</tr>
<tr>
<td>General Work/Life Supports</td>
<td>Occupational Health Services</td>
<td>Variable</td>
</tr>
<tr>
<td>General Work/Life Supports</td>
<td>Information &amp; Referral Services (e.g Childcare, Eldercare, Financial Advice)</td>
<td>Variable</td>
</tr>
<tr>
<td>General Work/Life Supports</td>
<td>Healthy Eating Choices provided in Canteens</td>
<td>Variable</td>
</tr>
<tr>
<td>General Work/Life Supports</td>
<td>Rostering/ Discretion in changing/swapping shifts with colleagues</td>
<td>Variable</td>
</tr>
</tbody>
</table>

Table 18 above outlines Work-life categories and relevant WLB Policies based on Statutory and Non-Statutory Provision. It categorises them on the basis of whether they are a statutory entitlement which means by law all employees have a right to access for example Parental Leave. Non-statutory entitlements are those drawn up by the organisation and which they provide for staff in addition to their legal entitlements for example Employee Assistance Programmes. Non-Statutory work-life policies are those which are at the discretion of organisations and local managers and may or may not be available across the organisation as a whole. This provides a classification framework for understanding the contexts WLB options can be made
available. It is worth noting that most statutory provision is provided for *Planned Family/Life Events* while most non-statutory provision is for *Personal and Professional Development*.

### 5.2.2.2 Availability of Work-Life Policy Options (67)

During the qualitative phase (interviews) of this research process a number of Nurse respondents both managerial and non-managerial levels discussed the fact that what is often documented as being available to Nurses in policy is not always accessible when they require it the most due to economic conditions and staff shortages. The following section *Availability of WLB Policy Options* will focus on respondents’ replies to the question of what is available to help them to have a good Work-Life Balance currently and will include responses from those in both managerial and non-managerial positions. Overall on sixty-seven different occasions the issue of availability was referred to by respondents’ throughout the qualitative interviews.

Information on what availability of work-life options exist currently for Nurses working in public sector hospitals were extracted from the research interviews held with nurse and HR managers. In total reference to some aspect of availability of such policies and practices were referred to by respondents on sixty-seven occasions. There is a standard HSE policy and one Nurse Services Manager explains that;

> “all HR policy is standard, driven by the HSE and implemented locally. She states “I mean the policy is the policy”. However an example of where there would be flexibility in adaption locally would be in relation to weather policies” (Interview 1: Full Time Nursing Services Manager).

Another Nurse Manager points out that;

> “there are many different types of leave available but that the cut backs have made the availability and easy accessibility of them all to staff a little difficult to put into practice in reality. The cut backs have impinged a little on the extent they can be easily accessed” (Interview 17: Full Time Clinical Nurse Manager 2).

Similarly during interview 37 the Nurse Manager points out that;
“Entitlements are all available but when you go to access them it is not always possible as the service has to be provided” (Interview 37: Clinical Nurse Manager 2).

The economic factor resulting in cut backs is a recurring theme by all managers in the management of staff. The influence of reduced levels in staffing numbers can in many instances make the availability of Work-Life Balance options more difficult. One Nurse below in her interview explained she wouldn’t avail of some work-life policy options for example unpaid leave or a career break as she would fear not being allowed return to her current role. On availing of different types of leave options she states;

“I wouldn’t take unpaid leave, I would be afraid to take that or a career break” (Interview 3: Staff Nurse – Intensive Care)

This Nurse feels she would be unable to get back working in the hospital or else the terms and conditions of her employment would change or alter in some way if she availed of these leave arrangements when she returned. She further noted;

“I wouldn’t be in Ireland if I did not have some permanency” (Interview 3: Staff Nurse – Intensive Care).

The importance of long term security in tenure is evident from this response to retaining Nurse professionals. During another interview similar sentiments were expressed and the Nurse put forward the reason of the current economic uncertainty as to why Nurses would not choose certain policy options. It was further noted during this interview that many Nurses were let go within her hospital and others were not allowed to job share or reduce their hours. This problem of being allowed time off when most needed and not being allowed certain options arose again during interview 39. This Nurse describes having difficulty in having time off for a number of close family bereavements and also some annual leave requests not being approved. She notes Nurses now often do not avail of study leave as they are choosing to do studies in their own time. She explains there are no options for promotion currently and that nursing staff are now encouraged to submit expressions of interest or may opt for acting-up positions. This means they gain the responsibility of the more senior role but not the remuneration attached to the post. In relation to accessing educational opportunities it was stated;
“it is up to each individual Nurse now to basically write a business case if they want to develop for education” (Workforce Planner).

The Nurse in interview 4 feels her position is very uncertain as she is on a contract for three months only and this is reviewed and renewed on an ongoing basis and she has no security of tenure. This has been the situation for the past three years with her contract being renewed every three months. This she explains affects her Work-Life Balance as she has no security in her current post. She has a husband and three children and previously worked in a hospital in Dublin. In comparing the two positions she explains;

“We were better staffed in Dublin and we had more support from that point of view. Here we seem to have a lot less staff and I would be called regularly at home to change my shifts, to cover shifts because there are shortages here and they do not have the staff to cover them so we are asked to alter our duties to cover our own shifts and that would never have happened in Dublin” (Interview 4: Staff Nurse – Intensive Care).

She feels they are running on a very skeleton staff in the hospital currently. She goes on to explain further with regards to availability of work-life policy options;

“So sometimes these things are offered but when you go to look at it then you can’t really avail of them because it is not feasible on the unit at the time” (Interview 4: Staff Nurse – Intensive Care).

She notes that most staff are parents at the hospital and that is why July and August are months that are in high demand for annual and other leaves. Staff being similar in age and having similar work-life needs was mentioned also as a difficult issue for management to resolve during interview 37 when organising leave requests. During Interview 38 a respondent noted that management within her unit were;

“hopeless for ensuring cover when people were out sick” (Interview 38: Job Sharing Theatre Staff Nurse).

Further details provided by this respondent highlights staff can be asked to return if on a week off but not if on annual leave and sometimes ‘guilt’ is used to make sure staff are available to work. A subsequent Nurse feels that within the public services staff place the burden more on themselves to deliver healthcare and work their own needs around those of the service needs. She sometimes feels those nursing staff going on leave sometimes feel guilty as their workload often falls on colleagues when they are not replaced (Interview 35- Full Time Clinical Nurse Specialist).
A more positive note came from interview 40 where the Nurse explained that she could not complain as she had been granted all the parental leave she requested for her three children and she was also facilitated in taking a number of days off when one of her children was ill in hospital. Another Nurse Manager in interview 41 explained how self-rostering really helped in getting the Work-Life Balance right for her as the shifts could be planned up to three months in advance. Being able to choose when to work also arose for a Staff Nurse during interview 31. She explained that due to the distance she needs to travel to get to work this Nurse chooses to do three long days. It can take between forty minutes to an hour to get to and from work. She usually leaves her home at seven in the morning and does not return home until nine that evening. She acknowledges that the twelve hour shift is very long and places a huge pressure on one.

Key findings from this section include that the economic climate influences what is available to Nurses. Nurses’ statutory rights are still allowed but often a waiting time is attached or a number of requests are required for the leave. Non-statutory work-life options such as reducing or increasing hours are no longer being facilitated. Further fewer options to develop both personally and professionally either through study leave and career break are being made available due to budget restrictions.

5.3 Research Question 2:

(a) How are Work-Life Balance options implemented? and (b) what factors affect the implementation of Work-Life Balance policies and practices for Nurses in hospitals?

During the literature review Implementation of WLB policies and practices saw a particular focus on supervisory support and Career Consequences. The research questionnaires further focused on these two areas with two specific scales to assess these areas. Qualitative analysis of interviewees’ responses coded three areas that encompassed all responses best. These included; Roster and Economic Influences,
Personal Situations and Staffing levels and Work-Life Policy Flexibilities and Limitations. In total reference to some aspect of implementation of such policies and practices were referred to by respondents on one hundred and forty-five occasions.

5.3.1 Quantitative Findings on Implementation

In accessing a good description from Nurse respondents’ themselves as to what policies and practices facilitate them in achieving a good Work-Life Balance the following open ended question was asked of them. Which Work-Life Balance policies and practices in particular are most beneficial for balancing your work and life demands? Table 19 below illustrates four diverse answers provided as to what Nurses’ view as beneficial to them and two answers provided as to what are non-beneficial.

Table 19: Qualitative Description and Quantification of Most and Least Beneficial Work-Life Policies and Practices

<table>
<thead>
<tr>
<th>Qualitative Description of Most and Least Beneficial Work-Life Policies &amp; Practices</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Beneficial - Supportive Managers</td>
<td>4.4%</td>
</tr>
<tr>
<td>Beneficial - Leave Policies &amp; Flexible Hours</td>
<td>35.6%</td>
</tr>
<tr>
<td>Beneficial - Good Pay &amp; Training Opportunities</td>
<td>1.3%</td>
</tr>
<tr>
<td>Beneficial - Occupational Health Services</td>
<td>1.3%</td>
</tr>
<tr>
<td>Non-Beneficial- Unaware of any P&amp;P</td>
<td>14.7%</td>
</tr>
<tr>
<td>Non-Beneficial- Replacement of Staff/ Staff Shortages</td>
<td>0.9%</td>
</tr>
<tr>
<td>Total Non-Responses</td>
<td>41.8%</td>
</tr>
<tr>
<td>Total</td>
<td>100%</td>
</tr>
</tbody>
</table>

From the qualitative responses received within the questionnaires we see that Leave Policies and Flexible hours is rated by 35.6% of all Nurse respondents as one of the most effective or beneficial WLB policy for Nurses to achieving a good Work-Life Balance. WLB Policies and Practices which facilitate flexible working, job sharing and reduced or part-time hours, encouraging no overtime and organising and providing information on rosters and/or rotas well in advance are seen to be
important. Surprisingly perhaps is the issue that 14.7% Nurses believe no policies exist in this area or are unaware of them. This is an issue for management to address and highlights lack of knowledge and awareness amongst respondents of this important area of human resource management. Sufficient support from managers and supervisors should redress deficiencies in information and knowledge of work-life policy options for Nurses.

5.3.1.1 Supervisor Support

The total scale scores for supervisory support include:

Table 20: Total Scale Results for Supervisory Support

<table>
<thead>
<tr>
<th>Total Supervisory Support Scale Results</th>
<th>MEAN</th>
<th>STANDARD DEVIATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>N</td>
<td>191</td>
<td>2.2504</td>
</tr>
<tr>
<td>MIN</td>
<td>1.00</td>
<td>.75508</td>
</tr>
<tr>
<td>MAX</td>
<td>4.00</td>
<td></td>
</tr>
<tr>
<td>MODE</td>
<td>2</td>
<td></td>
</tr>
</tbody>
</table>

The total scale scores can be seen in Table 20 above. For more details on these please refer to Appendix 24. 67.1% of all respondents agree or strongly agree that their supervisor is supportive when they have a work problem. 65.3% agree or strongly agree that their supervisor is fair when dealing with employees and their personal/family needs. 64.5% agree or strongly agree that their supervisor is accommodating when it comes to facilitating employees and their personal/family needs. 64.5% also agree or strongly agree that their supervisor has an understanding attitude when it comes to discussing personal/family/life issues that affect work. 48.7%, almost half of all respondents agree or strongly agree that they are comfortable discussing personal/family issues with their supervisor. 43.6% of all respondents state that they feel their supervisor really cares about the effects of work demands on personal and family life. From these percentage results it can be said that support for work issues and personal family needs is high amongst respondents. There were no significant chi-square or correlation found between responses to supervisory support and respondents’ gender, age, marital status, number of dependents under 18, number of dependents over 18 or tenure. For more details and graph illustrations on this analysis please refer to Appendix 25.
5.3.1.2 Career Consequences

Table 21: Total Scale Results for Career Consequences

<table>
<thead>
<tr>
<th>Total Career Consequences Scale Results</th>
<th>MEAN</th>
<th>STANDARD DEVIATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>N</td>
<td>198</td>
<td>2.6020</td>
</tr>
<tr>
<td>MIN</td>
<td>1.00</td>
<td>.77026</td>
</tr>
<tr>
<td>MAX</td>
<td>4.00</td>
<td></td>
</tr>
<tr>
<td>MODE</td>
<td>3</td>
<td></td>
</tr>
</tbody>
</table>

This study uses a scale to assess the perceived level of Career Consequences for Nurses currently. The total scale scores can be seen in Table 21 above. For more details on these please refer to Appendix 24. The Cronbach Alpha score for this scale is .89. Scale results indicate 57.8% of respondents either disagree or strongly disagree to the idea that employees if they request personal time off are less likely to get ahead in their jobs and careers. 45.8% disagree or strongly disagree to the idea that there is an unwritten rule in their workplace which indicates personal/family needs cannot be taken care of on organisational time. 51.6% disagree or strongly disagree to the idea that those employees who put personal or family needs ahead of their work are looked upon less favourably. 58.7% of respondents also disagree or strongly disagree to the idea that if employees are seen to have difficulties in managing their personal and work responsibilities an unsympathetic attitude exists amongst work colleagues. 51.5% of respondents also disagree or strongly disagree that a choice exists and has to be made by employees between advancing in their jobs and devoting attention to their family or personal lives. The strongest response to all statements indicates respondents do not agree that Career Consequences can arise from work roles interacting with life roles. There were no significant chi-square or correlation found between responses provided concerning Career Consequences and respondents’ gender, age, marital status, number of dependents under 18, number of dependents over 18 or tenure. For more details and graph on this analysis please refer to Appendix 25.
5.3.1.3 Implementation of Work-Life Balance Options for Nurses

Table 22: Managements Communication Methods of WLB Options

<table>
<thead>
<tr>
<th>Answer Options</th>
<th>Response Percent</th>
<th>Response Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employee handbooks</td>
<td>92.9%</td>
<td>13</td>
</tr>
<tr>
<td>WLB-specific website</td>
<td>0.0%</td>
<td>0</td>
</tr>
<tr>
<td>Team briefings</td>
<td>35.7%</td>
<td>5</td>
</tr>
<tr>
<td>Employee periodicals</td>
<td>7.1%</td>
<td>1</td>
</tr>
<tr>
<td>As part of appraisals</td>
<td>7.1%</td>
<td>1</td>
</tr>
<tr>
<td>Individual Counselling</td>
<td>35.7%</td>
<td>5</td>
</tr>
<tr>
<td>Other</td>
<td>28.6%</td>
<td>4</td>
</tr>
<tr>
<td>Answered Question</td>
<td></td>
<td>14</td>
</tr>
<tr>
<td>Skipped Question</td>
<td></td>
<td>0</td>
</tr>
</tbody>
</table>

The first basic step in implementing human resource policy to employees is to communicate that policy to those it affects. Table 22 above outlines the different communication methods used. One of the most common ways of communicating is via the written word. It is no surprise then that 92.9% of all respondents indicated that employee handbooks are the most prevalent means of communicating human resource policy. Other methods used which were indicated through this survey include Team Briefings and Individual Counselling.

5.3.2 Qualitative Findings on Implementation (145)
Respondents referred to issues concerning implementation overall on one hundred and forty-five different occasions through qualitative interviews. Specific issues around rosters and economic influences were referred to on fifty-six occasions, personal situations and staffing levels on forty-seven occasions. Other issues under the heading of Work-Life Policy Flexibilities and Limitations were discussed on forty-two different occasions.

5.3.2.1 Roster and Economic Influences (56)

In answering how work-life options are implemented and what affects their implementation one workforce planner noted that rosters are led by the service. She further explains;

“The Nurse cannot choose times exactly but a roster that suits their life. She further explains that a roster will go for a four week period, a six week period or an eight week period, so you have, you would know in advance your work schedule for that length of time and then it repeats” (Workforce Planner).

In general speaking about Nurses and Work-Life Balance this planner feels there have been great improvements since the eighties and nineties but explains that currently;

“finance is now dictating everything” (Workforce Planner).

One Nurse points out that her experiences in the past make her aware that;

“it can often depend on the manager as regards to how equitable policies are implemented”(Interview 39: Full Time Nurse Tutor).

