



Health Service Delivery in Hospitals: Researching Implications of Work-life Balance Practices for Nurse Employees

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Abstract

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Balance Practices for Nurse Employees

“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*). Work-family conflict has 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). Avgar et al. (2010) states that balancing work and family is considered important to employees in most work settings, but the healthcare arena is one in which the tensions between work and family are dramatic. The type of work involved in health service delivery is particularly unique to this sector due to its intensive human capital dependency, emotional labour and the 24/7 nature of the work. Avgar et al. (2010) argue that WLB practices enhance the ability of employees and their managers to provide high quality care to their patients. Through their examination of the effects of WLB practices their results indicate that greater use of WLB practices enhances outcomes for hospitals, their employees and patients. Specifically, WLB practices were shown to positively influence hospital financial performance, reduce employee turnover intentions, and decrease errors that could harm patients and staff.

Avgar et al. (2010) further highlight that while many studies have looked at work-life balance issues for physicians, less attention has been given to WLB practices for other healthcare frontline staff. *The Integrated Employee and Well-being strategy 2009-2014* signals the recognition that the well-being and welfare of employees is central to delivering quality health services (HSE: 2009). 35% of health employees are in the nursing category in Ireland (Department of Health and Children 2009). Little research, apart from a few studies has been carried out in relation to the experiences of nurses and their working environment in Ireland. Studies by McCarthy et al., 2006, Drennan et al. 2007, Curtis 2007 allude to the need for further research in this area.

This paper will seek to give an overview of the literature on work-life balance and illustrate how future research applied to nursing in a hospital context will fill some of the current research gaps in this academic field.

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Introduction

The academic literature which discusses and investigates issues concerning work-life balance has crossed many disciplines including the Social Science and Business academic spheres for many decades (e.g. Rapoport & Rapoport, 1965, Lewis et al., 2007). Within even these broad areas of study work-life balance has been explored in more defined areas such as psychology, family studies and management. The vocabulary which even surrounds the area is broad and diverse. Some key terms which illustrate aspects which have been studied include *Managing Work-life Balance*, *Career-Life Balance*, *Myth of Work-Life Balance*, *WLB from a Psychological Perspective*, *WLB from an International Perspective*, *WLB and Gender Policies*, *Work-Life Practices and Boundaries*, *Work-Life Benefits and Organisational Citizenship*, *Work-Life Integration*, *Work-Family Interaction*, *Work-Family Enrichment*, *Facilitation and Congruence*, *Work-Family Conflict and Interference*, *Work-Family Conflict and Emotional Exhaustion/Burnout*. These terms reflect the broad range of angles from which the concept of work-life balance can be explored. Specific Work-family or Work-Life programs and policies facilitate academics to understand how employment practices of organisations can ensure employees are capable of achieving optimum work-life balance. Some of the terms in the literature to describe these include *Supportive Work-Variables*, *Flexible Working and Flexible Work Systems*. This is a brief introduction to what this paper will discuss at length. It will detail the broad area of work-life balance in a systematic and historical way, explore current gaps and specifically look at work-life balance from the employee's perspective within the healthcare setting. It will then set forth a research guide to explore current WLB knowledge gaps for employees working to deliver healthcare.

The Meaning of Work-Life Balance

The many definitions used to outline the meaning of work-life balance nearly all refer to that balance being between an employee's work life and personal life. Balance is seen as reaching a level of satisfaction and functioning between the worlds of work and home enabling optimum performance in both spheres by individuals despite varying circumstances and contexts. *The National Framework Committee for Work-Life Balance Policies, 2010* sets out the definition for Work-life balance (WLB) 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. Therefore this definition incorporates but seeks to look beyond statutory policies provided to assist employees achieve work-life balance. It views WLB policies and practices as something more than what employees are entitled to by law or under statute. This facilitates organisations to introduce specific policies that are tailored to meet the specific needs of employees working within their organisation. This distinction is necessary when looking at employees in varying work contexts and organisations and to how and what extent specific work environments cater for employees in these different contexts when developing and implementing WLB policies and practices. Two definitions provided by different authors in this field illustrate what should be the primary goal of work-life policies.

