Abstract

UK domiciliary care workers play a vital role in maintaining and improving the lives of service users who have a variety of needs. Around 60% of these employees work under zero-hours contracts but, while it is known that conditions such as temporary and shift working can influence employee health and performance, zero-hours have not been widely investigated. This project sought to firstly investigate the stress associated with working as a domiciliary care worker, as well as comparing the experiences of employees contracted to zero hours with those contracted to at least 16 hours per week. Twenty-nine semi-structured interviews (15 zero-hour, 14 contracted hours) were conducted in the West Midlands of the UK and analysed using thematic analysis. Across all participants, four predominant stressors were found. Firstly, level of pay for what is a job with high levels of responsibility were poor. Secondly, participants described struggling to maintain an adequate work-life balance due to the varied timings of visits, as well as rude and aggressive behaviour from both service users and their families. Lastly, a lack of peer support and poor care from peers was discussed. However, every respondent described the positive relationships that they develop with service users being a distinct stress-reliever. Zero-hours respondents discussed two further stressors. Power refers to the relationship between employee and management, with respondents describing the balance of power being with management. Uncertainty reflected respondents not having set hours of work or pay, and thus not being able to plan in their personal lives and sometimes not being able to pay bills. Findings suggest that domiciliary care workers are exposed to a range of stressors, with zero-hours adding to these. Further research should look into methods to improve both the job role for workers, and redress the power relationships for those with zero-hours contracts.

Key Words: care workers; work stress; zero-hours; workforce issues

What is known about this topic?

- Domiciliary care workers play a vital role in the maintenance of service users' life.

- It is estimated that over 60% of these workers are employed under zero-hours contracts.
- Zero-hours contracts are politically and organisationally important, but have only once been empirically investigated in the UK.

What this paper adds.

- Domiciliary care workers are exposed to a complex variety of stressors in the workplace.
- The development of relationships with service users is a distinct positive in working in this role, and buffers some of the stress otherwise experienced.
- Employing workers on zero-hours adds a wider range of stress to the role, and the uncertainty associated with such contracts in particular is difficult for employees.

Zero-Hour Contracts and Stress in UK Domiciliary Care Workers

Care and support workers in the UK play a vital role in maintaining and improving the lives of service users, who may be living with one or more physical, psychological, or developmental disabilities. This role includes providing medication, meal preparation, and personal care amongst myriad other responsibilities, meaning that they must be adept at a number of different skills (Vassos and Nankervis, 2012). Domiciliary care workers in particular provide care for people who live in their own homes but require additional assistance to live as independently as possible. The adult social care workforce in the UK is large, consisting of approximately 1.58 million jobs, an increase of 19% since 2009, with this number projected to increase by up to an extra 700,000 by 2030 (Skills for Care, 2017). Over 800,000 of those currently employed in the UK are care or support workers, 82% are female, and the turnover rate for 2016-17 was close to 28%. Approximately 25% (325,000 individuals) of this workforce are employed on zero-hours contracts (Skills for Care, 2017).

Chronic Stress in the Workplace

According to authors such as **Nelson and Simmons (2011) and [reference removed for anonymity]**, employees who are exposed to some level of stress at work can be more engaged and positive in their approach to the job. Indeed, Folkman (1997) found that despite caring for spouses with severe and life-limiting illnesses, positive psychological states were achieved in the partners caring for them. However, chronic workplace stress has most widely been demonstrated to adversely affect employee health and wellbeing. For example, the wide-ranging InterHEART studies (Rosengren et al., 2004) found that work stress was as much of a factor for the development of cardiovascular disease as well-known risks such as high blood pressure and smoking. Similarly, metabolic syndrome is a known risk factor for the development of health complaints such as Type-2 diabetes, with Chandola et al. (2006) finding that stress is related to the development of the syndrome. As well as physical health complaints, chronic work stress also negatively influences psychological health, leading to conditions such as depression and anxiety (Melchior et al., 2007).

Stress therefore not only influences individual health, but also the organisation. In particular, stress at work is the leading cause of long term sickness absence in the UK, i.e. that which lasts four weeks or more, and second only to illnesses such as cold and flu for short-term absences (Chartered Institute of Personnel Development, 2016). Stress, anxiety and depression are therefore responsible for 11.7 million working days lost each year (Chartered Institute of Personnel Development, 2016), with stress in particular responsible for 45% of sickness absences (Health and Safety Executive, 2016). Work stress should therefore be a key consideration for employees and employers across all employment sectors in the UK.

