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READING, REFLECTION, AND APPLICATION IN REALITY

Reading this article and undertaking the learning activity is equivalent to **60 minutes** of professional development

BY SHELLEY JONES

In Balance:
The Fit Between Work and Other Life Commitments

We attach great cultural significance to the close of one year and start of another, whether dated by the Gregorian or Chinese calendar, Matariki or a more personal anniversary. Times of transition prompt review and reflection, prediction, and planning. Many of us will take stock, wonder how we did it all, and resolve to better balance 'work and life' in the coming year. We'll take a look at what work-life balance means – theoretically, critically and personally – by revisiting the themes discussed in an update of this learning activity first published in 2012.

Learning outcomes:

Reading and reflecting on this article will enable you to:

» Explain the importance of work-life balance
» Discuss key work-life balance concepts
» Draft a personally relevant definition of work-life balance
» Explore the fit between your roles and assess your work-life balance.

WORK-LIFE BALANCE IS THE ISSUE

According to a quick enquiry via Google Scholar, there was a 25-fold increase in published articles with the words 'work life balance' in the title between the 1990s and 2000s[4].

Factors cited for increasing academic and popular interest in work-life balance include:

» increased participation of women in the workforce
» changing family patterns, which include delayed family start, young adults staying longer in the family home, increased longevity of elders (who may be distantly located), and multi-generational families
» increased consumerism and cost-of-living, which, with incommensurate incomes, are likely drivers of the increase in dual-earner households
» globalisation resulting in hypercompetition in the private sector, and budget cuts in the state sector, both compounded by the global recession and both contributing to a long-hours culture
» increased time required for commuting to and from work
» the telecommunications revolution which enables some flexibility in where and when people work, but also means some workers feel always 'on'
» that these issues are impacting on 'baby boomers' (the generation born between 1945 and 1965), who, at the same time, are encountering different values held by generations X and Y.

DEFINING WORK-LIFE BALANCE

In 1840, Samuel Parnell declared, 'There are twenty-four hours per day given us; eight of these should be for work, eight for sleep, and the remaining eight for recreation and in which for [people] to do what little things they want for themselves'[1].

Work-life needs can be mapped within three different but connected areas, which should be in balance:

► Personal time and space – what we need to do for the care of self and maintenance of body, mind and soul.
► Care time and space – what we need to do to care properly for others.
► Work time and space – what we need to do to enable us to gain economic self-sufficiency[2].

The NZ Department of Labour (DoL) defines work-life balance as '...managing the juggling act between paid work and other activities that are important to us - including spending time with family, taking part in sport and recreation, volunteering or undertaking further study'[3].

However, work-life balance is not a new phenomenon. That workers might possess 'their own time' and that work hours should be limited are ideas directly inherited from the social movements formed in reaction to the long hours worked in poor factory conditions by adults and children during the industrial revolution. Today, as then, risks associated with working long hours apply to workers, families, employers, and the community

WORKING LONG HOURS:
RISKS TO SOCIETY

The risks are theorized to stem from less time to recover from work, longer exposure to workplace hazards, and less time to attend to non-work responsibilities[5]. Risks to workers include sleep deprivation, poor recovery from work, decrements in neuro-cognitive and physiological functioning, illnesses, adverse reproductive outcomes, and injuries. Risks to families include delayed marriages and child bearing, and obesity in children. Risks to employers include reduced productivity and increases in workers' errors. Mistakes by fatigued workers have broad-reaching impacts to the community: medical errors, automobile crashes with other drivers on the road, and industrial disasters that damage the environment.

Beyond managing risk, writers with perspectives as diverse as critical feminism and human resource management propose rethinking the distinctions and relationships between 'work-life' and 'work-family'. They are looking at broader social values such as collective welfare and an ethic of care[6], or how work-life balance can add value to both organisations and individuals[7].

Approaches to work-life balance fall on a continuum[7]. At one end, in the trade-off approach, either business or personal life wins at the expense of the other. Mid-way,

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in an integrated approach, managers and employees work together to meet their respective needs, using 'life friendly' policies designed to attract and retain valuable staff. A leveraged approach, at the far end of the continuum, uses work-life balance practices to help people have more satisfying personal lives while adding business value by identifying better ways to get work done.