5.3.2.2 Personal Situations and Staffing Levels (47)

A further theme derived from qualitative interviews explains the importance of personal situations and staffing levels.

Another interviewee notes that;

“If people have a well-respected Work-Life Balance and they know, they just, they work an awful lot better because a happy worker is a productive one”...... in the health service they just do not seem willing and feel if people get an inch they will take a mile so not even a millimetre is given”. She states “the work/Life Balance in the HSE is entirely related to the amount of staff” (Nursing Unit Organiser –National Union).

She goes on to further explain;

“If you have not the staff all the policies are predicated on efficient staff and they’ve nothing, there is no compulsion on the employer to let you take time off for the activities of caring and rearing children and all of that” (Nursing Unit Organiser –National Union).
She also adds though clarifying she isn’t directly involved in specific cases but that of all cases the union would become involved with 10-15% of cases are related to issues like Work-Life Balance. Similarly another union General Secretary explains;

*Many issues concern work-life for members. Increasingly they go to the third party as the health employer won’t concede anything at a local discussion level (4/6 weeks). 4/6 months before a third party outcome is reached. Often fighting the same argument over and over in different areas. (INMO General Secretary-Interview 44).*

The ability for management to suit each employees needs is increasingly difficult when all Nurses are in a similar position within their lives or at the same life stage for example if a number of employees require Maternity Leave simultaneously. This can impact severely on the management of remaining employees. This situation can become especially acute in a profession which is female dominated and where family needs are high on employee’s life agendas.

One Nurse indicates that leave can be accessed by staff when they need it most. From her personal experience of a reasonably close family bereavement in recent years when she was a Staff Nurse working in the same department she was able to take a week of leave. Another example she cites while being a senior Nurse was of a colleagues Uncle dying on the night she was on night duty and she gave her the option to ring her if she needed someone to cover for her (Interview 11). One manager notes the issue around compassionate leave is that it is only for really close relatives like mother, father sister, and brother. The manager explains;

“*It does not extend to grandparents or other significant others and this can be difficult for staff. The manager makes the point that “you can be as close to your granny as to your mother”* (Interview 17: Full Time Clinical Nurse Manager 2).

One other Nurse states in regards to her knowledge on leaves and her entitlements;

“*I’m the world’s worst at knowing my entitlements, like I would never know how to work out my annual leave that’s due to me, so I would be relying on someone else to work the same hours as me and to see what they are taking*” (Interview 20: Staff Nurse working Reduced Hours).

A subsequent interviewee however finds that;

“*With regards to leave entitlements for other staff members she notes that a lot of staff know what they are entitled to here and are very well up on these rights*” (Interview 23: Full Time Ward Manager).
She also notes that the Nurses will nearly come in if they are on leave from their holidays when the planner comes out to put in their requests for the following year as they know the demand for leave is high for certain times (Interview 23: Full Time Ward Manager).

Similarly the Clinical Nurse Manager in interview 30 states;

*She knows all the staff very well and her biggest problem would be organising the off-duty. She acknowledges that all staff use what they are entitled to with regards to leaves (Interview 30: Full Time Clinical Nurse Manager 2).*

Another Clinical Nurse Manager during interview 16 explains that often it can be a case of;

"you’re trying to manage your staff, you’re trying to manage the ward, you’re trying to manage your rosters’’ Sometimes one might be due a short day and end up doing a long day…. an extra onus I think is on the manager to kind of resolve every situation” (Interview 16: Part-Time Staff Nurse)

Support, Communication and Appropriate Structures were viewed as critical by management in the implementation of work-life policy options as can be seen from information in Appendix 20. One Nurse Manager explains that absenteeism is an issue that management keep a close watch over within the hospital organisation. Official HSE figures suggest that nursing as a staff category has the third highest absenteeism rates in 2011 and 2012 respectively. Please refer to Appendix 2 for further details on absenteeism rates by staff category. During one interview one Nurse Manager illustrates that at one point in time within this managers department there were five on Maternity Leave and three on long term sick leave and there was nothing that could be done about the staff shortage. The recruitment embargo left them in a position that no replacements could be recruited. In relation to people out on sick leave it is noted that they are referred to occupational health in order to support them back to work and reports are provided by occupational health with recommendations. Management engages with this department and the employee in order to work with them on their return. She elaborates that there is one doctor and two Nurses to her knowledge and another who deals with training on managing attendance policies and procedures in relation to related sick leave, and other staff in the department who deliver workshops on lifting and handling and safety at work.

One workforce planner notes the effect of the moratorium as causing an increase in discussion around Work-Life Balance and stress related illnesses. It has also increased absenteeism as staff workloads have increased (Interview 42).
Regarding parental leave a manager notes, there is such a shortage in staff numbers, management are not able to grant parental leave straight away. There is also she notes a stipulation that a request for parental leave has to be submitted in writing six weeks prior to being able to avail of it. She further highlights the situation currently stating;

“now we are having to negotiate with staff, well look I can’t give you twelve hours a day but I can give you six and a lot of them are not very happy because it is all to do with childminding and travel to work. You know they do not want to be coming in for half a day” (Interview 1: Nursing Services Manager).

Another Nurse Manager spoke about difficulties in organising rosters to suit everyone else. The manager explained during interview 41 that every effort was made to accommodate everyone but that one could not keep everyone happy always.

5.3.2.3 Work-Life Policy Flexibilities and Limitations (42)

Where there is informality and/or discretion or flexibility in implementing work-life policies which is necessary to some extent in human resource management there can also be difficulties for management resulting out of this ability to show discretion at times. One manager provides an example of a person who could not come into work because his child was sick and the Nurse Manager informed him;

“well your priorities are here, you are employed here, you are contracted and you are rostered and the employee said no my priorities are at home with my child” (Interview 1: Nursing Services Manager).

She explains that it can be difficult but that Force Majeure is usually granted around any emergency situation which allows some flexibility. There are however limitations to the number of times this can be used. The Nurse Manager makes the point that if you accommodate one you have to accommodate all to ensure fairness and this can prove impossible at times. She cites one example of a Nurse returning from sick leave after being absent for a number of years and being allowed to carry out clerical duties while up-skilling at the same time but there has been a time limit placed on this up-skilling in order to be fair to her colleagues.

Key findings from this section highlight the importance of supervisor support in the implementation of work-life policy options. It further highlights that factors which
affect implementation include both the economic climate of the country and individuals personal situations.

5.4 Research Question 3:

(a) To what extent are WLB policies availed of by Nurses? And (b) what factors influence the extent to which Work-Life Balance policies are availed of by Nurses? and (c) how do Nurses rate their current Work-Life Balance?

Usage of work-life policy options and Nurses own rating of satisfaction with their own current Work-Life Balance was answered first through the questionnaire survey and later through qualitative interviews. In total reference to some aspect of usage of such policies and practices were referred to by respondents on eighty occasions. These interviews were broadly coded into three main areas including; Planned/Unplanned Events, Personal Circumstances and Support and Personal and Professional Work-Life Policy Options. Maternity Leave was used 39.6% followed by Study Leave by 29.3%. 20% of respondents used two options while 35% of respondents felt current options were effective. 49.3% of all Nurse respondents’ indicated they were satisfied with their current WLB.

5.4.1 Survey Findings on Usage

Table 23: Illustration of Work-Life Balance Policy Usage by Respondents

<table>
<thead>
<tr>
<th>Please indicate which of the following you have availed of</th>
<th>Reported Uptake/Usage Percent %</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Statutory Entitlements</strong></td>
<td></td>
</tr>
<tr>
<td>Maternity Leave</td>
<td>39.6%</td>
</tr>
<tr>
<td>Force Majeure Leave (If Yes Please State Reason )</td>
<td>23.1%</td>
</tr>
<tr>
<td>Parental Leave</td>
<td>15.1%</td>
</tr>
<tr>
<td>Carer’s Leave</td>
<td>3.1%</td>
</tr>
<tr>
<td>Adoptive Leave</td>
<td>0.9%</td>
</tr>
<tr>
<td>Non-Statutory/Discretionary Entitlements</td>
<td></td>
</tr>
<tr>
<td>Study Leave</td>
<td>29.3%</td>
</tr>
</tbody>
</table>
Table 23 above highlights the percentage of respondents who indicated what work-life policies they used and distinguishes between statutory and non-statutory policies. The statutory entitlement *Maternity Leave* was availed of by the most at 39.6% of respondents while the most non-statutory entitlement availed of was *Study Leave* by 29.3%. Table 24 below outlines the number of policies individuals used with 20% indicating they had availed of two policy options. 16.9% in total indicate they had only used one option while .4% indicates availing of ten different WLB options.

**Table 24: Extent of Usage at Individual Level**

<table>
<thead>
<tr>
<th>WLB Policy Usage</th>
<th>Percent %</th>
</tr>
</thead>
<tbody>
<tr>
<td>One Option Used</td>
<td>16.9%</td>
</tr>
<tr>
<td>Two Options Used</td>
<td>20.0%</td>
</tr>
<tr>
<td>Three Options Used</td>
<td>13.8%</td>
</tr>
<tr>
<td>Four Options Used</td>
<td>10.2%</td>
</tr>
<tr>
<td>Five Options Used</td>
<td>4.0%</td>
</tr>
<tr>
<td>Six Options Used</td>
<td>2.7%</td>
</tr>
<tr>
<td>Seven Options Used</td>
<td>.4%</td>
</tr>
<tr>
<td>Eight Options Used</td>
<td>.4%</td>
</tr>
<tr>
<td>Ten Options Used</td>
<td>.4%</td>
</tr>
<tr>
<td>Non-Response’s</td>
<td>31.1%</td>
</tr>
<tr>
<td>Total</td>
<td>100%</td>
</tr>
</tbody>
</table>
There was no significant chi-square or correlation found between the WLB usage variable and respondents’ gender, number of dependents under 18 or number of dependents over 18. There was a significant chi-square relationship found between the WLB usage variable and respondents’ age $x^2 (24, N=225) = 36.9, \rho = .045$ and marital status $x^2 (32, N=225) = 46.7, \rho = .045$. The two middle age groups (31-40 and 41-50) and those who are married are more likely to use WLB policy options. Please refer to Appendix 25 for graph illustrations of these statistical relationships. Further correlation analysis found a small significant correlation between the two variables of WLB policy usage and age $r=.264, n=150, \rho<.001$ and a small negative correlation between WLB policy usage and marital status (married and non-married) $r=-.160, n=155, \rho<.05$. Another correlation analysis found a small significant correlation between the two variables of WLB policy usage and tenure (temporary or permanent contract) $r=.209, n=153, \rho<.01$. These findings illustrate that as age increases so too does WLB policy usage and those who are married are more likely to increase their use of WLB policy options. These findings also show respondents’ who were permanent were more likely to use more WLB policy options than those on temporary contracts. Further increased WLB policy usage indicates a likely reported incidence of work-life conflict. Please again refer to Appendix 25 for graph illustrations.

**Are the various work-life balance policies and practices available in your hospital effective for managing work and Life Balance?**

**Table 25: Nurses Rating of Work-Life Balance Effectiveness**

<table>
<thead>
<tr>
<th>Rating of WLB Effectiveness</th>
<th>Percent %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Effective</td>
<td>35.1%</td>
</tr>
<tr>
<td>Non-Effective</td>
<td>24.0%</td>
</tr>
<tr>
<td>Unaware of any WLB Policies and Practices</td>
<td>19.6%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>78.7%</strong></td>
</tr>
<tr>
<td><strong>Percentage of Missing Responses</strong></td>
<td>21.3%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>100%</strong></td>
</tr>
</tbody>
</table>
When respondents were asked if current work-life policies were effective or not, Table 25 above indicates that 35.1% stated that they are effective while 24% deemed current policy options ineffective. Almost 20% are unaware of such policies existing. This may be due to a very poor emphasis on the Work-Life Balance by managers and supervisors. It further illustrates employees do not view their current work entitlements as options which can facilitate their own Work-Life Balance.

**Nurses Satisfaction Rating of Their Work-Life Balance**

An important aspect to investigate is whether or not the policies and practices which are available are relevant to meeting the needs of Nurse Employees. Uptake will be affected if policies and practices are not relevant, not easily accessible or are seen to have long term negative career or other life consequences. With regard to the question on how satisfied Nurses feel with the current state of their Work-Life Balance Table 24 below illustrates there is a greater positive (49.3% satisfied) rather than negative response (39.1% unsatisfied) received. **Are you satisfied with the balance you are achieving between your job demands and life currently? Please state Yes or No and elaborate.**

**Table 26: Nurses Satisfaction Rating of WLB**

<table>
<thead>
<tr>
<th>Satisfaction Rating of WLB</th>
<th>Percent %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes Satisfied with WLB</td>
<td>49.3%</td>
</tr>
<tr>
<td>No Unsatisfied with WLB</td>
<td>39.1%</td>
</tr>
<tr>
<td>Percentage of Non-Responses</td>
<td>11.6%</td>
</tr>
<tr>
<td>Total</td>
<td>100%</td>
</tr>
</tbody>
</table>

**Table 27: Nurses Satisfaction Rating of WLB Response Details**

<table>
<thead>
<tr>
<th>Satisfaction Rating of WLB Details</th>
<th>Percent %</th>
</tr>
</thead>
<tbody>
<tr>
<td>YES- no reason provided</td>
<td>24.9%</td>
</tr>
<tr>
<td>YES-Flexible and/or good work hours</td>
<td>12.4%</td>
</tr>
<tr>
<td>YES-Able to organise/plan/juggle work and life</td>
<td>4.9%</td>
</tr>
</tbody>
</table>
When analysing the content of the answers provided to the above question we see
positive responses from Table 26 being received from those who are happy with
their work hours (12.4%), find their work enjoyable and/or rewarding (2.7%) are
able to organise their work and non-work lives (4.9%) have grown-up children
(2.2%), do not take work home (1.8%), and negative responses from those who are
not happy with their work hours due to the experience of unsuitable, long and erratic
working hours and rotas (4.4%) feel under time pressures/stressed at work worry
about patient safety and legal action (3.6%), who experience staff shortages (5.3%),
difficulties with management and/or work pressures (3.6%), experience juggling
work and home difficult, are drained of all energy from work, accommodate sudden
work changes, on frequent night duty or else takes work home (4%). Other negative
responses arose due to having big financial commitments e.g. mortgage, having older
persons care commitments or else are coping with family illness (3.6%). While many
reasons were provided for both satisfaction and non-satisfaction with Work-Life
Balance a larger number of respondents who stated they were satisfied with their
Work-Life Balance did not provide a reason (24.9%) while only 4.9% of people who
were not satisfied failed to do so. The recruitment embargo is having negative
consequences in that Nurses are now not able to access reduced hours or job sharing
options. One clear factor affecting uptake is inaccessibility to certain options which would suit individuals for example job sharing. Another factor which again prevents uptake is lack of knowledge on options by individual employees. 25.2% of respondents are unaware of any policies and practices in relation to their Work-Life Balance. Management explain the main reasons for employees not to avail of possible Work-Life Balance options as being; economic uncertainty/reasons, limited places, no agency provision, personal financial pressures, staff shortages, high demand for certain options/work hours/leave times. Inaccessibility to options due to moratorium e.g. job sharing, lack of knowledge, ineligibility, few openings/incentives and managerial responsibilities and/or job role/tenure (Appendix 2). The main factors that affect uptake of Work-Life Balance Policies and Practices from an individual’s perspective is their financial circumstances and personal life circumstances together with their current job role, tenure & perceived consequences of using available Work-Life Balance options. It was noted by one respondent that Work-Life Balance options were difficult to access at senior management level. Specific findings found in 2009 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.