The job demands-control-support (JDCS) model (Johnson et al., 1988) is one of the most widely-applied theories of workplace stress (Wong et al., 2007), both academically and in practice. It asserts that the interaction between high demands, low control, and poor support from peers (i.e. the iso-strain hypothesis) can lead to stress-related outcomes for employees. Reviews of the JDCS literature between 1979 and 1997 (Van Der Doef and Maes, 1999), and 1998 and 2007 (Hausser et al., 2010) each found strong evidence for the JDCS across a range of occupations and job sectors.

The job demands-resources (JDR; Bakker et al., 2003a) model was subsequently developed from the JDCS, and suggests that there are a range of workplace conditions which can be characterised into either 'demands' (which can add to the experience of stress) or 'resources' (which can detract from this experience; Minnotte, 2016). Both demands and resources are wide-ranging characteristics, with demands categorised as requiring physical or psychological effort to complete a job (such as emotional demands, and task variability). Resources are aspects of the workplace such as support from peers and management, demand reduction, and personal growth and development procedures (Minnotte, 2016). As a balance model, the JDR suggests that resources buffer the negative effects of demands, although if demands chronically out-weigh resources then negative stress-related

outcomes such as burnout (Schaufeli and Bakker, 2004) and sickness absenteeism (Schaufelu, Bakker and Van Rhenan, 2009) may occur (Bakker et al., 2003b).

Various studies have demonstrated that working patterns can significantly influence the health and wellbeing of employees. For example, Quesnel-Vallee and colleagues (2010) found that workers contracted to temporary work were 50% more likely to report depressive symptoms when compared to permanently contracted employees. Similarly, Kivimaki, Batty, and Hublin (2011) demonstrated shift working patterns to be related to increased risk for the development of Type 2 diabetes in women. Zero-hours contracts are defined as those in which 'no hours are specified or no work guaranteed' (Franklin, 2014, pp. 263). However, despite over 60% of care and support workers being contracted to zero-hours contracts (The Work Foundation, 2013), little is known regarding the influence of working on these contractual statuses on employee health and wellbeing. Indeed, despite receiving a lot of media interest in recent years (citation removed for anonymity) and the UK labour party calling for a ban on their use (Beattie, 2016), just one empirical study of 200 care/support workers has looked at the influence of zero-hours contracts on wellbeing and found that a greater proportion of employees on zero-hours contracts scored above-accepted mental health scores (citation removed for anonymity), meaning they are likely to be more susceptible to suffering from adverse mental health issues.

Care and Support Worker Stress

Literature has demonstrated that care workers are exposed to a variety of stressors which can be characterised as either demands or resources, including those related to the organisation that they work for, and their service users. Demands including role ambiguity (Vassos et al., 2013; **citation removed for anonymity**), service user behaviour, workload, and work-family conflict (Vassos and Nankervis, 2012) have been identified, with resources such as social support (Mutkins, Brown, and

Thorsteinsson, 2011), and job feedback. However, the 'rewarding, and joyous' (Judd et al., 2017; p. 1112) nature of the role is described as a positive experience.

Care and support workers provide a service which is integral to the maintenance of their service users' lives (**citation removed for anonymity**). However, while studies have investigated the sources of stress, and influence of stress on wellbeing and other related outcomes, such as burnout in Australia (e.g. Judd et al., 2017) and Canada (Hickey, 2014), no such investigations have been conducted in the UK (**citation removed for anonymity**). Additionally, while there is a good understanding of the influence of contractual conditions such as temporary (Quesnel-Vallee et al., 2010) and shift working patterns (Kivimaki et al., 2011) on health, little has been looked into with respect to zero-hours contracts. This is particularly pertinent in the UK health and social care sector because over 60% of UK social care and support workers are contracted to zero-hours working. Zero-hours contracts are therefore widely used, and written about largely negatively in the UK media (citation removed for anonymity), but rarely (only once) previously investigated.

The aim of this study, therefore, was to investigate sources of stress in UK domiciliary care and support workers, as well as how these employees perceive the influence of zero-hours contracts on both themselves and their work performance. By gaining an understanding of the difficulties and possibilities associated with high levels of zero-hours employment in the care system, this article will subsequently propose changes and improvements to the use of zero-hours in the UK domiciliary care sector.

