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South Australia

WORK,
LIFE &
HEALTH
S T U D Y

INTERIM REPORT

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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.

1 Introduction

This interim report sets out the preliminary findings of the qualitative study of work life balance in targeted health units in Western Australia conducted by the Centre for Work + Life. It will form the basis for discussion at the roundtable of key stakeholders including researchers, members of the Work Life Balance Advisory Committee, the Work Life Balance + Equity Unit and Workforce Executive Directors 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 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 work life stages. Some participants' concerns and priorities are specific to a particular stage of work life. They are the focus of this section.

Section three presents the main findings of the research under issues headings relating 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.

1.1 Background

The Work Life Balance Advisory Committee of WA Health, through the Work Life Balance + Equity Unit, is an industry partner on an Australian Research Council linkage research project, an initiative to inform strategic directions related to the health sector workforce in WA and nationally. The Work Life Balance Advisory Committee, which includes departmental and union representatives, is an active supporter and promoter of the study.

The goal of the Work, Life and Health Study is 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.

The study incorporates a qualitative and quantitative component. This *Interim Report* addresses the qualitative component of the study. Results of a survey of WA Health employees will be reported separately in 2009, and national surveys of Australian workers in 2008, 2009 and 2010.

The Work Life and Health Study commenced in late 2008 and runs until mid 2010. It has been actively supported by the WA Department of Health including the Health Workforce Executive Directors, on-site managers and others, union delegates and members of the Work Life Balance (WLB) Network.

Formal approval for the research to be conducted in WA health units was obtained from the Minister of Health, the Director General of WA Health and Area Directors. The Director General approved that staff time spent in participation in focus groups would count as paid time. Approvals were also obtained from the executive officer of each participating health unit. Approval was given by the State HR Manager, WA and SA Ramsay Health Care for the inclusion of one of its Perth private hospitals in the study. Unions with coverage of occupations represented on the sites were formally notified of the project. The study has the approval of the University of South Australia's Ethics Committee.

The study director is Professor Barbara Pocock, Director of The Centre for Work + Life at the University of South Australia who has overseen the project and undertaken the qualitative research together with team members Dr Jude Elton and Ms Jocelyn Auer.

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.

1.2 Research method

Publicity material (posters and flyers) for recruitment of participants was distributed through workplace contacts nominated by unit Chief Executive Officers. Posters calling for participants were placed across sites targeted in close consultation with the Committee and Workforce Executive Directors. Sites were selected to ensure a spread of participation across occupations and including city, metropolitan, rural and remote sites.

Area managers were encouraged by their organisation to support staff attendance, including wherever possible during work time. Unions were informed about the study and distributed publicity to their members via posters, newsletters and workplace delegates.

Participants responded to the publicity by registering interest with one of the research team, through email or by toll-free phone. Each interested individual received a package prior to the group session or interview. This included an Information Sheet on the project (Appendix 1); the consent form to be signed at the group session or recorded at interview (Appendix 2); and a Background Questionnaire to be completed prior to, or at, the session/interview (Appendix 3). Once participants had had a chance to read this material and ask any questions that they might have on the study, and confirm that they still wished to participate, a focus group or interview time was arranged.

Participants were drawn from this sample, with a spread of people by age, gender, occupation, career tenure, different forms of employment, and a mix of household types and caring responsibilities.

The original intention was to concentrate on attracting participants to focus groups, only conducting interviews for those groups such as medical practitioners that were perceived as difficult to reach in this way. However this strategy was modified as there were a considerable number of interested individuals unable to attend the groups because date/time/venue was not suitable. Many of these were recontacted and later participated in telephone interviews. The research team monitored participant characteristics to ensure a spread as planned.

Research data was collected from focus groups (15) and interviews (28) with four people providing written responses or comments. The focus groups were located at agreed health service sites in inner and outer metropolitan Perth. The intention had been to also hold focus groups at one rural and one remote site but telephone interviews were conducted instead. Most focus groups targeted particular occupational groups: nurses and midwives; allied health and other service delivery; diagnostic/technical services; patient support/ancillary services; and administrative/clerical officers. Three groups were open to anyone interested, across sites and across occupations. Staff participating in groups held on-site attended in paid time.

All but five of the interviews were conducted by telephone by one of the research team. A total of 91 health workers and managers have participated in the study to date.

Transcriptions were made of all focus groups and interviews and 73 of these and all completed background questionnaires provide the data for analysis for this report. Interviewees chose a pseudonym, which was used in focus groups, interviews and in transcripts to help protect their identity. Pseudonyms are used throughout the report.

1.3 Study participants

The Work Life and Health Study recruited 91 participants who attended a focus group (60), participated in a face to face or telephone interview (28), and/or submitted written comments (4). The data was collected from May to July 2008.

Participants were recruited in response to publicity circulated to major teaching hospitals, selected secondary hospitals and some rural and remote locations. A small sample of eight participants was recruited from a private hospital in Perth. The primary intention in promotion and selecting participants was to ensure a reasonable spread by gender, age, work life cycle, occupation, work hours and arrangements, family structure and income.

This overview has been compiled from data collected in a Background Questionnaire (Appendix 3) Eighty-six of the 91 participants completed this Questionnaire.

The great majority of those participating were women – 72 women and 14 men. More than half the participants were aged between 35 and 54 with 26 aged between 35 – 44 years and 28 aged between 45 and 54 years. There were three participants under 25, 14 in the 25 – 34 age cohort and 15 who were 55+. Table 1 below provides a break-down of participants by age and sex.

Table 1: Participants by age and sex

Age cohort	Male	Female	Total
Under 25 years	1	2	3
25 - 34 years	4	10	14
35 – 44 years	2	24	26
45 – 54 years	3	25	28
55+ years	4	11	15
All age groups	14	72	86

Participants were asked to place themselves within a work life cycle category: early working life; family formation; mid-career and pre-retirement. Eleven participants placed themselves in the early working life category; 12 placed themselves in family formation, either planning a family or with infants and/or young children; 40 described themselves as in mid career and 23 identified as pre-retirement.

The sample of the workforce engaged in this study is somewhat skewed in terms of occupation - away from those engaged in front-line service delivery. It is likely that this reflects the lack of flexibility front-line staff have in managing time away from client/patient contact. Nevertheless almost half of the participants were in this category and many others had been front line service providers in the past. Participating medical staff included intern/junior medical officers, a general practitioner and a registrar. Registered nurses and midwives included several who working as community nurses or nurse educators. Senior and middle managers included participants in project management or policy positions.

Table 2: Participants by occupation

Medical staff	5
Enrolled nurses	2

Registered nurses/midwives	23
Patient support services/ancillary staff	4
Allied health/other service delivery	9
Diagnostic/technical services	3
Admin/clerical staff	16
Audit/OH&S staff	2
Senior/middle managers	22
Total	86

Seventy one per cent (61) of participants worked full-time. It is interesting to note the relatively high number working long hours – almost one third of those in full-time employment. Due to changing rosters, two women respondents recording long hours indicated that their hours varied from week to week between long and ‘normal’ full-time working hours.

The relatively high representation of part-time employees in the study group could reflect the commitment these workers have to family and other life responsibilities and/or demands placed on them by these responsibilities. It could also be because as part-timers it was somewhat easier for them to participate in a focus group or interview.

Table 3: Participant Hours of work

Hours	Male	Female	Total
Long full-time (45+ hours)	2	18	20
Full-time (35-44 hours)	10	31	41.
Long part-time (16-34 hours)	1	21	22.
Short part-time (15 or less hours)	1	2	3.
Total	14	72	86.

Seventy three participants were in permanent employment, with just 10 being employed on a contract or agency basis and two as casuals. One participant was part-time permanent and part-time agency.

Three quarters of participants (67) lived in the city with the balance in regional centres (11) and rural/remote areas (8).

Participants were asked to indicate both their individual income per annum and their total household income per annum. Almost forty two per cent (36) of respondents had individual incomes of less than \$60,000 per year. Thirteen of these participants lived alone or as single parents and their total household income was also less than \$60,000. Fifty four per cent (47) of participants lived in households with a total income of \$90,000 or more.

Table 4: Individual total annual income

Less than \$30, 000 pa	3
\$30,000 - \$59,999 pa	33
\$60,000 - \$89,999 pa	39
\$90,000 or more pa	10
No response	1
Total	86

Seventeen participants lived alone; 23 lived with a partner or other adult and 31 with a partner and one or more dependent children. Seven participants, six of whom were women, lived only with their dependent children. Five participants lived in households with adult children who were independent.

Two participants had another dependent family member or friend living in their household. In one household the adult independent respondent was living with her parents.

Table 5: Household composition

Type of household		Total
Sole parent with dependent child	7	
Sole parent with independent child	2	
Total sole parent households		9
Single adult with other dependent adult		1
With partner and one or more dependent children	31	
With partner and one or more independent children	3	
With partner and one or more other dependent adult	1	
Total with partners, children and dependent others		35
With partner or other independent adult, no dependents on-site		23
Living alone		17
Adult living with parents		1
Total		86

Nineteen participants had a dependent family member(s) who lived elsewhere and two had a partner, friend or neighbour who was dependent but lived elsewhere. Of these, five lived alone.

Twenty four participants reported being in excellent health and a further 24 reported very good health. Twenty-eight participants recorded being in good health and 10 respondents thought their health was fair. No participants reported poor health.

Seven participants identified themselves as ‘planning sketchily’ for the future with the remainder saying they planned either thoroughly or moderately well. Sixty-three of those who planned thoroughly or moderately well said they planned around work/career, 65 reported planning around finances and 65 planned around connections with family and friends, while just 23 respondents reported planning around connections with the broader community.

All 15 of the 55+ group reported planning thoroughly or moderately well but only six (including one of the four men) said they planned around financial matters; 12 (including three of the men) planned around connections with family and friends; 11 (nine women and two men) planned around work/career; and just three (two women and one man) in this age group planned around broader community connections.

The large proportion of respondents reporting that they planned around connections with family and friends could reflect the self-selection of participants in this study who had an interest in work life balance. The one surprising result was the relatively small number in the 55+ group who said that they planned around finances.

2 Life stage and work life balance

Work life balance (WLB) is often seen as primarily an issue for young families and having particular significance for women, but it has a much broader relevance. This study deliberately looks across work life stages to consider similarities and differences between them. It has found that many factors impacting on WLB are common across a wide spectrum of age groups, households and gender. These are addressed in section 3.

In this section we draw out the comments and issues which highlight important areas of difference between four life stages:

This study distinguishes four work life stages:

- coming into the workforce and the early years at work – generally those under 25 years and some of the 25-34 age group
- the time of family formation, early parenting and pre-school years – generally from the 25-34 and the 35-44 age groups
- mid career years which might cover the whole span from early work years through to the years coming up to retirement for people who do not have children, or a lesser span covering school age and teenage years through to the pre-retirement years – generally some of the 35-44 and the 45-54 age groups
- coming up to retirement – the 55+ age group, although some people in the 45-54 age group also identified as in this work life stage.

2.1 Into work

The study did not attract a significant response from younger workers aged under 25 years. However, there were comments from these and other young workers in the 25-34 age group which suggested that WLB is important to this group. Young people want a life outside work. In particular, it is important to them to have time to form and sustain relationships. There are periods which may be relatively short-lived but which can be particularly stressful such as starting in a new position, getting married and purchasing or renovating a new home. There is a suggestion that young people are more aware than older generations of the negative effects of too much stress at work.

Young people made it clear that **they wanted a life outside work**. For some, like health promotion worker Kate, a young woman living alone, this meant possibly working less than full-time. Kate thought she 'would feel more motivated, more able to cope with work because with an extra day off or two you would be more relaxed, calmer'. Kate said:

I want to cut back on my hours so I can spend more time on my other activities. Like I do fencing and I do Pilates...also I work in volunteer work...and then you've got to do the house duties, the cleaning, washing, shopping; that day-to-day stuff, so it's very hard.

Kate believed that she and her friends did not necessarily see personal health as a higher order activity in the way older workers often did.

Other participants, such as junior medical officer Joy and intern Jackson were prepared to work the long hours now but saw this as time limited and ultimately not acceptable any more. For Jackson, 'it's not like it used to be...Doctors aren't machines'. He acknowledged that it was likely that in medicine he would not have as much time for a social life as people who had chosen to work in some other career, but thought if he chose the right field he would work hard but wouldn't be overworked. Jackson was just starting on his career in medicine, and found it exciting and satisfying. He said he might have a different perspective down the track in his training. Into the future he saw there could be issues if he had a serious girlfriend or fiancée. Joy was planning her future in medicine to ensure she would have career options later on where part-time work was available. Joy reflected that her female colleagues in

medicine who wanted to have family were hoping to go part-time or take time off and then come back. She also knew quite a few men who wanted to work part-time and that 'male friends are now very much becoming less interested in the more demanding fields, to some degree because of the impact on personal life'.

Several participants reflected on 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.

For some just starting out in the workforce this was expressed in terms of the impact on social life. Nurse Marianne remembered working weekends when she first started – 'not even 20 or something... and I came home crying, saying dad, I've got to work every weekend. I was literally crying because I just wanted to go out with my friends'. Clerical worker Talia would enjoy having more weekends off to see friends. Leena now working as a community nurse and with a young family reflected on her early working life saying, 'All I was interested in at that time was partying, so as long as you could get off on a Friday night and Saturday night, nobody minded'.

Joy saw her work hours as making partner relationships 'difficult to develop and sustain'. Work dominated her life at present and this impacted on time with family and friends. She regretted not being available to them 'when difficult situations arise where they need assistance'. Joy said it was the shift work, especially at night and long weekends that made it hard.

Anne, a patient care assistant, worked very long hours seven days a week to earn a good wage and save for the future. She had a part-time position and did agency work as well. She was not in a relationship and was buying her own home. She had no time to establish relationships or sustain friendships, but these were important to her. She was very anxious to continue to get the level of work and income she required.

Young people were likely to experience periods of time where work or home **commitments would peak** for a relatively short time and put them under particular stress. At work this was likely to be when starting in a new position or workplace. For example nurse manager Lara had a fairly autonomous role in staff recruitment and retention. This was a new position for her and she found it quite stressful and tiring learning and remembering everything and figuring things out. Lara expected that this would become easier as she became more familiar with the work.

Jackson thought some of his young colleagues found the work quite stressful because of the new responsibilities associated with their role. He commented that these interns 'took things seriously and got stressed' and often needed more time to settle down after work, more time for family and friends. He mentioned a young woman in his current workplace who stressed:

...even though she is highly capable, she's just highly stressed. Things that I just brush off, she doesn't. She had all sorts of problems in the first few weeks. She was doing a brilliant job; it's just that she's a stressful person.

Jackson thought that senior staff needed to be more sensitive to people's stress levels and take back some responsibility from them if necessary.

Joy commented from her experience as a young medical officer that there were periods where work was particularly intense or stressful. She thought that it was very important that these peaks in work pressure were acknowledged and some special support given at these times.

There were also times for participants when life outside work reached something of a crescendo for a short period of time. This was likely to happen around starting/ending significant relationships, buying/renovating a house, moving house – periods of emotional stress and strain and/or periods where there were many things to be organised, checked and followed up on. Anne had experienced this in trying to renovate her home at the same time as working long hours. Lara talked about the

stresses and strains associated with planning her wedding, organising house renovations, thinking about getting an investment property plus maintaining relationships with partner, family and friends. To manage all this Lara sometimes took time at work to do 'stuff' and felt guilty even though she made up the time.

Some young workers demonstrated a heightened **awareness of negative health (physical and emotional) impacts** of long hours, outside of normal 'office' times and high stress. For example, Joy referred to a recent intern training session on doctors and stress as having been 'absolutely fantastic' because this made it easier to acknowledge times of stress, making it 'culturally acceptable to say, I feel like I'm not coping here, and to ask for and get support and assistance'.

Joy thought it was important that these issues were taken on board and staff were encouraged to undertake exercise by workplaces facilitating gym memberships.

Early bad experiences could lead people to think about leaving and it was important that supervisors were proactive in identifying what is happening and ensuring support was provided. Joy spoke of a difficult experience in one particularly demanding training position. She said she could not have continued if that position hadn't been time limited and if she had not had good support from family and friends. This has made her 'look at different options for next year – maybe just taking a bit of a break out from the kind of intensity of what I'm doing to just do something that's still medical, but just a little bit slower, just for a break...just to have a life...'

2.2 Into family

Family formation required major changes in the lives of study participants. The birth or adoption of children and following years of care impacted on their personal lives, relationships and participation in employment. 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.

Work and starting a family

Some participants wanted to have children, but their work arrangements and/or finances meant that they could not do so in the foreseeable future. Financial constraints included limited paid parental leave. Decisions relating to family formation required significant forward planning in terms of patterns and hours of work, being able to cover living expenses during parental leave and the careers of both parents.

For nurse Chook shift work and a lack of family support precluded any thought of starting a family:

I think at the moment in my situation where my partner works shift work as well, I think a family at the moment is out of the question. It's impossible, absolutely impossible...we can go three or four days when we won't see each other at all and we live together and we'll be ships passing in the night and it just – and my family live in the country and her family live in the country as well...so we've got little family support here. So yes, at the moment impossible.

Nurse Marianne and nurse manager Chris were restricted by limited finances. Marianne was ineligible for paid maternity leave and so she worked double shifts up to two weeks before the birth of her child in order to have sufficient money put aside. Managing financially through maternity and paternity leave was 'a struggle' for Marianne and her partner.

Chris wanted to maintain her career in health as well as have children. She had to plan well ahead for both. To survive financially she will access the option of working four years at a lower rate in order to have an income during maternity leave. This will delay having a child for four years and will also be financially difficult:

So (after four years) you still get a wage at 80 per cent or something, which is a good option but hard to have to wait those four years to get there. But I think it's very difficult for people to do that. I think it's very, very difficult, you know, trying to get maternity leave, or paternity leave, you know, and struggle through that financially.

Pregnancy and returning to work

Participants worked until near the birth of their child; some reducing their hours to handle fatigue. Most returned to work after maternity leave on a part-time basis, which had to be negotiated. Nurse Jesse, who wanted to maintain her career but could no longer work night shifts, found that her options were 'quite limited'. Some, such as senior project officer Imogen, changed to contract work to get the hours that they could manage:

So what I did is I worked through the pregnancy...They were happy for me to keep working and I was happy. I reduced my hours near the end but kept working. Then after I had the baby I contracted – maybe a day a week or half a day a week and I used to do it from home.

Returning to work from maternity leave could be a difficult process. Several participants commented on how they lost confidence in their knowledge and skills after up to a year away. Staff turnover compounded this problem for community nurse Leena:

A lot of girls have said the same, and certainly found it when I went back to work, you lose your confidence. It's hard to go back into work because everything has changed. And particularly in regional centres there's usually a large turnover of staff, and if you haven't put your foot on a ward and you go back in, the people you've known previously - there might be only one out of 20 left. And you do tend to get forgotten and you forget. Yes, it's quite difficult going back into the work force.

Fear of losing skills and knowledge pressured some to return to work too soon. Community nurse Mavis regretted doing this, especially as work was quite stressful and a large proportion of her wage went on child care:

I used to work full-time, and then of course when you have babies, went on maternity leave. But also went back to work but probably not in a good – I didn't actually do it very well. I think I went back to work too soon because I was worried that if I didn't get back to work I'd forget how to be a nurse.

You know that sort of stuff. But also even with trying to get day care when the kids were younger I felt like more than half my wage was going on day care. So I'm wondering, looking back in hindsight why I did that because it was quite stressful to get them on time, to get to work on time, and then finding that half my wage was going on day care anyway...

Although Jesse was committed to a career in nursing, she found that she had to reorientate her thinking about work after becoming a parent. Part of this rethinking was forced on her by high workloads:

But at my stage of my work cycle my work is shelved for the moment and I was ready for that. I had done a lot of work and study to get where I was and it is a big turnaround to have my focus changed...I think I've had a reality check after this one because I was like yep, yep I'll do this and then there were issues and now it's just changed and I come to work to have a rest (from the demands of parenting) and I don't get a rest.

General practitioner Lorna planned to return from maternity leave as soon as possible. She missed the social contact as well as the stimulation of work. She was also concerned that 'things change too much now in jobs that you don't want to be out of it for too long'. In the meantime, she kept in touch with fellow employees in her country area through social activity:

I'd like to get some work; I'd like to be able to do some work. At the moment I've been out, I've been not working for eight months. I did a few hours because someone was sick just recently and I thoroughly enjoyed it. It was nice to get back. We've got a community event happening up here and the hospital is putting in a team into that event, I've become quite involved in, so whilst I can do that from home and out of hours, it's running team events.

So whilst I've managed to get involved that it's put me back in the hospital community and that working community without actually having to work. But I sort of, I think that's part of why people or why myself and probably lots of people need to go back to work is to have that social connection as well as the working connection.

Dealing with guilt

Nurses Jesse and Maree spoke of the draining guilt and anxiety that they felt on returning to shift work when their children were very small. On the days Jesse worked an early shift her husband had to wake their little boy and take him to child care. She was sorry that he was woken early and that she was not there for him. But she also had little energy to give at the end of the working day:

...That makes me feel guilty and then I feel compelled to go and pick him up as soon as I get home. But I'm cream crackered and I just want to go and have a cup of tea for half an hour. So yes, there is guilt there.

Maree was unhappy at her child having to get up so early in order for her to go to work. She regretted his long day, which made him tired and gave them little time together:

That's what I have a lot too, guilt. I have to wake my son up most mornings at quarter past six to get him out the door at quarter to seven and we get home – like last night he was so tired he was in bed at quarter past six. I got an hour and a half with him out of the whole day and to me that's guilt.

Most nights at seven he's in bed so we might get – but it's not quality time. I'm home, dinner, bath, dishes, bed you know so there is a lot of guilt with me for that.

I drop him off, he cries, he clings and that's only just sort of stopped. I'd get in the car with the guilt that he's there crying. I'm waking him up and he's tired.

The demands of work and lack of support meant participants could not give as much personal care to their children as they wanted. Juggling work and care was particularly difficult and stressful when children were sick. Nurse Pauline's daughter had chronic ear infections, 'and I was always dropping her off thinking she's sick'. Pauline would have much preferred to have left the child with a grand parent, but did not have access to family support.

