

**The Influence of Organizational Workplace
Cultures on Employee Work-Life Balance**

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DECLARATION

This work has not previously been accepted in substance for any degree and is not concurrently submitted in candidature for any degree.

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Summary

This thesis explores the influence of organizational workplace cultures on the lived experience of work-life balance for individual employees. It purposively samples a specific professional group called occupational therapists (OTs) because of their knowledge in this field and accesses these in two workplace organizations in the public sector: one healthcare and one social services setting. 29 OTs participated in the study, 18 working in healthcare and 11 in social services.

The study was qualitative in design and utilised interpretive phenomenological analysis (IPA) as a tool to both explore and interpret participants' experiences and the meaning of the influence of workplace cultures on work-life balance. In-depth, semi-structured interviews were used to gather participants' accounts.

Findings identified that the social services setting provided greater temporal flexibility and a more supportive culture for work-life balance than healthcare, but that both organizations utilised cultures of power and performance to achieve organizational outcomes, irrespective of the impacts on personal or family well-being. OTs expressed little autonomy over their own workloads or work-life balance and evidenced high levels of stress and pressure with low self-esteem and notably described a disenfranchised professional identity. It was clearly evident that OTs did not live a balanced lifestyle and that both organizations created and maintained a state of work-life *imbalance* by *using* OTs as resources in the workplace and eroding the time and energy for participation in the wider social and natural environments. This suggested that having time for such activities would enhance human well-being.

The study identifies work-life balance as a co-produced or interconnected phenomenon and posits viewing work-life balance as a complex whole is necessary if we are to achieve an egalitarian model of work-life balance which values human well-being and the resilience and sustainability of the individual's resources of time and energy over organizational success.

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Glossary

Activity	All activities that occur in daily life. Contained within domains or spheres.
Co-production	A way of describing a phenomenon of 'interconnections' (Jasanoff 2006: 4).
Domain or Sphere	Used to delineate 'paid work' and 'life'...'worlds that people have associated with different rules, thought patterns and behaviour' (Clark 2000:753).
Functional flexibility	Changing or expanding job descriptions (Grote & Raeder 2009; Reilly 1998).
Ideology	Ideology is used in the sense of 'ideas, beliefs, passions values' (Bullock & Trombley 2000: 414).
Idiographic	An individualised approach to analysis beginning with specific examples and building up a portfolio of more general categorisation (Smith & Osborn 2008).
Inductive	Working with and from the data to develop conclusions (Schwandt 2007).
Iterative	This is a cyclical method in which data collection and analysis occur concurrently. The researcher has to immerse him or herself in the data, reflexively consider the emergent themes and judge how this challenges assumptions and conceptions; work through this, then re-enter the cyclic process with this new thinking or interpretation in mind and begin the process again, applying this new insight to the phenomenon (Atkinson et al 2003; Crabtree & Miller 1999; Smith & Osborn 2008).
Leisure	Uncoerced activity undertaken during free time where the activity is something people want to do and is personally satisfying (Stebbins 2004).
Occupation	'...an activity or group of activities that engages a person in everyday life, has personal meaning, and provides structure to time' (Creek 2006:205).
Participant/Respondent	Used interchangeable for the 29 people (all occupational therapists) who agreed to participate in the research.
Temporal flexibility	The time arrangements or patterns of work in the workplace (Grote & Raeder 2009;Reilly 1998).

Well-being	A dynamic state in which the individual is able to develop their potential, work productively and creatively, build strong and positive relationships with others, and contribute to their community. It is enhanced when an individual is able to fulfil their personal and social goals and achieve a sense of purpose in society (Dewe & Kompier 2008:7).
Work domain	In this context paid employment. Non-paid work will be used to delineate unpaid work (e.g. domestic tasks).
Work-life balance	A 'settled accommodation' between work and life activities (Brannen 2005:127)

Common abbreviations

AFC	Agenda for change
AHP	Allied health profession
COT	College of Occupational Therapists
DoH	Department of Health
NHS	National Health Service
OT	Occupational therapy/therapist
WAG	Welsh Assembly Government

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Chapter One

Introduction

In contemporary Britain, the term work-life balance has become a common and well-used expression in the media, the workplace and the home. In common with many other countries involved in the global market economy, discussions suggest that achieving a balance between paid work and the rest of life, particularly family commitments, will enhance both worker well-being and organizational productivity (Guest 2002). Recent government discourse in the UK has promoted the notion of culture change within workplace organizations as a means of supporting work-life balance, but the feasibility of this as a tool of effective change has been much debated.