Methods

Research Design

This project was qualitative and involved semi-structured interviews with care and support workers in the UK who either had contracted hours of work (to at least 16 hours per week), or were

contracted to zero hours of work. A qualitative approach was adopted because little is known about the stress associated with working as a care/support worker in the UK, and there has been little academic understanding of the influence of zero-hours contracts on work performance and stress (**citation removed for anonymity**). Additionally, the in-depth and semi-structured qualitative approach allows understanding of the individual's social experience, and thus elaboration of personal experiences (Tucket, 2005).

Interview Materials and Procedure

This project was approved by the [**name removed for anonymity**] research ethics board, and data collected between September 2016 and January 2017. Participants were recruited from care and support organisations based in the West Midlands of England. Twenty-five small-to-medium sized privately-owned care organisations were approached to be part of a wider project into working conditions in health and social care. A standardised email including information about the project was designed by the research team and sent by management in the organisations to staff, with respondents told to contact the lead researcher for interview participation in order to maintain anonymity of response from management. All participants were employed as a domiciliary care or support worker in the West Midlands of the UK, providing support to those with either severe learning difficulties or severe physical disabilities.

Following contacting the lead researcher, a copy of all ethical documents was sent to potential respondents at least 3 working days prior to the interviews in order to give them time to read and reflect on the information on the consent forms and the researcher's questions should any emerge. Two separate but related interview schedules were created, targeted toward the respondents' contractual status. Both sought to investigate the job role and responsibilities of respondents, as well as asking about how these roles could be changed in order to improve the care given to service users. Each also asked about sources of stress in the role and whether the job role influences their

work-life balance. Furthermore, participants were asked whether they as individuals had experienced particularly difficult periods of stress at work, and whether this period may have affected their behavioural and/or psychological wellbeing. Similarly, we asked whether participants had observed peers who were particularly stressed while at work, and how their behaviour subsequently differed. The second schedule, specifically for those with zero-hours contracts, additionally asked about the influence of this contractual status on their job performance, work-life balance, and health and wellbeing. Each interview schedule also had specific probes, based initially on the work of Morgan and Kreuger (1998) and subsequently updated depending on the semi-structured outcomes of the interviews, to help the research gain a greater depth of information regarding topics of interest.

All interviews were conducted over the phone and audio recorded, with participants told to ensure that they were in a quiet room where they could not be overheard. The recordings were transcribed verbatim before being anonymised by [initials of author 4] prior to analysis.

Analytical Procedure

Iterative rounds of data collection and analysis were conducted in order to allow researchers to focus on emerging points of interest. For each set of participants, data collection was ended once saturation was reached. A thematic analytical approach (Braun & Clarke, 2006) was taken to analyse the transcripts, supported by the use of NVIVO 10 data management software. A 'theoretical' thematic analysis approach was taken because of the ready-existing theoretical underpinning which helped to determine the themes which emerged from the analysis. TA is not steeped in any methodological standpoint which means that it can be applied to various settings, and interpreted with underlying theoretical approaches. Coding was therefore closely linked to the aim of the research, and steeped in the JDR theoretical approach, thus mapping themes to the aims (Braun & Clarke, 2006). In order to try and maintain objectivity of approach, [**initials of author 2**] collected

and analysed interviews of those with contracted hours, and [**initials of author 3**] those with zero-hours contracts. [**Initials of authors 1 and 4**] then checked coding, and compared findings of the two groups. Any disagreements were discussed before a decision made. Analysis began by familiarisation with the data and generating initial codes. From these codes subsequent themes were developed, and the themes reviewed across transcripts, before themes were finalised, named, and defined (Braun and Clarke, 2006). At the time of the study, none of the researchers were employed by (or had ever been employed as) a care/support worker, meaning that they came into the research as relative 'outsiders' to the situation. This meant that, during analyses and subsequent discussions, the researchers attempted to maintain a level of objectivity, although it is accepted that there is still likely to be some bias in analysis.