KEY WORK-LIFE BALANCE CONCEPTS

Work-life balance is about ensuring that your personal responsibilities and commitments (e.g. nurse, friend, parent, child, learner, volunteer) are life-enhancing and satisfying in themselves, and that you can function well in each. This set of roles – and how you manage the way they fit together – is what creates your current life pattern.

Finding a good fit between roles involves combining their multiple dimensions (no small task), and is affected by life stage and personal or family resilience[8]. Conflict or role strain results from negative spillover between roles or life spheres – for instance, a frustrating or distressing job may mean an individual cannot fully engage or 'recharge their batteries' during time spent with family and friends. Facilitation or role enhancement results from positive spillover – for instance, being involved in postgraduate study enhances the satisfaction of clinical work and can create solidarity with young adult children also studying. Spillover can be uni-directional or bi-directional. For instance, negotiation skills (learned at work or home) can be brought to relationships in work and personal life.

If roles are essentially separate, useful strategies for managing boundaries include detaching or mentally 'switching off'. However, the boundary between work and home is especially permeable when workers have family responsibilities, and more so if childcare and domestic responsibilities fall unequally[9,10]. Time bind – not being able to divide time as desired between work and family/personal roles – can make home more stressful than work[11]. Variations to standard work hours, flexible working arrangements and 'family-friendly' policies (such as paid parental leave) are proposed to allow a better balance between work and family/personal life[12,13].

Hours worked is probably the most direct determinant of work-life balance; additional risk factors for work-family imbalance are dual-career partnerships and number of children[14]. A representative sample study of the United States labour force reported that the most consistent work characteristic predicting imbalance between work and family/personal life is hours worked, and the most consistent family characteristic predicting imbalance is being a parent[13]. What do we do know about these two factors for New Zealand nurses?

WORK-LIFE BALANCE FOR NURSES IN NEW ZEALAND

Many carry their households financially

For the avoidance of doubt, it should be stated that nurses are working to support themselves and their families – not for 'pin money'. The biannual employment survey of New Zealand Nurses Organisation (NZNO) members for 2015 reports that nurses' households are significantly dependent on their earnings: 33 per cent of survey respondents said that their earnings were the total household income; 25.6 per cent earned more than half of household income; and 16.8 per cent earned about half[15].

The majority work full-time

Definitions vary: some District Health Board employers consider staff working 32 hours and more per week to be full-time (as does NZNO), whereas the Nursing Council of New Zealand (NCNZ) defines part-time work as fewer than 35 hours per week[16].
» According to the NCNZ workforce profile for 2014−2015[16], 57 per cent of nurses holding an annual practising certificate and currently working in nursing in New Zealand are working full-time.
» The 2015 NZNO employment survey reports that 54.1 per cent of respondents indicated they had a full-time contract, 39.6 per cent a part-time contract, and 5.5 per cent worked on a casual basis.

Many have family responsibilities

Juggling paid work and unpaid family work is a challenge many face:
» According to the 2015 NZNO employment survey, just over half of respondents have family responsibilities: 35.6 per cent for children, 11.5 per cent for adults, and a small proportion (4 per cent) find themselves 'sandwiched' between responsibilities for children and older family members[15].
» The 2011 NZNO employment survey had found that amongst those with family responsibilities there was little difference in the proportions of full-time, part-time, or casual workers, or male and female[17].
» 'Parental responsibilities' was the top reason (37.3 per cent) given in the NCNZ workforce profile for working part-time[16].

Many work non-standard hours

Shiftwork is an unsurprising part of what's involved when patients need nursing care 24/7. The 2015 NZNO employment survey reported respondent experiences of shiftwork ranging from some nurses finding themselves stressed, fatigued and unable to recover, to others being able to manage the necessary adjustments[15].
» Shiftwork patterns seem to be related to life stage – amongst nurses between the ages of 40 and 65 years, there is a more or less even split between those working shifts and those working 'office' hours. Amongst those under the age of 40, the majority are working shifts[15].
» Of those working shifts, 77 per cent are doing rostered and rotating shifts. While the oldest nurses are more likely to work permanent nights or day shifts and the youngest least likely, moves to have permanent night staff go onto rostered and rotating shifts may account for a 20 per cent increase in rostered and rotating shifts since the 2013 survey[15].