As a sole parent, nurse Lois had to manage work and care, including when her daughter was sick, on her own:

My first husband left when my daughter was nine months old and was doing night duty two nights a week...Feeling guilty because my child was vomiting. Shall I just pretend she's not vomiting and take her to day care because I don't know what else to do?...My daughter got a really bad gastro and I had three weeks of unpaid sick leave. I didn't have a choice. I didn't have any money. I didn't have anything and I felt guilty.

Lois concluded in retrospect that child care had been good for her child. However, combining sole parenting and paid work had been very hard and taken its toll on Lois. An inflexible work environment had not helped her combine work and care:

They really do survive and it actually brings them a lot of characteristics that are very valuable. I've had many a time when I've sat on the side of the road crying because I didn't know – why couldn't I stay home like any other mum? Why did I have to be – why did it have to be me in this

pathway? What was wrong with me that I had to choose stupid pathways like these life circumstances?

But it's not a flexible environment. Going to child care is really difficult because that feeling of not knowing – of having work and having the responsibility to be at work and do a job but having – what do I put first?

Because of her experience, Lois now encouraged other staff to give their families priority:

...that's what I say to the staff now. You have to put your family first. You must feel comfortable enough and not guilty every time you ring up and say oh my god I've got a crisis at home and I'm not talking about a drama crisis. I'm talking about a real need that your family needs you. Being able to say that and they go fine, you stay with your family, you do what you need to do and we'll see you tomorrow if it's okay.

Caring constraints on work

Parenting placed constraints on the capacity of study participants to work long hours and particular hours and shifts. Pauline would like to work more hours but is restricted to part-time day work while her children are small:

I'm a duty nurse. I usually work on the wards in a busy area and I've been there for ages. I'm part-time; I only work two days a week which is very nice but I also would like to work more shifts but I can't because I have two young children.

Allied health workers Jemima and Kira reduced their working hours significantly in order to care for children. Jemima did not do paid work at all for a few years and then worked only a morning a week plus some locum work when her children were young. Kira moved from full-time to part-time and worked occasional overtime, evening shifts and weekends for extra money.

Participants and their partners had to plan and co-ordinate their employment with care responsibilities. This involved a great deal of thought and juggling. Nurse Ned could not work afternoon shifts when his children were small. He and his partner ensured that they were both at home in the afternoon:

When my kids were really little, twos and threes, I had to be there because you couldn't have one in the bath and cook tea. One of them had to be supervising them in the nights.

As children aged, care requirements altered, but juggling of work and care was still necessary. New and different adjustments to employment participation were required. Marianne will have to change her shifts again when her child commences kindergarten:

Another issue to face will be next year when she starts going to kindergarten and then we've got to start thinking – you've got to start changing shifts again and see if you get set afternoons, I guess, at that point...it's not always a family friendly hospital but touch wood, so far it's really been pretty good to me.

Pauline had to fit work with one child's school hours and the other child's kindergarten hours and expectations:

One is in kindy so you've got to go and do roster and canteen duty and all those good things as well. But it does make it hard...because I usually help relieve but I can't relieve without notice and also I have to arrange in-laws to come up and family to come up to look after the kids and it's just not feasible for a long length of time.

Time for kids, time for relationships

Participants were 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. Ned loved his work, but wanted to spend quality time with his children through their early and school years:

The idea was that she worked three days a week and I worked three or four. That way we'd always be home for the kids. Last year I went down to four days a week for a while when she was doing three days. This term she's gone back to two days a week so I'm back to five...I knock back overtime all the time because basically my family is more important.

I think maybe when my kids are 14, 15 and they don't need to see me as much, maybe then I'll be chasing a few more extra dollars but right now my kids are only little for a certain period of time. My little eight year old is always carrying on I'm going to work all the time and never see you. I'm always there home at four o'clock in the afternoon, we have a kick with the footy, like today's cross country training, go for a bit of a run, next day is hockey and rugby...

Work and parenting also limited time for personal relationships. Manager Fred would like more time with his partner. However, pressures of work and care gave them little time together:

Once the kids come along, you miss that time of coming home from work and be in adult time. You've got to be in mum and dad time until the kids are off to bed. Then you can actually start to talk to each other. Sometimes we can go two or three days without hardly saying a word, other than have you bought the nappies, who's going to drop who off. That's difficult, and creates strain. And we often say to our older daughter now, if you want mummy and daddy to stay together, can you give us 10 minutes? We need to talk about something. Because we do actually feel that pressure.

Participants in this study illustrate that combining care of children and work is very demanding on carers. After the birth or adoption of a child they are forced to reprioritise their lives, while retaining access to paid employment and opportunities for a career. Juggling the changing needs of children, partners and work can be difficult and stressful. Work organisations can make this juggling easier or harder, depending on their preparedness and ability to flexibly accommodate caring responsibilities.

2.3 Mid career

I'm in the mid stage of my career, I'm 44. I work for money but for my enjoyment too. I do have a passion about what I do (Maggie, community nurse).

Most of the participants who reflected specifically on mid-career experiences were mothers whose children were growing up. This was a relatively small group - some 10 or 11 women - but the points they raised warrant consideration. All of these women indicated that they enjoyed work and wanted to continue to find it rewarding. Life outside work was also important to them. Some were already in part-time work and others hoped/planned to wind down as they got closer to retirement.

There was a suggestion that for men in the mid career group, things were different. Fred feels that his responsibilities are increasing, rather than getting less, 'it gets more involved perhaps, as you get older. You have more and more responsibilities you feel you need to address'.

Several of the women who had worked part-time, or taken leave to have children, mentioned that they could expect to work longer hours as their children get older. One interviewee in administration reflected on her experience.

The choices I'm now making at work are all because my children's dependency on me as a mother is changing; the dynamics are all changing because they're getting older so therefore they're a lot more independent, which allows me to work longer hours because they come home from school together. There is a lot of family kind of juggling that still takes place in that.

Food services worker Anisa said she wanted to be working once her children were old enough because she enjoys it, she likes the social contact. Pauline is at work because she likes it. She thinks working (part-time) provides a good role model for her children and there is an added benefit in ensuring her husband shares child caring responsibilities and spends time with them while she is at work.

Others such as nurse manager Eleanor, clinical administrator Julie, senior project officer Imogen, patient services assistant Jenny and community nurse Leena were more career-minded and at this time in their lives were ready to consider other work opportunities. Imogen has been 10 years in her current position and she sees lots of benefits in staying there. Her work is close to her home. She says she works with great people, the job is flexible and she has autonomy. She gets to act in higher positions occasionally and this adds interest. But now she has begun to think about whether she has become too complacent, there is no career path where she is and she is thinking about alternatives. Jenny talked about being at a point in her life where she would like to try something different. She wants to expand and further her knowledge and learn more things. She says: 'I think I've done all I can for my kids and I'm there, so I want to start working on me and doing what I like to do...'. She would appreciate employer support and advice to assist her in undertaking further training or education.

Leena has recently completed a master's program. She wants management experience and to work in a managerial role. She is after more challenging work but she also has a chronic illness and needs to be able to manage her hours in a way that is not often possible in hands-on nursing positions.

While caring responsibilities for infants and young children were being left behind for these workers, teenagers and elderly parents were making different kinds of demands. Maggie's parents are quite elderly, nearly 80, and her mum is not well, so she sees the need to put in more time with her. Manager Janette works full-time hours in a .9 position. She is in her late 40's and talks in some detail about her teenage children and her feelings of responsibility in relation to them:

I think they're very time intensive if you take your parenting, like most current parents do, very seriously in terms of your input. I expected that the early parenting would be the time that I needed to give the most.

But actually I think there's quite a bit of evidence as well around adolescent health and about time spent them...and being available to have contact with their peer groups and all of those sorts of things you need for good parenting at that time. So it is more challenging, definitely.

Janette wants to work less hours but she has just finished a post-graduate qualification and wants to progress her career and find a more rewarding job using her skills and learning. She is finding juggling all this with parenting responsibilities very challenging. Janette is concerned that by the time her children are through high school she will be too old for career progression.

Leena, Janette, Lorna, mid-wife Portia and Mavis all envisage that they will want to wind down their hours as they near retirement – but all of them see this as being 10 - 15 years in the future.

What stands out here is the evident interest in education and training and career development held by many women at this stage of their working life, as the pressures of caring for young families wane. At the same time they are beginning to face demands from new responsibilities for teenage children and ageing parents. For some, health issues are emerging which require greater flexibility in working hours and arrangements.

2.4 Into retirement

Older workers see WLB from a different perspective to those at other life stages. They are looking towards a future without paid work and many of them clearly want to and need to continue to work at least up to the normal (pensionable) retirement age. But many older workers also want to work less hours, to wind down, as they near retirement age.

Here we consider what workers said about staying on and winding down and the challenges older workers faced. We look at what this says about the retention of older workers in the workforce and supporting them in transitioning to retirement, and we touch on a unique program developed in the private sector which aims to encourage the retention of workers aged 50 and older.

Participants indicated that they **want to keep working**. Lucinda, who works in public health care, does not have a retirement plan, but she has a working plan. She wants balance in her life, but likes the idea of continuing to work. She thinks working keeps people happy, proactive and interested. Program manager Isabelle (see case study) has always worked and is pleased she doesn't have to retire in the near future.

Douglas, a mental health nurse, was 'bored stiff' not working and he went back to full-time and then part-time work. Senior technician Cody worries about being bored in retirement, 'I think I'd be in the nuthouse at the end of it because I do believe ... I think we still need that contact'. Clinical nurse Julia and a number of other participants say they find it difficult to think about retirement. They give examples of nurse colleagues who continued to work into their late 60s and 70s. Julia herself is in her 60s, she has nursed for 40 years and she doesn't know how she is going to be able to retire from that completely. Another participant says she would '... have to wean myself off work... The first three months I'd think it was great, but then I'd be looking for something to do because that's the way I am'.

On the other hand, participants indicated that they want to **wind down**. The great majority of participants who were 55 years or older had either reduced their hours or explicitly said they wanted to in the next 5 – 10 years. Administrative officer Jean, nurse educator Carol, nurse manager Michelle and others all talk of easing down, tailing off or winding down. Carol's partner has already retired and she would like to 'achieve some work life balance, in that I would like to be working less and having a better quality of life at work'. Carol describes herself as having always been in full-time work and putting a lot of effort and energy into work. Now she 'can see that you know, in a few years time I might be out of the workforce completely, and what I prefer to do for my health is to phase that gradually, because my father died at 65, two days after he retired and I don't want to be like that'.

This winding down towards retirement theme was also fairly strong among the 45-54 year cohort. It is interesting to note that the older participants in this study saw themselves as very committed to work, even when they had reduced their hours. In contrast one younger participant, clinical administrator Kay, commented on some people she knows nearing retirement as 'cruising,' not having 'any hesitation about not working hard some days and having the odd mental health day and that sort of stuff'.

Managing work and life as we grow older: Isabelle's story

Isabelle is a mother and a grandmother in her late 50s who has always worked. Currently she holds a full-time program management position. She has a reputation as 'a bit of a fixer', has done well in her career, and then taken a step back 'further down the food chain' to work in this 'nicer' job.' She was stepping back from working long hours and taking work home and looking for more time for herself and her family.

Family is a major focus of her life now and into the foreseeable future. She wants to be a 'hands-on' grandmother and also to be able to support her career-minded daughter by caring for the grandchildren some week-days as well as other times.

But Isabelle is definite about wanting to keep working. She describes having 'a great sense of relief probably about three months ago when I thought I don't have to retire. I'm just going to keep on working'.

For her the challenge is how to organise her life in a way that gives her more family time and less work time but with ongoing challenge and satisfaction in her work. In two to three years time she wants to be working three days a week rather than five. And as Isabelle sees it, that will mean looking for another, probably lesser, position because her current position is full-time.

Future financial security is the other important factor in the mix for Isabelle – making the money last. When she was in contract positions she was very aware of their time limited nature and not being able to be sure whether she could afford to replace her car or make other substantial purchases. She wanted something permanent so she could do some long term planning and it was important to her to get back into the superannuation system. Super is a big part of her retirement plans.

While Isabelle saw the private sector as providing excellent employment opportunities, at the end of the day she chose to stay in the public sector because what counted for her was having a permanent job where she didn't have to worry about superannuation. She is unsettled by the changes to rules surrounding superannuation and not being able to predict what will happen in the future. This competent, highly intelligent woman struggles to understand these rules and options: 'I mean, you go and talk to somebody and it's like they are talking in Greek. At the end of the day I think I didn't understand a bloody word of that!'

Care responsibility - for parents, grandchildren and other dependent adults - was a theme for older workers and for some of those in the 45-54 years cohort. In some instances these responsibilities were for short intense bursts. In other situations demands were less intense but ongoing. Staff found they require different kinds of leave and work arrangements depending on their situation and that they can be faced with difficult decisions about where they live and work.

Douglas had experience in helping to care for his partner's sister in their home for several years, and then more intensely during her last illness. Julia had time off to care for an elderly parent and found it hard because she used up all her annual leave while her mother was in intensive care and then her father became seriously ill. She found it difficult 'to be able to say look I would only like to work half a day for a few weeks while my father gets over his operation and to look after my mother who can't look after herself'. Julia reflected on her experience at this time, saying that having no choice but to continue to work while you manage these carer responsibilities means 'you burn out, that's what'. During this time she was offered new career opportunities but 'couldn't get my head around doing anything else other than looking after them and looking after a family'. Another nurse described getting elderly parents into a nursing home as 'a nightmare'. Leena commented on the number of people 'that have gone off to mind a family member and they've taken six months off work. Many have just gone on extended leave'.

Isabelle and Julia both care for grandchildren and see that continuing to be an important feature in their lives for many years.

Additional complications occur for some people because ageing parents or grandchildren live far away from them. Leena talks of colleagues struggling to know what to do in this situation. Often they want extended leave to make long visits overseas or interstate. Sometimes they make the decision, as Isabelle did, to move house and change jobs. Julie thinks about relocating herself or her parents. Costs can be considerable.

Several participants mentioned declining **physical capacity** as creating additional pressures for them and/or their colleagues at work. Nursing and other patient care occupations can be difficult for some people as they age and become less fit and strong. Douglas commented on four colleagues who are now well over 65 and says they were struggling. He believes they continued to work full-time 'because of the pay out, super, right at the end' and possibly because 'they were frightened of what is out there afterwards...' Hospital orderly George would like to work at a less demanding job but can't afford to because he has a mortgage to pay off and other expenses. Other participants such as senior technician Bods, and Maria who used to work in patient support services, are in a younger age cohort but recognized they could not continue in physically demanding roles. They have 'managed' by seeking less physically demanding and more senior management or administrative roles. Such options are not available to everyone.

Another challenge for full-time older workers particularly those in management positions, who want to wind down is to **find a suitable part-time alternative**. This is discussed in section 3 below. Where this is not possible, people may leave. Nurse manager Chris commented that in her work place, three or four very senior people resigned in one year 'because they didn't want to have to work full-time any more and the option wasn't provided to them that they could go part-time'. Administrator Sylvia would like to ease down but does not know whether that is acceptable in her position.

Superannuation entitlements were an important factor for some participants in their decision-making around work and retirement. Douglas believed there were nurses in his workplace that stayed on in full-time positions in order to protect and enhance their superannuation. Nurse Ned, Bods and senior project officer Jane are in the younger cohort, but they all referred to superannuation rules and entitlements as influencing their decisions. Ned is cross because he loves ward nursing, but in order to get a better super deal he has to go for promotion which will take him away from the wards. He wants to plan his work future taking into account the impact of his decisions on his superannuation.

Isabelle is worried about superannuation and like Jane, community nurse Sarah and others, she has difficulty understanding the **superannuation arrangements and rules**. They are concerned that they are not really planning their retirement in financial terms and they know they need to.

The WLB issues to be addressed in relation to older workers cluster into two quite different strands: those which are about retention of older workers and what it is that will encourage them to continue to work up to and possibly beyond the formal retirement age; and those concerned to support workers in transitioning to retirement, so that their quality of life and potential for ongoing contribution to society are maximised.

In looking to **retain older workers**, job satisfaction and a sense of being valued remain important considerations even where people seek to wind back their hours. One participant, a nurse, acknowledged that her sense of being valued by a particular manager changed her decision to retire early. Hospital executive Gemma and clinical nurse consultant Te Taho want to continue to use their expertise, to have opportunities for mentoring a successor so that 'everyone's in a very strong position, the organisation goes forward, it's handed over and you can wind down knowing you've left your house in order'.

Other interviewees talked about being able to work at a level that suits their capacity. In most cases these comments reflected a view that it was up to the individual to find a job to fit. However one participant looked at the problem from a different perspective. He noted the ageing workforce and that this situation was likely to continue for some time and commented that employers needed to change their thinking and design jobs to suit employees. He said, 'They need to look at the average age of their employees. Theatre nurses, the average age is 45. They've got to look at the average age of the worker and gear work practically towards that age group'. Project officer Christel suggests that this includes ensuring alternatives such as being able to purchase blocks of leave and use these routinely by taking those days off during the week.

Douglas specifically mentions that it was the Howard Government's Pension Bonus Scheme that was the carrot that brought him back into the workplace past retirement age.

The private sector service included in this study has a 50+ program developed specifically to attract and retain older employees. Several participants in that sample commented positively on the program and its provisions to provide for hours to be tapered off while retaining job satisfaction and interest and to retrain so 'you're still using your critical experience and knowledge in that new role' but it is easier physically. People are actually being helped to make that transition.

In **transitioning to retirement** there are several additional matters to consider. Several participants indicated that they were finding it difficult to plan for retirement. Middle manager Cathy hopes to retire within the next 2-4 years and both she and a colleague are having trouble making decisions about how they want to plan into this future.

Many are asking, what am I looking forward to in retirement? They want to stay engaged in the public world. For example, Lucinda talks about her next door neighbour as her ideal. This neighbour died at 81, seeming a lot younger. Lucinda describes her as:

...doing voluntary work at that stage because she couldn't actually get paid work anymore. She used to go into work twice a week. She used to call it work and she was literally doing work. She was just amazing. She just looked so young. That's my vision.

Allied health practitioner Josie can't envisage not working. She has begun to 'take on some things' that she hopes can expand as she gets closer to retirement. She has learnt to play Bridge and has become a member of Rotary. There is a tension in this for her. She says it is hard because she is still working full-time and because she is mixing with people who are retired or semi-retired. Fred mentions volunteer work and an earlier experience at the National Trust 'with 50 volunteer ladies':

The reason they volunteered was to keep their brains going and active. And that was fantastic; those ladies were terrific. I'd like to see X look at assisting us as we get older, to keep us motivated and creative and interested, and using us at the same time as we're using the hospital. I think that would make sense.

Nurse Pauline is in a younger cohort but doesn't want to retire and end up kind of lost - like her parents, 'with nothing much to do'. Maggie spoke of a colleague who is 60+ years and the value in supporting her in reducing her hours, but also encouraging her to do her craft, to let go of work more.

There was a real sense of contrast in one group between two participants who were coming up to retirement. For Douglas it was clear that he was leaving well satisfied with his last years at work - leaving 'in good skin'. He spoke of innovations in rostering arrangements, managing bed numbers, improvements in systems, good referral arrangements with the broader services, feeling respected by other health professions, opportunities for mentoring and involvement in training programs. On the other hand Cody was desolate, he has spent years of effort and commitment in building up a service that he believes will die when he leaves. He has never received a thank you for the good work he has done. He has no sense that the work he does is valued by the service, yet he is an expert in his field.

Concluding comment

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 and addressed by work organisations.

3 What helps and hinders work life balance

This section sets out the main findings from the focus groups and interviews. Sub-sections outline issues that participants identified as undermining their capacity to fit work with other important aspects of their lives and affecting participation in employment. These sub-sections also include what participants have said about what works or could work to improve work life balance (WLB) for health sector employees. Some of the issues analysed below relate directly to work life balance; others underpin the capacity of organisations and individuals to achieve balance.

3.1 Shift work

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.

3.1.1 Social life, relationships and shift work

For young nurse participants the impact of shift hours and patterns on their social life and relationships was a priority issue. Recent graduate Steve worked rotating early, late and night shifts. He was concerned that this meant he could not see his friends on weekends:

My most important issue would be my social life, usually three weeks in a row out on a weekend which is when all my mates are up.

Chook also worked rotating shifts, which was hard on his relationship and social life:

In my household there's myself and my girlfriend and my most important issue is maintaining relationships with my girlfriend, because she works permanent night shift and maintaining my social activities around my work.

Chook was considering leaving to work in the mining industry.

Ned, who was trying to juggle shifts with care of children and a relationship, understood changing life pressures in relation to shift work. He also had to deal with the loss of young nurses on his ward as a consequence of them not securing the working pattern that they preferred:

I think you go through different phases—my belief is that relationships depict what shifts you necessarily need or require. Quite a few of the ladies who are just recently married basically require Monday or Friday, don't want to work weekends, want to be with new hubbies and they weren't getting what they wanted so they moved elsewhere and research is expanding so they've gone off to do research jobs.

Ned noted that young nurses tended to be allocated shifts that others did not want. This affected their relationships and work commitment:

It can make a huge difference to retention of staff and happiness and stuff like that. If you're happy at home, and hubby and you are getting along and you're both there when you want to be there, things run smoother. When people are at work when they don't want to be, they go sick. Like today one of the guys said to me if I can't swap a shift I'll take an ADO. Do I ask for an ADO and risk not getting it or do I ring in (sick)?...when you're a young person just starting a

relationship with a bloke you get the crappy shifts because you're the least qualified and unless you've got someone who's good at rosters you work weekends, you go I'm going out tonight with my boyfriends or girlfriends and ring up and make a sick call...

Ned also observed that the attitudes of young nurses changed from initially being happy with the income, to disenchantment because of shift and workload impacts on relationships. As university trained workers they had more employment options than nurses may have had in the past. They were inclined to take up available alternative jobs if shift work proved too demanding:

I think a lot of them get really disillusioned. They come in, they initially get the money and they go wow this is great, then they start doing shift work, they realise it's quite easy you can do a post grad for one year and you can do teaching, no shift work, paid roughly same money if not more. You get in a relationship and don't get the shifts you want, well I'm going to go and work for a drug company. There's a lot of pressure when you start off in an area to progress a bit faster than what you were hoping, just because we're short.