Findings

Twenty-nine interviews were conducted (15 had zero-hours contracts, 14 contracted to a minimum of 16 hours per week), with iterative rounds of data collection and analysis continuing in each contractual group until saturation point (i.e. no new themes emerge). Guest, Bunce and Johnson (2006) suggest this could be around 12 interviews, with saturation point taking a little longer in this project. There were no drop outs in the study, and so individuals were assigned to an interview on a first come first served basis. Similarly, no participants asked for their data to be withdrawn. All participants were female and based in the West Midlands of the UK, with interviews lasting an average of 58 minutes, 30 seconds. In order to ensure anonymity of respondent, no further demographic information was collected. The demands (characterised as pay and conditions, work-life balance, service user behaviour, and peer support) and resources (rewarding job) faced by all respondents were similar with respect to their job role, but being employed on a zero-hour contract also provided additional demands and resources (power issues and uncertainty).

Key Demands for Care and Support Workers

Across the majority of participants, irrespective of the type of contract they worked on, respondents discussed the low wage they received for a job role which was so important for not only service users but wider society too. The low pay meant that respondents described struggling to pay bills and support their families, despite working in such a high-responsibility job. In addition, respondents described often having very short 'calls' with (i.e. visits to) service users, often with large gaps of time in between calls for which they were not paid, thus also affecting their pay because they are only paid for a small number of hours per day despite being out for the whole day.

> "Also, financially, support work seems to be the, the worst paid job and yet I think we do the you know best and most challenging jobs which doesn't really weigh up to me." (Participant 3)

A second stressor which emerged from the interviews was that of work-life balance. Participants described that working in the care sector often means working a variety of hours, such as mornings, evenings, and weekends. As such difficulties in maintaining both family and social lives outside of the job due to these working hours became apparent. However, some did discuss that their organisation allowed employees to be flexible in the hours that they worked, meaning that it was easier to organise life around the job role. Despite this, maintaining a full social and family life was often described as being difficult.

> "How can I put it, care work isn't sociable work, when you want a private life. So, when you're working early starts and late finishes, and weekends as well, there's not much time for anything else sometimes." (Participant 17)

Furthermore, working with service users who may have violent, aggressive, or rude tendencies, or with family members who may exhibit some of the same characteristics, was a clear stressor. While respondents described that they expected these situations to occur as part of their role, they would still struggle to cope and discussed the requirement for more support from supervisors and

management within their organisation. Further events, described here as critical incidents, were also stressful – these incidents include events such as experiencing first-hand the death of a service user, or the death or a service user with whom they had developed a relationship.

> "Dealing with people that can be quite challenging, can be quite aggressive at times, and who don't necessarily always appreciate what you're trying to do for them." (Participant 23)

Support from peers, and in particular the employment of carers who are unsuitable and thus do not provide adequate support while working, was a final stressor which added demands to carer's workload. In particular because there is often no need for prior academic qualifications required to undertake the role, and there is a shortage of care workers in the UK, participants described that some employees were recruited at short notice without having a real understanding of what the role entailed. As such having to work with people who are unsuitable makes the job more difficult for respondents, but also meant that turnover of social carers in participating organisations was high. Furthermore, this meant that there was a lack of continuity of service, and thus the quality of care provided is reduced. This in combination adds to the demands experienced by respondents.

> "The least enjoyable part of care work is that you, when people, when managers employ people, I know they don't always know what that person [new employee] is going to be like, but they just, there are some people who should not be in the job." (Participant 29)

Resources for Care and Support Workers

The one source of positivity, and emotional support resource, to emerge from across participants was the feeling of reward that they gained from their job. Several participants discussed the rewarding nature of the job, in helping service users to live their life to the best level that they can. Simply by helping individuals live a full and fulfilled life, and service users demonstrating happiness with the job that they were performing, was a rewarding experience.

> "I think what's different is you're helping somebody you can't manage otherwise so but a that's a reward I didn't get when I was doing for example that administration job." (Participant 7)

Other respondents suggested that the relationships that they developed with service users was a reward. Many workers described working with their service users on a daily basis over a number of years at times, and developing both friendships and family-type relationships with clients. Indeed, many discussed this relationship as the most rewarding part of their role.

> "over the years you build up a relationship and they almost become your friends because you've passed Christmas cards and birthdays come and go, and you, you see them as an addition all most, as an addition to your family" (Participant 9)

Demands Associated with Zero-Hours Contracts

There were also two key demands which emerged from the interviews of those with zero-hours contracts which were not an issue for those with contracted hours. The first, power relationships between employees and management, is related specifically to the use of zero-hours contracts. In particular, respondents described the balance of power at work lying solely with management. This was exemplified in that participants described the nature of a zero-hours contract as one in which hours are offered as and when they are available, although these offers are dependent on discretion of management. This meant, for example, that any time working hours were offered to respondents on zero-hours contracts they felt that they were compelled to take them, and if they did not then management were less likely to offer further work in subsequent weeks. This also meant that participants felt that they had a distinct lack of control over their working situation.