“Work-life policies include any organisational programs or officially sanctioned practices designed to assist employees with the integration of paid with other important life roles such as family, education, or leisure” (Ryan and Kossek, 2008:295). The second definition is more geared towards employees with specific family responsibilities and explains “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). Other terms often used to denote work-life balance policies and practices include terms such as *Flexible Work Systems, Self-Scheduling, Shift work, Open Rotas, Family Supportive Supervision, Family-friendly Policies, Family- Responsive Programs, Work-life Benefits, Work-life Practices, Work-family Policies, Work-family Programs, Organisational Family Support and, Supportive Work-Environments*. These are all umbrella terms for ways in which organisations and employers can facilitate a more harmonious relationship between work and life for their employees. These terms however do not detail what is involved in the provision of such policies and programs or the impact these have for both employers and employees. The evolution of the need for such policies and programs must however first be understood so as to assess the types of influences these practices have and can bring about.

The Development of Work-Life Balance Practices for Employees

Kodz, Harper and Dench (2002) elaborate that an individual's work and their life outside work, should be balanced and healthy and accepts that choice, control and flexibility are important within work, that personal fulfilment is important outside of work and that satisfaction outside of work may indeed even enhance employees' contributions to their work. “Underpinning the idea of improving work-life balance is the idea of a trade off between a little less work and a little more ‘life’” (Collins, 2007:416). Barnett (1999) has reviewed how work-life balance has evolved over the last thirty years as society has changed and explains this through a series of inter-related models showing how the meaning of work-life balance has become ever more pressing with changes in demographics, society and educational achievements.

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 having to manage the demands of both. When work interferes with family this is viewed as inappropriate boundaries 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, flextime, 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. Resulting from major demographic changes in workplaces a rethinking of the work-family issue has occurred.

Impact of Demographics and Societal Change on the development of WLB Practices

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 mother 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*. 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 those positive outcomes 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, flextime, onsite 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.

Impact of Demographics and Education on the development of WLB 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 dramatically affects work-related decisions and the traditional gendered division of labour in the home” (Barnett, 1999:151). 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*. 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. 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. Research must however first show explicitly the work-life needs of employees and take account of the organisational environmental context. This will ensure more effective outcomes for both organisations and their employees.

Work -Life Balance for Employees in Healthcare Settings

The Integrated Employee and Well-being strategy 2009-2014 signals the recognition that the well-being and welfare of employees is a central component in delivering quality health services (HSE: 2009). 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). The importance of this being actually achieved is heightened even more when work-family conflict 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 further indicates that it is worth promoting the fact that, at times, work and family lives actually can enrich each other (Greenhaus and Parasuraman 1999, Greenhaus & Powell, 2006, Voydanoff, 2002 & 2004, Innstrand et al., 2008, Grady et al., 2008, Emslie & Hunt, 2009).

Flexible Working and Nurse Employees

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-family conflict among nurses. Work-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. "Conflict and facilitation between work and family are bi-directional processes; work impacts the family and family experiences influence work" (Seery et al., 2008:462). A number of researchers highlight that work interference with family is more likely to occur than family interference with work (Burke & Greenglass, 1999, 2001; Fox & Dwyer, 1999; Simon et al., 2004; Greenhaus and Beutell, 1985; Gutek et al., 1991). "Nurses working non-standard shifts reported more frequent family interference with work than did nurses working a standard day shift. Job tenure was not related to either type of work-family conflict" (Grzywacz et al., 2006:420). Flexible work arrangements and job sharing are believed to reduce work-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) that work-family conflict contributes to poorer job satisfaction. "Research evidence accumulating over the past decade has shown that both WFC and FWC are associated with diminished satisfaction as well as lower levels of psychological well-being (Burke, 1989; Frone et al. 1992)" (Burke & Greenglass, 2001:85). The benefits of WLB policies including flexible working and employee supports must be researched in order for HR practitioners to understand the importance and impact of such policies and programs for their employees and to ensure their full implementation.