Ned argued that young employees needed to be better informed about the demands of shift work and its impacts on health and social life. Their lack of awareness and power in the workplace could mean that they were taken advantage of. They needed to be supported and protected by line management:

I think I'd like to see a lot more young workers given education at uni and during orientation on how to cope with shift work, how to set up your home environment to cope with night shift rather than the trial and error that we've discovered. I think I would like managers to be aware of the needs of young people. Initially they're not going to be very streetwise as far as rosters go and what they need. Eight and nine shifts in a row or they get back to back and they just get tired, the kids don't realise that this is why you should request things. Great to do overtime, but you probably don't want to do too much because you'll get sick.

3.1.2 Caring responsibilities and shift work

Shift requirements set by individual health units made combining work with caring responsibilities very difficult for study participants. The outcome of a conflict between shift work and caring was stress and dissatisfaction for employees and the loss of much needed staff to the organisation.

Ned was frustrated by the requirement that a minimum of 48 hours shift work per fortnight had to be worked by each employee in his area. This meant that women returning from maternity leave were disadvantaged and his ward lost an experienced worker:

Your comment about the maternity leave, what our area has come back and said is that we have a lot of senior girls who have just recently had their babies and they want to come back as clinical nurses...they've got a lot of experience and the government has invested a lot of money in those guys getting as much qualification and post grads...We've been told they have to work a minimum of 48 hours a fortnight to keep that position. One of the girls only wanted to work two shifts a week, she wanted to work 30 hours a fortnight and was told unless... It was just a Saturday and Sunday, because that's when her husband... Unless she cops the six shifts then she'll lose the position and she said well I'm going to lose that, I'm out of here, I'm going off to a private hospital.

Shift starting and finishing times were also a problem for employees who were attempting to combine shift work with their children's child care and school hours. For example, Marianne's shift hours of 7am to 3.45 or 3pm to 11pm did not fit with either available child care or school hours:

So at such a range that is totally incompatible with having children, unless you've got a partner that can do it for you or... you can have them in before and after school care, which works out to be a heck of a long day for the kids, especially when you're talking about having community, you know, that sort of thing.

Marianne coped by dropping off her child at the child care centre as soon as it opened and then arriving late for work. She and her workplace dealt with her lateness by ignoring it. She believed that if she attempted to regularise the situation it would not be approved. This left her feeling both uncomfortable and insecure in her employment:

Like everyone sort of seems to just get over that (arriving late) which is great. It means you can still come to work...I mean, you don't get into trouble for asking but it's not going to be approved and for my situation, and I think for anyone who's on those set days, it's a temporary situation so they can change their mind if they want to.

It was not just nurses that experienced difficulty with shift hours. Clerical shifts spanning 7.30am to 8.30pm at Rel's workplace also did not fit with local child care opening hours. She was able to manage as her daughter was older, but others struggled to balance competing demands:

...there's no child care place that stays open until 8:30 at night So then they'd have to get somebody to go and pick that child up, and that's not always an easy thing to do.

Rotating shifts and on-call requirements made combining care responsibilities with work particularly difficult. A couple working rotating shifts at Marianne's workplace illustrate the balancing issues that changing and uncoordinated shifts can generate. Marianne reported, 'they have to hand over the kids between shifts'. However, if their shifts do not match, they 'miss out' on the handover. Another interviewee described the organisational issues that she and her partner had to deal with when hours were changing and uncertain due to changing shifts and on-call work:

We have a teenager and a child in primary school so we have activities for them after school. They're at different schools. One has to catch a bus, the other one gets a lift with a friend or whatever we can do. So we have to organise that a week in advance, so that we know what's happening if my husband is working from 3:30 to 9:30 in the morning, and I'm working at 6:30 in the morning - who is getting the kids to school? We have to organise that so it's set, and then look at the afternoons. If I'm not finishing until three, perhaps, who is going to pick them up? Are you going to be sleeping, do I need to pick them up? ... If someone rings me at five o'clock in the morning to work, I've got to organise that.

Some participants were able to successfully combine caring and shift work by limiting their shifts and/or changing to casual employment so that they could pick the shifts that suited them best. Clinical nurse specialist Cheryl only worked nights:

Night duty has always given me flexibility. When we first moved to WA I didn't have any family here and I didn't like child care...So between me doing nights and hubby - moving it around between our two incomes we could manage that quite well. I effectively got more money doing nights than what I did if I was on days so that was an attractive option particularly when I was the sole breadwinner for a while.

Workforce experience and confidence assisted Jesse to ask for the shifts that she needed:

I am now part-time in a clinical area and I do casual after hours on the weekends because I have just returned. I've got a 20 month old at home and number two is here with me. So I'm here just for another couple of months.

I worked in a clinical care area for 13 years and I think that gave me the capability to be able to ask for what I needed for my work balance. I don't have any family in Perth so it's just hubby and myself so basically when I returned I made the phone call and said I am only going to use the day care that I minimally can...So I came in and said I am going to work late on a Tuesday and early on a Friday...

While some participants such as Cheryl and Jesse had been able to combine shift work and caring, most participants who commented on this aspect of employment had not. Their lack of capacity to easily match work and care led to stress and less attachment to the WA Health workforce.

3.1.3 Shift work mid career and into retirement

The study found that working shifts in later life stages could be a less acceptable work option for some participants. Ned noted that senior staff in mid-career sought alternatives to ward shift work:

A lot of people out here on secondments, lot of senior staff looking for secondments elsewhere. Some of it is for more money, more opportunities, don't have to do shift work because the more senior you become the more night shifts you have to do because there's very few senior staff who do fixed night. In a critical care region you have a lot more senior staff at night in case things go pear shaped.

As workers aged they could be less able to live with the sleep disruption that shift work entailed. Ned commented on the effects of rotating shifts, 'Does make you a bit tired. When you were younger you could sort of thrive on less sleep, but not nowadays'. Older workers and those nearing retirement might avoid certain hours and shifts. Maggie reported that her older friend was no longer prepared to work night shifts. While continuing in almost full-time employment, she now picked the shifts that she would work:

For example I've got a friend who works there, she works pretty well full-time, she picks her 12 (hour) shift, and she picks her eight hours shifts and her days and nights. Actually she didn't want to do nights so she won't go permanent so she's like I'll work full-time for you but I'm 50 years old, I'm over nights. I'm just not doing it.

Study findings suggest that health units seeking to retain mid-career and older workers in the context of staff shortages and an ageing workforce could benefit from shift arrangements that gave these employees more flexibility and shift choices.

3.1.4 Health and wellbeing

Participants reported that shift work had negative effects on their health and wellbeing. Staff shortages or a lack of relief staff led to workers being asked to undertake more shifts than they wanted and suffering fatigue as a result. One interviewee noted that 'fatigue management' was an issue for afternoon and evening shift clerical workers, who might not finish until 8.30 or 10pm but were then called in to work early the next day:

...especially the part-time ones, may be asked to come in and work day shift the following day. Therefore the break between finishing, winding down, getting home and doing household chores - and then they're having to start work at 6:30 the next morning. Fatigue in that being so tired but they're still expected to perform because they accepted the shift...That's where you're burning out your staff. That's when they get stressed over little things that ordinarily if they were well slept, well fed, they would perform well. It then impacts on standards and on your work colleagues as well.

The swapping of shifts by workers in order to meet commitments also gave rise to fatigue. An interviewee explained her tiredness in these terms, 'sometimes I've swapped with someone else for some reasons. I might finish at 10 last night and start at 6:30 so I can shuffle with other things I need to do'.

Fatigue could be exacerbated for new parents by the demands of very young children. Ned argued that this should be taken into consideration when work was allocated:

The other things is when you're allocating shifts, you have to be aware of new dads or mum who may be sleep deprived. So I have an arrangement that if I'm the last to handover, I'll be having a

cup of coffee in the tea room (and) if you have a crappy time at home and you want an easy load, no stress, I always sort of ask if anyone wants a particular room, how is everything going, try to suss out who... You don't want to cop a complicated patient who needs a lot of attention if you're feeling sleep deprived. I wouldn't like it.

Participants cited on-call work as leading to particular stress and sleep problems. Although Carol loved her work and enjoyed working night shifts, she resigned because her health suffered considerably as a result of this form of shift work:

I'd rather have done more night duty and knowing that I was there for the whole night, than go to bed and get called out. Am I going to get called, or can I go to sleep? It's an awful thing, or it was for me and my system, to be suddenly awoken. You've got to be fully functioning in less than half an hour. Maybe go to theatre with a caesar or that kind of thing and you've got to be that person's vulnerable, you're responsible. I started not sleeping I really miss the clinical work, to a degree, but I wouldn't choose to go back there. I think it really does wreck people's health'

Worker fatigue raises concerns in relation to the health and work performance of employees. In addition, participants noted that shift workers are more likely to be involved in fatigue related road accidents. Ned described the combined effects of night shift demands, a lack of facilities to nap and interrupted sleep from small children at home on his level of tiredness. He was acutely aware of how this might impact on his risk of injury while commuting. He wanted health units to take this risk more seriously and help staff to lessen and manage fatigue in order to prevent accidents.

Shift work also made it hard for interviewees to maintain their general fitness and health. It could affect their eating patterns and capacity to exercise as well as affect their sleep. Ned noted:

If you walk across the nightshift workers going home, a great few of them are overweight and it's because you get home from work and you're knackered and you get up in the morning, probably one or two o'clock after five and a half hours sleep. You've really got to be very motivated to go and do any exercise then. If you've got three or four nights in a row, it's hard. If you wake up at two, pick the kids up at three...then you've got to take kids to sport, cook tea, then sometimes if I'm super tired I'll have a cat nap for an hour before I go to work. There is no time for exercise before I go back to work.

Particular shift work hours and patterns created stress and fatigue for study participants. Staff shortages, insufficient relief staff and changing shifts to fit personal commitments led them to undertake shifts that exacerbated fatigue. The demands of early parenting could compound health impacts unless taken into account in shift and work allocation. Shift work could also make it harder for employees to care for themselves and put them at greater risk of commuting accidents.

3.1.5 The management of shift work

Inflexible management attitudes and practices contributed to the problems experienced by participants in relation to shift work. They reported unnecessarily rigid requirements and assumptions about shift hours and patterns that undermined their capacity to fit work and other aspects of life. Such practices also deterred recruitment. A lack of notice of shifts in some locations made it difficult for interviewees to plan. Managers attempting to create more flexibility for their staff reported that they were hamstrung by a lack of funding.

Participants argued that managers in some work areas clung to traditional shift starting and finishing times and shift patterns that were unnecessary and not in the best interests of staff or patients. At one unit shift times and the length of shifts made it very difficult for parents to coordinate with child care and school hours. Interviewees also believed that they were not the best arrangements for patients. Marianne attributed the shift pattern to a legacy of institutionalisation:

And I think quite often, you know, typical institutionalised – we get the patients up at the crack of dawn or whatever and, one of the long terms wards here, they're having showers at 7.30 in the morning...There's no reason why they couldn't have a shower a bit later or they could have breakfast a bit later. But instead we're sort of agitating them half the time trying to get them up and I certainly wouldn't like to be woken up that early especially with all that medication on board... it's not really that necessary to be rigid. I mean, dinner's served at quarter to 6 here and I just think that's ridiculous.

Others were frustrated by inflexibility in shift rostering as in for example, a requirement that staff work a set number and pattern of shifts regardless of their circumstances and preferences. Chook commented:

Yes, it can be hard working shift patterns, four on, two off. There's no real flexibility worked into the roster. The only flexibility there is is to swap shifts and things like that. So it can be quite stressful trying to actually get the days off that you wanted off and swapping them from afternoons to morning shifts or something like that if you want to do something.

Chook attributed unwillingness amongst some managers to entertain and try more flexible arrangements to old attitudes to nursing, which equated it with rigid shift requirements:

And I think part of the culture is that they've – people say, you know, I can't work this shift, can't work this shift because of this, that and the other thing and quite often we hear people say, well, you're a nurse, what do you expect. If you didn't want to work shift work you shouldn't have got into nursing.

This attitude was evident in the comments of another interviewee. These comments also suggest that certain expectations about what shift work inevitably entails can have a negative impact on the ability of the health sector to recruit and retain staff:

We've recruited a lot of people, and you get to interview stage, and you'll say to them, you're here today being interviewed for - but I don't want to work shift work. Well that's what the job is. Making sure that you understand what your hours are, your role is, and whether you're prepared to do it...because shift work means shift work. It doesn't mean you can come and choose your hours.

Participants said that some managers did not give sufficient notice of rosters, making it even harder for them to plan their lives around shift work. One interviewee noted:

There are lots of people that don't have the support, don't have the manager who gets the rosters out early enough. Their life is almost impossible to plan because the organisation is making it hard.

Rel agreed:

The staff managers should be having the rosters out in advance for their staff to be able to plan and organise their family life. I don't think that some managers are good at that, and they need to be educated on how to do that. And to take into account that work life balance, and to take into account the individuals on that roster.

Managers participating in the study were generally aware of the problems that staff had in trying to fit work with personal requirements. However, their ability to make shift work more amenable to employees was hampered by funding constraints in particular. In Pauline's area, the introduction of shorter shifts was limited by a lack of funding for the additional staff costs that this entailed. This workplace resorted to using casuals to get some flexibility:

Then we tried to set up family friendly from 10:00 am to 2:30 pm so you could drop your kids off, get in and get home but then they don't give any extra money for funding for it. So you then have to pay casuals and find it within your own budget...Well there's no money. They won't give

you extra money. But we take what we get. If we can't get someone we'll say we'll take you for four hours.

Allied health services in another unit were trialling two flexible shifts and allowing workers to sort out which team they would be on, taking into account the need for a mix of senior and junior staff. This was a popular initiative, but the reporting interviewee wondered whether it could be maintained during busy times when workers did 'so much (unpaid) overtime'.

A high workload and insufficient staff in senior technician Bods' area meant that managers had to rely on existing employees to work a regular 'overtime' weekend shift on top of their contracted hours. It was impossible for managers to provide flexibility in these circumstances:

We have a certain core that have to work a weekend shift a month – even I have to do that. Then after that, we all get an extra shift a month on the weekend. So we all work a day of the weekend every second week. And that extra shift is an overtime shift. And although it's optional, because we're all working so hard, if you say I don't want to do it, does anyone want to do it, no one will.

Perceptions that the organisation was attempting to save money by not paying shift staff for all of the hours worked on the introduction of daylight saving, was very demoralising to Ned:

Some things really jack me off. Like the daylight saving thing, we got this blanket email that there's this regulation that you've got to have this 10 hours gap between an afternoon shift and starting the next day shift. When the daylight savings came in... Basically they weren't prepared to pay any extra money, no cup of coffee... The email was that it goes by what is shown on the clock, not on the number of hours you work. The clock reflected that it was a 10 hour gap so therefore you would not be offered penalties. I just thought well that sums up the value that they've given me.

Management practices could make it unnecessarily difficult for staff to achieve work life balance while working shifts. They could exacerbate the problems that participants experienced with shift work. Some managers were trying to help their staff, but were severely hampered by funding constraints.

3.1.6 Making shift work more flexible

Study participants identified a number of ways that shift work could be made more flexible and supportive of work life balance. They reported favourably on some existing local initiatives and management practices that could be extended to assist employees in other areas.

Participants with caring responsibilities welcomed the introduction of shorter shifts with commencing and finishing at times that better matched child care and school hours. Marianne and Chris argued for shorter shifts, including a day shift, which could be additional. Marianne would be prepared to work more shifts, if their hours were compatible with child care. Chris thought that such shifts also worked better for service delivery:

Marianne: ...shorter shifts maybe. I'd work more frequent but shorter shifts. Like an 8 to 2... Or even, you know, 9 til 2 something like that would be great. You can drop them off, pick them up, 9 to 2.30. That still gives you plenty of time – that fits within the children's hours.

Chris: But also it fits with the service. I mean, that's – one of your busiest times are on a day shift and it's basically 9 til 3.30, isn't it, just when the doctors are through and stuff like that.

The 10am to 2.30pm shift at Pauline's workplace illustrates that shorter shifts are workable and compatible with service delivery, so long as they are properly funded.

A number of interviewees called for more flexible rostering that provided more choice regarding shift patterns, weekend and on-call work. Douglas reported that a flexible roster, where workers could say

what shifts they preferred, had been set up 'from the start' in his region. This system enabled the continuing participation in nursing of older workers such as himself.

Pauline noted that self-rostering was successful in her area, partly because it was adequately staffed. This arrangement gave scope for individual flexibility, while at the same time encouraging responsibility to the team:

Our area has expanded greatly over the past year or two years but we've always done that. In one particular part we always had 11 people rostered on. If you needed to swap your shift or come in half an hour late or leave half an hour early it was fine. We accepted it.

You've got a child appointment...and you worked it out between you and the manager accepted that as long as she knew when you were leaving. It was fine.

I think that's really good and you know it certainly promotes teamwork because people say well I want to be there and I need to turn up or I really need to change my shift so then we have full staff on.

Lorna had been responsible for doing rosters in her location. She noted the importance of ensuring that country GPs had sufficient breaks in their rosters to enable them to get out of the town and catch-up with friends and family elsewhere.

Participants contested the assertion that flexitime was not possible in shift work. They argued that it depended on the type of work being performed and workloads at the time. Some even managed to get a little flexibility on wards, by leaving a bit early and making time up later. This arrangement took the pressure and stress out of some of their commitments. This right of access could be more formally extended to others.

At the same time as providing for flexibility, rosters needed to be planned and notified well in advance to give employees a chance to organise caring and other engagements. A four-week shift pattern was a real advantage to Portia:

The bonus is that you know exactly what you're doing and you can really long-term plan, which is very helpful for us because we like to plan. In terms of looking at what I'm doing with the care of the boys and what we're doing socially as well, it's good that I can look ahead and I know exactly what I'm doing...I know whether I'm on nights or days, whether I've got the weekend off or I'm working or whatever.

More staffing to enable less individual on-call work would also support Portia:

I appreciate the need to cover the centre 24/7. Because of the nature of the work, that is a necessary requirement. But it might be kind of nice not to perhaps do so much on-call work. In terms of planning your life outside of work, to actually be able to have more allocated time, especially with my commitments at home.

Participants understood that it could be difficult for managers to organise rosters and 'keep everyone happy'. Ned acknowledged that staff shortages placed strain on workers and managers. Even so, caring for staff and giving them more say in rostering could benefit everyone:

I think rosters, looking after people; they're not all just a number, the staff. They're always stressed with the lack of staff, it all goes up the chain at the end of the day, managers are responsible for having the numbers and the patients looked after. They can't always cater to people's requests, but people doing their own rosters, just having a good team approach I think to having social events, it being more than just work, trudging in day in day out, and looking after the shift workers. Having healthy food available.

Ned had further suggestions on how shift work could be made easier and healthier for staff. These included provision of facilities where they could rest, and organisational assistance with car pooling, especially for night shift workers.

Managers required time to effectively manage shifts and generate rosters for work life balance. Participants noted and appreciated supportive managers, who had and took the time to try and meet their needs. Lucinda worked hard to structure rosters that supported staff in her area who were studying. However, this was to her cost:

With my two girls, they're actually both studying at university at the moment. We sit down and try to work out their roster and work times around their uni commitments. The idea is to have one of them there each day so that it's covered each day. That hasn't happened this semester so I'm finding that I end up with one day where I'm by myself. That impacts on my work because I'm doing their work and not my work.

Lucinda wanted a clinical manager to assist her area with tasks such as rostering and to ensure that staffing levels and other organisational matters were pursued:

That would certainly be really helpful for me right now. Maybe our working environment could be improved in terms of having that professional, clinical leader there for us. Ensuring that all clogs and wheels are well-oiled; this is my ideal world.

A supportive manager can make a big difference to a shift worker's continuing workforce participation and career. Eleanor's story illustrates both the problems in combining shift work and parenting, and how a flexible approach by management can be crucial to overcoming those problems:

Managing shift work: Eleanor's Story

I think we have to be aware, all managers in the organisation do keep reflecting upon this, what it means for themselves and the people they look after. I feel as if the only reason I'm in this position now goes back to my first managing position. In nursing, you've got the RNs on the floor, then the senior RN position who still does the shift. I had one of those before I had children. First child, that was alright. Second one, came back to work expecting to work four days a week, late, early, late, early.

After getting worn out, I went to my boss and said I can't do this anymore, I don't want this position, I want to go back to the level one position. And he said why should you have to do that just because you have a family? You're doing a good job, and you won't have these pressures all the time. You shouldn't have to lose your job. I said I only want to do two days a week. He said well you go to the director of nursing and tell her you can do the job. [Laughs] And she said two days? And we compromised at three, and he said okay we'll give you a late on a Tuesday and Thursday and six hours Saturday morning. My husband wasn't happy with the Saturday morning, but I did that. It worked for a couple of years and then I picked up another bit.

If I lost that position then I would have never regained it, because it was a promotional position. Someone else would have had it. But because of that one incidence, I'm now a manager. And as managers, we need to keep that focus. Put yourself in someone else's shoes. See what it's like for the organisation. Look a bit more long term.

3.2 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. 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. Long hours can be associated with work encroaching on personal life.

3.2.1 Long hours work culture

Participants identify a pervasive culture of long hours at work, starting at the top and spreading its way through health services. In the management stream it is expected and seen to be essential to advancement. Senior manager Trudy says:

...since I've hit a certain level my work hours have been incredible and there's a culture of expectation that we put those work hours in...I think there's that feeling that if you're not there ...If you don't respond or you don't give the information or you're not there when they ring you or when the briefing notes are needed...they go to someone else and then you're a poor performer.

Nurse Mavis sees upper management as working long hours and she thinks 'there's an expectation or it's intrinsic that it's okay to work long hours'. Expectations on managers to work long hours in the private sector mirror those in the public sector.

Gemma says:

I think you'd have to advise anybody who was going to work at this level of responsibility, to make sure they understood it's a serious job. It's not a nine to five, 38 hours a week, and they can get a couple of hours off here or there. You've got to take it bloody seriously, and you have to put in a serious amount of effort. I can't think of a manager I work with who doesn't do that.

Participants directly involved in managing and delivering services also made reference to this culture. Bods says, 'I'm here early and stay late' and she comments that 'the workplace is quite happy for me to do that, because it works for them'. Allied health practitioner Liz feels there is an expectation to do the extra hours, even though she is not permanent 'because everybody else does the extra work'.

If any significant change in this culture is to occur then it must start at the top and be demonstrated at all levels of management.

