



University of
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WORK,
LIFE &
HEALTH
S T U D Y

INTERIM REPORT
Executive Summary

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EXECUTIVE SUMMARY

Introduction

The Work, Life and Health (WLH) Study aims to improve the capacity of WA Health and organisations within WA Health, to secure a healthy work life balance for the health workforce by informing and supporting evidence-based policy, intervention and practice. It commenced in late 2008 and runs until mid 2010.

Research partners for the study are WA State Health Advisory Committee on Work-Life Balance through the Work Life Balance + Equity Unit, the Centre for Work + Life at the University of South Australia and SafeWork SA. The study is part of an Australian Research Council linkage research project.

The study has been actively supported by the WA Department of Health including the Health Workforce Executive Directors, on-site managers and others; by Ramsay Health Care; union delegates; and members of the Work Life Balance (WLB) Networks. The study has the approval of the University of South Australia's Ethics Committee.

The study incorporates a qualitative and quantitative component. The qualitative study has *investigated* the work life balance (WLB) experiences of a sample of workers in the WA health workforce, it *identifies* key barriers and supports to effective WLB with a view to *informing* government and organisational policies to improve the work life outcomes of the WA and Australian workforce, and the recruitment and retention of workers.

A unique aspect of the research study is its approach in looking across key transitions of working life to provide a dynamic picture into the future. The transitions are:

- Entry into the workforce and early working life
- Family formation
- Mid-career
- Work into pre-retirement and retirement.

The *Interim Report* addresses the qualitative component of the study. It sets out the preliminary findings of the study which will form the basis for discussion at the roundtable of key stakeholders to be held in March 2009.

The report is based on an analysis of focus groups and interviews of 73 health sector workers and managers from across occupations and both city, regional and rural/remote locations. A further 18 interviews have been conducted subsequent to analysis of transcripts for this report. These interviews will be included in the final report to be completed following the roundtable. The final report will also situate the findings from this study in the Western Australian health context, utilising departmental and other available data.

In the Interim Report:

- **Section one** outlines work on the project to date and the characteristics of study participants.
- **Section two** sets out findings relating to each work life stage.
- **Section three** presents the main findings on key issues for organisations in addressing work life balance. These relate primarily to the management of and conditions operating in their work organisations.
- **Section four** brings the findings of previous sections together under four major themes. Themes are designed to focus roundtable discussion and facilitate the development by roundtable members of recommendations to be included in the final report.

Key findings – work-life stages

Work life balance is important to workers across the generations and work life stages. There are important requirements at each life stage which need to be considered in development of policy and practice.

Into work

The study found:

- Young workers want a life outside work - they are interested in work life balance and avoiding overly long hours
- They expect career transitions, flexibility in work arrangements including part-time work, and will choose jobs/workplaces/bosses to get what they want.
- They are concerned about the **impact on relationships of unsociable hours** associated with shiftwork. This was especially significant for young people forming friendships, finding a partner and developing and sustaining relationships.
- They are aware of the negative health impacts caused by too much stress at work.

Into family

Family formation required major changes in the lives of study participants. Issues to be dealt with concerned pregnancy, returning to work after parental leave, constraints on hours of work and the juggling of care, work and relationships as children grew and their needs changed. Participants noted that men as well as women were taking up direct caring responsibilities, requiring work organisations to accommodate the needs of both parents.

The study found:

- workers talk of deferring starting a family
- taking time away from work can create fear of losing skills, confidence
- workers, especially but not only mothers, with infants and small children often feel guilt and time pressure. The demands of work and lack of support meant participants could not give as much personal care to their children as they wanted
- parenting placed constraints on the capacity of study participants to work long hours and particular hours and shifts
- participants are very committed to their work in health, and many were interested in a long-term career, however becoming a parent changed their priorities, at least for a while.

Mid career

This group said they enjoyed work and wanted to continue to find rewarding work and, at the same time, life outside work was important to them.

The study also found:

- responsibilities around teenage children and ageing parents were often demanding
- these workers were interested in skill development and career development
- health and physical capacity issues were emerging for some.