5.4.2 Qualitative Findings on Usage (80)

Overall issues concerning usage of WLB policies were referred to by respondents on eighty different occasions. Issues around planned or unplanned events were discussed ten times, personal circumstances and support on forty-eight different occasions. Personal and Professional Work-Life Policy Options were referred to on twenty-two different occasions by interviewees’

5.4.2.1 Planned/Unplanned Events (10)

Certain life events can be planned for well in advance however not everything in life can be foreseen. An example which is out of the usual set of circumstances that occur frequently in Ireland, is how Nurses are facilitated if they experience difficulties during bad weather conditions. The winter of 2009 was a particular severe example and still vivid in the memories of interviewees. One Nurse explained
of difficulties encountered by staff in travelling to work due to poor weather conditions. Her own personal experience was of having to spend nearly a week in a hotel in the city. She notes that;

“even though the hospital covers the cost of accommodation it can still work out quiet expensive for staff if it is extends over a prolonged duration” (Interview 11: Theatre Clinical Nurse Manager 2).

The fact that salaries have experienced cuts in recent times would be exacerbated by staff incurring additional costs in order to be able to attend work during these times.

Another Nurse informs the researcher that she feels the hospital is a lot busier and the workload is increasing. She explains that she did avail of leave ten years ago because her father died suddenly. She also availed of one or two Force Majeure leaves when a niece was very ill. She further states;

“...the ward sister was very supportive at that time, yeah, she’s since retired, you know but she was very good” (Interview 22: Staff Nurse on Reduced Hours).

5.4.2.2 Personal Circumstances and Support (48)

A Nurse during interview 12 explains she splits the week of nights with a colleague which she finds suits her situation. She speaks of greater expectations being placed on staff now due to staff shortages stating;

“we’re expected to do the same or more work with fewer numbers so that causes its pressures probably and its stresses” (Interview 12: Full Time Theatre Staff Nurse).

She speaks of being tired now when she goes home and is glad she does not have childcare responsibilities. Another example is of a Nurse Manager who used to avail of parental leave, however does not now due to workload and financial reasons. This Nurse explains that it is mainly due to staffing levels and that in their role as a manager there is extra responsibility on them to resolve every situation.

Regarding emotional support for employees an interviewee explains there are no formal systems in place where staff can access support to cope with the emotional aspect the job brings with it or no counselling is given. She ascertains;
“No I’ve never been offered it and I’m thirty odd years in theatre. It would be nice if it was available, you know and to know that it is available” (Interview 11: Theatre Clinical Nurse Manager).

Another interviewee states that there are many sad stories that are related to individual patients and this does affect staff. The only support she sees is what one can receive from colleagues and amongst their own peer group (Interview 22). Colleagues who are supporting one another during difficult times either in their personal or work lives is seen as important by both managers and staff alike. Colleague support forms an important part of being able to access flexibility in working hours by nearly all interviewees and is allowed by most managers to some extent at individuals own discretion as long as services can be maintained at the levels needed.

One Nurse specialist during the course of interview 35 cites a personal example of when she needed compassionate leave when an Uncle passed away but was told she needed to take an annual leave day. She feels that more compassion should be shown to staff when close relatives die as many are involved in a compassionate role in their work. Within these situations lies a double emotional strain which work-life policy must allow for to some extent.

5.4.2.3 Personal and Professional Work-Life Policy Options (22)

The Nurse specialist during interview 35 explains she is aware of the employment assistant programmes in place but has not availed of any of them nor does not know of anyone who has done so. There is a computer information system in place for staff which she uses but finds older staff perhaps not as computer literate and less inclined to use these computerised information systems. Sometimes more mature staff would look for help from other staff members in relation to this. She further informs the researcher that at times the health promotion department would provide classes to staff maybe at lunch times and gives an example of yoga classes being made available to staff members. The attendance of a talk on mindfulness the previous evening was also given as an example by this participant and noted it was well attended and though only twenty places were available twenty-six people showed up so she feels stress and well-being is increasingly an issue for nursing staff in the public sector.
There is less evidence of Nurses availing of study leave now than in previous years as has been described in the section earlier on Availability of WLB Policy Options. One Nurse completed her nursing degree and was supported financially but stated this option is no longer there to be availed of by Nurses. The hospital did sponsor the students and she notes they were the last group to receive sponsorship. She further indicates she did receive some study leave entitlement but notes she returned to cover a half day after her final exam finished (Interview 20).

A ward sister during interview 23 states;

“that there would be open knowledge on different courses displayed for those interested in pursuing further studies” (Interview 23: Full Time Ward Manager).

Mandatory training is still available however and managers do provide information on additional courses for staff. Another Nurse interviewee does not feel additional educational courses would benefit him in his desire to move his career on together with few openings now being made available for staff (Interview 28). One other Nurse notes that there is a tendency when opportunities arise for new positions to know who is in line to get such jobs and she finds this idea that knowing certain people will be an advantage, an unfair situation that exists in her hospital currently (Interview 31). A similar sentiment was expressed during interview 38 when the Nurse explained that she felt;

“Promotion is not based on ability” (Interview 38: Job Sharing Theatre Staff Nurse)

A clinical Nurse Specialist explains her situation as currently finishing a master’s which was a four year programme by distance education in England. There are no study leave allowances however she can get hours back when she works over her hours. She explains that she did think it would help with her career as the Master’s is in Oncology but does not feel it will help with progression in career now with current changes (Interview 25: Full Time Clinical Nurse Specialist).

A Staff Nurse during interview 31 notes that there are training days organised for staff on the ward where she works which she finds good. She gives an example of recent compass training which was to up-skill Nurses on vital signs monitoring. She
also says she would like to do some palliative care courses but the study leave is very limited. She speaks on the time commitment involved and the fact that there are no incentives to do these.

This next section will focus on the qualitative findings of manager’s responses during research interviews on what is the state of Nurses use of work-life policy options that would facilitate a good Work-Life Balance. One Manager noted how the difficult economic climate and budget cuts have placed restrictions on what can be made available to staff. She explains that a lot of those who go on Maternity Leave take full Maternity Leave plus the sixteen unpaid weeks post Maternity Leave. They also wish to avail of parental leave on their return. She explains that;

“you can factor them out of the equation for 9-10 months” (Interview 1: Full Time Nursing Services Manager).

On their return then the manager points out when people come back from Maternity Leave they no longer want to do night duty or weekends or bank holidays and you can only accommodate so many. Due to budget restrictions there is no option to avail of agency staff to fill short term gap needs in service provision.

One Nurse Manager during interview 37 explains that some staff are willing to do courses and keep themselves updated and also accept acting-up positions. She states;

“Many staff are in acting positions and getting just 20 euro extra per week although the workload and authority has increased. One Nurse is in an acting position for the past three years” (Interview 37: Clinical Nurse Manager 2).

Another Nurse during interview 40 spoke about the many Nurses who left since the early retirement option became available and this decision was often made for monetary reasons only. Some felt they could not stay even though some may have wished to do so and lose that amount of money in their pension after working so hard all their lives. Another Nurse Manager captures the problem for many Nurses stating;

“people have their own pressures and for many now financial pressures are an issue. She feels Nurses are now being stretched like elastic bands” (Interview 27: Full Time Clinical Nurse Manager 2 Oncology).
Another interviewee notes that there used to be child care facilities on-site but they are no longer there after being closed down five or six years ago. She explains that though they are contracted for full hours they may not be there for full hours but are still entitled to full annual leave which is statutory. She explains further that to fill gaps some employees are willing to do extra hours and shifts due to perhaps changes in their economic circumstances or their husband’s income. This in fact means that for some employees gaining additional work hours will help them in their family and general life situation. This point leads to recognising that an understanding of employee’s personal contextual situation as well as their work situation is required by management. A general assumption may be made that reducing work hours or the possibility to do so would immediately lead to greater Work-Life Balance for all employees. This assumption could well be incorrect for some employees.

The fact that work-life policy option usage will vary is evident from the qualitative findings. The reasons why usage will vary will depend on whether events are planned or unplanned, how supportive managers and colleagues are, organisational contexts such as staffing levels and workloads and personal contexts such as financial circumstances and non-work-life commitments.

5.5 Research Question 4:

**How do Nurses experience Work-life Conflict (WLC) and Life-Work Conflict (LWC)? And (b) is there an association between (a) availability and (b) usage of WLB policies and practices on these experiences?**

5.5.1 Quantitative Findings on WLC and LWC

5.5.1.1 Work-life Conflict
Table 28: Total Scale Results for Work-Life Conflict (WLC)

<table>
<thead>
<tr>
<th>Total Work-life Conflict Scale Results</th>
<th>MEAN</th>
</tr>
</thead>
<tbody>
<tr>
<td>N</td>
<td>MIN</td>
</tr>
<tr>
<td>207</td>
<td>1.00</td>
</tr>
</tbody>
</table>

a. Multiple modes exist. The smallest value is shown.

The total scale scores can be seen in Table 28. For more details on these please refer to Appendix 24. Work-life Conflict was assessed using a scale of five different statements which has been previously used by Anderson et al. (2002). The Cronbach Coefficient Alpha Score was .90 for this study. In analysing the responses to all five statements designed to assess Work-life conflict only 14.2% stated that in the past three months they never felt they had not enough time for themselves because of their job. 13.8% stated they never felt they had enough time for their family or other important people because of their job. 14.2% stated that they never felt they had enough energy for activities with their families because of their job. 15.1% stated that they never felt that they had not been able to get everything done at home each day because of their job. 10.2% indicate that their mood at home because of their work has never been negatively affected. Each of these statements assists us to reflect on how Work-life conflict is experienced by our respondents. The percentages of respondents who never have experienced these issues are in the minority with the highest never response being 15.1%. We can therefore deduce that almost 85% of our respondents have occasionally at least experienced these types of Work-life conflict in their daily lives in the past three months. The issue of not enough time is a problem at some level for 85% of respondents. Work-life balance policies and practices which therefore allow individuals a reasonable time away from work and organisations that are mindful of employees’ workloads within work will serve to impact employees experiences of work-life conflict. The extent of this impact is difficult to assess as chi-square and correlation tests carried out between WLB policy usage and WLC scale variables are not illustrating a significant statistical relationship in this study. It is not possible to check the impact of availability of such policies on scale scores statistically and in nearly all cases all policies were stated as being available in this study. Further statistical analysis using...
chi-square of this scale however with some demographic independent variables illustrate a significant relationship of WLC scale scores with respondents’ number of dependents over 18 $x^2$ (60, N=225)=84.79, $p = .019$. The trend in this data analysis indicates decreased WLC with increased number of dependents over 18. Other significant chi-squares formed with this scale include with working contract, number of hours worked and spousal employment status. These indicate that these specific variables influence the work-to-life conflict responses provided by research participants’ in the study. No correlation tests were found to be statistically significant. The chi-square results indicate certain trends such as more work-to-life conflict for those who are permanent, working longer hours and those whose spouses are employed. Exact details on these statistical results can be found in Appendix 25 and 26.

5.5.1.2 Life-Work Conflict

Table 29: Total Scale Results for Life-Work Conflict (LWC)

<table>
<thead>
<tr>
<th>Total Life-Work Conflict Scale Results</th>
<th>N</th>
<th>MIN</th>
<th>MAX</th>
<th>MEAN</th>
<th>STANDARD DEVIATION</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>195</td>
<td>1.00</td>
<td>4.40</td>
<td>1.5815</td>
<td>.65556</td>
</tr>
</tbody>
</table>

The total scale scores can be seen in the Table 29 for total Life-Work conflict. For more details on these please refer to Appendix 24. Life-Work Conflict was assessed using a scale of five different statements which has been previously used by Anderson et al. (2002). The Cronbach Coefficient Alpha Score was .81 for this study. Life-Work Conflict was assessed using five different statements. In this sample of 225 respondents 76.4% indicted that in the past three months personal situations never kept them from getting work done on time at their job. 53.3% stated personal circumstances never kept them from taking on extra work at their job. 64.9% never felt their personal lives prevented them from doing as good a job as they could at work. A smaller proportion 44.9% indicated that their personal lives never drained them of the energy they needed to do their job while 46.2% felt that their personal lives never kept them from concentrating on their job. Each of these
statements assists us to reflect on how Life-Work Conflict is experienced by our respondents. The percentages of respondents who never have experienced these issues are in all statements in the majority with the lowest response being 44.9%. We can therefore deduce that almost 50% of our respondents or more have not experienced these types of Life-Work conflicts in their daily lives in the past three months. Work-life balance policies and practices which keep workloads from draining employees will perhaps impact employees LWC tensions the most. Again however as in the previous section the extent of this impact is difficult to assess as chi-square and correlation tests carried out between WLB policy usage and LWC scale variables are not illustrating a significant statistical relationship in this study. It is not possible to check the impact of availability of such policies on scale scores statistically and in nearly all cases all policies were stated as being available. Further statistical analysis using chi-square highlights significant relationships with demographic variables such as gender, age, number of dependents under 18, number of dependents over 18, respondents’ nursing position and their number of years since training. No correlation tests were found to be significant with these specific variables. The chi-square results indicate trends and that these particular variables influence the respondents’ Life to Work Conflict responses and details of these results can be found in Appendix 25 and 26.

5.6 Correlation Analysis

Table 30: Significant correlations, means, standard deviation, correlations and scale alphas for Work-Life Conflict (WLC), Life-Work Conflict (LWC), Supervisor Support and Career Consequences

<table>
<thead>
<tr>
<th>Correlation Matrix</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>Scale Alpha α</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mean</td>
<td>2.8686</td>
<td>1.5815</td>
<td>2.2504</td>
<td>2.6020</td>
<td></td>
</tr>
<tr>
<td>Standard Deviation</td>
<td>1.05873</td>
<td>.65556</td>
<td>.75508</td>
<td>.77026</td>
<td></td>
</tr>
</tbody>
</table>

1. Total Work-life Conflict

2. Total Life-Work Conflict

\( r \) .250** 1 .81
Table 30 presents the mean and standard deviation figures as well as the correlation matrix and alpha scores for the scales used in this study. The mean and standard deviation score for Total Work-Life Conflict signifies a low to moderate total perceived work-life conflict. The mean score for Total Life-Work Conflict signifies a low total perception of Life-Work Conflict amongst respondents. The mean score for Total Supervisor Support signifies a moderate total perception of supervisor support. The mean score for Total Career Consequences signifies a moderate total perception of Career Consequences arising out of using work-life policy options. There is no significant chi-square or correlations to be found between the WLB policy usage variable and respondents perceptions of Career Consequences. A graph detailing this relationship can be found in Appendix 25. Table 25 indicates a significant positive correlation between Work-to-Life Conflict (WLC) and Life to Work Conflict (LWC) \( r = .250, p = .000 \) \( p < .05 \). Those who report low scores for WLC also indicate low scores for (WLC) and similarly those who indicate high scores for WLC also indicate high scores for (LWC). This highlights the link between individual’s experiences of WLC and LWC. Table 25 above also illustrates a significant positive correlation between Work-life Conflict (WLC) and supervisor support, \( r = .246, p = .001 \) \( p < .05 \). Those who indicate high (WLC) also indicate high supervisor support. This table further indicates a significant negative correlation between Work-life Conflict (WLC) and Career Consequences illustrating the more (WLC) the less Career Consequences \( r = -.259, p = .000 \) \( p < .05 \). There is also a significant large negative correlation between Supervisor Support and Career