3.2.2 Reasons why people work long hours

The rationale given by staff for engaging in long hours of work varies and is often complex and the elements in this need to be unpacked and addressed if the culture is to change.

Bods explains she works long hours because 'I just love my job' but she believes this is not 'actually a healthy way to be'. But mostly it seems that people feel driven to work these extra hours. Several participants spoke of jobs as being too big for one person to do in a normal paid working week. For nurse practitioner Amanda the primary work life issue at this point in her life is:

...too much work and not enough time to do it...work probably at least 10 but maybe 12 hours a day. I used to get home to watch the six o'clock news and now I barely get home to watch the seven o'clock news - and that is starting at half past seven.

Senior project officer Sophia, Sarah, Liz, allied health practitioner Jemima and Jane mention long hours in response to workloads. Sarah commented that a colleague consistently worked extra hours because 'there was no one else to help her in that job'. Jane thought 'the organisation needs to realise that obviously there is a problem when you have someone who is actually a very efficient worker but she's doing these many hours'. Others are responding to client or patient needs. Lucinda says 'I just need to do that for families because if...I don't do it then it doesn't happen; their appointments don't get made and it all falls apart. I feel I need to do that'. For Mavis also this is the sticking point, she says:

...when it comes to hours of work...I suppose what I need to do is be a bit tougher and say I need to go home. But when you're working with clients - that's what makes it hard...But because of some patients' complexity and I think nursing background, morally or ethically it's really hard to let that go.

Inadequate staffing levels are seen as an issue in this. Ned commented on his hospital being 'short of staff everywhere' and said this made it difficult for managers who then 'don't want to give out accrued days off' because they need staff to be able to fill in where there are gaps. Practices like this, in turn, make it difficult/impossible for staff to contain long hours.

Other participants, like Liz in allied health, felt obliged to work the hours because colleagues were already under pressure and expected you to contribute. Nurse Alice believed some staff consistently work long hours because they think this will be rewarded by promotion.

Participants implied that management expects staff will work additional unpaid hours and unquestionably accept requests to work long hours if they are paid overtime for extra hours. In one unit managers proposed to introduce extended hours (paid overtime) for a time limited period as the solution to an increased demand for services. Unexpectedly, the response was unenthusiastic: 'all staff were asked and one said if I have to, I'll do it. But if I get a choice – no. And the rest said, no'. So from a staff perspective while there may be a large degree of acceptance of long hours there are clearly limits to this because of its encroachment on their lives outside work.

The clear message coming from many participants is that there is a powerful strand in the culture of health management and service provision which supports long hours at work and which has to be addressed if WLB initiatives and policies are to be successfully implemented. Mavis believes 'there needs to be more support from the top, not to work those long hours'.

Some participants proposed individual solutions to address long hours at work. Imogen comments on the expectation to take on more work, work more hours and says she has 'just had to say no' on occasion. Mavis says it's important to understand that in some roles you'll never catch up and to learn to 'accept that you can't do everything'. Jane thinks the solutions need to be at a structural or systems level. She suggests, 'perhaps you actually need to fund two people in the job or restructure the job or look at it differently...possibly splitting positions or sharing them between several people – looking at a whole restructure'.

3.2.3 A potential clash of cultures

Perceptions and views of the younger generation and their approach to work suggest there could be a poor fit between the dominant culture of long hours and the expectations of younger workers.

Several participants such as Trudy and Kay commented on what they see as 'less committed' attitudes of younger workers. Trudy says they have: 'much more investment in their life than we or I had at that age and they put life first and expect me (as a manager) to be very flexible'. She says they are much more demanding and outspoken and 'will express to me what will make this a better workplace for them, because I need them more than they need me'.

Some expressed disapproval, or like Jane were ambivalent. Jane commented: 'They would just go I'm off home and just walk out. Which is okay, they are entitled to. But sometimes they stretch the boundaries'.

Others participants explicitly approved an approach which they see as resulting in a more balanced and sustainable lifestyle. Allied health practitioner Kira thinks this younger generation does WLB very well:

...they balance it very well. They have a very active social life. In the hospital, external to the hospital, they are very clear on the boundaries, they're out the door on time, they're in the door on time, sometimes a little bit late, and they always have their full lunch break, always have their coffee bread, enjoy life to the full. I look at them and think, how do you do that? They have no sense of guilt associated with...duty of care issues...

Jemima also thinks the changes are good, 'I actually think that's a good thing and I'm certainly finding that with my staff. They have to do their work, but if that's all they want to do, I think that's okay...' Liz sees differences in work ethos and a 'whole transitioning workforce that you've got to deal with'.

This is not to say that all younger workers behave in the ways described. Some younger workers explicitly discussed their long hours at work. Junior doctor Jessica for example, described how she was currently sacrificing social activities and fitness and having less family time. She says she doesn't mind because she is doing the work she wants to do and she sees it as not always being like this. But Jessica also expresses her intention in the medium and longer term to ensure some reasonable balance between her work and the rest of her life. She sees herself and other young medical colleagues as 'having more awareness, recognising when you are a bit out of kilter and overworked ... and having strategies to change it'. She says 'everyone wants to work, but to not work too much'.

Altogether this suggests that to retain younger staff over time, changing the long hours workplace culture will be vitally important. And it will be crucial to ensure a proactive and consistent approach in changing attitudes and practices across the generational divides in order to achieve reasonably harmonious relations within the workforce.

3.2.4 Spillover of work to home

The study has found that at times people experience work encroaching on their life outside work. This is not a major theme but it is an important one because of the potential for greater encroachment as new technologies take hold.

It is expressed most vividly in situations where women see their families suffering because of this. For example, Mavis says:

Often I don't leave here till six at night. Therefore with my partner and stuff like that, and kids if they've got things to do, we don't actually see each other, if they have to go out or things like that. Also I tend to be pre-occupied so therefore I tend to talk about work at home which is not really appropriate, I don't think. Therefore I find it hard to let go especially if I've had a full-on day or if things haven't quite gone how I want it to, I tend to think about it all in my head and not be focused at home with my partner and my family. I then tend to stress I think, and then sometimes get cranky because I still haven't finished from work and I'm going home to other stuff and then I get a bit cranky about that. Also, I find it takes a little while to wind down then, because it's so full on at work, I don't have that break before I get home, if that makes sense?

Kira takes work home that she cannot find time to do at her workplace. It's the extra work that isn't necessarily formally acknowledged as part of her role but she sees it as being expected from her being 'in a sort of manager position'. She finds:

...preparation for lectures, presentations, workshops, anything that I might be giving or attending that requires work outside of here is incredibly difficult. It was much easier when I was single and had nothing else; I would dedicate a weekend day to do a presentation. Whereas now you have to wait until your child's in bed and you're really exhausted because you've been up since half past five and you now just want to go to sleep. That makes a huge difference to me...

I find it very hard. The child's there wanting me to read to her...

My career has taken – well it's on hold. Frankly I don't think it will ever go ahead again because I can't see a window yet...

The spillover of work into home was also evident for some participants in the private sector. Fred said:

I take work home with me most evenings. I look at the clock hoping the wife will go to bed at a certain time so I can get the work out. Cause if I get the work out while the wife is still there, we end up having words. So quick, go to bed so I can get some work done. Then I do an hour or so of

sorting out papers before I go to bed. But yeah, I probably take work home with me three or four nights a week.

New technologies play a major part in this spillover of work and home life, particularly through personal computer other communications systems which can make people available 24 hours a day, seven days a week. Trudy says:

...we do work at home after hours to catch up and everybody does it. We all do our emails at home and the weekend or at night. That's probably our big problem in the workplace is emails are driving us, not us driving our work because there's that expectation of an instant response.

One interviewee commented that communications technology adds to the long hours – 'people work from home, they send themselves stuff...I think the fact that people can send emails from home to other people, and they can send work to themselves at home means that there's flexibility, but people can abuse it as well'.

The spillover of work into home and the role of technology in this and its impact on WLB is an emerging area of great importance which WLB policies and strategies need to take into account.

Concluding comment

There is a culture in health which accepts and expects staff to work long hours and this is endorsed by management and, to a degree, staff.

This culture forms a barrier to implementation of WLB policies and strategies.

Resource constraints appear to be a significant factor currently supporting this long hours culture.

3.3 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. Participants noted ways in which unsustainable workloads could be addressed.

3.3.1 The intensification of work

Study participants across health units reported intensification of work and high workloads that undermined their capacity to deliver health services and achieve WLB. They noted increased work demands arising from the treatment of sicker children and adults. Continuous improvements in equipment and technology had to be mastered quickly. The demand for diagnostic tests had risen and changes in diagnostic equipment had doubled the number of patients that could be seen, without commensurate increases in staff.

Administration requirements and pressures had also grown. They arose from closer public scrutiny and sensitivities in relation to health care delivery, legislative changes, changes relating to accreditation and the need for close planning and reporting in a dynamic, tightly funded system. Gemma noted the impact such demands had on her work:

Probably what has exponentially increased workloads for me when I am at work is clinical governance, corporate governance, fear of litigation. The world's gone mad. It's another flow chart, report this way to local management, this way to central management. There are a lot of reports out there that get put away in a safe spot just in case.

Limited staff establishments, funding constraints and staff shortages meant that participants across occupations were finding it very difficult if not impossible, to cope with work demands. Senior diagnostic worker Bods described the pace that her staff were required to work at, 'So instead of

walking at a rapid pace, now they're running'. Liz, desperately wanted additional staff in her area, 'I feel that I'm doing the job of more than one person'.

Nurse manager Chris acknowledged that there could be peaks and troughs in nursing loads, but from her experience and observations the peaks were now closer together, 'and they don't go down so you don't have recovery time'. Sarah felt that she too 'was always running'.

Pressures on nurses meant that more work was passed on to patient support staff. George and Jenny felt overworked and taken for granted:

George: I say to my kids, the older I get the harder I work. You know isn't it supposed to get easier sometime in my life? I always find it's just very, very demanding.

...it's sort of like everything's speeding up, but they're not adding more people into the workforce to do this, this and this. Because you keep on doing it and they say can you do this a little bit more you go okay I can do that. All of a sudden it's part of your work duties and they say why haven't you done this?

Jenny: They take advantage of it...They give you more and more...they know you're a good worker and you're quite willing to bend yourself just that little bit more. They see how far they can push it...

On X, when I work the afternoon shift, it's quite a busy ward and you have so much going, you don't have time to stop. So I don't know if they just don't consider what they're doing and how their pressure is put on to you...You can only do so much, you've only got two hands and suddenly there is a pile of things, they want this done, that done. The patients are coming in; we want that ready, we want that ready. You think well I'm not a robot. I can only go as fast as I can.

Administration and clerical workers were also under strain. They could feel the brunt of budgetary constraints. Attempts to find savings were more likely to be sought from their occupations than from direct service delivery jobs. However, as manager Gemma noted, these areas were still required to fulfil certain essential tasks:

The corporate services areas, whether there are 100 patients or 500 patients, you still have a payroll department, a supply department to run, etcetera...But they're the ones that are often held accountable for not meeting budgets.

Gemma was concerned about the ability of workers to meet persistent high demand, 'I don't think anyone here minds working hard for a short time. It's when it's prolonged. It becomes unsustainable'.

Unit planning and reorganisations could also give inadequate consideration to the work of patient support and non-clinical staff. This was an important issue for Poppy:

I just have one other message about what advice I would give to the organisation. I think that because there are so many changes happening within the health industry with providing clinical services, they must not forget the support staff and the non-clinical staff.

I'm in a situation where they do this over and over again. They have all the clinical people in place and then they think of the non-clinical staffing but they haven't made allowances. Then they expect the level of service from the same number of staff that they've got. So when they are putting new clinical services in place they must look at the non-clinical and support staff as well.

Participants identified particular senior and administrative positions as important to helping them manage change and heavier loads. However, many of these, including workplace-based human resource staff, educators and planners, had been lost in restructuring. Kay argued that remaining

support positions, such as nurse managers, were expected 'to do more with less', 'they have to do everything'.

Sarah understood the need to plan and set boundaries around work, but exhortations to better plan as a way to deal with excessive workloads could be unrealistic:

My manager did say to me last year, make a business plan, you are so stressed, you are so worn out every day when I go home, you are working long hours, extra hours. They paid me a few extra hours, but really I just needed to be there constantly, so I had to try and come up with some idea, which I didn't do, because where am I going to get the hours in my day to put that together? And I don't have that experience, to make a case that says I work so damn hard it's not funny. I need more time in this job, or don't give me more work.

Participants were dealing with increased demands and staff shortages by working more intensely, for longer hours. Sarah now worked through her lunch breaks and felt pressured to work beyond her set hours:

It definitely is an overload thing. They just – they're not funding enough money into the system to get nurses to actually be able to do a job easily. We are running flat strap all the time, and I am guilty because I don't stop and take my lunch breaks, and I should. But I'm running flat strap all day. So I just try and close the clinic door when it is time to go home and that doesn't always work.

Nurses were also working more shifts, including without being able to take proper breaks in between:

...it's not a good time in the health sector. I don't know how some of the girls work in certain areas, because I know for a fact that people have to work extra. A lot of the girls are working double shifts in some areas...I know that in certain areas, because of the staffing levels and the pressures of the job, that the girls are actually doing double shifts (Portia, midwife).

People have done two or three doubles in a row, things that aren't even in the agreement, you know, what we're allowed to do. You know, work both their days off or doubles and the management is not in a position to try and find people for the ward and they know that this is overstepping lines, you know, not supposed to be doing but it's better that than no one coming at all...(Chris, nurse manager).

3.3.2 The effects of work intensification and heavy workloads

Increased work intensity and workloads were bad for the workplace and led to more work life conflict for employees. Bods noted more workers taking 'sickies' as a means to get some relief from work pressures. Persistent excessive workloads undermined employee commitment:

...it's because you work like a dog all day every day. So you don't look forward to coming to work. It's always had its busy times and its quieter times, and it was always a pleasant place to work. But everybody in this division is under stress, from the clerical to the orderlies, to the nursing, to the doctors.

Several managers reported that they were less able to support staff due to their heavy workloads. Jean's time was stretched thinly over too many tasks to the detriment of her work team:

Yes, because they get totally P.O'd. Because I don't have the time to sit with them and help them through their problems, do you know what I mean?...But what I mean is there are things going all the time. You rarely get time to actually sit down and concentrate on anything. If you are not doing that you are not helping your guys.

Chris and Marianne noted that nurse managers were unable to give sufficient time to helping their staff get a balance. Chris commented, 'They don't even get time to look at what's a good balance within each ward or anything like that'.

Lack of induction and unrealistic expectations of employees contributed to turnover and staff shortages. Georgina was concerned at the turnover in her unsupportive workplace:

I had a friend working in payroll. She started two weeks before I did, and she left. She couldn't handle the pressure that team leaders put on their staff. "It's all their fault". They really pound them. If you're not switched on, and you don't get shown what to do, well then how are you supposed to do your job?

Some work areas attempted to manage workloads and staff shortages by placing prerequisites on the use of their services. However, this impacted on the work of others, and undermined their WLB. Sarah described the flow-on effects for her and a client of too few resources and service reductions in another area:

If someone has a breakdown, a mental breakdown and they are suicidal and I can't leave them, what am I supposed to do with my family? I can't leave that client, I have to keep them in my office until someone from mental health team gets there and I've even had mental health team tell me they couldn't see a woman unless she went and took antidepressants for six months, and this was a lady that was really high on a scale of depression, and was suicidal and I was just gob smacked. Because they don't have the money and funds so they are trying to steer it in a way that they think she is not as high risk as the next person that's walked in the door this week...It's appalling. So I know that whole family is still getting abused, she is still getting really badly treated herself, she is still stuck a prisoner in her own home...

Overwork contributed to fatigue and stress amongst participants. Sarah for example, was tired and fed up with the under funding of the health workforce:

...but I don't want to be doing what I'm doing and getting drained and burnt out every single day because I'm so stressed with just how much work there is on my plate. And it's the government that just doesn't put money into health because health doesn't give them money back.

Jean was aware that her workload was unachievable, nevertheless she lost confidence in herself as a result of constant criticism, 'It is like within a state of anxiety, because you feel you are never good enough'. Observing her distress, Jean's partner advised her to leave. She is just hanging on so she can leave in her own time with dignity:

I mean what he has been saying the past year is, get out. Have three months at home, six months at home if you could set up, go and find a job somewhere. I'm a bit more tenacious than that.

Mavis could not do all that was required or plan effectively in the time that she had, leading her to take work home 'in her head'. This affected her personal life:

...because I don't have enough time to do what I think is a priority and I'm always behind, because this role is such a huge role, it's always a feeling I'm behind, and then I tend to take work home in my head. I tend to think about it because of things that I haven't done or I think oh, that's right, I need to do that, so I find the stuff at work tends to blur when I go home, and I think that impacts on my personal life as well which I'm looking at managing better.

3.3.3 Addressing work intensification and workloads

Participants identified means to reduce unsustainable workloads. In one mental health service where there were staff shortages they agreed to reduce bed numbers, 'because for a while it was very bad tempers amongst people who were working double shifts or coming in for extra shifts and everything else, and it wasn't good for the carer or the patients' (Douglas, nurse).

Sarah wanted management to stand up for their staff. She wanted them to refuse to take on more work without additional resources:

And I did say to my manager last year, say 'no' on our behalf. Do not accept any more work from the people above you because we can't do it. You've got to say 'no' on our behalf, I'm saying 'no' to you.

Jean called for more realistic goal setting and planning, based on staff consultation. Her message to senior management was to, 'Look at your staff, look at what they are doing, look at what your expectations are and then check off other areas'.

Interviewees argued that jobs with consistently long hours or extending beyond paid time should be split and properly paid for. They believed that in some areas services were being maintained at the expense of existing staff and that this exploitation should stop.

3.4 Flexible hours and work

I know when I began this role they were great. We could be work flexible. So like I could work at home if my kids were sick, or if I needed to be there for holidays and stuff like that. Then I've got the IT equipment to help me with that so it's fantastic, like remote access (Mavis).

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 section considers 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 next sub-section on leave discusses access to personal leave for emergencies.

Several key findings emerge. It is clear that while a wide range of flexible options are available in many locations 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. It is evident that there are models of good practice which could be promulgated and extended throughout large sections of the health sector. It is recognised that, because of the nature of health care, 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.

3.4.1 Flexi time and time off in lieu

Participants value flexibility in start and finish times and being able to take time off in lieu of additional hours worked but, as with many other WLB related policies and strategies, it appears that implementation is variable.

Some staff clearly make job decisions based on whether a position offers them the flexibility they desire in hours and/or work arrangements. Administrative officer Georgina has a workplace which is 'very structured and almost robotic. There's not a lot of room for movement, leeway, flexibility'. Ned believes that for many staff in his area, flexibility and more time off is more important than money. For Janette it is 'crucial' that 'my current line manager allows me to start and finish whenever I want and get to school functions and those sorts of things'. She sees herself as 'fortunate' but thinks 'it shouldn't be fortunate, it should be what the case is'.

Maggie needed to keep up her income, maintain skill levels and to gain some flexibility in her hours of work. The solution for her was to cut back to two days a week at the regional health service where there was no flexibility, and to run her own private clinic on the other three days to gain some flexibility there. Rigid hours and little or no flexibility to take time off for things like doctor's appointments (along with workload and difficulty in accessing annual leave) contributed to one interviewee's decision to leave her physiotherapist position at a metropolitan hospital. One of the main reasons Leena sought a position with regular office hours instead of continuing as a ward nurse

was to achieve flexibility in start and finish times. This flexibility continues to be a criterion for her in accepting any new position.

Staff appreciated not only having flexible hours but being able to manage these themselves. One interviewee commented:

Like the other day one of my children had a doctor's appointment so I sort of went okay, so I'll go and pick them up from school and went into the doctor's appointment and get the flexitime...I often end up staying a bit longer to make up.

Administrative officer Lou would dearly like to be able to have greater flexibility in her hours and use this flexibility instead of always drawing on her personal leave days to look after her elderly mum and dad who live in a retirement village and who are dependent on her. George, a single parent, had been redeployed to a different site which meant much more travel time. For him greater flexibility in starting and finishing times would mean that he would start the day feeling much less stressed because he would not have the rush to work to clock on and avoid late penalties.

High workloads, insufficient staff or a lack of relief staff can make it hard for participants to take time off in lieu (TOIL), or other leave. Sarah had great difficulty in taking allocated days off or getting TOIL. Sarah commented, 'its so draining that you are working so hard and you don't get the days off'. Sophia, an enrolled nurse, also finds it hard to get any flexibility, she says 'I've just got no capacity to take any time off unless I take an annual leave day which doesn't seem fair when there are days that you are there nine, ten hours a day'. She wants this flexibility to take care of household responsibilities – when tradespeople are coming or to do other personal chores.

In some instances, individuals such as Jane and Cody have negotiated, or wanted to negotiate, starting and finishing times to better suit them only to experience criticism and lack of support from colleagues. Cody comments 'flexible hours are fine but I do think you find that with the flexible hours that I'm on there are still people up there that watch the clock or think hey are you going 15 minutes early? Or what ever it is. They forget that you're on flexible time'. Jane now starts at 8 and leaves at 4 but, 'it was really hard for the first couple of months, because they would just all look at you – and you have to hold on and remind yourself I've had my half an hour for lunch, I've worked my hours. And I'd have the staff going, so you are off home now. Yep'.

Some participants saw managers and project officers as have better opportunities to access flexible hours. This has been Leena's experience in two such positions. Leena thinks this is because 'it doesn't have impact on the workload' in the same way it does in patient care areas.

However, sometimes the time off is not sufficiently respected and is subject to interruption. Manager Fred:

...had a (TOIL) day off recently and somebody moved a meeting to 12 o'clock. My wife was overseas teaching. I then had to find a babysitter, get dressed, rush into work, sit there for the meeting for the hour, then go home again and relieve the babysitter. And that was on a leave day. Those things happen. I would not have missed that meeting because it was an important meeting, and professionally it would have been to my detriment if I'd missed it. So I needed to be there.

A number of participants acknowledged that flexible hours could be difficult to implement in patient care and similar areas. However, there are instances where managers or heads of department have found options which will work in their area. For example, in one small department where overtime was fairly common they discussed flexitime and decided it was not a good solution for them because it would put too much pressure on other staff if one or two people started late, finished early or were absent for some hours. As an alternative, they are trialling a shiftwork option with one team starting at 7.30am and the second team starting at 10am. Staff negotiate which team would suit them and if/when they want to change hours.