Into retirement

Older workers see WLB from a different perspective to those at other life stages. Many clearly want to and need to continue to work up to the normal retirement age, but many older workers also want to work less hours as they near retirement. They talk of 'easing down', 'tailing off' and 'winding down'. They want to keep healthy and see work as part of that; they want to retire in 'good skin'.

The study also found:

- Care responsibility is also a theme at this life stage, but this time for elderly parents, grandchildren and sometimes other dependent adults.
- Superannuation entitlements are an important factor for workers in their decision-making around work and retirement.

Key findings - what helps and hinders work life balance

Shiftwork

Shift start and finish times, patterns, rostering and flexibility all impacted on the capacity of study participants to achieve work life balance. Problems with shift work had significant negative effects at all stages of the life cycle. They were not restricted to those with young families. A lack of balance in relation to shift work was manifest for participants in difficulties in maintaining social relationships, managing caring responsibilities, health, career opportunities and job security. Dissatisfaction with shifts was strongly linked to staff turnover.

Interviewees identified management practices in relation to shift work that undermined work life balance. They also noted arrangements that increased shift flexibility and would enable them to have a satisfactory personal life while continuing their employment as shift workers.

Hours of work

Long hours of work resulting from both unpaid and paid hours of work beyond normal hours and work encroaching directly or indirectly on life outside work emerge as important factors impacting negatively on WLB for people interviewed. The causes of long hours are varied and complex but workloads are a significant contributor. Older workers' perceptions of the younger generation are that this group will be less willing to work these hours. Technology can drive long hours. Long hours can be associated with work encroaching on personal life.

Work intensification and workloads

The study found that increased work intensity and workloads across health units was making it harder for workers and managers to fit work with other aspects of their lives. Work pressures were also impacting on recruitment and retention.

Study participants across health units reported intensification of work and high workloads that undermined their capacity to deliver health services and achieve WLB.

Participants identified a range of means to reduce unsustainable workloads.

Flexible hours and work arrangements

Achieving a reasonable balance between work and the rest of life is strongly associated with ready access to a variety of options providing flexibility in hours or work and work arrangements. This includes flexibility in starting and finishing times, short absences and time off in lieu of overtime as well as more structured and medium to long term flexible work arrangements such as 9 day fortnights, 19 day months, annualised hours, part-time work, job share and working from home.

The study found:

- access to flexibility in hours of work and work arrangements is greatly valued by workers in supporting better WLB
- while a wide range of flexible options are available in principle their application in practice is limited and varies across occupations, sites and sections and even over time – there are both systemic and attitudinal barriers to be faced
- there are models of good practice which could be promulgated and extended throughout large sections of the health sector

- there are specific work environments such as hospital wards where some forms of flexible work practice may not be appropriate and where improving access to flexibility will be a greater challenge.

Leave

Participants reported difficulties in accessing recreation leave, sick leave, personal leave and long service leave. A lack of back filling during leave, leading to excessive workloads on return, was also noted as an important issue for some staff. Problems associated with leave made worker management of caring responsibilities, especially school holidays, extremely difficult. They had detrimental effects on family relationships, personal health and job turnover. Interviewees identified several solutions to these problems. Examples of better management of leave were given from some sites that could usefully inform the practice of others.

The study found:

- getting leave is highly valued but not always easy
- relief pools are not adequate
- staff establishments are not always adequate.

Remuneration

Remuneration levels had a significant impact on recruitment and retention. Consequent staff shortages and pressures on employees to obtain further income by working longer hours impacted on the capacity of individuals and health units to construct a fit between work and other aspects of life. Study participants suggested a number of ways that pay and financial benefits could be improved to assist both the retention of staff and WLB.

Transport and travel

Parking, mode of transport and travel time were important considerations for a number of participants. Travel arrangements had a significant impact on their capacity to effectively combine work, caring and other commitments. Changes to transport provisions that led to significantly increased travel times and costs, or less flexibility in relation to work, placed great stress on workers and affected staff turnover. Issues relating to transport and travel were of concern to interviewees from both urban and rural/remote locations.

Infrastructure support

The physical working environment, including infrastructure support, affected the capacity of participants to do their job, their workloads and their job satisfaction. Inadequate infrastructure impacted particularly on those in country locations and those who travelled between more than one worksite.