> "I was working a zero hours contract and was having to take every shift I could, that's when it did effect it because if I said no, they'd get funny and obviously I needed to know that I was working enough hours." (Participant 16)

These power relationships also affected actual job performance for some zero-hours respondents. In particular, participants described working hard and conscientiously despite having these contracts, but it would also mean that they were less likely to report poor care by others within the organisation. As such a number of respondents described that they would not report poor care by others because, if it then reflected poorly on the management of the organisation that they worked in, again they may not be offered further hours of work in subsequent weeks.

> "I reported someone for abuse. I was then penalised, taken out of my service and moved somewhere else because the people in there were friends with the person I got, I reported so they moved me whereas actually I should not have been moved." (Participant 15)

Finally, zero-hours contracts were described as a stressor in and of themselves. All respondents described that the uncertainty associated with not knowing how many hours would be available each week meant that they struggled to plan their social and family lives around their job. In particular, variable working hours often meant struggles with meeting basic needs such as the ability to pay rent, and subsequently influenced work-life balance. Furthermore, respondents felt that there was often a lack of fairness in the way in which hours were offered across those with zero-hours contracts, with a lack of clarity in the way that hours were offered adding to this feeling of uncertainty and unfairness.

> "Yeah, it's stressful when I can't get, when I can't get any work and it's stressful when I can't get any work and I'm thinking oh my god like I was thinking earlier oh my god I've only got twenty-eight hours this whole month." (Participant 21)

Discussion

The aims of this project were two-fold: first to demonstrate the demands and resources associated with working as a domiciliary care worker in the UK. Secondly, to look at the influences of working as

a domiciliary care worker with a zero-hours contract, and whether this adds a further layer of demands and stress to working in this job role. Findings suggest that UK domiciliary care workers on zero-hours contracts have a wider range of stressors to those working in contracted hours, with zero-hours employment broadening the range stressors experienced. In particular the uncertainty associated with zero-hours, and the influence that this uncertainty subsequently has on both work and home lives, and unequal power relationships with management. Although this is the first qualitative study of stress in zero-hour contracted care workers, findings may go some way to explain the findings of [removed for anonymity], which found that a greater proportion of care/support workers on zero-hours contracts in the UK have worsened mental health than those on contracted hours.

The JDR model of occupational stress asserts that a mis-match between the demands expected of individuals at work, and resources available to buffer against those demands, can lead to stress and related outcomes (Bakker et al., 2003a). We first asked all respondents of the stressors associated with domiciliary care work, irrespective of contractual status, and in line with this model, various demands and buffering were identified. In particular, and in support of work by Judd et al. (2017) on the role of the disability support worker, individuals discussed that there was a mismatch between the type and breadth and responsibilities of work expected of them (i.e. demands), and the low pay they were afforded (resources). Indeed, respondents described that their job role often included life-saving and life-altering work, but not being paid much beyond minimum wage, and even less when the gaps between calls (without pay) are considered. Furthermore, the demands associated with working irregular hours made it difficult to have an adequate work-life balance. Many service users require calls at the beginning, middle, and end of the day, and thus influence the family and social life of carers. Lastly, service user and family members' behaviour, and the experience of critical incidents were discussed as clear emotionally demanding situations. Further supporting previous literature, rude and disrespectful behaviour from service users or parents, and the experience of

death and dying in service users, were demanding experiences for these domiciliary care workers (e.g. Hensel, Lunsky, & Dewa, 2012).

The JDR suggests that there are a range of conditions in the workplace which can be described as either 'demands' or 'resources', with resources acting as buffers toward the potentially negative effects of the demands (Bakker et al., 2003a). There are two potential resources, as per the JDR, which may act as buffers toward the demands associated with the role, and therefore the experience of stress. The first of these, the rewarding nature of the role, was discussed in most depth and by every respondent. Indeed, these emotional rewards were often discussed as the one element of the job which made respondents want to stay in the role, considering the breadth of demands placed upon them. Secondly, while support from peers (and in particular having to work with colleagues who respondents described as being unfit for the job role) was lacking, collegial support was subsequently described as a potential buffer toward the experience of stress in similarity to previous literature (e.g. Vassos & Nankervis, 2011; Judd et al., 2017).