WORKING LONG HOURS: IMPACT ON HEALTH AND WELLBEING

Working long hours poses obvious difficulties, simply by reducing the hours available to recover from work and undertake other responsibilities, and in turn, potentially heightening conflict between work and personal roles. Amongst the most concerning risks associated with long hours discussed in the literature are the impacts on health and wellbeing:
» A cohort study of mid-career Swedish women employed full-time in health, education, and service sectors found a positive correlation between long hours (more than 10 hours overtime per week) and elevated morning levels of the stress hormone cortisol[19].

» A five-year prospective study of a cohort of mid-career British civil servants found employees working more than 11 hours a day were more than twice as likely to experience a major depressive episode than those working 7−8 hours a day[20].
» A recently published systematic review and meta analysis of 25 studies involving more than 600,000 men and women found employees who work long hours (55 working hours or more per week) had a higher risk of stroke than those working standard hours; an association with coronary heart disease was weaker[21].

» About 75 per cent of those working shifts strongly agreed or agreed that they worked preferred shift patterns and have adequate recovery time, that shifts are allocated fairly, and that rostering is both available well in advance and flexible when needed[15].

» While there may be no such thing as a perfect roster, that 25 per cent could not agree that this was their experience suggests there is scope for further work to implement good rostering practices[18].

Many work extra hours

About 70 per cent of nurses regularly work in excess of their agreed hours – some once a week or every shift, and most several times a week. Respondents' comments suggested this was unpaid time, often at the end of the shift to catch up on administrative aspects of their work. Just under 70 per cent work through their meal breaks on a similar basis[15].

High workload is a reason for part-time hours or job change

The 2015 NZNO employment survey reports that 'stress/workload' is the second most common reason nurses change jobs[15]. 'Reduced hours due to high workload' was the third most common reason given in the NCNZ workforce profile (12.2 per cent) for working part-time[16].

WHAT *IS* WORKING?

The 2015 NZNO employment survey found that most respondents were "happy with their choice of shifts" (78.6 per cent strongly agree or agree) and felt "able to balance work and home lives" (72.9 per cent strongly agree or agree). Further, positive feelings (around 75 per cent strongly agree or agree) were reported for job satisfaction, nursing as a career and job security[15].

Perceived control over scheduling increases perceived balance[13], and positive work factors

buffer or mitigate adverse aspects[20]. It is not too much to read a sense of pride in the finding that 90.6 per cent of NZNO's respondents strongly agree or agree that "the quality of care provided where I work is good"[15].

Another explanation for what seems to be working is that nurses are skilled at bringing everything together – they're able, apparently effortlessly, to set things up so that they all come together at the right time for the patient/client. Doubtless this competence is applied to fitting work and other commitments together. A new way of looking at work and life is not to see them as necessarily separate and conflicting, but as an integrated whole – work is part of life, and life includes work.

BALANCE IS ABOUT WHAT'S RIGHT FOR YOU AT THIS TIME

Any image we bring to mind to visualise balance has a central point, a pivot. The first step in managing work-life balance is to understand that point or pivot is you. To 'centre' yourself is to be clear about what is important and meaningful to you – and why. Being clear about such things helps you assess the value of everything you do and enables the decision-making that keeps things 'in balance'. If changes are needed, you will have to 'have the conversation' with your manager or significant others and family, but most importantly, you first need to 'have the conversation' with yourself.

If you looked back over the last year and wondered how you did it all, your self-talk could include just as much congratulation on your time management and organisational skills as advice on what lessons to take forward. If you find you need to make changes to your work life, have a conversation about that with a trusted colleague you respect for their understanding of the many ways to do a satisfying career in nursing.

Finding what works for you is pivotal to balancing your current roles, commitments, and interests.

RECOMMENDED READING AND ARTICLES:

Articles:
» CAPRONI Paula J (2004) Work/life balance: You can't get there from here. *Journal of Applied Behavioral Science* 40(2):208-218.
» Friedman, Christensen, and Degroot (1998) (see details in references)

Book:
» SKELLET Chris (2011) *When happiness is not enough: Balancing pleasure and achievement in your life.* Exisle Publishing: Auckland

Web resources:
Beat burnout by making more time for the activities and people who matter most to you with 5 tips for better work-life balance.

Time management resources at Mind Tools

Different points of view in the popular press: work-life balance as merge, as a myth, the main thing people are looking for in a new role, and managing time as a mosaic.

QUESTIONS THIS ARTICLE MIGHT PROMPT YOU TO ASK YOURSELF:

What are my roles? How well am I functioning in them?