<table>
<thead>
<tr>
<th>3.Total Supervisor Support</th>
<th>( r = .246^{**} )</th>
<th>( r = -.095 )</th>
<th>( n = 189 )</th>
<th>( n = 179 )</th>
<th>( r = .92 )</th>
</tr>
</thead>
<tbody>
<tr>
<td>4.Total Career Consequences</td>
<td>( r = -.259^{**} )</td>
<td>( r = .035 )</td>
<td>( r = -.504^{**} )</td>
<td>( n = 183 )</td>
<td>( n = 188 )</td>
</tr>
</tbody>
</table>
Consequences, $r = -0.504$, $p < 0.05$ indicating the greater the level of supervisor support the less perceived Career Consequences by employees’. High scoring on the Career Consequences indicate low perceived consequences and low scores on the supervisor support scale indicate strong support for employees’ work-life issues.
<table>
<thead>
<tr>
<th>Scale</th>
<th>Gender</th>
<th>Marital Status</th>
<th>Spousal Employment Status</th>
<th>Dependents Under 18</th>
<th>Dependents Over 18</th>
<th>Nursing Position</th>
<th>Length of Time in Current Position</th>
<th>Temporary or Permanent Contract</th>
<th>Job Hours (Full, Part or Job Sharing Hours)</th>
<th>Number of Hours per week</th>
<th>Number of Years of Training</th>
<th>Average Commute Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Work-life Conflict</td>
<td>(r).071 n 200</td>
<td>(r).020 n 199</td>
<td>(r).056 n 193</td>
<td>(r).010 n 183</td>
<td>(r).067 n 172</td>
<td>(r).-134 n 207</td>
<td>(r).150* n 196</td>
<td>(r).132 n 198</td>
<td>(r).-107 n 198</td>
<td>r.232** n 195</td>
<td>(r).030 n 194</td>
<td>(r).-106 n 197</td>
</tr>
<tr>
<td>Total Life-Work Conflict</td>
<td>(r).-0.23 n 188</td>
<td>(r)-.217** n 187</td>
<td>(r).-0.32 n 181</td>
<td>(r).130 n 170</td>
<td>(r).-0.46 n 161</td>
<td>(r).000 n 195</td>
<td>(r).017 n 184</td>
<td>(r).045 n 186</td>
<td>(r).001 n 186</td>
<td>r.012 n 184</td>
<td>(r).-0.81 n 182</td>
<td>(r).040 n 185</td>
</tr>
<tr>
<td>Total Supervisor Support</td>
<td>(r).075 n 191</td>
<td>r.140 n 190</td>
<td>(r).-0.26 n 185</td>
<td>(r).-0.13 n 176</td>
<td>(r).057 n 163</td>
<td>(r).004 n 191</td>
<td>(r).075 n 186</td>
<td>(r).078 n 189</td>
<td>(r).066 n 189</td>
<td>r.020 n 186</td>
<td>(r).017 n 185</td>
<td>(r).133 n 188</td>
</tr>
<tr>
<td>Total Career Consequences</td>
<td>(r).059 n 198</td>
<td>r.-.26 n 197</td>
<td>(r).098 n 192</td>
<td>(r).075 n 181</td>
<td>(r).016 n 169</td>
<td>(r).-0.45 n 198</td>
<td>(r).-210** n 193</td>
<td>(r).048 n 196</td>
<td>r.154* n 196</td>
<td>r.040 n 193</td>
<td>(r).095 n 192</td>
<td>(r).-0.82 n 195</td>
</tr>
</tbody>
</table>

Note: (r) correlation Level (p) significance level (n) Number in Sample *. Correlation is significant at the 0.05 level (2-tailed). **. Correlation is significant at the 0.01 level (2-tailed).
Table 31 indicates a significant negative correlation between Total Life-Work Conflict (LWC) and Marital Status, \( r = -0.217, p = 0.003, p < 0.05 \) showing those who are single have less Life-Work Conflict (LWC) experiences. This table further indicates that total Work-life Conflict (WLC) will increase with Length of Time in Current Position and number of hours worked in total per week. There is also a statistically significant negative correlation between Length of Time in Current Position and perceptions of Career Consequences \( (r = -0.210, p = 0.003, p < 0.05) \) Career Consequences is also statistically correlated with ones job status of whether they work full, part or job sharing hours \( r = 0.154, p = 0.031, p < 0.05 \).

The significant relationship between LWC and Martial Status would indicate that those who are married are more likely to experience Life-Work Conflict. This could be explained as resulting from greater commitments outside of the paid work sphere. Many employees will prioritise spouses and children at times over work obligations and/or more energy is likely to be needed outside of the workplace from married employees. The correlation between WLC and Length of Time in Current Position \( r = 0.150, p = 0.036, p < 0.05 \) indicates the longer one is in a work position the greater the WLC. This means that perhaps more seniority, more responsibility and more experience in a work position can create more WLC. WLC is also seen to statistically correlate with the number of hours worked per week \( r = 0.232, p = 0.001, p < 0.05 \). The greater number of hours the greater WLC as one has less time and energy for their non-work domain.

5.7 Qualitative Findings on LWC and WLC and the Impact of WLB Policies (192)

In total reference to some aspect related to impact of such policies and practices were referred to by respondents on one hundred and ninety-two occasions. Issues around Life to Work Conflict were referred to twenty-five times and Work-Life Conflict on thirty-seven different occasions. Other issues mentioned include work environment and stress which was mentioned sixty-five times, workloads and leave policy options twenty-six times and external and internal support on thirty-nine occasions.
5.7.1 Life-Work Conflict (LWC) (25)

One Nurse Manager during the interviews states that taking leaves should not impact on ones career prospects within the profession. Within their ward there is a practice of trying to adjust Nurses individual work hours to suit their needs rather than giving them parental leave. The CNM states;

“So therefore we might minimize their impact at home then so I might give them three long days”  
(Interview 17: Full Time Clinical Nurse Manager Two).

One interviewee explains she experienced some difficulty in returning to work after availing of a career break. She was told they were under no obligation to re-employ her. When she could not return immediately after her career break ended she tried to get a job elsewhere which she found impossible. Now that she is back working she is not availing of parental leave as she says;

“I suppose I am quite glad to be back and I do not want to rock the boat too much, you know”  
(Interview 19: Staff Nurse).

She acknowledges that she no longer feels secure in her employment as she was permanent before but it did not seem to count when it mattered most to her. The increasing pressures on managers to stay within budgets and manage staff can be seen. The necessity on all to maintain services while still meeting family and personal needs is obvious in the above examples of Nurses experiences.

One Nurse Manager in particular describes a big clamp down now on those out on sick leave/absenteeism and she describes being out on sick leave as being viewed as a ‘mortal sin’ now within the hospital. She provides the example of one day having such a headache as to warrant taking sick leave but took an emergency annual leave day instead. One other Nurse highlights the importance of being able to access hours that suits ones family situation. Speaking from her own personal experience she states she has had two days sick in the last 20 years. She finds job sharing to be excellent and she finds she works well with the other Nurse she job shares with (Interview 38: Nurse Manager Oncology).

Responses in the questionnaire for managers found that the biggest impact on Nurses Work-Life Balance is the reductions in salaries, the increasing workloads, the issuing of repeated
temporary contracts, the ongoing moratorium on recruitment and the demand for maintenance of service levels, absenteeism and sick leave (Appendix 20).

One manager expresses the view that people are not happy and are feeling aggrieved from a lot of angles. She makes the point that employees are;

“working twice as hard as they were this time last year for a lot less pay than they were last year. The other rewards apart from monetary are being reduced as well i.e. support for courses, training, workshops, study leave, all of that has been diminished as well because of budget constraints” (Interview 1: Nursing Services Manager).

Speaking personally this manager has seen a four hundred euro a month cut in her salary since last year. She explains that staff holds more meetings now. CNM’s would hold meetings with their staff and that is their forum for venting their disquiet. Then in her role she would hold a meeting with the CNM’s where they could voice their concerns (Interview 1- Nursing Services Manager).

One other Nurse elaborates during interview 36 explaining that Nurses on-call hours and weekends have been cut and many Nurses are now experiencing reduced salaries as a result.

“How work impacts on one’s home life was measured in some detail using a variety of scales during the quantitative phase of the research. In order to further understand how Nurses manage the dynamics of their work and non-work lives some Nurses provided some additional insights. One Nurse says that she enjoys her working world. She notes however;

“I can leave here this afternoon and say I have another life outside and that’s it” (Interview 15: Senior Staff Nurse).
She does not bring her work home with her only about twice a year when she has paperwork to do.

“I wouldn’t have time in the theatre to actually do my work, to do the paperwork” (Interview 15: Senior Staff Nurse).

Another interviewee to the question does she ever think about work at home she says she tries to forget about it and that she does not really think about it when at home. She elaborates;

“I mean some days you might have a real tough day and you mightn’t be able to help but think about it or somebody died or something like that but other than that not really” (Interview 13: Theatre Staff Nurse).

She does say that at times one would be contacted at home by work about work hours. She does not mind this but feels that training and up-skilling should be included in their work hours and not their off-duty time (Interview 13). How Nurses prioritise their work and non-work lives one Nurse gave a very definitive answer. She stated;

“We are not living to work we are working to live and it is a part of our life but it is not our entire life” (Interview 4: Intensive Care Unit Staff Nurse).

She has been told as has other staff members that the needs of the unit come first but she never feels that is right. She reinforces the point elaborating;

“My family are my priority and I do not make an apology for that”. This is a job. I love it, I have always been happy working at it but it is not the beginning and end of my life, it is a part of it” (Interview 4: Intensive Care Unit Staff Nurse).

On a similar note to the Nurse in interview 14 she explains that at times work can impact on home life directly by being contacted at home at short notice. She explains the impact this has on her and her babysitter. She acknowledges the need to be fair to her babysitter as well when making arrangements for childcare. She points out that;

“if I get a call at the last minute there is a whole domino effect, it is not just me there is a whole bunch of people that it affects” (Interview 4: Intensive Care Unit Staff Nurse).

She feels that all this can add to her overall stress levels. Previously she worked twenty-seven hours per week and explains now she is working full time (thirty-seven and half hours) since arriving at this hospital. Previously her husband did not have work though he now has a job in the last few months so this situation did impact on her decision to choose full time hours.
She would ideally like to reduce her hours but likes working and the social aspect attached to her role. She reports further about her work role;

“I like the mental challenges of it, you have to keep on top of changes and a breast of new information that is coming out so I like that learning, that constant learning it keeps me alive” (Interview 4: Intensive Care Unit Staff Nurse).

During interview 41 which saw the researcher speak to one half of a nursing couple who are married and have a family she heard that it can difficult to be living in a new area where you have no family or social support structures. This couple could not afford housing in Dublin and so moved to the South. They were able to get permanent work and housing and they are happy. The eldest is in school and now the parents are meeting people through their children moving out into the school system.

The researcher asked another Nurse at the start of the interview does she often think about her work outside of work and she says yes and often she notes it is difficult to switch off completely. She sometimes talks to her husband about her work and he often says to her that work should not be on her mind when she is not actually at the hospital (Interview 6). A subsequent Nurse specialist outlines that she tended to bring work home in her thoughts and even dream about patients. Now she does not bring it home anymore. She notes that her family knows if she has had a bad day. In the past her husband used to complain about discussing work at home as it tended to be depressing. She has also been referred to as ‘Nurse Death’ by some of her younger family members (Interview 26).

Bringing work home in ones thoughts is a recurring theme on how work can impact Nurses home life and during interview 35 another Nurse explains that she finds she does think about her work at home in the evenings. She explains she often goes through her day and maybe what she did or forgot to do or something that has yet to be done occupies her thoughts. She also holds the view and makes the point that if she or for other staff who have children to care for or other activities then there would be less time probably to do this.

When asked, another ward sister also mentions about;

“thinking about work at home” (Interview 23: Full Time Ward Manager).

She has been a Ward Sister for four years and states that there are huge demands on ward managers.
A problem that one Nurse explains is the battle to organise everything from her work to her children to her community and political activities. She states that;

“if you have children you try and introduce them to sport early on so as to give them a healthy lifestyle. My biggest battle is trying to organise everything and there is very little ‘me’ time. Juggling everything is often very difficult” (Interview 39: Nurse Tutor).

This Nurse also makes the observation that many Nurses would never see their families if they did not reduce their hours.

One Nurse admits during the research interview that working can be exhausting and explains especially if you are working continually and work days one after another. She also notes that the weeks can run into one another too. However she says you have to make the most of your days off and elaborates;

“I walk, try and do a bit of aqua aerobics, meet friends, go out, socialise – anything possible” (Interview 21: Full Time Staff Nurse).

One Nurse elaborates on achieving Work-Life Balance she says;

“I would love to cut down, if my husband got a job, permanent job, I would cut down to two days a week and become the perfect mother and if we had a little bit more staff ” (Interview 3: Intensive Care Staff Nurse).

She further states;

“You do feel the pressure yes but do not rock the boat if you are the breadwinner” (Interview 3: Intensive Care Unit Staff Nurse).

She explains that it feels more balanced when your husband is working as well. She acknowledges that nursing staff are aware that they have to take care of themselves. She feels that family life is more important than your work-life. She states;

“I think for Nurses it is hard if you are working full time to get a balance with nights and shifts and days and things that you are missing out on, school concerts, you have to switch and silly things can actually get to you really” (Interview 3: Intensive Care Unit Staff Nurse).

Another Nurse who is currently availing of a one eight hour parental leave once a week states;

“I find that suits because we do not work Sunday’s and there’s no night duty here so it’s perfect for childcare. It just suits my home life” (Interview 10: Full Time Staff Nurse).

She explains that her childcare is ‘kinda informal’ and states;

“I’ve a childminder but she’s very flexible and very understanding if I have to swap my off-duty or change at the last minute she always obliges me, I’m lucky that way” (Interview 10: Full Time Staff Nurse).
On one occasion when her childminder was on Maternity Leave she had to avail of crèche facilities which she found much less accommodating (Interview 10). One other Nurse commented on the impact of working three long days in a row. She stated that “with the three long days when you are on them it can be tight to get organised” (Interview 13: Full Time Theatre Staff Nurse).

She said that you nearly need the four days to recover after doing those hours. Now she usually covers one long day eight to eight and then two eights to five-thirty and one eight to five. She states “I find now though that when I’m off in the evenings for that little bit of time it’s much better” (Interview 13: Full Time Theatre Staff Nurse).

She says she finds night duty tough as they cover seven nights here. They each do night duty about every eight weeks and they get a week off after a week of nights. She explains further: “the week off is good but really by the time you’ve recovered from the night duty it’s your fourth day into your fourth day off really and I find sleeping difficult as well and therefore that impinges on your days off then because you’re not able to do too much if you have to sleep” (Interview 13: Full Time Theatre Staff Nurse).

She informs the researcher that the managers are currently trying out different night rotas and splitting the night of weeks into three and four nights per week. She finds she has no trouble sleeping the days she is at work but finds on her week off she is awake late and it is more difficult to get a good sleep pattern going (Interview 13: Full Time Theatre Staff Nurse).

Those who have availed of getting reduced working hours or who have opted to leave the workplace for some time out reflect on the downsides that have come with making these choices. One Nurse outlines the downside in working reduced hours is not being up to date on everything that is going on in the workplace. One example given is if there is a change in say instrumentation. It is important to know what these changes are and to familiarise oneself with how to use these new instruments if that is what is required or may be required at some time in the future. She states; “it is a bit of pressure to keep yourself up to date........you depend on your colleagues”. She also notes that the work can be emotionally difficult and stressful. This is due to the workplace environment and the situations that can arise between staff (Interview 16: Part-Time Staff Nurse).

5.7.3 Work Environment and Stress (65)

One Staff Nurse explains that there are a lot more pressures on staff now due to staff not being replaced after they retire and the moratorium in place since March 2009. She goes on to
say she knows of one girl who has left recently due to Work-Life Balance issues and another who was transferred to a different ward. She does not know if they will be replaced. The job she acknowledges can be stressful and that at times it is hard to leave thoughts about work in the workplace noting the fact:

“... yeah you’d go home like after a busy shift wondering did you do everything, you know, and you’d be winding down for at least an hour and then suddenly something would come into your head and because it is, there’s a huge turnover here on this ward so you do be stressed...” (Interview 21: Full Time Staff Nurse).

The level of activity and turnover in patients impacts on Nurses level of stress. Some wards have highly dependent patients but the pace between when they are admitted and discharged may be longer. The length of time a Nurse has been trained also impacts on her stress levels. The job is seen as stressful by the Nurse in interview 18 and this is not lessening with increasing experience. She explains:

“since I’m getting more qualified or getting more experience I’m kind of getting a bit more, I’m not as kind of laid back, I would be quite a laid back person but I just find as the years go on I’m getting more and more stressed, I can find myself getting more stressed” (Interview 18: Full Time Staff Nurse).

She explains this may be due to being more aware of all that can go wrong in patient care. She feels the job is not patient orientated enough and she finds she could spend up to half her time doing paperwork. To cope with the stresses of her day job she does a lot of walking and this she can do on a beach which is close by to where she is living (Interview 18). This she finds therapeutic and good for her Work-Life Balance.