3.4.2 Reduced hours

Reduced hours' initiatives have been introduced by many organisations to increase flexibility for staff. These include the 9 day fortnight, the 19 day month and annualised hours. In this study, several participants referred to the 9 day fortnight but only a couple mentioned a 19 day month or annualised hours. It appears that these options are not widely or consistently available or even known about.

Those participants who have worked or currently work a 9 day fortnight or 19 day month really value it. For example, one interviewee in administration says, 'it's great because you can plan to do something on that day. Having that is really, really good'. Mavis is pleased to have been able to increase her hours from part-time to full-time but she is missing being able to pay bills in person because she likes the 'face to face interaction with life and stuff'. For her, 'even just having one day a week or one day every second week where I can have a day off to do what I need to do would make a huge difference'.

Again workloads and insufficient relief staff can make access to these reduced hours options problematic. Pauline says in her area they only have a few people that work a 9 nine day fortnight and if anyone else wants to do this others have to step up their hours 'which doesn't suit most people because of family reasons'.

3.4.3 Part-time positions

The part-time work option is highly valued by many staff both as a permanent or temporary arrangement. However it appears that neither option is widely available, although there are exceptions. One of the barriers to permanent part-time positions could be the cost implications of splitting full-time jobs but there is some evidence that there could also be a lack of management and system support for these arrangements. Staff see career and income penalties associated with pursuing this option.

Women (and some men) with young families value access to part-time work because this not only gives them more time at home with their children but it keeps them in touch with the wider world.

Imogen liked having, 'a bit of a sense of achievement. Like, you're earning a little bit of money to help your household. You're going somewhere where people listen to you and you have some control over what you do'. Leena emphasised the importance of being able to continue at work on a part-time basis because this had enabled her to keep up to date with what is happening in the workplace and the 'huge change across even just medical management and the nursing changes...'

Others want part-time work so they can fit in study, look after their health, or simply have more time for a life outside work. Maggie wanted to 'work to live, not live to work' and to have more time for other activities. Others again could see this option as being particularly helpful at times when elderly parents or other adult dependents required special care.

In many areas, jobs are structured as full-time and staff such as Georgina, believe part-time work is not an option:

I know if I was to start a family pretty soon I wouldn't be able to come back and work just a couple of days a week. Especially not in employment services anyway. They need you there full-time. I had three days off and my inbox came in at 170 emails that I had to process. Nobody does it. It's in your portfolio, you have to do it. If you're sick for a few days, nothing gets done.

Chris, Jock, and Ned mentioned that this resistance to part-time work has negative consequences. Chris noted that in the last couple of years at her workplace they had three or four very senior people resign 'basically because they didn't want to have to work full-time any more and the option wasn't provided to them that they could go part-time'. Jock left his full-time position as a facilities officer because he was refused part-time work and Ned predicts that his ward will lose a good nurse because she is taking a year off to go away with her husband and when she returns she will want part-time

work, which management will not give her. He says this 'is just crazy, the girl has done her post grad, and she's very experienced'. He is not sure who is responsible for this intransigence, whether this is being decided at ward level or as a result of a broader policy decision.

A number of people working part-time saw this as having a significant impact on their careers. Nurse Izzy is worried and annoyed that she will not progress quickly nor be 'seen as much of a key player' because she works part-time. Kira says most of the career positions in her allied health profession are full-time and they require 'you to be able to be more flexible outside the full-time hours as well'. Sophia believes that to hold a senior position you have to be prepared to work full-time. She would like to work less hours but, 'you can't go for a senior role and then wind down your hours' because this would be poorly perceived within the workplace. Several participants indicated that management positions had to be full-time. Bods links part-time work with lower paid positions. She says 'if you work part-time, you go down five grades'.

From an older worker perspective the superannuation penalties attaching to part-time work are a significant barrier.

The study did hear of one very positive example where management has been proactive in supporting part-time options. At this service, staff are permitted to drop from full-time to part-time work on a short or medium-term basis. For example, some clerical and allied health positions have been dropped back one, two or three days a week. It was clear that participants at this site valued this initiative.

3.4.4 Job sharing

Job sharing is presented as a possible/desirable solution for staff who want to work significantly less than full-time hours within their current position, where the position held is defined as full-time. It is evident that it is difficult to achieve such an arrangement, and that the proposal has to come from individual staff members themselves. Interviewees talked about what helps make such an arrangement work and what can get in the way. Getting a job share proposal accepted seems to be the exception rather than the rule and there are no systemic supports in place to facilitate a wider utilisation of this arrangement. In short, as a WLB strategy it is very underdeveloped. A complementary strategy could be job redesign.

Administrative officers Bill and Indiana were outspoken in saying that job sharing was a great option that was available elsewhere and 'why couldn't we do that more?' Bill sees 'people all the time pulling their hair out because they can't do the hours they want'. Indiana described how a staff member, with a geriatric mother in her care two days every week, wanted to go part-time. She could not get approval because her job was set up as a full-time position. Indiana's response was that they could have 'put her partnering up with somebody and they can manage the workload together. I mean it's basic stuff. But no...'

Chook observed that job sharing was 'possible' but difficult to organise in his workplace. It is up to the worker to find someone to job share with and then to negotiate management approval. Chris said that some workers who wanted to work part-time found it too difficult to manage and so they 'resign and come back as agency casuals'. Kay believes there are quite a few physiotherapists who have left the hospital system because of the lack of flexibility, including the unwillingness of managers to look at options like job sharing. She said these managers 'don't realise how important it is to look after your staff and even if they leave in droves they don't seem to notice'.

We talked to some staff and middle managers who were in the process of negotiating arrangements or who had hopes of putting them in place in the near future. Others, such as Kira and Jemima, referred to currently functioning job sharing arrangements.

Kira has been job sharing for 7 years; she says she is lucky because the head of department has been supportive. It works well for her but there is a downside:

I don't cross over with my colleague at all, so we spend a lot of time on the phone which then impinges on my home life. ... We have a management position so you have to be managing the same thing. There's a good side to job share, then there's the bad side.

Kira says she would probably spend 1-2 hours a week on handover.

One regional health service was reported as being particularly supportive of job share arrangements. It is reported to have job share positions including management positions within the hospital, and to have flexibility to swap days within that role. There are some rules that have to be adhered to such as ensuring the other staff member's leave is covered. It is expected that job share staff will 'plan, think ahead, talk, communicate, to make sure that it works'. They have found that managers in some areas are open to this arrangement and a lot of them implement this on a trial basis to start with.

Managing job sharing: Poppy's story

Poppy is a middle manager in her late 40's early 50's. Poppy worked full-time for many years, then her life changed. She took time off for personal reasons and now she finds full-time work quite stressful.

Her goal for the past two to three years has been to reduce her hours and she is currently negotiating with her manager to work three days a week in a job share arrangement. Poppy thinks job sharing would be good because this would mean there would be someone to hold the fort when she was not there and then she 'wouldn't need to feel guilty, because I feel as a manager I need to be there and solve problems'.

She has put her proposal in writing, including details of how the arrangement would work – with assertive management, monitoring and review. Poppy suggests setting performance indicators reflecting what will be achieved from the arrangement and monitoring progress over a trial period to see how it goes. She says that 'with job-share you might have to try and test something a few times because what you think will work may not work'. She says 'it's important not to over monitor but just to make sure you are delivering the service'. Once major problems have been ironed out in the trial and the manager is happy with the arrangement, it would be made more permanent.

In Poppy's case her manager remains reluctant. Poppy thinks this is because there are lots of other people working part-time and she (the manager) 'isn't very much for part-time work because she finds it hard to manage job share positions.' If her manager won't agree to the trial, Poppy plans to talk to the Work Life Balance coordinator.

Poppy herself has created quite a few job share positions since she has been in her current role and she thinks they can work well. She believes that good communication is a key factor in ensuring success. For example, ensuring staff know how to contact the job share person on duty if they have a problem; keeping the other job share staff member well informed about significant issues, developments and decisions; making sure external correspondents are aware that they could be speaking to another person in the same position when they call back; and being willing to be contacted at home for urgent matters in areas of special expertise or responsibility.

Poppy recognises that it can be hard to find someone suitable for a job share position, particularly if the management role is a specialist one. She thinks it is probably easier now that management positions are frequently more generalist in nature.

3.4.5 Working from home

The option to work from home either on an occasional (once or twice a month) basis or more regularly (weekly) is not widely available to participants, yet it is an important strategy for organisations promoting WLB. This sub-section reports on staff attitudes to this flexibility option; it presents a picture of variable availability and support across work areas and suggests key factors currently helping or hindering progress in increasing take-up of work from home arrangements. It suggests that having this option available has merit, but it will also be important to consider how best to address

situations/roles where it is not feasible to offer work from home as an option. Finally, while there is considerable scope to extend the practice of working from home, there are some potential downsides which should be kept in mind in developing any policies or guidelines.

In general, staff and managers are aware of working from home as an option that can support staff in achieving a better WLB. Kira, Izzy and others thought a lot more could be done in this area and that it was often put in the 'too hard' basket. Lucinda and training and development officer Rel have seen it work well in practice. Lucinda knows a medical typist who works from home, coming into work just one day a week. Working from home saves her commuting time and travel costs and 'gives her the ability to flex around what she needs to do and wants to do'. Rel works from home on average one to two days a month. She values it because a lot of work can be done in a small time, and being away from noise and interruptions 'it gives you that time to be creative and come up with solutions ... to actually do that job better than I could do it here'. And it gives her the opportunity to 'do things with my friends and family that I wouldn't be able to do if I had to be stuck here nine to five every single time'.

There are examples which suggest that working from home is utilised or available for some occupational groups and not for others. For example, participants referred to higher level managers having and utilising server access from home. It is likely that in these situations managers are working extended hours. Several of the project officers who participated in the study reported doing some work from home. Jemima's department has 'quite a few people who work on projects and work from home largely and just come in for contact meetings and communication, or email and stuff'. Similarly, there are rural/remote staff in administrative, training or similar roles who may work from home one or two days a month, or more frequently. Julie manages such staff and has encouraged them to work from home 'even if it's only a day a month because we all travel and there's sometimes no reason for that person to step outside their door'. Lucinda commented that permitting medical typists to work from home was gaining acceptance and that this was supported by having electronic systems set up with secure equipment.

Other participants like Sophia and Kate reported difficulty in gaining approval to work from home. Interestingly in both instances this represented a change in practice following a change in management. Sophia now finds she is asked to get formal permission in each instance:

If you say you're working from home, can you put that in writing please? Whereas before [in a previous position in health] it was just like, I've got this stuff, I'm doing it from home. So it creates a lot of stress that even at that high level, that you're not trusted...

Both Sophia and Kate see their managers as demonstrating a lack of trust in them.

Kay manages across a number of sites. She sees herself as lucky because she has a desk at two of the sites she works in and that helps reduce travel on the days she is at these sites. She has a laptop and carries bags with all her stuff. She's wondered whether it would make her life easier to be able to work from home, but has been told that IT support makes it not easy to do 'and don't bother trying'.

Interviewees reported factors they see as helping or hindering implementation of this WLB strategy. Imogen says, 'there is a policy and that is good but it has proved difficult to implement...it's not as easy to work from home as it sounds'. Carol and others think the rules around this are unclear and not always understood.

Broadband access and strong IT support and access to information and other system supports underpin effective and efficient implementation, but Julie reported that in many areas 'you still have to have your own IT set up'. Julie works in a rural setting and believes more staff could work at home if the information was accessible. She thinks there's 'a lot of talent in the region, a lot of people who try to telecommute. The other thing that's really important is for these regional directors to let go. We're not sitting at home knitting, we're doing the work'.

Julie, Kira and Bill all speak of management not trusting people to do the work but they think this can be readily addressed by having clear outcomes and monitoring. Julie explained:

There's a certain level of trust required unless you're going to get me to punch a time clock and even then you can't really make sure I'm doing the work. It's about, am I meeting deadlines? Are outcomes being achieved? It's not about, was she here at nine o'clock in the morning and did she stay until four pm? There's that old fashioned time management...I've been asked to have my diary prepared and ready for audit at any time, to determine that I'm actually doing what I say I do. I was stunned because I'm responsible for an entire program and it would become fairly obvious fairly quickly if I wasn't achieving what was required.

But it is not just managers needing to trust staff – there are issues with colleagues and staff attitudes to managers as well. Senior manager Trudy thinks her manager would support her working at home on occasion, but:

There's still a culture of distrust – if you're working from home you're not working...And that's a bit disappointing. I've been in other jobs that are (project) jobs where it's much more accepted. But I've come back into the nursing hierarchy and in a job that's attached to a hospital...and they really want to see you. If you're not there in the office you're not there for them, and that has been a challenge for me.

Trudy is trying to change that culture and encouraging the staff she directly manages 'to take a day at home and catch up on their work where they're not disturbed'.

Inequitable access whereby some roles or circumstances could preclude working from home as an option could also be an issue although this was not directly raised by participants.

Trudy, Lucinda and some others added words of caution regarding potential downsides, for example, when work at home intrudes too far into personal lives or leads workers to become socially isolated.

3.4.6 Similarities/differences with private sector sample

Project researchers interviewed a small sample of non-nursing staff from a private sector health service. While it is not possible to make firm points of comparison, analysis of responses suggest interesting similarities and differences.

Feedback from this sample indicated that this service has sought to promote access to flexible hours. It has promoted part-time work in service delivery but not for managers to date. There was one example of a manager working compressed hours. There is interest in seriously looking at part-time work and job share positions for managers.

Fred and Cathy expressed appreciation at having flexibility in their hours of work. For Fred 'the greatest gift the hospital can give me is the flexibility to be able to take time as I need it' and being trusted to get the job done and stay back if necessary. For Cathy the flexibility helps make up for the long hours and enables her to 'arrange to take a couple of hours extra on Friday and miss the traffic' if she is going away for a long weekend.

The self-imposed constraints on flexible hours mirror those described by peers in the public sector. One participant said, 'You can't be seen to be just a part-time manager. I don't like people to perceive that I go when I fancy and come in when I fancy. You get comments of "banker's hours" and those kinds of things...you try to manage the perceptions as best you can'.

This service actively promotes itself as a part-time employer and has 70-80 per cent of its workforce in part-time positions, primarily in nursing. But so far this option is not readily available for managers. One manager, Michelle, has negotiated to work a full-time week over 4 days. She reported, 'that keeps me going having that day in the middle of the week. If I had to do it over five days I wouldn't do it but at this stage there isn't a facility for me to remain as a manager and go part-time'.

Michelle and Cathy mention job sharing as a strategy for achieving part-time management positions. Michelle is cautious about this:

The feeling is that the buck has to stop somewhere, and it's very difficult to divide. That's been the stumbling block...It may not be that they're actually working full-time, but there is a minimum amount of hours because you can't fulfil all the requirements of the job in a part-time position. That's the feeling at the moment. And that's what I'm struggling with...At the end of the day, how do you job share something? It may well be that you have to take on a particular role and somebody else takes on the managerial side of it in the future.

Cathy knows she wants to wind down a bit over the next few years and she wants to train somebody up into her role over a period of time so she has somebody to hand her work on to. For her it's about how to manage that changeover and share accountability, 'How you find the right person, train them, and be clear about who is responsible for what...'. In effect it would become a job share arrangement enabling Cathy to wind down and then bow out.

Working from home as an option was not discussed much in these groups. However, Eleanor put a case for making it available to nurse managers:

What I say to ward managers, and someone said this to me once, is that if you are a good nurse manager the ward works as well without you as with you. And that is what they should be going towards...Obviously you do need to be there sometimes, and there are some meetings that you need to be there for. But the actual looking after the patients, the nurse managers don't really do much. They need to ensure it is functioning, everything is happening to make it all run well, whether they're there or not. If an emergency comes up you should have senior people there working on any shift to make sure they can manage it. They might like it if you come along and take charge...but whether you're there for 15 hours or 30 hours in the week, there are all the other hours you're not there anyway. It doesn't really matter; they've got to function well without you.

She accepts that it is not possible to achieve this for practice nurses on the ward.

Concluding comment

Access to flexibility in hours of work and work arrangements is greatly valued by workers in supporting better WLB.

There is some good practice in place across a wide range of flexibility options but with considerable variability in access and some participants identified particular worksites and/or occupations as more amenable than others to implementing flexible options.

There are some interesting solutions proposed by staff including restructure and redesign of positions and portfolios to enable establishment of more part-time and job share opportunities.

It would be helpful to develop a more detailed quantitative picture of practice across the department detailing what is happening in which occupations and worksites around flexible hours and flexible work options and to develop guidelines to assist managers and staff to understand criteria for being able to access different options.

3.5 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.

3.5.1 Leave barriers to WLB

Insufficient or no back filling of staff on leave, inadequate staffing levels and high workloads were cited as reasons for participants not being able to take leave either by self limiting or failure to get management approval. At Bods' workplace, the size of the staffing establishment, lack of relief staff and increasing demands meant that it was not possible for all workers to take their recreation leave entitlement each year:

...four can be on leave at the one time. If everyone said I want to take my four weeks per year, it wouldn't work. There's more staff than there are leave slots.

Due to a heavy workload, manager Fred had not taken his accumulated recreation and long service leave even though he had a health problem and was in discomfort. Leena welcomed a shift from nurse to nurse manager earlier in her career as it made it easier for her to take leave. However, she remained concerned at the difficulties experienced by ward staff and the impact this had on their choices regarding return from maternity leave:

For me it wasn't a problem. You tend to get your leave as a manager much more. But the majority of the staff are on the floor, and that's where with nursing in particular we don't do very well. There is no contingency. A lot of people want time off over the school holidays and they can't get it. That's another reason why they don't come back to work, or they'll only come back on a casual basis.

A number of participants experienced difficulties managing school holiday care due to restrictions on the number of approvals for leave at those times. Demand for the limited number of available leave slots meant that workers had to apply for leave 12 months to two years in advance. Kira wanted to be able to match her recreation leave with school holidays at least 'occasionally', but the leave calendar at her workplace was booked 18 months ahead. Kay had resigned her physiotherapy position in frustration at having to apply for leave 12 months to two years in advance, and then having no guarantee of getting it.

At one workplace, wards were closed when patient numbers fell below a certain number. Employees in these wards had to take paid or unpaid leave, or work in another department for the period of the closure. Interviewees reported that this forced them to use up annual leave at times that did not coincide with school holidays. They might also have to work in an area that had different hours, which didn't fit care arrangements.

The uncertainty or inability of workers being able to match leave with school holidays caused stress and anxiety. Some covered as much of the holidays as they could by splitting the time with their partners. However, this placed great strain on relationships. One interviewee, who found it very hard to get leave in school holidays, commented:

...I work in the school holidays while he's off in the school holidays. He may go away with the children, however the four of us as a family unit don't have a lot of time together. Last year we had a fortnight as a family unit, as our annual holiday, and the year previous there was one week. That is pretty soul destroying as a mother, as a wife, and all the other stuff you have as an individual. The work-life balance, whilst it's great he could have the time off to care for them while they're growing, it doesn't actually have a very good relationship with me. We're like ships passing in the night all the time...

Participants also reported unnecessary rigidities in leave arrangements. Administration worker Sylvia complained of senior management's inflexibility in allocating leave. Regardless of the wishes of staff and their capacity to negotiate arrangements between themselves, no approval for leave at Xmas was

given if the person had taken leave at that time the previous year. Ned regretted the loss of a young nurse, who was refused approval for six months unpaid leave to accompany her husband on an overseas work posting. Not surprisingly she resigned and was now unlikely to return to that site, which needed nurses.

High workloads, insufficient staff or a lack of relief staff made it hard for participants to take sick and personal leave. Cody knew that he would have to 'use every excuse under the sun' to get one day for 'Kindy duty'. Older nurse Alice observed pressure being applied to younger nurses not to take leave if they or their child was sick. She understood the need for sick and personal leave and so advised them:

...if you need that day and you're told you can't have it, just take it. I've grown up in a very conservative family and I'm quite conservative myself, and I don't like saying that. But yeah, I think there is lot of ..., not the right term, but bullying.

Several participants commented on the failure to relieve staff when they went on leave. This led to either other staff having to do the job as well as their own or them returning to a back-log of work. Cody had accumulated a lot of recreation and annual leave, but there was no-one allocated to replace him. He knew that if he took leave there would be 'a huge extra workload' on his return. The last time he took accumulated leave, which included undertaking a course and attending a conference related to work, patients were not reallocated. Their appointments were deferred for twelve weeks until his return. Complaints were made, which he had to answer when he got back to work. He felt that this quite unfairly placed the responsibility for a lack of relief staff and delayed patient care onto him, and undermined his reputation. Cody was very proud of his work and had highly developed competencies from self-initiated study overseas. He was obviously distressed at delays in care and a lack of relief staff.

Participants enthusiastically supported new forms of leave such as personal leave. However, a number commented that leave could be an entitlement in theory only. In Kira's area, staff had to apply for personal leave and a month's notice was required to get even a day off. Such notice was not possible in many situations. Bods recounted that in addition to staff at her workplace not having a guaranteed access to their entitlement of four weeks recreation leave per year, management had ruled out provisions allowing long service leave to be taken for double the time on half pay. Future expansion of entitlements to include, for example, leave to enable grandparents to care for grandchildren, will be meaningless for some employees in WA Health unless staff establishments, workloads and relief are addressed.

3.5.2 Improving leave for WLB

Workload reviews, increased staffing levels and funding for relief pools over and above base staffing were strongly recommended by participants. Increased worker say over workplace policy relating to leave arrangements and capacity to negotiate between themselves was also recommended. It was also suggested that employees be able to extend their recreation leave by taking it on two or three days per week, so that they could be with their children at least part of each week of school holidays. Interviewees stressed the need for staff to be assertive in using their leave entitlements, rather than being deterred by pressures from their work organisation.

Non-managerial participants from one workplace reported favourably on generally getting leave when they needed it and being better able to cover school holidays. Their positive experience appeared to be facilitated by relief pools over and above staff establishments and preparedness by management to implement flexible leave arrangements. Josie welcomed her capacity to extend her recreation leave to care for her children during school holidays:

This is a pretty family friendly workplace; a lot of other organisations don't actually, in my impression anyway, give women a decent go in terms of flexible leave arrangements. One of the things here is that you can trade off a bit of your hourly rate to get six weeks annual leave or five

weeks instead of four. So if you've got kids at school, it's very handy to have that extra leave, so come holiday time you can spend some time with them, because it's really tricky for a lot of families.