» How good is the fit between my job and my responsibilities to others?
» How will my family responsibilities change in the future?
» Are there ways to increase enhancement and reduce conflict between my roles?
» What processes or resources can I bring to this? (e.g. values clarification, personal effectiveness techniques, coaching or supervision)

How many hours am I working per week?

» Is that about right in relation to my income and other needs?

Do I feel that I have sufficient control over when and how long I work?

» Am I able to predict and plan? How much flexibility do I need?

Can I find ways to 'unbind' my time?

» What change would give me the most benefit?

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9. KEENE Jennifer Reid and REYNOLDS John R (2005) The job costs of family demands: Gender difference in negative family-to-work spillover. *Journal of Family Issues* 26(3);275-299.

10. EMSLIE Carol and HUNT Kate (2009) 'Live to work' or 'work to live'? A qualitative study of gender and worklife balance among men and women in mid-life. *Gender, Work and Organization* 16(1):151-172.

11. HOCHSCHILD Arlie Russell (1997) *Time bind: When work becomes home and home becomes work.* Holt Paperbacks: New York NY

12. KELLY Erin, KOSSEK Ellen, HAMMER Leslie (2008) Getting there from there: Research on the effects of workfamily initiatives on work-family conflict and business outcomes. *The Academy of Management Annals* 2(1):405-349.

13. TAUSIG, Mark & FENWICK Rudy (2001) Unbinding time: Alternate work schedules and work-life balance. *Journal of Family and Economic Issues* 22(2):101-119.

14. CLARK Sue Campbell (2001) Work Cultures and Work/Family Balance. *Journal of Vocational Behavior* 58(3):348-365.

15. WALKER Léonie (2015)*NZNO Employment Survey 2015. Our Nursing Workforce: Condition Deteriorating.* NZNO: Wellington (and personal communication with author)

16. NURSING COUNCIL OF NEW ZEALAND (2015) *The New Zealand Nursing Workforce: A profile of Nurse Practitioners, Registered Nurses and Enrolled Nurses 2014-2015.* NCNZ: Wellington
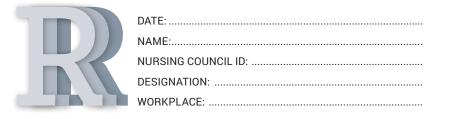
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See the Nursing Council defined competencies for professional responsibility and interpersonal relationships in Domains 1 and 3 for RNs, ENs and NPs at www.nursingcouncil.org.nz/Nurses/Continuing-competence

A READING: THE QUESTIONS IN THIS SECTION ARE DESIGNED TO HELP YOU READ THE ARTICLE ATTENTIVELY

1 Which of the factors listed below was not cited as a reason for increasing interest in work-life balance?

Tick one ☐ increased travel time ☐ global climate change ☐ distantly located elders ☐ delayed child-bearing

2 The concept of 'spillover' is about:

Tick one ☐ only negative effects between roles ☐ positive or negative effects between roles

3 The studies cited in this article found impacts on mental health and well-being when study subjects worked more than 10 hours overtime per week on top of:

Tick one ☐ part-time hours ☐ full-time hours ☐ either full- or part-time hours

4 The 2015 NZNO employment survey reported that the proportion of the nursing workforce with responsibility for family members was:

Tick one ☐ just under a half ☐ about half ☐ just over half

5 The article concludes by recommending that the most important conversation to have about your work-life balance is with:

Tick one ☐ your manager ☐ your significant others ☐ yourself ☐ a trusted colleague

B REFLECTION: THIS SECTION HELPS YOU REFLECT ON YOUR LEARNING FROM READING AND RELATE IT TO YOUR EXPERIENCE

1 What work-life balance means for me personally is that I am able to…

2 What are your 'take home' insights or learning? List 3 points from the article:

1.

2.

3.

C REALITY: THE NOTES YOU MAKE IN THIS SECTION SHOW HOW YOU INTEND TO APPLY YOUR LEARNING IN PRACTICE

1 Please select from 'Questions this article might prompt…' the one most meaningful to your work-life balance. Outline your answer, the options open to you, and actions you plan to take in some brief notes below:

Verification by a colleague of your completion of this activity:

(Signature)

COLLEAGUE NAME: .... DESIGNATION: .... DATE: ....

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