One research interviewee put forward her view to achieving a healthy Work-Life Balance.

She gave the view:

“I mean everyone here is under the same pressure and of course it is important to have outside interests and to leave work at the door when you go out in the evening. I mean that is so important and some days of course it is hard to do that and you discuss it with your family or whoever but I do think it is important to have outside interests. I know all my colleagues are the same ......once we can work it out or work it off jogging or golf or whatever that’s the important thing” (Interview 12: Full Time Theatre Staff Nurse).

During Interview 40 this Nurse who is a clinical placement co-ordinator finds colleagues are more stressed and weary after two long days than she is because she is working reduced hours. She finds she can handle anything because she is only on the ward for a short while during the week.
The impact of the nature of the work environment is in evidence from what Nurses and union officials have to say on Nurses experiences of combining their work and life or rather trying to separate out the two as can be the case in some instances. One Nurse Manager who with her colleagues is involved with cancer patients during her work explains:-

“So many patients then live so positive with their illness and these provide good examples to Nurses providing their care for their own outlook on lives” (Interview 27: Clinical Nurse Manager 2 Oncology).

Another Nurse makes the point that as a Nurse working in oncology she has found it gets more emotionally challenging as one gets older as patients are similar in ages and one can identify a bit more closely with their situation (Interview 30: Clinical Nurse Manager 2).

The 24/7 nature of the job means Nurses need to be available to work both days and nights and this can sometimes cause extra strain and pressure. One Nurse explains:-

“We do four nights then we have our week off then we come back and do three and then you’d be back on days straightaway you know” (Interview 22: Staff Nurse on Reduced Hours).

One Nurse who is now a clinical placement co-ordinator elaborates that Nurses are under way more pressure now. She explains further that this is perhaps due to Health Care Assistants (HCA’S) being somewhat varied in their abilities and this often puts extra pressure on the Nurse as they have overall responsibility (Interview 40: Flexi-Time Clinical Placement Co-ordinator).

One National Union nursing unit organiser explains that within the bigger hospitals there is greater scope to get a shift pattern that will suit Nurses lives. Some shifts will not always be family friendly but she feels Nurses get an opportunity to rotate and so they are not always on an unfriendly shift time. However she notes health services are becoming more stressful places to work within and it is getting tougher for employees. She cites examples of stressful incidents with gangland killings and police being stationed outside some hospital A&E’s. Such examples she notes are highlighted on national news bulletins but that there are many incidents that never reach national media.

Another aspect is that Nurses are exposed to more illness because they are working in an environment that cares for people who have a variety of illnesses. When one interviewee is asked if specific screening is done for specific hospital related illnesses like MRSA she notes:-
“They do not check, they used to screen for MRSA but they do not check anymore, because they knew, if they were to find out, they’d have to deal with it and they have not got money” (Interview 43: National Union- Nursing Unit Organiser).

A former Nurse and now General Secretary of the main nursing union in Ireland states:-

“Nurses are seen as an easy target, the cull is disproportionately high. The reality of life is tough for Nurses in this world. Burnout is an ever present reality for the female Nurse professional (Interview 44: National Union- General Secretary).

The importance of effective work-life balance policies and practices is essential to ensure illness and burnout do not sustain or increase current financial pressures in public health service delivery while still failing to maintain or increase better service delivery due to inadequate staffing levels.

5.7.4 Workloads & Leave Policy Options (26)

One manager interviewed explains that all staff are looking for is security really and that a lot of the staff she manages are female. She is over two large wards and other units as well which cover about one hundred and fifty staff altogether and offer a wide range of patient care facilities. Most of the Nurses she manages do shift work. With regards to giving leave entitlements to her staff she explains the difficulties involved. She gives an example of a new mother:-

“If I have a Nurse who wants to take X amount of hours parental leave, I have to look at it overall and usually what I would say is that because of the way the service is you can suspend it or withhold it for twelve months but after that you have to give it because it is a legal entitlement” (Interview 2: Acting Nursing Services Manager).

She acknowledges that parental leave is one which supports Work-Life Balance and is required often by employees but can prove challenging to management (Interview 2). She finds people less inclined to job share as this effects pension entitlements later. Regarding rosters she notes these are organised by ward managers and these are susceptible to change on a daily basis which does not always please staff. Funding has now ceased and is less available to help with the training and up-skilling of nursing staff. There is also no funding in place now either for agency cover. She further explains to the researcher that some nursing staff are only on three month contracts and this leaves them in a very insecure position professionally (Interview 2). This subsequently places them in a position where it is difficult to make long term life plans.
The impact of the moratorium on any further recruitment of staff into the public service has been felt by the nursing sector since it began in March 2009. This manager explains staff that leave are not being replaced:

“there is no question of replacing them they are not replacing them but they want you to maintain the same level of service (senior management). You particularly feel it when you are working weekends here and you come down to the wire in terms of trying to keep the place safe” (Interview 2: Acting Nurses Services Manager).

She feels that in particular staff on the wards are feeling the pressure as they have been used to a better number of staff on the wards. This reduction in staff levels has the consequence of resulting in increased workloads.

The manager during Interview 2 expresses 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” (Interview 2: Acting Nurses Services Manager).

It could also be said the opposite holds true. Having said that she feels management are being ruled by external forces and they no longer hold the control on the purse strings so this makes both managing the service and managing the people who run the service very difficult. She does mention that occupational health is a type of support mechanism in place to support employees experiencing difficulties. In an effort to reduce sick leave they also hold senior managerial absence meetings for those staff who have greater than three instances of sick leave in the last year. These are carried out in conjunction with personnel from the HR department. She 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” (Interview 2: Acting Nurses Services Manager).

The General Secretary of the INMO expressed the view that a lot of pressure is being applied to nursing staff now both directly and indirectly if management want staff to fill gaps at short notice (Interview 44).

5.7.5 External and Internal Support (39)

The issue of staff relations and support from co-workers is a recurring theme and one that can be either very positive or quite negative at times adding to the stressful work environment Nurses often inhabit. One Nurse comments on her experiences with regards to work hours and rosters at the hospital and she notes they are not too bad. She acknowledges that:-
“sometimes I feel it is very hard for the long days, you know, and stuff” (Interview 14: Full Time Theatre Staff Nurse).

Elaborating she further explains:-

“It is a very long shift, especially you know thinking about collecting my son from the pre-school and the crèche and you know you have to arrange somebody actually, my husband is working, so I have to arrange somebody to collect because most of the crèches close by 6 o’clock so it’s hard to arrange some friends because we have no family around here” (Interview 14: Full Time Theatre Staff Nurse).

She has to ask friends to mind their son for two hours until he can be brought home by one of his parents. Her husband’s work as an accountant brings him to Dublin on some days so this causes problems in organising the childcare together with her long shift hours. She finds colleagues at the hospital supportive, flexible and understanding in her work-life issues. She recounts on one occasion a colleague coming in when she was off at 6 o’clock to let her go and collect her son as there was no one available to collect him (Interview 14).

The issue of having to cover nights at times as well as the length of shifts can be difficult and informal support and good relations between staff are seen as important. One Nurse describes the situation as:-

“there does tend to be some informal swapping of shifts amongst Nurses. yeah, yeah we do nights every 4 weeks so that’s good like and we know what nights we’re doing and yeah there’s a yearly planner that comes out in April, well March, and we know what nights we’re doing for the year. But yeah so it’s good, everyone’s very flexible, you know, because we’d all be in the same boat, you know like stuff crops up so if you need it swapped, yeah” (Interview 21: Full Time Staff Nurse).

Another situation that arose for one individual Nurse was difficulty in returning to her post after taking a year on a career break. She eventually got a post again at the hospital but has reduced hours. She is still however working full time as she has taken a few hours working in another community setting. She is part of the INMO and feels they are quite supportive and great for information. She does not feel she has any Work-Life Balance right now. She works two days on the ward and two days as a community Nurse. Her hours are spent as twenty-three in the hospital and fifteen out in the community (Interview 19-Staff Nurse).

During another interview a Staff Nurse explains about relationships with work colleagues stating:-

“at times there can be a clash of personalities but colleagues on the whole are good. There are six other Nurses on this unit and she explains that two people cannot be off together as there is no cover” (Interview 29: Full Time Oncology Staff Nurse).

The Nurse during interview 23 describes the situation on her ward:-
“teamwork is important and there are good relations between staff members. There is a good mix between ages of the different staff on the ward” (Interview 23: Full Time Ward Manager).

The activity level is described as being huge and so the stress is high for staff. There can be quite critical patients on the ward which can also increase stress for staff members.

Arising from their daily work environments and challenges they face some Nurses explained what caused them the most difficulties and what they do to deal with their stress and attain a good Work-Life Balance. One Nurse notes that it is not patient care that stressed her most in the past but staff relations on the ward. She points out that dynamics of working with some colleagues is a problem for her at times. Services are managed but staff are not she explains. She describes her work colleagues as a passionate group of people with regards to people care. However people can be irritating and rows can happen easily and there is no mediation service (Interview 25). This same interviewee goes on to elaborate:-

“I would have very good friends on the ward. Those who are friends outside of work help staff relationships” (Interview 25: Full Time Clinical Nurse Specialist).

She admits it is emotionally difficult but no counselling or direct supervision is provided to staff. She finds she copes worse when death is sudden. She likes her work and never gives out about work to her family. As she works in a day service she now does not do any night duty. This Nurse is also part of a musical group with staff in the hospital. She has also taken up gardening and likes to travel to get a good balance into her life (Interview 25).

Variations can be seen between staff on their levels of stress they experience and how they overcome or manage this issue. Another Nurse explained that emotionally she does not feel the work impacts on her as she is conscious of separating herself from her patients and also there are improved outcomes for many patients with cancer now. She mentions that there is some socialising with colleagues outside of work and this might be an organised meal out perhaps twice in the year which she feels is good (Interview 24).

To summarise significant correlations exist between experiences of WLC and LWC, between WLC and Supervisor Support and between WLC and Career Consequences. WLC can be also significantly correlated to Length of Time in Current Position and Number of Hours Worked per Week. LWC can further be correlated to marital status indicating greater LWC
for those married. Career Consequences has also found significant correlations with Length of Time in Current Position and Job Status. Further a significant correlation exists between Supervisor Support and Career Consequences. Qualitatively it was found during interviews external and internal support, job status, workloads & leave policy options and work environment and stress contribute to how WLB policies and practices can either positively or negatively impact Nurses’ experiences of both WLC and LWC.

6: Discussion & Conclusions

6.1 Background to Research

Work-life balance as is illustrated by the literature review is an expansive research field spanning not alone the business and organisational research fields but also reaching other research arenas as diverse as the psychology, health and social sciences. The changing nature of the social, technological and working worlds is also demonstrated as changing the dynamics in this area of study (Moen, 2011). The evolving nature of both the work and social environments in which humans engage with in their daily lives makes the need for Work-Life Balance research to be ongoing and developmental in nature. The diversity between individuals, work occupations, personal circumstances and between organisations, country contexts requires the study of Work-Life Balance to continue for progress to be achieved in this field of research. The health services context was engaged with for the purposes of this research study seeking greater knowledge on work-life balance policies and practices for Nurses.

Organisational and individual role theories are used as a theoretical background to this study of Nurses and Work-Life Balance. How roles are defined, perceived and the effect of multiple roles on individual lives is illustrated as important to understanding how individuals can achieve a Work-Life Balance. A number of models have been illustrated within Work-Life Balance research which aims to explain the work-life landscape and the possible outcomes. One which is illustrated is by Barnett (1999) and the development of four different scenarios which have existed during the previous thirty years can be seen. These are described as 1) The Separate Spheres Model 2) The Overlapping Spheres Model 3) The Work-Life Integration Model 4) The Workers Social System. The changing nature in the understanding of how work and life roles interact can be analysed from these four models.
The developmental nature of these models can be seen from expecting the two spheres (work and non-work-life) to be completely separate to the development of integrative workplace policies and practices which aim to assess the impact for both employees and organisations before implementation of work-life policies occurs. The importance of the Overlapping Spheres Model was explained as it keeps the work and family spheres separate although acknowledging they operate concurrently. This model proposes that both work and life aspects can happen together with effective work-life policies and practices with positive outcomes. The various demographic variables (work and non-work variables) which can exist are investigated in this study and how they impact individuals’ experiences of both work-to-life conflict and Life to Work Conflict. This facilitates a basic understanding of how work-life policies and practices can alleviate bi-directional work-life conflict experiences. The Overlapping Spheres Model provides a useful lens to understanding this study’s findings.

Shankar & Bhatnagar (2010) explain that it is just not a matter of employees being torn between work and family demands. The conceptualisation of Work-Life Balance needs to separate work and non-work domains and allow for a multiplicity of situations that employees may be engaged with beyond the workplace not just family and childcare responsibilities. The changing nature of life situations must be expected by employers as employee’s age and therefore adequate well planned policies and practices will ease not alone individual employee anxieties but also solve problems for the managers and supervisors directly responsible for healthcare employees as well as providing efficient reliable healthcare services. The impact of improving work situations for employees directly leading to better overall life situations through improving personal relationships and acting as a buffer against experiences of stress in life have been elaborated upon in the extant research literature (Bourne et al. 2009 & Emslie & Hunt 2009). This research study specifically illustrates in what contexts both personal and professional WLB policies can be used to improve individuals’ Work-Life Balance. The quality of Nurses work environment and their level of work satisfaction has in previous research been directly linked to patient care (Kramer & Schmalenberg 2004, Lowe 2005 & 2006, Young-An 2011). Effective work-life balance policies and practices promote a good work environment and increase both job and life satisfaction through the reduction of bi-directional work-life conflict. The development of a positive work environment will reduce stress experiences of employees and will further facilitate organisations gaining from Work-Life Balance policies.
Work-life balance for the purposes of this research study is defined as:

‘a range of flexible working arrangements that go beyond employees’ statutory leave entitlements. WLB assists employees to combine employment with their family life, caring responsibilities and with personal life outside the workplace’ (The National Framework Committee for Work-Life Balance Policies, 2010).

It is understood as policies and practices which governments (statutory) and organisations (non-statutory/discretionary) set in place in order to best facilitate the harmonious co-existence of their employees working and non-working lives. Non-working lives are defined as any activities employees engage in beyond paid work. The distinction between statutory provision and non-statutory provision and which policies are in each category are set out clearly in the first part of this thesis. Four themes are developed in order to focus the study of work-life balance policies and practices for Nurses and these are described as 1) Work-Life Policy Availability 2) Work-Life Policy Implementation 3) Work-Life Policy Usage and WLB Satisfaction Ratings and 4) Impact of Work-Life Policies on WLC & LWC. The development of four categories was used to categorise circumstances in which policies and practices can be effective in facilitating and supporting employees to achieving Work-Life Balance. These are described as; 1) Planned Family/Life Events 2) Flexibility in Working & Support for Unplanned Events 3) Personal & Professional Development 4) General Work-Life Supports.

This provides a comprehensive framework to review not alone what is available but in what instances is it available to individuals and the potential impact this has on employees in certain circumstances. No current research in the nursing context looks at the four main themes and subsequent findings identified in this study together. Furthermore no comprehensive illustration exists outlying on what basis WLB entitlements are to be provided to employees. In addition no framework has been provided in the literature so far on how WLB policies can be linked with facilitating individuals to achieve a Work-Life Balance in the extant WLB research.

6.2.1 Work-Life Policy Options

The Health Services Executive Employee Handbook outlines all entitlements employees who work within the organisation can receive. Each of these is listed below within certain categories which provide a framework for understanding the various contexts when WLB policies can be made available in order to assist individuals.

- **Planned Family/Life Events** (Maternity Leave, Adoptive Leave, Paternity Leave and Parental Leave, Special Leave with Pay on Marriage)
- **Flexibility in Working and Support for Unplanned Events** (Flexible Working, Term-Time Working, Carer’s Leave, Compassionate Leave, Force Majeure Leave, Special Leave with Pay, Special Leave without Pay))
- **Personal and Professional Development** (Employee Assistance Programme, Health Promotion Advice, Leave for Trade Union Reps, Reserve Defence Forces Leave, Career Break, Study Leave)
- **General Work-Life Supports** (Pay, Annual Leave, Sick Leave, Childcare Support e.g. Creche facilities, Information and Referral Services, Occupational Health Services, Canteen-Healthy Eating Choices, Rostering/Discretionary Shift Swapping).