Clerical officer Sally reported that personal leave arrangements worked very well in her area. Leave and flexible work arrangements were managed by the work team and supported by a floating permanent reliever:

We've found that it's had a positive impact in our department because people aren't taking random sick days anymore, and again, we're making use of the team system that X was talking about before...so we don't have to take a full day, we don't have to give an explanation to our head of department, we can just say I'm having some personal time off, and that's okay. It might be a whole day, it might only be an hour, but you've got the ability to juggle that.

3.6 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.

3.6.1 Remuneration, turnover and WLB

Study participants in management, nursing and patient support occupations in both public and private sector health units confirmed the pull of available higher paying jobs elsewhere in the private sector. Significant pay differences between jobs in health and areas such as (but not only) mining, were undermining recruitment and retention of staff across a range of health occupations. Managers Eleanor and Trudy were finding it difficult to fill accounting and general administration positions. Eleanor knew of two staff in her area 'who are seriously thinking of leaving because of salaries'. Chook was considering a shift to significantly better paid work in the mining industry. George would not advise his children to take up his current job:

If they wanted to follow me into this I'd say no...because its just hard work....If they want to do the things they want to do, like the big thing is the money isn't available. If you want a house, you want to travel and do these things, get an education.

Jean agreed:

Knowing even the pay rates outside, I think I would point them in the opposite direction. You know, I have no children but I have nephews and friends and they talk about earnings...The private sector is way, way, way beyond anything here.

Attendant staff loss and shortages exacerbated work life imbalance issues relating to for example, workloads, long hours or shift inflexibility for remaining workers and made them harder for management to address. Existing pay rates combined with costs of living also pressured workers to take up requests for overtime, or more than their preferred part-time hours or shifts, to the detriment of family and social life. Nurses Marianne and Chook outlined their dilemmas in relation to working overtime:

Marianne: I think financially the impact is huge. The money is very, very good...I'm caught in a situation where I do two or three overtimes...which is extra 24 hours a fortnight, which was a lot but you get used to the money and then you spend the more money...and then you turn around and you go, well, I haven't seen those friends in six months and I haven't seen those friends in six months. And you turn around and go well, was it really worth it? So

then you cut back on the overtime but you lose the money. So you're kind of – it depends on where your priorities lie.

Chook: It is a trap. A lot of people and myself included, I rely on those times.

Marianne: Just to pay their mortgages.

Dissatisfaction with remuneration arose from more than health industry jobs having generally lower wage levels than some other sectors. Participants identified specific issues in relation to remuneration that, if addressed, might assist retention and recruitment and help them construct a better fit between work and other aspects of their life.

Several workers and managers argued that their occupations were undervalued in comparison with other jobs of similar responsibility, skill levels and training. For example, unfavourable comparisons were made between the pay of a first year registered nurse and first year teachers and police officers. Nurse Steve understood that it was only his shift penalties, meant to compensate for 'interruption to your life', that brought him up to the level of a commencing teacher. He saw this as very unfair.

Others felt that further education in some health jobs was either taken for granted or just not worth pursuing due to a lack of financial reward. When asked, 'What could the hospital system do to keep you?' allied health worker Lucinda replied, 'They would have to pay me a lot more. I don't feel recognised for what I do'. She had undertaken counselling courses that had given her skills that she used everyday in her work yet received no financial benefit for this. Hospital orderly George was discouraged from retraining as a nursing assistant by the loss of income that this would entail, 'what's the point of doing that, being a nursing assistant which is helping nurses, but still being paid less than an orderly. Why do it?'

3.6.2 Countering the pull of higher wages

Participants suggested a number of measures to counter the higher remuneration of other sectors and positively impact on WLB. Access to accommodation through WA Health purchasing and letting out of local units or apartments to employees, was identified as a very attractive measure that would offset travel costs and time, and assist recruitment and retention. Michelle outlined the benefits of employer accommodation for new starters on lower incomes:

...when you're a young nurse or even a junior doctor, health person, whoever, you're not going to be earning a huge amount of money when you first come out of training. And trying to get accommodation in this area is just about impossible. So you end up being pushed out to the outer areas and particularly with shift work, getting in on public transport at a certain time is very difficult. So some creative ways, even if it was only for maybe 12 months, helping people to have some sort of accommodation in the area. Whether it's purpose built, you know studio type flats, or whatever it is. That would be huge. They could actually then get their accommodation either subsidised or help them to get it close by, that would be a huge incentive for other people to come.

Free or low-cost on-site and/or local parking arrangements were recommended. The cost of parking and loss of free on-site parking were significant financial issues for a number of participants who did not have easy access to public transport and/or needed their car for transporting children to and from school or child care. Further rent subsidies and greater access to work cars in rural and remote locations would be welcomed. Broader eligibility for salary packaging was also suggested by senior project worker Jane. The ability to salary package influenced her choice of job and department.

Work that felt worthwhile, was fulfilling and valued, encouraged workers to stay, in spite of better pay elsewhere. However, if job satisfaction was undermined by for example, insufficient time to care for patients as they believed they should, or by rigid shift rostering that generated real work/home conflict, the lure of higher pay was strong. As dissatisfied administration worker Jean commented:

What I am saying is it is not as if you are going to come in here and be wonderfully happy. If you can get more money elsewhere go. You will probably get a better deal all around.

3.7 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.

3.7.1 The impact of transport and travel on WLB

Parking was a vexed issue for workers at several urban sites. Participants found that they were finding it harder to get a parking space and that costs were rising. They spoke of increased anxiety about finding a space, of pressuring young children to be ready for child care or school earlier and being late for work. Jenny was concerned that she had to drop her child at school before 8am:

I have to get my son to school earlier which is upsetting for him, to try and get here to start on time, to get a parking spot.

Some did not have the option of arriving at work half an hour earlier to grab one of the available spaces due to travel time combined with child care or school hours. A proposed reduction in parking at one site was likely to exacerbate the problem and was of real concern.

Participants gave a number of reasons why they needed to use their own car rather than public transport. A car enabled them to travel relatively easily between home, child care centre or school, residence of elderly parents, food shopping, appointments and sport or community activities. It meant that they could respond speedily to family emergencies. Lucinda would find it harder to care for her mother without a car and on-site parking. She would also require more time off work:

To visit her is one thing; I do that on the weekends. But if she has got medical appointments, or if there is an emergency, then I don't know what I would do. A couple of weeks ago there were two emergencies with her in one week. I did one and my sister did the other. I don't know what would happen then. I guess I would need to try to catch a taxi home, get my car and then get out to where she is.

Being able to just get into their cars and drive home after work, meant that Liz and Kira were prepared to voluntarily work back or respond positively to requests for overtime. A loss of on-site parking and increased travel time with public transport lessened their ability and willingness to do extra hours:

Kira: I do a lot of unpaid overtime and I won't be doing that because I can't, I can't physically put in anything extra. So I will become more work to rule, though they'll lose out because I can't be any more flexible than I've already been.

Liz: I have recently started taking public transport so that's affected me quite a lot as well. Whereas before I would work back and just get into my car and go. It's now, if I don't catch a bus at a certain time then I have to wait another half an hour for the next bus, and that kind of thing. So I do find that I'm a bit more keen to [be] out of the door at the time that I had planned to go.

Jemima worked quite short hours and 'duck(ed) in sometimes for a couple of hours if it suited the patient to be there that day and things like that. Well, I won't be doing that if I can't park here'.

Existing bus and train services were not viable for many participants. There was no train service to get Ned to the start of his Sunday shift. Public transport was not an option for on-call workers and some interviewees did not feel safe on and walking to and from buses or trains at night. Public transport did

not necessarily provide the connections between work, home and care that parents required. As Kira explained, 'I mean, I can get two buses and a train if I have to, but I can't get home in time to pick my child up'.

Public transport added significantly to travel time and the length of the working day. For a part-time worker, the additional time might make paid work at that health unit not worthwhile. For full-time employee Lucinda, commuting by bus rather than by car would add a further 10 hours to her current 45 hours or more working week. These hours were too much, 'So, I'm actually considering leaving and changing careers because of it'.

The working day of rural and remote area employees and their children was extended significantly by the time required to travel to and from work and to and from care. There was no part-time child care available in general practitioner Lorna's town, so she travelled to another town to place her child in day care, before returning and proceeding to work. This travel added two hours to her and her child's day. She had no extended family in the locality to help with care. Sole parent Julie lived 110 kilometres from her work base. The stress from travel was such that she plans to shift to alternative employment:

Driving home at half past four and getting home at six in the evening, and then going and picking her up from whoever is caring for her, and getting home and having to start with the home life stuff is just untenable. I am actually going to actively start seeking work outside the health department outside the next year or so.

Julie's frustration with the amount of travel connected with work was exacerbated by the actions of her health unit. Her job was part-time and entailed working from and attending meetings at her base site and visiting 20 other sites across her region. However, she could be required to attend meetings outside of her set days and had to travel to and from them in her own time. Julie was employed initially on a contract in which travel time counted as work time and she had access to a work car. But when she shifted to a permanent position these benefits, which partly compensated for the costs of travel, were lost. She compared her situation very unfavourably with that of a friend who worked for another government department and whose home town was recognised as her 'base' and all travel to and from it counted as paid time. She also understood that the Western Australian Country Health Service head office split country travel with its employees - 'half in your time, half in our time'.

3.7.2 Addressing travel issues

Interviewees identified a number of ways in which travel issues could be addressed. Greater capacity to work from home and to have home counted as a work base would assist city and country workers. Improved access to work cars and counting of travel time as paid time for those visiting a number of sites and those in rural/remote locations would remove some stress associated with extensive travel and may improve recruitment and retention of staff.

On-site child care or reserved places at local child care centres would be welcomed by parents. Bus connectors to and from the health unit and local child care, schools and public transport were also suggested as a means to reduce dependence on cars and on-site parking. As stated in the previous sub-section, the reintroduction of nearby accommodation for staff would also lessen pressures associated with transport and travel.

It was strongly recommended that planning for the new major public hospital in Perth seriously consider the transport and travel needs of prospective staff. The proposed location of the new hospital and the additional travel burden that it would impose on several interviewees meant that unless travel was made easier, they would resign rather than relocate to the site.

3.8 Infrastructure support

The study found that a lack of infrastructure support in workplaces exacerbated the negative effects on WLB arising from increased work intensity and workloads. Limitations and inflexibility in child care provisions made it even harder for parents to balance increasingly demanding work and caring responsibilities. A range of measures were identified that would improve organisational supports for work and care.

3.8.1 Basic supports

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.

Julie worked in the country and travelled between a number of sites. Even though her work involved confidential and 'difficult conversations with people', she lacked appropriate office space. She had only recently received permission to do some work from home. However, problems with office accommodation had not been resolved:

I have to either share the front reception office with multiple admin staff and the public attending, and when that gets too difficult because I'm doing confidential work or confidential conversations on the phone, I do have the option just this last month after three years of battling to work remotely at home which is what I'm doing today.

Julie wanted 'confidentiality, quiet' to do her work effectively. But in the shared space:

I was sitting next to someone who was talking all day on the phone to people from a different department. She spent her whole day on the phone to people so I'm wearing ear plugs...trying to block it all out.

She concluded, 'I really do think there's a lack of clarity about what constitutes a good environment for people to be able to work in effectively and well'.

Physical location combined with a heavy workload also undermined Gemma's ability to maintain her work team:

I'm quite fractured, I'm away from most of my team and feel isolated. I have to make the point of doing rounds almost when I arrive in the morning. Get out of my car and make a point of trying to see someone. Because by the time I get to my desk, the rest of the day just unravels.

Mavis was hampered in her work by a lack of administrative support. This affected her workload, ability to meet program objectives and her quality of working life:

There's no administration support. So therefore I'm doing all that kind of stuff as well, and that's impacting. There's no other local support to support this role at this point of time and that's being addressed, that will be addressed hopefully soon. So that makes it really difficult.

Country participants raised issues around a lack of basic facilities and technology. Access to a work car, a mobile phone, a laptop and a desk were all essential requirements for their work that were for some either not provided or only made available after prolonged, debilitating complaint and argument.

Managers Jane and Isabelle talked about 'a "no" culture', where the first response of senior managers seemed invariably to be to refuse requests for support. Precious time was then wasted in very busy jobs in making a further case for what was needed. This undermined their job satisfaction and commitment:

You keep hitting barriers all the time. And you know, you might have all these grand plans and your team might be right behind you, but there is no – and it's you can't have this or you can't do that. It gets very wearing. ... I'm getting fed up hitting that barrier all the time (Isabelle).

...(work life balance is) also (about) enjoyment, ownership, satisfactions of your job. And you keep getting no, or crap or whatever and you know that one team may manage to get this, but how come we can't get it, you're just going elsewhere and ... they need to realise it is the employees' market; it's not an employers' market (Jane).

While some of the infrastructure issues raised by participants might seem minor at first glance, their resolution greatly improved interviewees' sense of control and satisfaction in the job. The experience of part-time community nurse Sarah encapsulates the world of difference that getting basic facilities can make. She finally got a shared office after working for some time without a desk and office, 'and I feel so important. I moved in on Friday afternoon, grinning and running around and feeling part of the team now'.

3.8.2 Care facilities

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. One interviewee described how she had to get herself and her young child up very early to get to child care and be in time for a morning shift:

With my children I found it very hard to find child care that opened early enough. I'd have to drop my child off somewhere at 6.30.

Some shift workers managed by restricting the shifts that they worked or by co-ordinating working hours and care with their partner. However, these coping mechanisms put strain on relationships and household finances. Others, such as sole parent Julie, did not have these options. She travelled a long distance from her home and her child's school in one country town to work in another town. Her workplace expected her to commence work at 9am even though this was not possible given school hours and travel time. This created tension and anxiety for Julie:

The expectation that I'll be in X by nine in the morning to attend meetings when I've made it very clear that my child cannot be dropped at school before eight in the morning, and so the earliest I can reasonably get to X is quarter past nine, which is only 15 minutes later. But I just get these glazed over eyes when I say that, so I've just taken to turning up at quarter past nine.

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. General practitioner Lorna was restricted in her employment by inadequate regional services:

But child care up here is very sparse. So whilst I can work out of hours I'm quite lucky for that and that's how I got back to work earlier with my first born, he was four months when I went back to work but I was doing night duties and weekends and my husband looked after him. With the two of them it's just a whole lot more logistically difficult and just trying to sort some kind of day care out so I can do some in hours work, which is better for you anyway because you're actually there with everybody else rather than all the time being out of hours.

...But yeah, child care, big issue up here for everybody. And it doesn't matter if you want full-time or just one day a week, a big issue to try and get into. It becomes easier as the kids get older but you've got those early years.

Before and after school care and vacation care were not available to all. One woman, without access to such care, was most concerned at having to leave her child at home alone:

Once kids are 12 you can no longer send them to child care so that becomes an issue for us. They're no longer accepted into child care centres. And now because they've changed the school age, children are 12 when they're in year six. So you're leaving a grade six person at home by themselves because they don't have any child care facilities.

The Fremantle Hospital organised and subsidised a vacation care program for its staff at the primary school site across the road. This program was welcomed. However, demand for places far outstripped those available:

Fremantle Hospital have a vacation-care program for staff...we used that program from the day it started and it's subsidised at \$10 a day for staff. If you go to a public provider it's \$50 a day. It was contracted out between the YMCA and the local – it was held on the local primary school site – an amazing use of resources – and \$10 a day. The main problem with it, it's oversubscribed. They have 30 places and 200 people want to get into it (Imogen).

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. Pauline could not do relief work due to the notice required to secure a place at her child care centre:

I would like the flexibility to say they really need me at work tomorrow; can I please drop my children off and pick them up at short notice? Whereas it's I'm sorry, there are no vacancies. You'll have to try – you should always book three weeks in advance. Well it's not practical.

The cost of child care was also a barrier to women returning to work after maternity leave. Child care costs were prohibitive for Leena and her partner. Her employment was therefore limited to a few shifts when her partner was not working:

The cost was prohibitive. For six years, I just worked four shifts a fortnight. And then when the kids started full-time school I cranked up my shifts...You can't afford to put kids into child care, even earning what we are. Child care is just phenomenal.

Fitting child care and work

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.

Greater health unit support for and involvement in child care was recommended. A number of participants wanted more on-site child care facilities, which were open 24 hours a day, seven days a week to match shift patterns and include flexible places. Several commented on the travel time that on-site provisions would save. Poppy also saw benefits for mothers and WA Health:

Well, in my case I would say that it's important to really look strongly at child care. Especially with young children, I think that's where most of the younger staff are not coming back. It's such a problem, especially before their children go to school. If they had on-site child care – especially for mothers who are breastfeeding – it would make such a difference...It would make such a huge difference to them just knowing that they can go and see their children twice a day. I think that is a priority in all organisations and the government.

Several hospitals were involved with vacation care programs, either separately or on a shared basis with other health units. These were praised by participants as very helpful initiatives that could be extended in numbers and to more locations. One also had a breakfast club linked to a local primary school:

What some of the staff have done is enrolled their children in the primary school here. They bring them to work in the morning and then walk them across the field to school...We used to have a breakfast club where the kids would come in to work with mum and have cereal while we were all getting ready for our day's work, and then somebody would walk the kids across the field to the primary school. That worked for a while (Eliza, clerical worker).

Allied health practitioner Lee thought that provision on-site for children with a minor illness, but not able to go to child care, would be very helpful. This would have enabled her to continue working and still be close to her child, when he had asthma. Other participants reported that they had had no choice but to bring a child into work on occasion, and that formalised emergency facilities would be of great assistance.

3.9 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 considering work changes, time out for caring responsibilities, use of agency staff, an ageing workforce, staff shortages and turnover.

3.9.1 Job satisfaction

Being able to 'do a good job' was very important to study participants. It gave them great satisfaction and was an important component of their WLB. Allied health practitioner Josie reflected this in her comments:

I'm getting satisfaction for the work I'm doing, I'm getting compensated for it and I'm getting time with my family and in my garden and for my friends, then that's all I'm looking for.

For mothers Pauline and Lois employment constituted an arena where they could exercise an aspect of their selves not possible at home:

I'm not sure that I find it a relief but its balance. It's a different aspect to your personal self and what you do. Not necessarily a relief to what's at home but something that's for yourself and is about you and not everybody else (Pauline).

So those issues at home and trying to balance that but I've always managed to come to work and think oh yeah good...because that adds a different balance to me (Lois).

The passion that participants such as Portia brought to their work, and the fulfilment that they gained, could be sufficient to compensate for work impacts on other aspects of life:

Yes, I would like to have more time at home. But I love what I'm doing at work and I'm really fortunate to be able to do something that I'm pretty passionate about and that is a pretty unique working area, considering where we are. I couldn't wish for a better working...The actual type of work that I do is fantastic. The environment is generally good...I think it's precious to be able to be a professional in your own right, to be able to give somebody all of the care that they need, involving the multi-disciplinary team if you need to.

However, a lack of job satisfaction contributed to staff moving from some health occupations to others, for example, from ward nursing to management or research, and to resignations. Georgina's advice to prospective newcomers to her organisation was not encouraging, 'I would just say, be prepared to work from eight to 4:30 with no job satisfaction and only be doing it only for the money in the short term'.

Job satisfaction, including that related to providing good patient care, was undermined by high workloads, long hours and inadequate staffing. Interviewees commented that even if they were able to get TOIL for working long hours, this did not address the reason for those hours, which was that too much was expected from one position. They felt uncomfortable or guilty at leaving work undone. Jane concluded:

...they've said yes you can do it, yes we can take the time off. But the job is still not getting done. So they're missing the bit in between...we need to look at the actual capacity of the job.

Disparaging attitudes to some workers by others and a lack of connection with fellow employees were also reported as detracting from job satisfaction. Patient support staff in particular expressed dissatisfaction with how they were treated by some other workers and managers. Jenny and George spoke of the effects of this on their job satisfaction and commitment:

Well you sort of think, hey I'm just like you, you've got a more difficult position. You know you've worked your way up, but in the end, we're still human beings and we want to feel like we all belong and have that connection, as you treat me the same way I treat you...I feel we shouldn't have to be a different class of individuals. I don't feel comfortable when you walk into work and you have that sort of attitude problem, you don't feel like wanting to get in there and doing your best and giving all you've got to people (Jenny).

You don't feel like doing the extra little bit, to make it easier...you know the way that they treat you, you don't feel like doing more than what you should. But with somebody else it's oh yeah I don't mind doing that because their attitude bounces on to you (George).

Participants had a number of ideas on how job satisfaction could be improved. It could be enhanced firstly by the restructuring of work. Georgina argued that some 'portfolio' areas in her organisation needed to be redesigned and more positions created to make work manageable and more satisfying. Such restructuring could include opportunities for different patterns of work and better WLB:

Break up some of the portfolios so that more than one person could do them. At the moment, I'm part of a two person team doing a job meant for three people. We're under the pump. So structure the portfolios and the jobs better. Maybe talk to your staff, see how they're going with it, and manage the workloads a bit better as well.

I think the majority of the work in this building, because it's transactional in nature, can be packaged in different ways. That, to me, is the kind of work that fits job shares, part-time, alternative working hours, split shifts, shift working, a range of things...

Participants at all levels and across occupations wanted more time and opportunity to develop collaboration and team work, which gave them access to new ideas and help if they needed it. Social activities also provided further capacity for building connections between staff and for relaxation. Senior manager Fred noted that staff could be frustrated by the constraints of their job. A revue at his workplace provided an outlet for their additional creativity:

...we still have a...revue, a song and dance type thing, and a lot of people get involved in that because it gives them a creative outlet. I think that helps to give you a balance as well. Because yes, you're working hard but doing something completely different. Our catering manager has an extremely difficult and involved job. Suddenly he was writing plays and singing and dancing in the stage. Now that kept him sane for many years. It gave him that balance.