Enabling Flexible Working

In order to enable flexible work practices within health services and specifically among nurses adequate staff numbers are essential to enable service needs to be met as well as employee WLB needs. Wise et al. (2007) acknowledges that nursing present's problems for work-life balance as it is female dominated 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 the management of working hours, the degree of dependence between nurses in teams and finally the nature of patient care. These authors bring to the fore, the fact that often health services workplaces are often tightly staffed due to budgetary constraints and these can increase problems in the organisation of flexible practices for this group. Research findings by Fujimoto et al. (2008) who look at nursing employees in Japan promote that the ability of nurses to select their own flexible working arrangements and the need for childcare support are two critical areas in helping to reduce work-family conflict for them. Wise et al. (2007) call on a number of researchers work to explain the importance of adequate staffing as a crucial requirement in order to facilitate employee work-life balance among nurses. This is due to the ability to control work intensity, length of working hours and the capacity to have flexible practices when needed by staff.

Implementation of Flexible Practices

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 need to carefully examine the implementation of work-life policies in nursing not only to maximise the potential of flexible working to retain a skilled, older workforce but also to uphold fairness in employment practice" (Harris et al. 2009:9). 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.

Impact of Flexible Working Initiatives

Nursing is a profession which is often associated with work arrangements such as shift work, rosters and rota's. 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 often required to work in shift work teams to provide continuous, 24-h patient care. Some nurses adapt to their work schedules but most report negative effects on work life conflict and health

(Loudoun & Pisarski, 2005). 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 the increasing of choice and facilitating the empowerment of staff to select their own hours the WLB dilemma seems less problematic.

Empowerment and Retention of Staff

The emphasis in the research given to the importance of choice and empowerment over work hours is critical not alone to employees WLB concerns but also to employees overall work performance and ability to provide better patient care. “In the national health Service (NHS) Plan (DoH 2000) the government stated that improving the working lives of staff would contribute to better patient care through improved recruitment and retention. Family friendly schemes as introduced as part of the improving working lives standard are emerging as important in encouraging retention (Buchan & Seccombe: 2003)” (Gould & Fontenla 2006:215). 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 reported to be associated with high turnover rates in nursing (Adams & Bond 2000)” (Durand & Randhawa, 2002:477). This is reiterated in research which highlights that three of the 27 respondents had thought seriously about seeking employment outside nursing, and one was making an application. “Shift work, the stress of long hours and staff shortages were contributory factors” (Gould & Fontenla, 2006: 219). 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 nurse’s 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.

Adeb-Saeedi (2002) calls on 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 likelihood 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. “Inadequate work scheduling and long working hours have been identified as a major threat to employee health and well-being” (Pryce et al., 2006:2). 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 seem to increase stress (i.e., WFC) resulting in poorer psychological health and negative attitudes towards work. Also, training programs should be offered to supervisors to enhance their empathy and assistance in handling work-family problems of nurses” (Yildirim & Aycan, 2008:1366). An overall assessment as to what are the specific WLB needs of nurse employees in hospital settings should occur together with research on implementation practices of currently available policies and programs. Subsequent to this analysis a detailed look at outcomes for nurses of WLB programs is necessary to fully understand their overall impact.

Conclusion

This paper has reviewed and looked at the meaning of work-life balance and the various terms used in discussing this concept. Work-life balance has been explained from a historical perspective and how the impact of various societal developments has influenced the need to develop WLB policies and programs. Specifically the paper has looked at nurse employees working within healthcare delivery. What research has shown as being important to them and why from the position of achieving adequate work-life balance and delivering quality healthcare. Further research should aim to achieve the ability to clearly establish the benefits that flexible working, job sharing and other work life supports such as employee assistance programs can have for nurse employees in hospital settings. This could potentially be achieved via systematic analysis of documentary evidence, focus groups and one to one interviews with both employees from management and nursing in hospitals.

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