Accessing care for pre-school and school-aged children and co-ordinating care with work was a significant problem for participants. Shift patterns and work starting and finishing times frequently did not match child care centre and school hours.

There were insufficient child care centres and places in city and country locations for the children of interviewees. The employment participation of country participants was particularly constrained by a lack of child care services.

Inflexible care increased conflict between the demands of work and caring. Participants were generally unable to get child care at short notice to deal with on-call demands, relief work or shift changes.

Study participants identified measures that would assist them to better fit work with the care of their children. They gave examples of initiatives that were effective and could be extended to other sites.

Job satisfaction and opportunities

Interviewees demonstrated a high degree of commitment to working in health care. A number spoke of the satisfaction they gained in assisting the recovery and improving the health of other members of the community. For some, job satisfaction countered negative work arrangements sufficiently to prevent them leaving for work elsewhere. A lack of job satisfaction, including a lack of career and educational opportunities, contributed to turnover.

Study participants spoke strongly of the need to improve training and development. Ongoing professional development was identified as an important contributor to job satisfaction and WLB.

Form and tenure of employment

The study found significant use of casual agency staff and short term employment contracts across health units. Casual employment was taken up by participants predominantly as a way to gain the hours flexibility they needed to fit work with other commitments. However, casual work also led to other pressures and employment disadvantages. Such disadvantages were consequently born disproportionately by employees with caring responsibilities. Participants reported contract work as having fewer benefits. Practices surrounding contract employment were of particular concern at one location.

Nurses in particular were managing the demands of dependent care in the context of inflexible, full-time shift work and leave restrictions, by resigning their permanent employment and working as an agency casual only on the hours that suited them. They were able to get preferred hours given the shortage of nursing labour. Their resignations and limited return were also contributing factors to that shortage.

Workplace culture and practice

The study found:

- Culture and practice are widely variable across sections and units.
- People seek out good managers and avoid bullies
- Procedural fairness is highly valued
- Senior managers are seen to have a vital role to play in demonstrating and supporting WLB and participants perceived a contradiction between what senior managers say about WLB and what they do. Participants think that senior managers should 'walk the talk'
- Line managers at all levels play a pivotal role in promoting a positive culture which supports WLB and ensures that best possible outcomes are achieved for staff
- Lack of awareness, understanding, confidence and authority are identified as possible barriers to good management practice
- Participants identified the characteristics of a 'good' manager.

Policy implementation

Study participants welcomed policies supportive of WLB but found a gap between the words and implementation in many places. In particular participants found there was inconsistent and insufficient follow-through.

Interviewees noted a general absence of systematic steps to ensure policy implementation, including allocation of responsibilities, plans and procedures and lack of any independent avenue of appeal.

Awards and Agreements

Matters raised in relation to awards and agreements concerned the adequacy of existing provisions and difficulties in accessing them. Participants also saw the need to construct innovative solutions to staffing problems and that industrial fears and prescriptions could inhibit the development of solutions to WLB issues and staff turnover.

Key themes

Four key themes emerge from the study:

Resources and infrastructure

The study found that there are significant factors which, if they are not addressed, will substantially undermine WLB initiatives and strategies. In addition there are two areas - transport and child care - which emerge as warranting special attention.

There is a vicious cycle of understaffing which leads to greater work life imbalance and hence to higher turnover, staff shortages and further imbalance.

Staff shortages and inadequate staff establishments are a barrier to implementation of relevant WLB policies and to staff accessing their leave entitlements.

Inadequate staffing is a major factor in supporting the culture of long working hours and work intensification, again leading to greater work life imbalance.

Funding for relief pools over and above establishments is inadequate and would help.

In some areas there are inadequate resources for basic office infrastructure including access to an office, information technology and suitable motor vehicles and this impacts negatively on job satisfaction and commitment and ultimately on WLB.

Remuneration levels can impact on staff propensity to work overtime and on retention.

Access to parking and transport impacts on the capacity of individuals to manage child care, schooling, shift work and can affect the capacity of staff to respond flexibly to patient needs.