3.9.2 Job opportunities

Some participants were deterred or prevented from pursuing promotional opportunities by expectations of long hours and preparedness to take on additional professional activities such as committee work. Kira, for example, works part-time. She also wants a career. Kira noted that when she was single, she was unsuccessful in obtaining promotion due to a lack of experience. But now that she has extensive experience, she is prevented from progressing further because:

Most of the career positions for my profession are full-time. You have to be able to be more flexible outside the full-time as well or even you get put onto committees and it's not included in the work time...don't even think of applying for those...

The loss to health organisations from the inability of qualified workers to access career opportunities due to time issues is evident in the case of young professional Kay. She had completed a degree, changed careers and completed another degree. She liked a challenge and wanted stimulating work. However, after observing what was required to progress further, Kay determined that she was not 'going to be a career minded woman because I just haven't got the time and I just don't think I want to put the effort in...It would take too much time'.

Other interviewees were limited in their opportunities for different or more advanced work by other employment factors. Fred was frustrated by a heavy workload and stereotyping:

I know I'd certainly like to do other things in this hospital. And you get pigeon holed. No one tells you that, but the system throws so much at you that you don't have the chance to get out and do anything else. That's frustrating as well.

Georgina's promotional opportunities were restricted by staffing and funding constraints. She also argued that available positions were not necessarily filled on the basis of the best person for the job. She could not see herself staying for long under current conditions:

There's not a lot of opportunities to move up. It seems to be who you know, not what you know. I've come into a level three position, which is okay, but I feel it's below me because of all the experience I have in X. I don't feel like I'm getting job satisfaction from what I'm doing.

Existing staff of health units contain employees of considerable talent, energy and experience. However, factors such as work design, assumptions around hours of work and lack of process could undermine their opportunities and job satisfaction. Organisations failed to benefit fully from their abilities under these circumstances.

3.9.3 Training and development

The study found strong support for further training and development of the health workforce. Participants saw the need for constant upgrading of knowledge and skills given continuous changes in technology and improved understandings of physical and mental health. Refresher courses and further education and training were required to assist staff to return to the workforce and to ensure agency staff maintained skills. Interviewees argued that staff shortages of, for example, nurse assistants and nurses, could be alleviated by the retraining of existing employees currently at lower classifications. New starters also needed proper induction, including in procedures and communication skills necessary in particular locations or for particular groups.

Ongoing professional development was identified as an important contributor to job satisfaction and WLB. A lack of training, concern about consequent quality of work and loss of job satisfaction, contributed to Chook's decision to resign:

One of the biggest reasons that I've decided to leave, I don't feel that we have the training to adequately treat our patients. And it's very frustrating for me and I think a lot of people feel the same way. So one of my biggest things is that I think we need to be better trained.

We need to get ongoing training and I think it needs to be mandatory because I think if it was better, people wouldn't be so frustrated and they'd stick around and the more staff you have, the better chance you have of a work life balance because it allows for flexibility.

Staff also used further education to get out of areas uncondusive to WLB. Completion of business studies enabled Leena to shift from ward work into another job with more regular hours. Jane undertook study as an avenue to escape unaddressed bullying and harassment at her workplace.

Older participants were very aware that they were part of an ageing workforce and that they had accumulated skills and knowledge that could be lost to the organisation when they retired. They argued that succession planning and mentoring were important in this context. Poppy had established

an employment and mentoring scheme in her work area that assisted it to get the workers it needed and benefited students who would later work in health:

I do like mentoring people. I think succession planning is very important. I was saying to my husband this morning that my children were mentored by someone and I would like to do the same for the new graduates coming through. I would like to mentor them and pass on all of the skills and the knowledge that I've accumulated over the last 18 years. It would be a shame to lose that.

For example, I'm actually training two uni students because we needed some relief for our clerical staff member because she works really hard. So I said that we should have a bit of a casual pool...Because it is so hard to get people from the open market, I said let's look at the students who are currently studying in the area.

They were very grateful to come and work in this department and get some skills before they're even qualified. It has helped us as well. I feel that I am giving something back as well because I'm mentoring them to be able to go out into the workforce.

While further education was valued by participants, barriers to training and development were identified across participating sites. Training of new employees in some areas was compromised by work pressures on them and their supervisors. There was little opportunity for development through staff rotation because staff establishments and workloads made no allowance for less than 100 per cent efficiency at all times. Diagnostic worker Bods explained the problems in her area:

We don't have time to train somebody, to say well you're going to be acting in this role for six months – which is what the case is. Come on, let's spend a month going over stuff. That just doesn't happen. You're too busy doing your job, then the time comes when you're going to be acting in somebody else's, and you just start. There is no training because we are so short on the floor. We just do it...

We don't have any fat in the system for [ongoing] training [through rotation]. That's gone...we can't have someone with half the efficiency in that area; we just can't afford it. We have to have people who know exactly what to do.

Nurse Douglas noted that the loss of staff development positions made it harder for individuals and work areas to systematically identify training needs and opportunities and to plan and co-ordinate training. Staff shortages and high workloads meant some interviewees could not get approval for study leave. Marianne, who had work and family commitments, was deterred from further study as leave was not necessarily available for required practical components. Direct and indirect costs of further education, including loss of income, were significant barriers to participation. Jenny and George were interested in training to be nurse assistants. However, they would have to use their recreation leave to complete the course and were not in a position to do that.

Ned noted the impact of work pressures on the capacity of nurses to educate patients in matters relating to their medical condition and to train them in the use of equipment that they had to use. This was of real concern to him, particularly as patients now left hospital as soon as possible after treatment.

Improving training and development opportunities

Participants identified ways that training and development in health units could be improved. They recommended that paid study leave provisions be strengthened by broadening the eligibility criteria in relation to form of training, courses and employees. Greater use of relief pools to replace staff on study leave was suggested as a means to increase access. The reintroduction of staff development officers was recommended as a way to help workplaces identify area and individual training needs,

develop and implement training and mentoring plans, and identify creative mechanisms to provide training such as on-line courses.

3.10 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.

Nurse and agency employer, Lois noted the motivation of nurses approaching her for work:

I've got three staff that are employed by me at the moment because the Hospital can't meet their work life and I'll give them whatever they want.

Leena spoke of the advantages of casual work obtained through an agency:

A lot of nurses aren't returning to the work force. I know what's happened in [remote town], a number of staff have resigned and they're now doing agency so they can choose the hours, where they work, and they'll get what they want.

And so many of these young girls out there, all they do is agency. They can say, I want to work this day, I don't want to work that day. They can take leave whenever they want it, not a problem. And generally they can pick their hours. They tend to get shorter hours a day, and they get the same amount of money for doing six hours as somebody working an eight hour shift under permanent positions.

Community nurse Maggie worked a mix of casual and set part-time contract hours combined with her own clinic. This gave her great flexibility and variety in her life. She could be 'involved in communities or other passions of mine with work, home, school... Whatever...I like to dip in and out of different things I'm interested in and passionate about'. Maggie also noted that an older co-worker 'was looking to retire very soon and go casual' via agency work. The agency would provide this woman with relief work 'around the areas that she knows' without her having to go through the stressful process of searching and applying for positions. It appeared that there was no opportunity in this woman's workplace for her to phase in retirement by changing her form of employment (and capacity to choose hours) without resigning and reapplying for a position. She felt very uncomfortable with having to reapply for a position in a workplace that she had worked in for many years.

Casual agency work enabled participants to manage work life commitments and paid a higher rate per hour. However, participants were keenly aware that these benefits came at a significant price. Casuals lost access to various forms of leave and other employment benefits such as support for study. Higher pay rates could not compensate for these losses. Liz found the lack of permanency 'stressful', especially because of her mortgage and increases in the costs of living.

One young clerical worker had accepted casual relief work at a hospital as a way of gaining access to employment. She liked the range of experience that this work gave her. But after doing this for a while, she wanted permanency, 'not just little bits'. As a casual, she was unable to plan her life.

Ned understood why nurses took up agency work. However, he was concerned that under current organisational arrangements wards lost the capacity to nominate and negotiate arrangements with particular agency nurses with proven specialist experience and aptitude. He was also concerned at the lack of professional development available to agency nurses.

Fixed term contract work in rural and remote locations was cited by Leena as an advantage for young workers wanting to see different parts of Australia. But for other employees, contract jobs made it harder to achieve WLB. One interviewee said that the uncertainty of her job was bad for her health and her finances. Furthermore, 'you can't plan'.

Participants from one site spoke very unfavourably of recruitment practices there, involving the use of contracts. They reported that the organisation used an agency to recruit staff on three month probationary contracts. Recruits might then be asked to shift to a fixed-term three month contract, which might be renewed. Once on a fixed-term contract, staff could apply for a permanent position from an internal vacancy pool. Participants strongly objected to the uncertainty, drawn out nature and lack of transparency of this process. They argued that recruitment should occur directly through the open advertising of positions and a process of application and selection on merit. They did not object to a three month probationary period applying to successful applicants. However, they questioned the use of the agency and the necessity for successive three month contracts after the worker had successfully completed their probation and was being employed on an ongoing basis.

Participants felt that these recruitment practices demonstrated a lack of trust in staff and a desire to generate a compliant and narrowly based workforce. The extended recruitment process undermined their capacity to plan their lives and they felt pressured not to assert their needs, including in relation to WLB. It negatively affected their commitment and that of other staff to the organisation, which was reflected in staff turnover.

3.11 Workplace culture and practice

Everyone goes on about family and work life balance (but) I don't think this is really the culture. They say it is but I don't think it really is...(Nurse).

Workplace culture and practice can support or hinder implementation of WLB policies and practices. This report has already referred to the broader organisational culture of commitment to work and care for clients and patients and the way in which this may be shifting with generational change, and to the culture of long hours of work. This part of the report picks up participants' views on a number of other factors reflecting workplace culture including persistent and prolonged organisational change, bullying and rigid styles of management, the role of senior and line management in hindering and supporting WLB and the positive and negative roles played by colleagues.

3.11.1 Change/turnover culture

Departmental and health care services have experienced rapid and ongoing change and restructuring in recent years. Participants associated this change with rapid turnover of managers in some areas. One workplace has incorporated an expectation of high staff turnover into its structure. While such change may be an inevitable consequence of rapid population growth and changing health needs it nevertheless impacts significantly on staff and their well-being.

Impacts which are particularly relevant to discussions of WLB were raised by some participants. They talked of the pressure on staff arising from gaps in management support as a result of rapid turnover and long periods where such positions are held vacant. Georgina, working in administration, gives a particularly striking example:

Since I've started, more than half the team have left. And the team leader's constantly moving on, and up, and out. You can't build a relationship or a stable working environment based on managers that aren't going to stay there for more than three months.

The establishment of Health Corporate Network was itself a major change which had ramifications across the health system. Such changes can have unintended consequences. A participant who spoke of difficulties in accessing flexible work arrangements suggested this could have been influenced by changes in management practice introduced at that time, with the rearrangement leaving 'a huge hole'. This participant suggested that the line managers on-site often had not got the skills or training to implement WLB policies. He said the on-site managers often don't know how to apply this flexibility in the workplace' and:

...taking functions off-site has made getting flexibility harder, as for example, it's harder [for Health Corporate Network staff who are off-site] to liaise and be available to sort out site problems if they're part-time and systems and numbers of staff are inadequate...

3.11.2 Bullying and rigid management styles

There were comments from many different participants covering a wide spectrum of behaviours which suggests a bullying and/or inflexible style is not uncommon in management practice. Many of these comments are strongly worded. The underlying message about the negative impact of such behaviours is important to hear.

The costs of bullying behaviour are significant for individuals and groups. Jane retrained in order to leave her original profession and move away from harassment and bullying. In her view the health department is:

...just rife with bullying and they don't do anything about it. And the higher up the manager is the easier it is to leave that person there and get rid of the staff underneath and not question the manager or question why...

Bill reported the impact on a work team who experienced a bullying manager:

It was terrible, we were dysfunctional, we were completely dysfunctional for so long. We were unproductive, people were just in a complete emotional upset...

She was completely autocratic and scared people. She would then isolate somebody who dared question people. There was a number of good staff left and mainly they reported matters to the X director, who really as it turned out at the end, were aware of it, but virtually he probably did nothing. He would sort of agree with them and say sorry you're leaving and we'll have a look at it; but nothing happened. Eventually an investigator was appointed...

Participants reported a range of behaviours which indicated abuse of power by supervisors and managers. Christel has a friend who felt bullied by her team leader 'looking down on her, constantly putting her down, making her feel like she wasn't doing a good job'. Isabelle mentioned some workers being deliberately and hurtfully excluded from office activities such as shared lottery tickets. Portia witnessed favouritism and verbal abuse. She remarked:

Sometimes bullying doesn't have to be verbal; it's just that presence. Somebody can be very...It's that whole persona that can put over to you don't you dare open your mouth to me; if you ask me that question or make that request...It's not being able to promote a nice persona and an approachable persona.

Jenny also witnessed favouritism - she thinks it is unfair and not how the system should be run.

Isabelle refers to the grief caused by mishandling of complaints:

...there is a kind of culture in our workplace that some people go and complain to their manager/supervisor and that manager will go and tick somebody off without going through a proper process of okay, there has been a complaint made, without following all that grievance resolution stuff, even at that informal level...It's about somebody is in somebody's ear. *That kind of thing is probably the most destructive thing in my workplace.*

Alice has experienced a performance appraisal system she thought was 'designed for the worst possible criminal nurse you can imagine'. She commented on 'all these multiple places that you can get kind of marked off, which is fine if you are a manager and you want to get rid of someone' and as a responsible nurse felt belittled by 'this trivia'.

Isabelle and Jane believe they are in a culture which punishes fighting back or even pushing for change to improve work practice, being seen as 'a whinger' or being 'labelled'.

3.11.3 Senior managers

Senior managers are recognised as having a vital role to play in demonstrating and supporting WLB. Staff perceptions of senior managers and their behaviour is that there is a contradiction between what they say about WLB and what they do.

Participants think it is important that senior managers should 'walk the talk' (Portia) and model WLB (Trudy). They want senior managers to be more visible and accessible, to talk directly to staff and to listen to them. Currently, says Jane, 'within the hierarchy system you've got the director general and you've got just a black zone here where nothing happens'. Christel comments that 'the approach in this workplace by fairly senior people is kind of do as I say, not as I do'.

Marianne reflects:

...anyone that is so high up and making all these decisions regarding this hospital, they are people who don't come and speak to the actual people in the front line.

It's so detached. We don't even see them. When certain people come, they'll come and make a speech and act as though they're really in touch with what's going on in the wards but that's not the case at all...They should be coming down and talking to nurses, finding out what are the concerns and coming up with solutions for that or asking if people have got solutions.

Similarly Isabelle wants senior managers:

...not to be faceless. I mean, we've just had another level added between my manager and their boss ... and now we have this added level and nobody knows who he is or what he is. I think they should at least visit other units under their command and say hello to the staff and not just go and see the manager. I think they should talk to staff...you've got these faceless ones who can cross off and tick boxes for your workplace and you don't know who they are.

Jane says about senior managers that 'perhaps they think that they can't have the balance so they don't think anyone should'. She thinks they need educating about WLB and they need to be accountable.

On a positive note Trudy, a senior manager herself, commended the leadership course provided through the Department. She valued the contribution it made to her thinking about WLB for herself and for staff she manages, 'I must say that's one thing they are starting to do well – their leadership courses and starting to invest in their leaders'.

3.11.4 Line managers

Line managers at all levels are identified as having a pivotal role to play in promoting a positive culture which supports WLB and in ensuring that best possible outcomes are achieved for staff. Overwhelmingly though, participants report widely varying attitudes and practice.

For Trudy, a key factor in gaining the flexibility she has needed to manage work and family has been having very good line managers, managers who are very flexible. Jenny, a patient support worker, spoke positively of her supervisor's willingness to listen, to mention the availability of a counselling service, and to offer time off work as vitally important to her as she was going through an extremely difficult time because of a marriage break down.

At the other end of the spectrum nurse specialist Charlie is trying to cope with a new boss who 'thinks that family life is fluffy and personal life is fluffy'. She hankers for her past boss and a time when she worked with 'fantastic supportive family fluffy people'. Alice's view is that some managers:

...are so burnt out, the managers, they are not skilled, and they are just so burnt out and angry and over it that they just say no, because they know there is no staff and they know there will be pressure on them.

Enrolled nurse Sophie comments that 'it all depends on who your boss is...' Pauline describes her past experience returning from her first maternity leave and her boss's response when she said what she needed then and compares this with what it's like now:

...well there is no support at home. I need two fixed days off so I can arrange child care. Well I can't do that. You can fix your days but I might want you to work on a Wednesday. I said well I won't be able to work on a Wednesday.

She was very inflexible whereas the manager I have now it's like well if these are the days you work these are the days you work. I understand. I'll take you.

Ned provides a further example of inconsistencies in approach. He talked about rosters on his ward and different approaches by different nurse managers:

The first one was terrible, she did a miserable job and I think she contributed to quite a few people leaving...Then there was the next roster person who was brilliant. The last roster person has just started...

An exchange between participants in one group pinpoints manager lack of knowledge and confidence as a pivotal factor in poor practice:

Some of it is the manager, their lack of awareness or confidence or authority – or the perception of authority. They do have the authority - but their perception of having that authority, to allow their staff to have that flexibility - that's missing...

Yeah, they're not creative. How can we make it work? What can we do to make it work? That's not them.

Recruitment, early training and support for young managers, 'not expecting people to somehow build the skills along the way' and paying particular attention to looking for 'very good people management skills' was identified by Trudy as particularly important in implementing WLB. Isabelle also proposed education for middle and higher level management as a strategy for improvement.

3.11.5 The good WLB manager

There were many comments indicating what staff want and don't want from their line managers, and these addressed a range of qualities.

Cody simply asked for a thank you:

In the 37 years that I've been working at my job I've never had a [senior] in my department ever come up to me yet and say thank you...someone just to say thank you very much for that, that would be brilliant...

Sarah was excited about getting an email from her boss up the line ('she's very good') saying 'great work'. Sarah says:

That's my first acknowledgement in ten years. Thank you. And asking what can I do to help improve your service? And I mean, well!

Kay, when asked what makes a good manager begins by saying what is missing. She thinks that the health department puts people in managerial positions 'who are technically good but not very good with people'.

Several participants indicated that they didn't appreciate being micro-managed. Kay doesn't like being treated 'like a lower level employee when I should actually be given a little more autonomy' and Christel bemoans 'a lack of devolution of responsibility, authority, and lack of respect for people who actually do the work that they're doing within a reasonable time frame'. Sylvia, as a line manager making decisions, would also 'like a bit of a looser reign'.

Ned and others would appreciate being asked to contribute to discussion of problems and their solutions. Ned reflects that...in the hospital system I don't feel there is a way of being heard...'

Other participants including Cody and Kay refer to a lack of management support when needed. Julie thinks:

I've just got a bad manager. That's the bottom line. This guy is not interested, and most people I know aren't like that. Most managers at least attempt to meet you half way. This guy isn't interested. Onwards and upwards. I've time limited the amount of time in my head that I'm prepared to do this, and I'll actively start seeking other employment when I come close to that time.

Good communication is valued, but medical scientist Zowie sees poor communication as being part of the culture of her workplace, 'it's been going on for so long that I've lost the expectation that it'll ever change'.

Jenny experiences management passing pressure down the line 'so then you feel it's on you, because they want more out of you'. She wants managers to deal with this load, not pass it on, 'They've got issues in their job, it should be dealt with in the office and amongst the management'.

A good WLB manager

- ✓ models WLB
- ✓ asks how can we make WLB work for you, looks for creative answers
- ✓ helps you manage work and family life, takes the time to have compassion, e.g is able to consider if there are any special circumstances in your life where you might need extra help or time off or when you're burning out
- ✓ treats people equally and fairly, not giving preferential treatment
- ✓ has confidence in and respects staff, treats staff like human beings
- ✓ is approachable and recognises it takes time to gain trust
- ✓ listens and gives support, information and explanation, gives reasons for a decision
- ✓ is clear about job expectations up front
- ✓ ensures staff working in isolation have good support and opportunity to talk to each other
- ✓ responds appropriately and effectively to complaints
- ✓ helps with professional development and encourages you to be the best (professional) that you can be.

3.11.6 Colleagues

Colleagues' attitudes and actions can support or hinder people in moving towards a better WLB.

Sophie valued working as a team and colleagues being mindful of each other. Ned and Bods and other shift workers indicated that they frequently rely on colleagues for flexibility in rosters to deal with unexpected events or illnesses. Bods went on to comment that as her work gets busier and busier 'it's hard to take time' even if you need it. So colleagues work loads have an impact on their ability to be supportive in this way and on the ability of individuals to ask for the time off they may need.

In addition to this every day support there are instances of strong team support over an extended period of time. For example, nurse Lois talked about her situation over an extended period of some 18 months when she returned to work after separating from an abusive husband. She describes herself as 'very stressed out with an 18 month old'. She needed to work but could only work certain days and hours because of limited hours of available child care. Arrangements were made which met her needs but didn't put an additional burden on her colleagues. She says she 'really needed that team support' and particularly the support of one woman 'that I still write to every Christmas because she made a difference to my life'. It appears that in this instance team engagement in the decision-making about Lois's role and hours of work was instrumental in the success of the initiative.

Imogen aims to look after herself as well as supporting colleagues with family commitments by being part of a WLB network and advocating on a on a day to day basis, reminding people 'constantly about our family-friendly commitment'.

On the other hand, as previously mentioned, colleagues are reportedly often critical of their peers who work flexible hours or have other flexible work arrangements.

3.11.7 Similarities/differences - private sector sample

Private sector participants identified the culture in their workplace as strongly supportive of WLB. They believed this was in large part due to the work undertaken by their HR department, which some time ago:

...recognised what had happened in the workplace, had done the research and said, these are the sorts of things that we're going to have to put in. We might as well get in there and put them in how we want to do it with our timeline, rather than wait until we're forced to do it. Things like flexible rosters, support for people having a healthy lifestyle, subsidised gym membership: there's a whole range of things that are there to help staff who want to take up those things.

Participants also recognised that some inequities in access to WLB initiatives and opportunities were inevitable in a hospital situation where shift work was required.

This supportive culture was evident in reflections of nearly all participants in this sample. As a manager, Gemma saw the importance of having senior managers who 'are in touch with the realities of the need for a work life balance'. Her boss and her boss's boss have children, the HR manager has children and she thinks that shows:

The chief executive said three or four years ago, enjoy every minute because they grow up so quick. He was obviously feeling that from his soul when he said that to me. And I think that was great, because now I don't feel guilty going to a school concert and coming in half an hour late.