One of the most unique elements of this project was the comparison of the experience of domiciliary care workers with zero-hours contracts and those with contracted hours. Zero-hours contracts, those in which the employee has no guaranteed hours of work, adds a broader range of demands to the role, on top of those already discussed. In particular, being employed on a zero-hour contract meant respondents felt the balance of power lay with management meaning that they may be offered irregular hours of work, but had no choice but to accept these hours when added. Secondly, zero-hours contracts meant that respondents had a lot of uncertainty in their work and work-life balance. These added demands, without the associated resources to buffer them, may therefore make these employees more susceptible to ill-health (**citation removed for anonymity**).

Implications and Future Research

This article has demonstrated that, in similarity with the work by the likes of Judd et al. (2017) and Vassos and Nankervis (2011) with disability support workers, the experience of work stress is multi-faceted for the UK's domiciliary care worker. We also demonstrate that there are a number of potential sources of support (and therefore resources). As with Judd et al. (2017) these positive resources need to be further examined, and we suggest interventional research should focus on these positives in order to attempt to reduce the influence of stress on employee wellbeing in this sector. This interventional research should be undertaken in a small number of organisations in order to test the validity of interventions, prior to changes on a national policy level.

However, there are also a number of issues associated with the wide use of zero-hours contracts in domiciliary care work. Indeed, respondents described not only the influence that they may have on the individual and their work-life balance, but also on the job that they perform and subsequently the care provided to service users. We suggest therefore that more control needs to be elicited over the use of zero-hours contracts in this sector, because they not only affect the employee but also those receiving care. Future research also needs to investigate this in further detail, and in particular how differing contractual types can be used to promote the work on domiciliary care and support workers in the UK, rather than these contracts and the flexibility that they provide supporting management and the wider organisation.

Strengths and Limitations

As the first study to look at employee perceptions on the use of zero-hours contracts, particularly in the social care sector, this study has distinct strengths. Similarly, it is among the first studies to the authors' knowledge to look at stress in the UK domiciliary care sector. Along these lines, by investigating these phenomena from an in-depth, qualitative perspective, we provide important exploratory insights. Furthermore, by investigating and comparing the qualitative experiences of those with zero-hours contracts and those with contracted hours, we demonstrate that zero-hours

employees are exposed to a wider range of stressors. Judd et al. (2017) called for investigations into the experience of disability support workers who are on part-time versus full time hours, and we do so with zero-hours, which are an important consideration currently in the UK (**citation removed for anonymity**). However, the small sample associated with most qualitative studies is a distinct issue here, although this may be overcome due to the in-depth and relative homogeneity of sample (i.e. all were domiciliary care workers in the West Midlands of the UK, were female, and had one of the two contractual statuses), and reaching saturation points via iterative collection and analysis procedures helps to negate some of these issues (Guest et al., 2006). Furthermore, no demographic information was collected. While this was a conscious decision made by the research team in order to preserve the anonymity of respondents, it is appreciated that this is a limitation. Indeed, while demographics such as age and marital status were not discussed within the work as exacerbating or alleviating stressful situations, anecdotally it is appreciated that this may be an issue. For example, while zero-hours contracts may be useful for university students who do not have dependents, the same may not be said about employees with familial responsibilities. Finally, while respondents contracted to zero-hours were asked about the stressors associated with this contractual status, the same questions were not asked of those contracted to at least 16 hours per week. As such, there may be extra stressors associated with contracted hours which are not discussed in this, or any other, study.

Conclusions

Domiciliary care and support workers in the UK play a vital role in maintaining and improving the life of the service users that they work with. However, many are employed on zero-hours contracts, with the number employed as such growing in recent years, but only one previous study (**removed for anonymity**) has looked at the influence of zero-hours contracts in UK domiciliary care workers. Irrespective of contractual status, we found that employees in this sector are exposed to a wide range of demands (low pay, poor work-life balance, and client and family behaviour) which could

also be buffered via the experience of poor resources (the rewarding nature of the role; support from peers). However, zero-hours contracts added to the range of demands faced by these employees, with the flexibility they afford (a potential resource) used by management in organisations to add to these demands. We need a greater understanding of the influence of zero-hours contracts on employee performance and health, but also how those on zero-hours can be supported to negate some of these negative experiences.

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Conflict of interest

No authors have any conflict of interest.

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