Travel costs and time impact on recruitment and retention.

There are a range of child care initiatives which are highly valued by staff. For example, where health units have engaged in on-site care and/or onsite emergency care, school holiday programs and after-school care; and where there have been initiatives in conjunction with other health units and schools.

Easily accessible child care and schooling are central to WLB for young families and can impact on recruitment and retention.

Organisation of work

The way work is organized and jobs are designed is crucial to WLB and this study found scattered examples of good practice which could have very positive outcomes if broader implementation could be achieved.

There are some examples of good practice relating to shift reorganisation and flexibility options for shifts.

Some staff manage shift inflexibility by resigning permanent positions and becoming agency casuals.

There is a culture of long hours at all levels to the detriment of WLB.

Flexibility in hours of work and work arrangements (including flexi-time, TOIL, part-time positions, job sharing and working from home) are greatly valued by staff that can access them. There are examples of good practice however overall implementation is patchy, inconsistent and arbitrary.

There is resistance to part-time work in some areas, especially in traditional male areas such as laboratories and in management positions. It is suggested that serious attention may need to be given to restructuring work and redesign of jobs to improve recruitment and retention and opportunities and to improve WLB.

Job share arrangements rely on worker initiative and lack systemic support by management.

There is patchy understanding of the operational detail relating to flexibility options and what is required to support implementation.

Some staff are unable to access leave entitlements due to a lack of relief staff or inadequate staff establishments.

There are a number of ways work intrudes into personal life and home space through phone and email communications, on-call and workload for example, and this has an impact on personal relationships and responsibilities outside work and on WLB.

Work life stages

WLB issues are not just about family, they are relevant for everyone at all work life stages.

At all work life stages there is evidence that many full-time and part-time staff are strongly committed to their work, wanting to do a good job and to achieve job satisfaction.

Some requirements for WLB are different at different stages of life and this means that workplace responses must be nuanced. For example: young people have requirements around social life and home establishment; at family formation these requirements centre on birth, child care and schooling; in mid-career requirements relate to teenagers, care of elderly parents/friends and for mothers and some others an interest in/or need to revitalize careers; towards retirement there is elder care, physical capacity, enabling continued engagement in satisfying work and providing opportunities to wind down and retirement preparation. All groups have requirements around study, education and training.

There is varying capacity and willingness to work full-time.

Overall across the main work life stages a failure to address WLB issues will affect turnover, retention and recruitment and is a contributing factor to staff shortages.

Policy into Practice

WLB requires a broad policy framework and to be supported by a raft of supplementary policies which underpin supportive human resource work practices and arrangements. Translating policy into practice is a crucial step in strengthening opportunities for staff to achieve better WLB.

At present some policies appear to be too rigid and some are contradictory.

Implementation of relevant policies is patchy, inconsistent and arbitrary.

Implementation is currently heavily slanted to family and can be selectively supplied to the 'deserving' parent sometimes to the cost of other staff. Policy should apply across life stages.

A workplace culture which supports long hours, doesn't adequately tackle bullying and/or is resistant to change undermines implementation of WLB policies.

Currently entrenched old practices and culture often go unchallenged as management has a broad right of refusal for 'operational reasons' and there is currently no right of appeal.

Leadership for WLB has to start at the top and to be demonstrated at all management levels down the hierarchy. Current leadership management training is a positive initiative supporting WLB leadership.

Line managers have a vital (lynch pin) role in translating policy into practice - they are often the decision-point and they can be innovators or rigid constrainters.

Managers often do not know what is possible and/or have not got the time to explore options or make considered decisions. There can be a fear of precedent.

Skills in people management are not sufficiently valued and this undermines implementation of WLB initiatives.

Colleagues do not know what is possible and can be resentful and resistant to others accessing WLB opportunities. This may be related to patchy, inconsistent and arbitrary implementation of these opportunities.

Next steps

This Interim Report will form the basis for a Roundtable discussion to be held in March 2009.

The four themes outlined above will provide a framework for that discussion.

The Final Report will incorporate discussion and feedback from the Roundtable, data from interviews and focus groups not yet incorporated and recommendations for action addressed to relevant stakeholder groups.