But the stand out feature of these discussions was the role of middle and front-line managers, their autonomy and capacity to make and implement decisions – 'it's publicly out there and put into practice' said Eleanor, a middle manager.

Eleanor believes, 'It does come from the top down, but the crucial line is the middle management, who directly manage the people on the lower level' And for Gemma:

...it's the only organisation I've ever worked with where you do feel comfortable, as a middle manager, being able to make a call which - in other organisations - would be horrific...So I think it is true that it's middle management's job here to take strategic initiatives and turn them into operational realities. And how we do it is up to us. And it really is a job where you've got to try any tricks that will work. One of the tricks is flexibility and the ability to get reward.

Interestingly, Fred who manages a 'very traditional area' experiences pressure, not from peers but from the people he manages, for him to work the rigid hours that they do. He says, 'there's still the feeling that if the boss isn't there he's slacking off. If I happen to work from home, they feel that I'm not really working, I'm sitting there watching TV'. He recognises that 'these guys work hard here' and wants to acknowledge that but feels 'restricted with the time I can spend away from here, by the very nature of keeping respect from the people I work with'.

Gemma brings to the fore the 'non-work things that enable us to feel flexible - relationships, building rapport with people'. She has to work very closely with half a dozen people, 'and if there's trust between us it just makes the whole thing work better. The flexibility is there. I don't mind changing some things because I know I have the support of these people'.

Concluding comment

A positive and supportive culture is required to help build trust.

Management, including senior management, must understand and be committed to effective implementation of policies and initiatives and must demonstrate commitment in practice by modelling the behaviour.

Training and support for managers to better understand their role in promoting WLB is vitally important

The autonomy and delegated capacity of middle and front line managers to make decisions and operationalise WLB policies and initiatives is pivotal.

Staff have a valuable role to play in implementing WLB in the workplace and ensuring their understanding and support is necessary.

3.12 Policy implementation

I think that there is definitely the preaching, but I don't think there is the practicing (Jane).

You can have policies until the cows come home but they need to implement the policies, and that's where the failure is that I see. We know there's policy out there for work life balance and family friendly. And it keeps being bandied around. Family friendly rosters and all that. But there's nothing implemented at the coal face (Leena).

...it's mostly a matter of luck (Kay).

Study participants welcomed policies supportive of WLB. As Lucinda said, 'Policy does play an important role'. However, a significant gap between policy and practice was widely reported. Workers and managers identified a number of ways in which policies failed to be implemented. They also noted barriers to implementation and suggested means to overcome these barriers and ensure arrangements that met their needs and the needs of their workplace.

3.12.1 The implementation gap

In addition to the policy/practice gap evident in other sections of this report, interviewees made particular comment on the general inadequacy of policy implementation. In some work areas requests to access a range of policy provisions or entitlements were just not approved. Employees learned not to ask. Some left jobs in these areas by either resigning or moving to other positions, for example,

from nurse to project worker. Others coped as best they could by creatively using provisions such as sick leave.

Participants spoke of the very uneven application of policy. Most knew of pockets of employment in WA Health Units where flexible work practices were being successfully applied, but some were frustrated by this not happening in their work area. Employee access to policy provisions seemed to participants such as Kay, 'mostly a matter of luck'.

Some participants described inconsistent access to provisions and favouritism. Christel was angry at perceived bias in decision making in her organisation:

This place relies on job advertisements that promote, as attraction factors, things like salary packaging and the work-life balance issues...But when you actually come into the workplace, your opportunities to discuss and take up those alternative patterns of work are either ignored or frowned upon unless you're in certain groups of people who have relationships with those in senior positions.

Courier Jock agreed, 'it's a bit about who you know'.

Jane reported selective application of policy arising from management perceptions of who was deserving and who was not. Jane was subjected to sarcastic comments from her boss about taking time off for physical training. She found:

...that being single and not married and not having kids that is actually – there is an element of type of racism against not having kids, not being married. You are expected to just be available to do everything because you don't have those.

Izzy also argued that policy should apply to everyone – not just those with families, 'we've all got things that we want to do when we're not here...'

3.12.2 Barriers to implementation

Participants observed or directly experienced a number of barriers to implementation.

Middle manager Poppy argued that the management right to refuse requests by employees to access policy and industrial entitlements on the basis of 'operational reasons' was too broad:

That's often a good way out for the manager – to say that it doesn't meet operational needs. That's always one of the statements that they put in the policies. Those decisions are at the discretion of the manager and only if it meets operational needs.

The extent of management discretion and the lack of independent avenues of appeal meant that old cultures, practices and biases went unchallenged. Policies and provisions relating to WLB appeared largely optional. Poppy consequently questioned departmental policy and commitment, 'So is it a toothless tiger? Is it just lip service or do they actually mean it?'

A number of participants reported coming up against traditional, rigid practices that they argued were unnecessary. Many frustrations related to rigid shift hours and rostering already referred to. Other inhibiting practices were found in non-nursing areas. Fred for example, objected to a long-held stocktaking practice determined by head office that intruded into staff weekends. He was only able to get this practice changed because of his persistency and his relative seniority:

We do stock takes here twice a year for audit reasons or policy reasons. We used to try and do everything in one weekend, and it was just ridiculous, because the staff just got so physically exhausted. I asked if we could split the stock takes over two different weekends, and I was told head office wouldn't support that. I kept trying, and eventually one of the senior head office people came out here and we had drinks. And he said yeah that's okay.

Janette and Imogen saw the fear of setting a precedent as an inhibitor to some managers agreeing to staff requests for more flexible arrangements. Janette commented:

...you know I've actually experienced where people will not make what they see as an exception for an individual case...because that would be setting a precedent. Also their view of equity is everybody has to stick to the same inflexible rules.

Imogen thought that the fear of precedent could be out of proportion and was exacerbated by staff shortages. Even so, the organisation had a responsibility to find solutions:

But the other sort of fear seems to be well, if we give that to one person, everybody will want it and then it's not just managing one vacant position, it's managing 50. Now I'm not sure that that's the case because not everybody is seeking to work a 9-day fortnight. But maybe a few people would. My view was that that's not a staff member's problem. That's the service and the organisation's problem to solve. But it isn't easy to solve.

Departmental policies could also be contradictory. Country doctor Lorna was housed in departmental accommodation and used a work car. However, when she requested return from maternity leave on a part-time basis, she was informed that this conflicted with her original contract, including requirements regarding the house and car:

And he goes I don't know if the health department can do that. I said well if they can't I will just take my whole year of maternity leave to which I'm entitled and I'd only been off five months and I know that they were short.

Interviewed managers were generally keen to achieve better WLB outcomes for their staff. However, many were severely hampered in their efforts by resource constraints. Restricted funding and staff establishments combined with increased work demands meant that they had limited or no capacity to cover requests for a range of WLB or family friendly provisions. Kay observed:

Staffing is too thin – they've pulled the positions away and they've culled big time. They've slashed and burned...and the activity has gone up and expectations to prevent disease have gone up.

Imogen, previously a member of a senior management group, added that unfilled establishment positions in some areas contributed to the problem:

...every month we had requests come to us for different family work-life balance initiatives, perhaps just leave, a 9-day fortnight. The management team are in principle supportive of the family-friendly workplace but...how do they cover the positions when...we can't cover the positions anyway. I think we've got something like 300 mental health positions to recruit in the next 2 years...We've got a new mental health unit...in a year or two's time and we haven't got any staff for that. But we can't take them from here because our other services aren't staffed.

Interviewees noted a general absence of systematic steps to ensure policy implementation, including allocation of responsibilities, plans and procedures. Portia and Jenny were discouraged by a lack of follow-up:

During one of the meetings that we had – to do with our pay negotiations and everything – somebody high-up in HR was there at the time. She was going on about oh yes we can do this, we can do that; you should get paid professional leave for this, and sabbaticals here, and this there. I'm like wow; that would be nice. Then after the meeting nothing was ever put into practice...There was nobody there to follow it up and put it into place...It's frustrating. It's disappointing. Sometimes you feel like you're hitting your head against a brick wall...(Portia).

...like they have meetings set up every month. Now the meetings are there to have the management and the workers sort of opinions and what's going on, to work out problems. But

then the problems never get worked out, it never gets seen to, it never gets processed past that point. You sort of think well what was all that for? (Jenny).

Turnover in management undermined organisational capacity to implement policies. Leena stated that it was hard to achieve change when there was a lack of management continuity:

You know, somebody might have the best of intentions but then the next week they're gone. And then the next person comes in trying to get their head around the new position and then they're gone. I was in X for 13 years. I think I saw seven directors of nursing.

The attitudes and limited understanding of some managers also constituted barriers to employees achieving WLB. Interviewees described a pervasive, lingering assumption that work life issues were personal matters and their resolution not part of day-to-day management duties. Resolving work life conflict was frequently left entirely to the individual. Marianne felt that she received no assistance in dealing with her work life balance issues, 'you've just got to come up with your own solution and if you can get permission'. Participants wanted management to be more supportive for example by, saying to all staff, 'you may have these needs. Here are the policies relating to them and some practical ways in which this organisation can help'.

Gemma illustrated a tendency by some managers to see workers' attempts to limit work intrusion into home time/life as a personal work failure:

Facilitator: So what if one of your workers says to you I've got demands of family and such at the moment, I cannot work outside of the normal working week, I can't do more hours. How would you respond?

Gemma: If I was in a position to actually critique what their priorities are, have they looked at process reviews, etcetera, I would have been saying well you've got to. What about we put this then? You have to do it respectfully. But maybe there comes a time where they don't cut the mustard. And I'd be quite happy to say well it was nice and we've both given it a go, but you're not the person for the job.

The demands of managers and colleagues also undermined participants' ability to separate work from other aspects of their life. Trudy's boss rang her at home after working hours. She wanted this behaviour to stop, 'they need to realise we've all got a life'.

3.12.3 Ensuring implementation

Participants wanted management at all levels to take systematic responsibility for the implementation of policies for WLB and for ensuring staff access to related entitlements. Imogen encapsulated much comment when she said, 'They've got to work harder on sorting out how to operationalise the family friendly policies'.

Suggestions to improve the implementation of policy included the following:

- Manager duties and assessment to include understanding of work life balance and implementation of WLB policies.
- Organisational measures to achieve implementation, including staff consultation, planning, allocation of responsibilities, timetables, reviews.
- Information to employees on policies, entitlements and procedures.
- Publicity to staff and line managers on examples of practical ways to implement policy, including places where it had occurred, accompanied by clear statements of support and implementation guidelines from senior management.

Interviewees looked for greater creativity and effort from managers at all levels to make policy work. They were frustrated by negative 'knee-jerk' reactions by managers to their requests for access to policy provisions. Sylvia urged managers, 'Don't go making decisions without getting the full story'.

Study participants wanted senior management to support and encourage middle level and line managers 'to think outside the box' (Izzy).

Finally, participants called for an independent avenue of appeal, 'like an independent arbitrator' (Poppy), where they could contest unfavourable management decisions.

3.13 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.

3.13.1 The limits of awards and agreements

Nurse manager Chris argued that the pay and conditions of nurses required comprehensive review and upgrading. Such upgrading should ensure in particular right of access to entitlements relating to WLB and professional development.

Participants in one focus group noted that while awards and agreements were supposedly 'cut and dried', the reality was that work areas had their own policies and could not or would not implement existing industrial provisions. They cited the example of ward nurses not being able to access one day off a month due to shift rosters, whereas administration staff, working day time hours only, could access this provision. Most did not question this discrepancy, but accepted that there were inevitable differences in the flexibility available to shift workers and others, regardless of award provisions. However, one participant in the group pointed out that some units had adopted flexibility around hand-over times, thus enabling nurses to accumulate hours and take time off. It appeared that work culture and old practices were strong and lagged behind changes to industrial entitlements. Some staff and managers also did not necessarily know anything/enough about rights, including whether a provision could only be requested and could be refused.

Manager Trudy wanted to attract and retain staff in the face of competition from the mining industry. She developed innovative ways to do this, including a bonus scheme. Trudy noted:

We have had to be different to stand out in a competitive environment. We've had to show staff we care.

However, others in her organisation were apprehensive about this scheme and further innovative proposals. They feared that they breached award provisions or set precedents that could be used elsewhere. Trudy argued that health units needed to be able to try out new arrangements or 'they'll get caught out'.

Imogen, a senior working in mental health, wanted to make it easier for professional staff to maintain a fit between the demands of work and home life. She observed professionals from one occupation being called in from home to assist a client who was 'their case', when there were other professionals already at work who could deal with the situation. She was frustrated by the rigid boundaries established around occupations such as psychologists, social workers and nurses in mental health. She argued that less rigid occupational delineations could assist with WLB and could be constructed so as not to jeopardise client welfare.

3.13.2 Strengthening industrial provisions

Innovators such as Trudy and Imogen would be assisted in their efforts by clearer avenues through which to challenge industrial prescriptions and have them reviewed for the benefit of employees trying to fit work with other aspects of life and staff recruitment and retention. Employees denied access to entitlements in awards and agreements also required an independent review mechanism.

4 Key themes

4.1 Introduction

This section draws together findings from sections 2 and 3 under four thematic headings. It does not encompass the detail but highlights the main points emerging across the issues discussed in these earlier sections.

The themes and findings presented here provide the framework within which recommendations will be developed.

The four themes are: resources and infrastructure; the organisation of work; work life stages; and policy into practice.

4.2 Resources and infrastructure

The study found that there are significant factors which, if they are not addressed, will substantially undermine Work Life Balance (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 on-site 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.

4.3 Organisation of work

The way work is organised 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 often 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 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.

4.4 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.

4.5 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 practice and culture often goes 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.

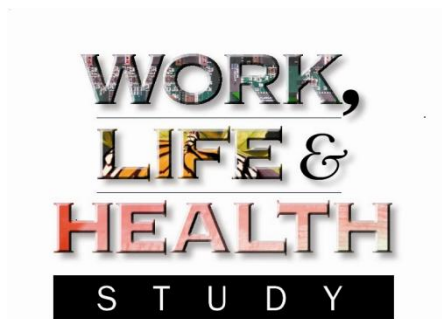
Line managers have a vital (lynch pin) role in translating policy into practice - they are often the decision-point and they can be innovators or rigid constrainters.

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.

APPENDIX 1



Information Sheet

Why this study

Significant changes are afoot in the Australian labour market and workplaces. These changes are affecting employees' work and home lives. Workers and those they live with are looking for new ways to save time, form and sustain relationships, work, live, and care for each other.

This three year study (2007-2010) looks at how people manage their lives across work, home and community, and what policies and practices will make it easier for them to achieve a balance between their work and the rest of their lives.

Approximately 150 individuals from different occupations in both the public and private sectors of WA and SA will be invited to participate.

The study is being conducted by researchers from the Centre for Work and Life, University of South Australia. It is jointly funded by the Australian Research Council, University of South Australia, Western Australian State Health Advisory Committee on Work Life Balance and SafeWork SA.

We invite your participation

We are especially interested in talking to people who:

- have recently come into the workforce for the first time
- are in mid-career
- who are thinking about leaving the workforce.

What we ask from you

If you participate you will be asked to take part in a focus group discussion with other workers led by 1-2 members of the research team, or to be interviewed by a researcher. At the beginning of the focus group you will be asked to complete a short Background Questionnaire so we can report on which groups of people are most affected by the various points raised. We may ask a small number of people to also participate in an in-depth interview later in the project.

During the focus group or interview you will be asked questions about how your work, home and community lives fit together, the sorts of decisions you have had to make to manage these different aspects of your life, and the types of policies and actions in your workplace or community that you find most helpful for your work-life balance, or that you would like to see implemented.

The focus group is expected to run for approximately 1.5 hours, interviews are expected to be for approximately 30 minutes. With your consent, the focus group or interview will be audio-taped and transcribed.

There is no obligation to participate. Participation is voluntary and should you agree to participate you may withdraw at any stage without prejudice. Your participation and contributions, or decision not to participate, will not be communicated to your employer.

What happens to the research findings?

The results of the study will be published in reports to WA State Health Advisory Committee on Work Life Balance and the project funders, and in academic journals.

Summary reports on key findings will be published on the Centre for Work + Life research projects webpage www.unisa.edu.au/hawkeinstitute/cwl/research.asp and follow the link to the **Work Life and Health project**. At the bottom of this project page there is a further link to the qualitative study *Information sheet* and an option for qualitative study participants to *Add comments here*.

Can I attend in work time?

It has been agreed that most focus groups and interviews will take place on-site in work time. However 2 groups will be open to interested workers who are not able to attend in paid time or unable to attend a group at their workplace.

Confidentiality and anonymity

Your confidentiality and anonymity will be preserved at all times. Focus group participants will be asked to treat the information shared in the group as anonymous and confidential, however confidentiality by group members can't be guaranteed by the researchers.

When recorded data from groups and interviews is transcribed all identifying information will be removed. Any other records, such as the Background Questionnaire, will remain confidential and no information that could lead to identification of any individual will be released or reported.

Questions or concerns

If you have questions regarding the project please contact **Jocelyn Auer** or **Jude Elton** at the University of South Australia on **the toll free number 1800 067 28**, or email: jocelyn.auer@unisa.edu.au or judith.elton@unisa.edu.au

This project has been approved by the University of South Australia's Human Research Ethics Committee. If you have any ethical concerns regarding this project please contact the ethics officer at the University of South Australia, Ms Vicki Allen on (08) 8302 3118 or email vicki.allen@unisa.edu.au

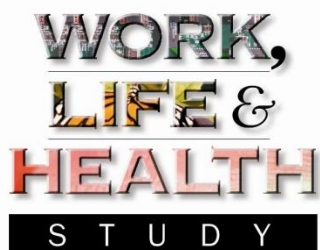
The research team

Prof. Barbara Pocock, University of South Australia
Dr. Jude Elton, University of South Australia
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Ph. (08) 8302 4198
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Toll free number 1800 067 281





Focus Group Consent Form

The aim of this project is to understand how workers in the health sector experience the balance between their work and personal lives, and their views on how employers can help them achieve a good work-life balance.

If you choose to participate in this project you will be asked to take part in a focus group discussion with other workers and 1-2 members of the research team. During the focus group you will be asked questions related to your experience of work-life balance and the strategies organisations can use to help workers achieve a good work-life balance. The focus group is expected to run for approximately 1 – 1.5 hours and, with your consent, will be audio-taped and transcribed.

Consent

- I have read the project information sheet and I agree to take part in a focus group discussion related to work-life balance
- I understand the purpose of the research project and my involvement in it
- I understand I may withdraw from the research project at any stage and that this will not affect my status now or in the future
- I understand while information gained during the study may be published, I will not be identified and my personal information will remain confidential
- I understand the focus group will be audio-taped and that this audio-tape will be transcribed
- I understand that the original audio-tape and transcript will be stored in a locked filing cabinet in the Centre for Work and Life at the University of South Australia. I also understand that access to research data will be restricted to the research team
- I agree to maintain confidentiality of focus group discussions and preserve the identity of focus group participants.

Name of participant.....

Signed..... **Date**.....

I have provided information about the research to the research participant and believe that he/she understands what is involved.

Researcher’s signature **Date**

The research team

Prof. Barbara Pocock, University of South Australia
 Dr. Jude Elton, University of South Australia
 Ms. Jocelyn Auer, University of South Australia

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 Ph. (08) 8302 4198
 Ph. (08) 8302 4198

WORK, LIFE & HEALTH S T U D Y

Background Questionnaire

Thank you for taking part in the Work, Life and Health Study. The following questions will help us to describe the people who agree to take part in this study. The information you give will only be used to generate group statistics. At no time will your individual answers be referred to, nor will you be identified in any reports or correspondence relating to this study.

Name: _____ **Pseudonym** _____ **Contact number:** _____

Please mark the response which best fits your situation except where otherwise indicated

1. Are you male or female?

- Male
 Female

- Patient services worker
 Other (please specify)
.....

2. What is your age?

- Under 25 years
 25 – 34 years
 35 – 44 years
 45 – 54 years
 55 years & over

5. What hours do you work in a week?

- Long full-time hours (45+)
 Full-time (35-44)
 Long part-time (16-34)
 Short part-time (15 hours or less)

3. What stage are you at in your working life cycle?

- Early working life
 Forming a family
 Mid-career
 Nearing retirement
 Other (please describe)
.....

6. What is the nature of your employment?

- Permanent
 Contract/agency
 Casual

7. Where do you live?

- City
 Regional centre
 Rural/remote

4. What is your occupation?

- Medical specialist
 General Practitioner
 Intern/JMO
 Registered nurse or midwife
 Enrolled nurse
 Allied health/other service delivery
 Diagnostic/technical services
 Senior/middle manager
 Admin/clerical officer

8. What is your total annual income?

(Wages, benefits, other income)

- Less than \$30,000 pa
 \$30,000 – \$59,999
 \$60,000 – \$89,000
 \$90,000 or more

9. What is your total annual household income? (Wages, benefits, other income)

- Less than \$30,000 pa
 \$30,000 – \$59,999

- \$60,000 – \$89,000
- \$90,000 or more

10. Who lives in your household?

(Mark all boxes which are applicable)

- You alone
- You and your partner or other independent adult
- One or more dependent children
- One or more adult independent children
- Other dependent family member or friend

11. Do you have other dependents?

- Family member who lives elsewhere
- Friend or neighbour who depends on you who lives elsewhere

12. Are you active in your community?

(Mark all boxes which are applicable)

- In religious activities
- As a member of a social, sports or other club or society
- As a volunteer for a hospital, fire service, land care or other community organisation
- Other (please describe)
.....

13. How strong are your personal connections with extended family and/or close friends/ neighbors?

- Very strong
- Moderately strong
- Fairly weak
- Very weak

14. In general would you say your health is?

- Poor
- Fair
- Good
- Very good
- Excellent

15. Would you describe yourself as someone who plans?

- Thoroughly – for the long term & in detail
- Moderately well – for the medium term & not a lot of detail
- Sketchily - for the short term, with little or no detail
- Not at all

16. Do you plan ahead around?

(Mark all boxes which are applicable)

- Your work/career
- Your finances
- Your ongoing connection/links with family and friends
- Your broader community connections?

Would you be willing to participate in a follow-up interview? Please circle Yes No

THANK YOU