A number of participant Nurses 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. Others indicate accessing them when most needed is not possible due to the current economic situation or the fact there is such demand for some options. There is no one particular or overarching policy or practice that can be identified that aims to ensure Nurses achieve a good Work-Life Balance. Certain leaves are available to all, are necessary and statutory however due to the recruitment moratorium these options can be difficult to access when likely to be most effective to the lives of employees. All policy is driven by the HSE and is standard though there is a degree of local hospital level discretion. Policies can be adapted to local needs/situations if necessary for example during difficult weather conditions. Recent cut backs in health budgets make accessibility more difficult if not impossible. Reducing hours or accessing job sharing opportunities is in most instances not possible within the current operational restraints.

General economic uncertainty, inaccessibility to certain flexibilities and/or work-life options, poor or no study and/or promotion opportunities, similar staff needs and demands, insufficient staffing levels all impact on the type of Work-Life Balance policy options that
can be made available to nursing employees. A climate of service needs before employee needs exists currently in the hospital environment. This research is unique as it provides an insight into what happens to work-life balance policies and practices and individual employees during economic climates of austerity.

Respondents indicate at times fear of consequences of using certain work-life options and job security is seen as important to many Nurses. A culture of long shifts and commuting distances of employees impacts Nurses decisions and choices around number of hours worked and lengths of shifts. Further decisions around childcare solutions and even family formation decisions can also be influenced greatly by the paid work role. It has been noted during the data collection phase by managers and Nurses alike that a belief exists that it is one’s own responsibility to ensure a satisfactory Work-Life Balance not the employers. Individuals have a level of personal control over maintaining a Work-Life Balance and Clutterbuck (2003) reminds us that managing expectations both our own and others in what we can do is important. This however is not to say that no responsibility exists with organisations and employers to facilitate to some extent employees Work-Life Balance through ensuring appropriate policies and practices are available. It is then open to choice by individual employees’ to decide if such work-life policy options would suit their life needs.

Bourne et al. (2009) refer to the need for companies to provide a ‘bridge’ between employees’ work and non-work lives. Indeed organisations can gain by making work-life policies available as is explained by Cegarra-Leiva et al. (2012), through the generation of positive outcomes for both employees and employers. Conversely as Osterman (1995) and Lambert (2000) explain that the more limited practices are, the more negative attitudes displayed and the more dissatisfaction there will be amongst employees. Butts et al. (2013) further explain that work attitudes were more strongly affected by work-life policies being available rather than actually being used. An explanation for why this is the case may be that through making work-life policies available employers are demonstrating an interest in supporting their employees well-being as is suggested in McCarthy et al. (2013). Although the HSE espouse a culture of employer support to ensuring employee’s well-being in their official policy documents a rather less supportive atmosphere may at times be encountered by employees through management. This is especially the case when external economic climates are harsh and ongoing recruitment restraints in place. Managers’ main concern is to ensure the provision of health services. In order to do this they need an adequate supply of well
supported staff. The work-life issues of staff concern most managers in so far as to what extent they inhibit employees from providing efficient health services. An understanding of how WLB policies and practices can facilitate individual Work-Life Balance will allow for a more person centred approach in the delivery of these particular HR practices. Work-life policies may remain being driven through an organisational agenda of maintaining good quality services however individual employees’ will also be the direct beneficiaries of such policies and practices.

6.2.2 Personal Circumstances and Working Patterns (Demographics)

The role in which individuals personal and work variables affect work-life outcomes has yet to be fully explored as is set out in the literature. Work-life policy options addressing specific demographic characteristics for example parental leave in the case of individuals who have children could be viewed as aiding to reduce conflict. Individual’s demographic variables affect what work-life policy options are available to employees’. In the instances of employees who are not married or who do not have parental responsibilities four of the six stated statutory entitlements are not available to such individuals. Therefore workplace non-statutory work-life balance policy will need to redress the balance in order to prevent some employees feeling perhaps being discriminated against on the grounds of varying demographic variables.

Grzywacz et al. (2006) explain that work-family conflict can be challenging for those within the nursing profession. A report by Krings et al. (2009) addresses working time, gender and Work-Life Balance, explaining that the control of time remains the key question and the fact that workers are seeking effective autonomy in deciding and managing their work hours. Picher (2009) acknowledges that the inability to have a Work-Life Balance is associated with working long hours and working evenings, nights and weekends. All Nurses at some point in their working lives will be contracted to work unsocial hours. Therefore the nature of work Nurses partake in make work-life policy availability, implementation and usage all the more important. Internal hospital report findings found in 2009 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 Nurses e.g. Clinical Nurse Manager levels are not required to do night duty and 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 the responsibility of the 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 the position that arises stating ‘if you accommodate one you have to accommodate all and this can prove impossible at times’. Similar grades of staff with similar demographics will share the similar work-life needs and so pressure is on managers to co-ordinate work-life policy options that will be fair to everyone and not leave services under resourced at any time from a staffing perspective.

Findings from this research, report that both management and senior union officials familiar with Nurses work environments accept a need for all leave entitlements to be easily accessible. Further an understanding exists that for flexibility in work hours to be 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 and sick leave due to the fact that those employees who leave are no longer being replaced. The moratorium has had an impact on staff morale as pointed out by Hoey (2010). Both nursing and non-nursing managers, staff Nurses, union officials and workforce planners alike explain the effect of absenteeism levels amongst remaining staff. Due to increasing workloads and work pressures illness and burnout is more likely in the medium to long term. Greenhaus & Beutell (1985) explain that overtime and working hours positively relate and do contribute to work-family conflict. When there are staff shortages, remaining staff who choose work-life options are also unavailable to work their usual hours e.g. Maternity Leave, Parental Leave or Job Sharing. This will further exacerbate the situation within the workplace as those staff are not now being replaced. Increasing time pressures and workloads will become more of a work-
life problem for staff. Workloads and time are considered to be key factors in employees experiencing work-life conflict (WLC) as Skinner and Pocock (2008) illustrate. Increasing workloads will place a greater strain on staff and reduce their ability to be continuously efficient in their work role as well as leaving less energy for other aspects of their lives. Due to the long shift hour patterns which Nurses often do, demanding workloads will increase stress and accelerate fatigue and burnout. On a wider scale this will act as a disincentive for new recruits to enter the profession. Newman et al. (2002) suggests that improvements in Work-Life Balance as one of the pre-requisites to increasing the numbers recruited and retaining in the nursing profession. There is a recognised worldwide shortage of this professional group and so competition to retain these employees will be intense on a worldwide scale. Attention paid to the issue of Work-Life Balance could be the difference between an unstable workforce and a stable one where key skills and experience can be allowed to develop and grow. In addition not alone do work-life policies need to be available and relevant to the demographic profiles of their employees to ensure an adequate supply of Nurses, they also need to be implemented to ensure usage by supervisors and managers effectively.


6.3.1 Supervisor Support

Work-life policies can be available on paper and in policy however it is work-life practices in organisations which really need to be assessed. It is through the implementation of policy that real benefit to employees can be achieved. The experiences of employees’ will be the true test to how effective implementation actually is in most instances. Edgar and Geare (2005) in their research explain that work-life policy availability is not enough and that actual implementation of policies is a stronger determinant of employee attitudes. Kraut (1990), Nord et al. (2002), Poelmans & Sahibzada (2004) all refer to the fact that very little research has been conducted on the actual implementation of work-family policies. They state a need for research on whether a culture of support, acceptance and flexibility exists around work-
life policy implementation. Nord et al. (2002) particularly refer to the importance of top management support for work-life programs. White-Jahn et al. (2003) further allude to the need for organisations to pay attention to the level of support provided by supervisors. This support from supervisors will consequently result in less reports of work-family conflict (Frone et al. (1997), Thomas & Ganster (1995) and Jones et al. (2006). Hayhurst et al. (2005) emphasize the importance of a supportive work environment in order to promote retention of skilled Nurses. An aspect of this support must include implementing effective work-life policy options. Brunetto et al. (2010) elaborate further noting that work-family balance is promoted and protected through supervisor-subordinate relationships which are based on trust and respect.

During this research study all grades of nursing staff were distributed questionnaires. This allowed the researcher to assess nursing employees’ knowledge first of all different types of leave arrangements e.g. Maternity Leave, Parental Leave, Compassionate Leave, Force Majeure Leave and secondly to establish the levels of support provided by supervisors to Nurses in availing of these options if and when needed by staff. There were no significant chi-square or correlation results found between responses to supervisory support and respondents’ gender, age, marital status, number of dependents under 18, number of dependents over 18 or tenure. In the in-depth interviews carried out 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 services. There are some instances where staff needs are facilitated and in other cases employee needs are not accommodated. Decreasing numbers of staff causes increasing problems in managing to provide an adequate Work-Life Balance for both remaining managers and employees. Support although there when staff levels are reduced, choices and compromises must be made around WLB policy implementation. Decreasing staff levels inhibits remaining staff to avail of certain leave options for example parental leave while also causing increased stresses for managers in organising shifts and rosters due to staff shortages and high absenteeism levels. It has been noted by management that ensuring everyone receives all their annual leave and flexibility in work hours increases logistical problems in ensuring there are enough staff to cover basic service provision. Findings from the quantitative analysis illustrated a positive correlation between total Work-life Conflict (WLC) and Supervisor Support highlighting that when WLC was present high
levels of Supervisor Support were also indicated. This is a positive showing supervisors do support employees where work-life conflict is present.

Compounding problems around reducing 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 in most instances conducted and offer a way 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 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 instances of absenteeism reduced and less illness was experienced by employees where there is attention paid to the Work-Life Balance issue for employees. Therefore although staff shortages are a problem, the remaining employees’ work-life issues cannot be ignored as a consequence of these staff shortages.

The health services which are to be provided lead nursing rosters. Finance is further viewed as the dictating factor now within the current economic situation. Managers view their influence on what rosters Nurses have and their work hours as key to Nurses being able to achieve a satisfactory Work-Life Balance. Support from colleagues which employees experience can assist positive implementation of work-life policies. Support, Communication and Appropriate Structures were viewed as critical by management (Appendix 25). One union official notes that 10-15% of cases, they have been asked to deal with, concern employee work-life issues. One workforce planner noted that equitable work-life policy implementation is dependent on individual managers. In addition there is extra responsibility placed on nurse managers to resolve work-life issues for their employees often contributing to work-life concerns for managers themselves. The main obstacles to be overcome by management were described as including: childcare, work overload, financial losses, staff shortages, contracting workforce, 24/7 nature of work, overtime & sudden roster adjustments, long hours, sickness/absenteeism and conflict with home demands. The biggest improvements to date were seen as; flexible hours, support, parental leave, work schedule collaboration and personal development plans. The literature suggests that self-scheduling promotes balance between Nurses work and non-work lives through research by Kane and
Kartha, (1992); Teahan, (1998); Kane (1999); Hung (2002); Hayes et al (2006); Stordeur et al. (2006); Bailyn et al. (2007).

Harris et al. (2009) explains that within health services the implementation of flexible working has caused strain and may be resulting in an inflexible workforce where older Nurses may be required to compensate for the flexible working patterns of their younger colleagues. The research findings illustrating the main factors affecting implementation to be: 1) Supervisor Support 2) Absenteeism 3) Staff Shortages 4) Managerial Discretion and Policy Limitations.

6.3.3 Career Consequences

In outlining the main factors affecting implementation we looked at the role of the manager or supervisor. Support from senior employees’ is seen as vital for effective WLB policy implementation. This results from the effects of this support on employees’ career progression. The link between Supervisor Support and Career Consequences during the quantitative analysis of this research shows a significant negative correlation between Supervisor Support and Career Consequences indicating the greater support employees receive from their supervisors the less employees perceive Career Consequences arising from their work-life policy use. There were no significant chi-square or correlation results found between responses provided concerning Career Consequences and respondents’ gender, age, marital status, number of dependents under 18, number of dependents over 18 or tenure.

Lyness & Judiesch (2008) allude to employee concerns arising from using work-life options. These are especially related to career progression and there is some concern that only those employees who focus on work tasks will be able or will be in a position to advance their careers. Their findings did explain however that Work-Life Balance had a significant relationship to career advancement potential. Clutterbuck (2003) explains that human resources can act a glass ceiling to those opting to take on flexible work patterns. He further illuminates that a ‘moral responsibility’ exists with employers and organisations to ensure employees are not trapped in work positions which continually cause unreasonable stress levels. Nord et al. (2002) explain clearly that human resources when implementing policies need to facilitate employees to align their job requirements and rewards with their own Work-Life Balance goals and objectives. Gambles (2006) explain the need for state provided
entitlements as well as collective agreements in order to set standards for the articulation of paid work and family. Wicham & Fishwick (2008) further endorse the need for proactive and effective management in managing their employees work lives by acknowledging and accounting for the array of non-work roles employees may be involved in. In the event of this not happening through strong implementation, organisations will face recruitment and retention problems (Todd & Binns, 2013). Those working to provide health services recruitment and retention problems, can cause serious issues for management.


6.4.1 Personal Circumstances and Working Patterns (Demographics)

These findings find no significant chi-square or correlation results between the WLB usage variable and respondents’ gender, number of dependents under 18 or number of dependents over 18. There was a significant chi-square relationship found between the WLB usage variable and respondents’ age and marital status. The two middle age groups (31-40 and 41-50) and those who are married are more likely to use WLB policy options. Further correlation analysis found a small significant correlation between the two variables of WLB policy usage and age and a small negative correlation between WLB policy usage and marital status (married and non-married). Another correlation analysis found a small significant correlation between the two variables of WLB policy usage and tenure (temporary or permanent contract). These findings illustrate that as age increases so too does WLB policy usage and those who are married are more likely to increase their use of WLB policy options. These findings also show respondents’ who were permanent were more likely to use more WLB policy options than those on temporary contracts. It can also be seen from one graph illustration that as WLB policy usage increases so too does reported work-life conflict.

What factors usually affect usage of work-life policy options? Answers to this question will help in understanding the extent of usage of work-life options by Nurses. Hill et al. (2012) and Uusiautti & Maatta (2012) explain from their research that gender is associated with
initiative use unlike this studies finding. Smith & Gardner found in their study in New Zealand that women rather than men have used work-life options more extensively. Smith & Gardner (2007) further point out that awareness supports use of WLB options. Without knowledge of available work-life policy options employees are not being placed in a position where they can make informed choices. This is mainly due to the fact that women actually have children and in many instances are responsible for their life needs more than fathers. Research by McDonald et al. (2005) illuminate that women with children are the largest demographic group to use work-life policies. They explain further that supervisors need to support use and that under-utilisation of work-life policies affects fertility levels. Tomlinson (2006) in addition note that women delay starting families due to careers and Laurijsen & Glorieux (2013) state that after children only a reduction in working hours seems to improve work-family balance. Research by Russel et al. (2009) concur explaining identification for a strong demand for working time reduction and for parental leave policies rather than providing formal childcare.

The research findings highlight the experiences of Nurses when seeking to avail and using the various work-life options. The variations in these experiences are the result of varying work contexts together with individuals’ personal circumstances. Some Nurses have managerial roles and implement policies and practices while others are in non-managerial positions. The varying personal contexts including different marital or non-marital statuses, the existence of child and/or adult dependents, and where people are physically located impact usage of work-life options. The variations in experiences are in addition due to the diverse ages of research participants and the changing policies and practices concerning work-life issues. Skinner & Pocock (2008) explain that factors such as individual life circumstances, values and priorities will contribute or not to individuals achieving a healthy work-life relationship. There have been major advancements in what is available for Nurses since the 1980’s however since 2009 the economic climate has resulted in decreased availability of some options for example job sharing and career breaks due to the moratorium on recruitment within the public sector which was introduced in March 2009. This has seen a direct negative impact on the experiences of Nurses in availing of work-life options and increasing workplace pressures. Work factors such as reducing numbers of nursing employees, resulting staff shortages and increasing levels of absenteeism amongst nursing staff impact on Nurses work-life conflict experiences and of achieving a good Work-Life Balance. Personal financial circumstances often dictate what Work-Life Balance options can be availed of by employees be that reduced
hours 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 nursing employees will even sacrifice availing of certain leave options. Others choose not to avail of them because they cannot receive the time off when it will benefit them most for example when children are on holidays and/or during the summer months. During this research it was found that the leaves most commonly used include; Compassionate Leave, Maternity Leave, Carers Leave and Force Majeure Leave. The most common unavailable or un-used options included Term-Time Working, Special Leave with Pay on Marriage, Special Leave with Nominal Pay, Reserve Defence Force Leave and Employee Assistance Programmes. Ongoing support from managers and colleagues are seen as important in encouraging use of such options (Nord et al., 2002; Hayhurst et al., 2005; Frone et al., 1997; Thomas & Ganster 1995; Jones et al., 2006). Research by the CIPD (2000) cite that a real reason for the introduction of family friendly policies is to retain the skills and experience of valued employees. Kelly et al. (2008) allude to the need for a business case argument to be put forward in order for organisations to introduce WLB policies. Hyman & Summers (2004) explain that it is often business needs rather than employee needs that drive the introduction of work-life policies. A business case argument as to why hospital organisations should support use of work-life initiatives by Nurses, retention of experience and skills and ensuring stability in service delivery should remain a key argument.

6.4.2 Work-Life Balance Satisfaction

Overall the quantitative results indicated that 49.3% of respondents were satisfied with their WLB while 39.1% were not and 11.6% did not respond to the question either positively or negatively. Qualitatively findings during this research found that 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”. Every staff member is in a unique position and whether work-life balance policies and practices are used by nursing staff needs to be understood in a holistic context. What is a good work-life option for one may not be for another. Therefore the need for local workplace flexibility to be built into any work-life balance policy option is essential.
An awareness that the usage of Work-Life Balance practices can have negative consequences for other staff members such as increasing workloads must be understood and acknowledged. Action taken such as replacing staff or daily staff re-deployment to remedy or alleviate these negative effects will ensure greater WLB satisfaction levels will be maintained by all staff.

There are greater expectations being placed on employees now due to the moratorium on recruitment. Nurses have limited promotional opportunities and are being asked to express interest or take acting-up roles which involves taking on a more senior role but with limited monetary compensation. Management explain the main reasons for employees not to avail of possible Work-Life Balance options as being; economic uncertainty/reasons, limited places, no agency provision, personal financial pressures, staff shortages, high demand for certain options/work hours/leave times. Inaccessibility to options due to moratorium e.g. job sharing, lack of knowledge, ineligibility, few openings/incentives and managerial responsibilities and/or job role/tenure (Appendix 24). If these reasons remain valid and strong enough in the eyes of employees not to use work-life options the results will be increased absenteeism due to higher incidences of sick leave caused by stress and burnout and decreased WLB satisfaction levels. As a profession nursing will not be attractive to new recruits and so fewer numbers will enter the profession in the first instance and those already working in the profession will be more likely to leave it early. This will further create staffing problems for hospital managers and enticing and retaining Nurses will become an even greater global as well as local human resources challenge.

6.5 Findings & Discussion: Impact of Work-Life Balance Policies and Practices (Availability and Usage) on Public Sector Nurses Experiences of Work-Life Conflict (WLC) and Life-Work Conflict (LWC)

6.5.1 Work-Life Conflict

The impact of WLB policies and practices on Nurses’ experiences is evaluated at an individual outcome level in this research study. What benefits the individual should and most likely will ultimately benefit the organisation as well. Bi-directional Work-life conflict has many causes, alleviators and consequences and the need for work-life balance policies and practices to be properly implemented and supported to alleviate conflict is necessary in all
work settings but most especially in healthcare settings. This is due to the 24/7 nature of the work, a female dominated workforce and the type of work that is involved.

The extent of impact of illustrated work-life balance policies and practices is difficult to assess within this studies context. Chi-square and correlation tests carried out between WLB policy usage and WLC scale variables are not highlighting a significant statistical relationship in this study. It is not possible to check the impact of availability of such policies on scale scores statistically and in nearly all cases all policies were stated as being available. Further statistical analysis involving chi-square show a significant relationship of WLC scale scores with respondents’ number of dependents over 18. The trend in this data analysis indicates decreased WLC with increased number of dependents over 18. Other significant chi-squares formed with this scale include with working contract, number of hours worked and spousal employment status. These suggest that these specific variables influence the work-to-life conflict responses provided by research participants’ in this study. No correlation tests were found to be statistically significant. The chi-square results indicate certain trends such as more work-to-life conflict for those who are permanent, working longer hours and those whose spouses are employed. In these contexts time and commitment in the workplace is in evidence both by respondents themselves and their spouse. This leaves less time and energy to spend on non-work commitments.

The extant literature in this field explains a number of individual and organisational gains to be had from introducing work-life policies. Mescher et al. (2010) states that Work-Life Balance policies help to develop employees ‘unique capacities’. Collins (2007) goes further in explaining that Work-Life Balance policies can help organisations to maximise the contribution they receive from their workforce. Kossek et al. (2010) establishes that clear business outcomes can be associated with the reduction of work-family stress through work-life policies. Positive business outcomes that are referred to by Kossek et al. (2010) include decreased absenteeism and turnover and increased organisational commitment. Spinks (2004) clearly explains that organisational success depends on people and so positive employee outcomes allows for positive organisational outcomes. Ollier-Malaterre (2010) highlight that Work-Life Balance initiatives can have positive, negative and also no specific outcomes for employees and call for a very specific contextual approach to Work-Life Balance research. This research includes both male and female Nurse participants, working within public sector hospitals in Ireland. There is an understanding of the prevailing economic climate and
includes looking at specific factors such as supervisor support with both managers and non-managers experiences of work-life issues and using work-life policy options.

The Managers state that currently what is having the biggest impact on Nurses Work-Life Balance is *Reductions in Salaries, Increasing Workload, Issuing Temporary Contracts Only, Moratorium on Recruitment and Maintenance of Existing Service Levels, Absenteeism and Sick Leave* (Appendix 24). Nurses when asked what they feel impacts their Work-Life Balance most, discuss issues concerning *Flexibility in their Work Hours, Staff Relations, Experiences of Stress, Nature of the Work Environment, Impact of Work-Life on Home Life*. Some Nurses clearly leave work at work while others bring it home either through completing paperwork at home, thinking about patients at home or discussing work with their significant other outside of their workplace. With regards to the impact of Nurses reducing their hours the issues of incurring financial losses and also more difficulties in staying up to date were described. Staff relations impacted on Nurses work experiences. Poor staff relations could add to the stressful working conditions of the hospital while good collegial support was described as providing emotional support. Crime and violent incidents were also seen as increasing the pressure on staff often common in Accident and Emergency Departments. Work was described as emotionally difficult for some. Nurses felt there were increases in stress with increased experience while others described exhaustion from work as an issue for them. Patients who have high dependency levels cause further pressure for staff and now especially with a moratorium on recruitment due to reduced staff levels.

The type of work-life policy options which best address the core type of work-life conflicts experienced by Nurses include existing statutory/non-statutory, formal and informal supports. These need to be fully available and easily accessible to all staff when needed. The requirement for the development of more innovative work-life policy support structures to be put in place for nursing staff i.e. more counselling and stress management supports.

### 6.5.2 Life-Work Conflict

This study looked to assessing the impact of WLB policies and practices on two different types of conflict as is understood in the current WLB research literature. It is not possible to check the impact of availability of such policies on LWC scale scores statistically and in
nearly all cases all policies were stated as being available. Further statistical analysis using chi-square highlights significant relationships between LWC and demographic variables such as gender, age, number of dependents under 18, number of dependents over 18, respondents’ nursing position and number of years since training. No correlation tests were found to be significant. The chi-square results indicate trends only and that these particular variables influence the respondents’ Life to Work Conflict responses. Therefore WLB policies and practices which address the particular needs of these groups correctly could well serve to reduce the conflict experiences arising as a consequence of these variables.

Qualitative findings have revealed some deeper insights into work-life balance policies and practices and the impact these have on Nurse Employees. One manager expresses 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”. This results in greater Life-Work Conflict either through increased stress levels or reduced energy levels. Caproni (2004) reminds us that Work-Life Balance research needs to explicitly identify what work-life balance policies and practices achieve for individuals in a personal way. 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. Caproni (2004) further explains that happy stress free individuals will be more capable employees. There is an acknowledgement by both management and staff that security in tenure is important and something most staff would like to have or be working towards. 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 did not 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 their own employment and employment of their spouse allows individuals to plan their lives more fully into the future and is important for staff members due to financial commitments and/or either current family responsibility or anticipated future responsibilities.

Good staff relations and teamwork were indicated as important to Work-Life Balance as this facilitated some swapping of shifts amongst staff members. Patients were viewed as providing good role models when faced with dealing with serious illness. However when
staff saw patients similar in age to themselves they noted this as being more emotionally challenging due to an increased ability to empathise. The 24/7 nature of the job and combining day and nights were viewed as difficult at times while it was stated that there was greater shift pattern availability in the bigger hospitals. Work-life was described as impacting on home life in a number of different ways. The first obvious one was physically bringing home paperwork and secondly being contacted at home in order to alter work schedules. More abstract ways in which work-life impacted on home life was that many Nurses thought about their work when at home, organising everything could also be difficult while long hours were seen as making life stressful.

The most positive responses regarding having a good Work-Life Balance came from those on less than full hours or those who could choose their hours, had grown-up children and those who did not take work home with them either physically or in thought. Negative responses came from those who felt under time pressure, were stressed at work, worried about patient safety and legal action, experienced staff shortages, took work home, had big financial commitments, older persons care commitments, felt drained of energy, accommodated sudden work changes, experienced unsuitable long and erratic working hours and rotas, worked night duty frequently or were coping with family illness. There is also some evidence to suggest that career progression is impacted negatively by those who avail of certain work-life options mainly those who choose to reduce their work hour’s long term.

Evidence from the literature indicates that poor staffing levels and schedule irregularity leads to increased workload, stress, absenteeism and turnover within the nursing profession (Yildirim & Aycan, 2008, DeCola & Riggins, 2010, Lagerstrom et al. 2010). It is noted by Schreuder et al., 2011 that high absenteeism levels compound existing work pressures for remaining staff. Picher (2009) suggest that work-life Imbalance is most closely associated with working long hours and working evenings, nights and weekends while Beutell (2010) acknowledges that the more control Nurses have over their work hours and schedules the less work- life conflict experienced by them. Fujimoto et al. (2008) Honma & Nakagawa (2002) & Uemura et al. (2005) all see work-family conflict as a serious issue amongst Nurses and leading to Nurse shortages by being a barrier to those wanting to enter the profession while also acting as a real reason for many to leave the nursing profession. Hobson et al. (2001) is concerned that a failure to balance excessive work demands with family demands result in negative outcomes for both individuals and organisations due to higher stress levels,
increased absenteeism and decreased productivity. Prolonged exposure to stress is also noted as contributing to burnout and is viewed as a serious threat to Nurses ability to continue working (Innstrand et al., 2008). It is documented that 25% of European Nurses suffer from burnout of which 7-10% suffering from severe or clinical burnout (Schaufeli and Brunk, 2003; Kristensen et al, 2005; Landau, 1992). Existing research evidence suggests through ensuring employees achieve a good Work-Life Balance organisations can reduce their rates of absenteeism and turnover (Carter & Tourangeau, 2012, Zeytinoglu et al. 2011). This is especially important in a difficult economic situation which exists currently in Ireland within public sector hospitals resulting in staff not being replaced either on short leave or those who exit completely.

In order to ensure all staff currently employed can remain working effectively and in the long term, managers will be required to effectively implement Work-Life Balance policies to all Nurses in as fair and equitable a manner as is possible. This piece of research aims to contribute to the theory and understanding surrounding both male and female Nurse experiences of work-life issues in both managerial and non-managerial roles while remaining cognisant of the national context. During this research study a particular feature impacting strongly on the nursing workforce was a recruitment moratorium. This study provides a contribution to knowledge in the field of Work-Life Balance research as it relates to Nurses within an Irish public sector context. The next section will outline explicitly the exact contribution through a number of statements under the main themes of the study.
Contribution to Knowledge

Availability

What is available in policy is often difficult to access in practice e.g. Parental Leave. The work-life literature recognises that there can often be a difference between Policy and Practice. While it is further noted that research has found that by just having work-life options available, this alone can make a difference to employees even if employees do not actually use them. However if it known that policies stated as being available are known to be difficult to access or are unavailable then this will no doubt render these particular policies to be totally ineffective. Work-life categories have been developed based around a variety of existing work-life balance policies and practices.

- **Planned Family/Life Events** (Maternity Leave, Adoptive Leave, Paternity Leave and Parental Leave, Special Leave with Pay on Marriage)
- **Flexibility in Working and Support for Unplanned Events** (Flexible Working, Term-Time Working, Carer’s Leave, Compassionate Leave, Force Majeure Leave, Special Leave with Pay, Special Leave without Pay))
- **Personal and Professional Development** (Employee Assistance Programme, Health Promotion Advice, Leave for Trade Union Reps, Reserve Defence Forces Leave, Career Break, Study Leave)
- **General Work-Life Supports** (Pay, Annual Leave, Sick Leave, Childcare Support e.g. Creche facilities, Information and Referral Services, Occupational Health Services, Canteen-Healthy Eating Choices, Rostering/Discretionary Shift Swapping).

Availability of WLB policy options is severely curtailed during a recruitment moratorium e.g. ability to change work hours either their increase or decrease. Inability to recruit staff due to a statutory ban is a serious situation for management and staff alike. Existing staff need to be appreciated all the more and are even more important in such a climate. In the event of any staff leaving due to work-life dilemmas these will not be replaced which in turn will increase workloads and work pressures for remaining staff causing possibly further staff losses but most likely greater bi-directional work-life conflict for the staff who remain.

Available work-life policies should align with the demographic profiles of staff in order to meet staff needs and be relevant. Work-life policies and practices have been shown in many instances not to provide a quick fix to staffing problems. Work-life policies should not be provided for the benefit to organisations alone and a Work-Life Balance agenda promoted for the positive advertising of an employer. Retaining the focus on the employee or their work-life needs should ensure effective implementation and positive outcomes for employees.
Organisations that incorporate the concept of the ‘multi-faceted employee’ into their strategic thinking when developing and making available work-life balance policies and practices, will facilitate those policies and practices becoming more relevant for employees’. Work-Life Balance Policies and Practices that understand and allow for the multiple roles of employees should become more effective as a result.

**Implementation**

Supervisor support was found to increase with increased experiences of WLC. This illustrates that from this studies research participants, where there exists work-life conflict an increase in supervisor support is also indicated. This shows that managers and supervisors acknowledge work-life conflict issues. Eventually as is stated in the existing work-life literature where support is in evidence bi-directional work-life conflict should be reduced through the active promotion of using work-life balance policy options. No significant chi-square or correlation results were found between responses to supervisory support and respondents’ gender, age, marital status, number of dependents under 18, number of dependents over 18 or tenure. This highlights that these variables did not influence significantly the level of support provided by supervisors.

Increased supervisor support decreases Career Consequences arising from using WLB policy options. When supervisors are seen as active promoters of work-life policy options and take a lead by using these options it makes it easier for more junior employees to avail of these options. In addition when these employees gradually move to more senior staffing positions they will follow the example which has been set for them. A cultural shift will be enabled through this visible support.

Career Consequences is negatively correlated with *Length of Time in Current Position*. Therefore those employees who have not been in their current positions for long perceived greater consequences for their career from availing of work-life policy options. Fear of using work-life options due to fear of experiencing Career Consequences is a well known reason and has been recognised in the literature to date. The newer the employee the more likely they will not be as familiar with the organisation or what is or is not expected of them. Formally employees often have to have been working within the organisation before they can
avail of certain work-life policy options. Informally work-life options can be used as rewards for loyalty to an organisation or are more accessible when employees are in service longer within organisations.

There were no significant chi-square or correlation results found between responses provided concerning Career Consequences and respondents gender, age, marital status, number of dependents under 18, number of dependents over 18 or tenure. Career consequences is statistically significantly correlated with Nurses Job hours e.g those working part-time or job sharing report more Career Consequences from the use of WLB policy options. This may be the result of reduced visibility through being present much less than their fellow employees’. Promotion to more senior positions will demand greater responsibility and being physically available on-site in work organisations may be a deciding component to who can be given such positions.

The main obstacles to be overcome by management were described as including; childcare, work overload, financial losses, staff shortages, contracting workforce, 24/7 nature of work, overtime & sudden roster adjustments, long hours, sickness/absenteeism and conflict with home demands. The biggest improvements to date were seen as; flexible hours, support, parental leave, work schedule collaboration and personal development plans. These were seen as key ways to effectively implementing WLB for employees’.

An understanding of employees’ role conflicts and a greater ability by organisations to bring about role consensus to employees’ work and non-work roles should occur both before and through effective implementation of work-life balance policies and practices.

**Usage**

The variations in Nurses’ use of WLB policies result from varying work contexts together with individuals’ personal circumstances. Nurses who have managerial roles and implement policies and practices have more control over their work-life choices but need to balance this with their extra work responsibilities. Those in non-managerial positions have less control over their work schedules. The varying personal contexts including different martial statuses, the existence of child and/or adult dependents, and where people are physically located
impact usage of work-life options. There were no significant chi-square or correlation found between the WLB usage variable and respondents’ gender, number of dependents under 18 or number of dependents over 18. There were significant chi-square results found between the WLB usage variable and respondents’ age and marital status. Significant correlations were further found with these variables and in addition with respondents’ tenure. The impact of both work and personal contexts reflects variations in choices individual employees make about their use of work-life options. Overall it can be seen that the more WLB policies were used by respondents the more work-to-life conflict they reported.

Usage of WLB options can increase workloads for remaining staff especially when staff shortages exist in the workplace. This research has witnessed reluctance on the part of staff to use WLB options. In order to ensure perceived security in their post, some nursing employees will avoid or sacrifice availing of certain leave options. Others choose not to avail of them because they cannot receive the time off when it will benefit them most for example when children are on holidays and/or during the summer months. During this research it was found that the leaves most commonly used include; Compassionate Leave, Maternity Leave, Carers Leave and Force Majeure Leave. An individual’s need to use a work-life policy option as opposed to an individual’s right to use one may well be the prevailing factor as to the choices employees’ make regarding usage of work-life policy options in the context of this research study.

When looking at usage of work-life policies the theoretical concept of the ‘multi-faceted employee’ helps us to understand that employees have many sides both in work and in life and these different sides and their interactions will determine the extent of use of work-life balance policies and practices.

**Impact**

It is not possible to check the impact of availability of WLB policies on either WLC or LWC scale scores statistically for this study and in nearly all cases all policies were stated as being available in each participant’s case. The extent of impact of WLB policy usage on WLC is difficult to assess as chi-square and correlation tests carried out between WLB policy usage
and both WLC and LWC scale variables are further not illustrating a significant statistical relationship in this study.

The data has shown a significant relationship of WLC scale scores with respondents’ number of dependents over 18. The data trend indicates decreased WLC with increased number of dependents over 18. Other significant chi-squares formed with this scale include with working contract, number of hours worked and spousal employment status. Further statistical analysis using chi-square highlights significant relationships between LWC scale scores with demographic variables such as gender, age, number of dependents under 18, number of dependents over 18, respondents’ nursing position and number of years since training.

Increased WLC is statistically significantly correlated with longer working hours for Nurses, being longer in their current position, increases in LWC scores, greater perceptions of Career Consequences and increased supervisory support. The working week for Nurses has been reduced to a thirty-nine and a half hour week for those working full time. A normal shift could be as long as twelve hours for many Nurses and this does impact their experiences of WLC and LWC. The reduction in the number of days to the three day week with the remaining hours being made up later does provide flexibility but some Nurses state it takes time to recover from working three twelve hour shifts within the one week. Why WLC increases with length of time in position may be due to knowing more and becoming more aware of what has to be done which may in turn increase the workload and stress attached to positions. Increased commitment, seniority and responsibility may also cause staff to be less likely to avail of work-life policy options such as career breaks or other options such as job sharing. WLB policies and practices that would focus on the needs of more established staff could impact more significantly on this group.

Management state that the biggest impact on Nurses’ Work-Life Balance is; Reductions in Salaries, Increasing Workload, Issuing Temporary Contracts Only, Moratorium on Recruitment and Maintenance of Existing Service Levels, Absenteeism and Sick Leave. Nurses state the main impacts on their Work-Life Balance include: Flexibility in their work hours, Staff Relations, Experiences of Stress, Nature of the Work Environment and Impact of Work-Life on Home Life. Work-life Balance provides us with the idea that work and life are in two different spheres. Where bi-directional Work-life conflict occurs these spheres
become intertwined usually with negative outcomes for both individuals and organisations. Work-life Policy and Practice must work to disentangle these spheres while understanding the significant impact they can have on each other.

Positive responses regarding achieving a good Work-Life Balance and experiencing few conflicts came from those on less than full hours or those who could choose their hours, had grown-up children and those who did not take work home with them either physically or in thought. Negative responses or those with more conflict experiences came from those who felt under time pressure, were stressed at work, worried about patient safety and legal action, experienced staff shortages, took work home, had big financial commitments, older persons care commitments, felt drained of energy, accommodated sudden work changes, experienced unsuitable long and erratic working hours and rotas, worked night duty frequently or were coping with family illness.

WLB policies and practices should reduce role conflict in all guises (WLC and LWC). The prevalence of experiences of role malintegration and role overload as defined by Biddle (1986) should disappear for employees’ as a direct impact of WLB policies and practices. The results should benefit not alone individuals in a life changing way but also the work they do and the organisations they work within.

**Implications for WLB Research, Policies and Practices**

Work-Life Balance research should establish a clear language around terms and concepts and their meaning in order to avoid concept duplication and confusion in understanding. This ultimately undermines any field of research. For example terms such as Work-life conflict and work-to-family conflict should be amalgamated as done so through this thesis to ensure an inclusive approach is taken in research rather than an exclusive one that could alienate or exclude particularly groups. The term work-to-family conflict as is explained and understood through much research to date as incorporating both WIF and FIW should evolve and separate as two distinct terms. The term bi-directional Work-life conflict makes a distinction that conflict occurs in two different ways.
There needs to be more research focus on how work and life interacts with one another and what impacts this interaction within work and life situations both positively and negatively. From this evidence base more targeted and relevant work-life policies and practices can be developed.

Work-Life Balance research needs to be current, ongoing and specific to occupational roles. Different occupational groups have different work contexts and work demands and the interaction of these work demands with employees' non-work lives must be determined to allow for the development of effective work-life policies and practices both from an individual and organisational perspective.

Work-Life Balance research must take account of both external and internal environments both economic and cultural. These environments can both act as facilitators and also provide roadblocks to effective implementation and use of work-life policy options at both organisational and individual levels. Examples of facilitators are national norms and standards for example religious and bank holidays and a recruitment moratorium could be viewed as an example of a roadblock.

Organisations should engage in ongoing Work-Life Balance research in a non-intrusive, voluntary and supportive way to increase information flows on work-life issues/concerns facing their employees. From this evidence base work-life policies and practices which support work-life categories, both statutory and non-statutory can be tailored to meet the needs of specific employees’ within specific organisational contexts.

Ultimately correct WLB policies in all work domains should establish greater health for individuals. Less bi-directional Work-life conflicts will most likely result in decreased experiences of stress, burnout and illness within a country’s population and remove pressures on health services.

Work-Life policies must be evidence based acknowledging changing attitudes and behaviours of employees. Organisational work-life balance policy must remain up to date on statutory obligations and their employees’ legal Work-Life Balance entitlements. These
should be reinforced with non-statutory policies driven by specific organisational goals and employee requirements.

Work-Life policies need to provide more to employees than just their statutory entitlements ensuring recognition of the work environment and context employees must work within. This will enable specific work-life policy for different occupational groups to emerge and should enable better work-life outcomes.

Work-life policies should evolve taking cognisance of their specific employee base. This should ensure no false claims being made on what is actually available for employees. Employee demographic variables could be used as a database providing guidance as to how policy should develop so as to be able to meet employee need together with the needs of the organisation or work environment in the future.

Work-life practices should support work-life policy so as to ensure smooth seamless implementation of policy. Without proper implementation, policies are unlikely to be used and so fail to achieve promised positive outcomes. The gap between rhetoric and reality around the subject of Work-Life Balance needs to be closed.

Work-life practices should be made commonplace for all employees both vertically and horizontally within the organisation. This will ensure practices are seen to be fair and are transparent for all employees regardless of what positions they fill.

Work-life practices need to be relevant to employee needs and organisational goals. Work-life practices should provide an ethos within organisations that creates a positive attitude towards work and life for employees. A level of compromise should be attained both between employees and between the organisation and its employee. Through this ability to compromise a shared understanding should emerge which in turn will lead to a better Work-Life Balance for all.
Recommendations for Future WLB Research

1. Unpublished data from the Irish Nurses Board illustrates that 40% of all Nurses newly registered in Ireland between 2000 and March 2009 was from outside of the European Union. This is a critical human resource planning issue and one which requires specific human resource management policies and practices to ensure all employees’ achieve sustainable work-life roles. Future research on the effects of work-life balance policies and practices should place a focus on this group alone. The research should investigate how the current work-life policies and practices meet the specific work/life needs of diverse populations within the one work context. Del Campo, Cook & Arthurs (2011) notes a dearth of research comparing the work-family experiences of different ethnic groups. A comprehensive understanding of what Work-Life Balance means for different individuals while remaining cognisance of cultural diversity will yield insightful information to assist the development of WLB policy for these individuals.

2. A longitudinal study spanning a number of years with a carefully selected cohort of interested participants from both the public and private sectors in a variety of healthcare settings would build and expand the findings of this study. This would strengthen the ability to create a clearer picture of the different challenges experienced by Nurses in managing their work and non-work lives. The specific sector and setting they are working in could concurrently be investigated in order to assess the impact if any of major work environmental changes. These could include changes in staff numbers, rota or other work hour changes, hospital reconfiguration or other budgetary cuts.

3. A further recommendation for future research would ask Work-Life Balance researchers to analyse other professional groups such as those in police, justice system and teaching professions. An in-depth research study into their main issues and concerns in managing their work and non-work lives could perhaps provide a broader theoretical understanding of bi-directional work-life conflict and Work-Life Balance. Bi-directional work-life conflict for certain professionals may be more than just time and strain conflicts. They may also include social conflicts and pressures arising from working and living within the same geographical area or having familial connections.
close to their work environment. Caproni (2004) calls for WLB research to explain what is achieved for individuals in a personal way by WLB policies and practices.

4. It has been suggested that work-life research would progress considerably if an evidence base could be developed which investigated work-life interventions such as training or raising awareness on the impact on individuals and organisations by Kinman and McDowall (2009). Specifically work-life training programmes could be developed for supervisors and managers and implemented on a pilot basis across a number of similar hospitals. Work-life researchers could then assess the impact on outcomes at an individual and organisational level one year after the programme training had been completed. A comparative study could then be started to compare the results between hospitals where the training programme had been both in operation and had not been in operation. This would allow for the impact of the programme to be understood both from an individual and an organisational perspective.

Limitations of this WLB Study

Work-Life Balance is being studied for a specific group of professionals working in the public sector hospital context only. This renders the findings to be relevant only to this particular professional group working in this specific work context (nursing employees in public hospital setting). Therefore the findings will not be completely generalisable to Nurses working in other sectors (e.g. private sector) or other settings (Nursing Homes) although some issues will be similar as nursing is female dominated across all working contexts.

Due to the ever more challenging economic environment which emerged during the course the research study and in particular just before the data collection phase began gaining access to research participants proved difficult. The sample of research participants were chosen on the basis that they were available on the day the researcher visited specific research sites and were willing to participate. It was extremely difficult
to access a large group to interview across a range of hospitals because of staff shortages and Directors of Nursing reluctant to request Nurses to participate.

The research findings have been impacted by the public sector context at the time of data collection. The recruitment moratorium and incentivised early retirement scheme were two factors dominant at the time of the research studies data collection phase. Both of these factors reduce available staff numbers and further impacted the availability, implementation, usage and then the potential impact of work-life policies and practices within organisations.


1. Organisations should develop demographic profiles of their nursing staff, distinguishing role responsibilities at each level from Staff Nurse to senior management levels. These profiles can then be used to understand future work-life policy option demands and help organisations to plan for future concurrent employee and service needs. These employee potential work-life need forecasts will strengthen workforce and service planning.

2. Staff should be facilitated to operate a planned rotational system of their annual leave entitlements to ensure all staff can fairly access a certain percentage of their leave times for their non-work-life needs. A collective agreement on how this would operate rather than a first come first served type of arrangement would ensure a fairer system.

3. A much greater emphasis needs to be placed on Employee Assistance Programmes and adequate information provided to all nursing staff as to what this support entails. Given the real pressures experienced due to work environmental stresses a peer support network could be developed so as to share and develop ideas around what employee assistance is required for their specific work environment context.

4. Occupational Health Service delivery needs to be standardised across all health service regions and information provided on the level of uptake of these services to a centralised employee relations department within the HSE. This central department should ensure adequate and consistent provision of such services to all staff regardless of their geographical location.
5. Human Resource Departments should ensure they have knowledge of all statutory and non-statutory/discretionary (formal and informal) leave arrangements which staff can avail of to ensure fairness and equity in the provision of all leaves.

6. When investigating reasons for absenteeism personnel involved in such matters should at all times act with due understanding and respect for the individual employee and his/her current circumstances.

7. Nursing Employees who consistently provide reliable attendance and co-operation in filling gaps in service provision at short notice should be commended on a bi-monthly basis and given due recognition and reward. Such rewards should perhaps be imaginative for example a manicure, facial or weekend away at a luxury spa.

8. Communication at all levels to all staff is critical in providing a level of control to employees in managing their work and non-work lives. Roster Arrangements and shift allocations should be done after consultation with all staff members at a ward/unit level.

9. When and if staff are re-deployed either within the hospital they are currently working in or within a particular health region due regard should be given to their current expertise. This will ensure patient care is not compromised in any way with staff that has little or no experience of the area they are being relocated to. Staff at all times must be comfortable that they are adequately trained and experienced to carry out the tasks they are being requested to do. This will also facilitate preventing extra stress being placed on employees after re-deployment.

10. In work-life policies and/or programs managers should ensure Nurses have a wide range of work-life policy options open to them. A degree of systematic co-ordination and collaboration should be developed between Nurses’, their co-workers and supervisors. Finally a level of fairness in distributing and accessing work-life policy options should be made possible with the fundamental goal being a positive outcome for both Nurse Employees and patients.

11. A mnemonic could be used to serve as a monitoring mechanism to four critical dimensions of effective Work-Life Balance policies for organisations. This would be (AIUI) and this would stand for policies and practices that are Available, Implemented and Used & Impacting.


Department of Health and Children (2005) ‘Report of the working group to examine the development of appropriate systems to determine nursing and midwifery staffing levels’, Dublin: DoHC.


INO (2009) ‘The Irish Nurses Organisation Submission to the Commission on Nursing Hours’ Dublin: Ireland


Jamieson, I. & Taua, C. (2009) ‘Leaving from and Returning to Nursing Practice:


Namayandeh, H., Juhari, R. & Yaacob, S. (2011) ‘The Effect of Job Satisfaction and Family Satisfaction on Work-Family Conflict (W-FC) and Family – Work Conflict (F-WC) amongst Married Female Nurses in Shiraz-Iran’ in Asian Social Science, Vol.7 No 2 pp 88-95