This thesis will focus on how individual workers living and working in the UK experience the influences of current organizational workplace cultures on their work-life balance. The study purposively samples the members of a professional group called occupational therapists because this profession identifies a specialised knowledge base in achieving life balance (Wilcock et al 1997). This profession traditionally works in the public sector, an area subject to common government dictate in terms of work-life balance policies.

In this introductory chapter, I will describe the reasons for conducting the study and outline the overall aim and objectives. I will justify my choice of occupational therapists and the health and social care settings in which they work. Finally I will provide an overview of the ensuing chapters to elucidate the structure of the thesis.

1.1. Background to the study

Work-life balance is a term born from an ideological separation or division between paid work and the rest of life's activities, especially those activities associated with caring and the home. This 'compartmentalization' of paid work as a separate domain or sphere of concern from the rest of life has become problematic for several reasons (Morris & Madsen 2007:443). First, the movement of women into the paid labour market has juxtaposed the two domains of paid work and specifically home or domestic commitments. Women, as the traditional, stereotypical carers and unpaid domestic workers in the socially

gendered division of labour, experience greater conflicts than men between the responsibilities they carry in family, caregiving and household commitments and the expectations of the paid work domain (Guest 2002).

Second, recent increases in the number of dual career couples and single parent families in the workplace; political drives to create a model of labour participation for all adults of working age, irrespective of caring responsibilities; demographic shifts in life expectancy; the emergence of the so called 'sandwich generation' of working adults, who support both children and older relatives (Greenhaus 2008:343), along with on-going challenges to stereotypical divisions of labour between genders, has broadened discussions to incorporate the notion of work-life balance for men as well as women (McDowell 2004; Williams 2004):

It has challenged and restructured the old institutions of production, reproduction and the state in ways that have radically transformed relations of dependence and care between people and social groups and the assumptions about gendered responsibility that held these spheres [of paid work and life] together (McDowell 2004:146).

Introducing the work-life balance campaign (Department for Employment & Education (DFEE) 2000a), the New Labour Government, the incumbent party in power when this study began, maintained that work-life balance could be implemented and sustained through the development of workplace cultures that supported flexible patterns of work for its employees. Discourse suggested that this culture change would benefit not only the employee, by creating opportunities to manage conflicts between paid work and the home or other life domains, but that this would also be advantageous for the organization. It could benefit from a less stressed workforce and make the best use of a more efficient human resource (Department of Trade & Industry (DTI) 2005a,b):

The world of work is changing: new technology, new opportunities, new global pressures, more women working, fewer young people and more older people. We must ensure that the way we work today reflects the present and the future, not the past. That is what we seek to address in our policies on work-life balance. It is about developing working practices that benefit both businesses and their employees (DFEE) 2000a: 1).

Yet, whilst hype and rhetoric about these mutually positive benefits abound, the credibility of government plans have been widely criticised. The UK is a country with the dubious honour of having the longest working hours in Europe (Gambles et al 2006). It is a country where the 'long hours culture' has become a common complaint in many work organizations (Kodz et al 2002:48). The idea that work pressures have become intensified, creating a 'do more with less' workplace culture (Paton 2001:63), and developing what Hochschild (2000) has termed the

'time-bind' between paid work and home commitments, is a prevalent discursive point. If these social patterns are understood as taken for granted everyday practices, and as embedded within organizational cultures, then they are a part of the accepted social fabric of life and are difficult to recognise, let alone challenge and change:

Organizational cultures are grounded in deep-seated beliefs about gender, the nature of work and the ideal employee, which reflect societal norms and are often implicit or even unconscious and are therefore difficult to challenge (Lewis & Taylor 2004:112).

Existing literature illustrates that empirical studies evidencing the actual subjective experience of workplace cultures on employees' work-life balance, including that of occupational therapists, is limited and evidences that further research in this area is required (Guest 2002; Lewis 1997, 2001; McDowell 2004):

Work-life balance is term now widely accepted as tool for improving quality of life, developing satisfaction and wellbeing for individuals/agency. However, the subjectivities of work and life experience is criticised as not well addressed in terms of organizational context (Halford & Leonard 2005: 658).

Engaging with these discussions has led me to develop two key questions that have shaped the focus of this study. First, what, if any, is the influence of health or social services organizational workplace cultures on the occupational therapist's subjective experience of work-life balance? Second, if workplace cultures *do* influence an individual therapist's work-life balance, do these workplace cultures constrain or facilitate it? These questions have led to the formulation the following aim and objectives.

1.2. Research aim and objectives

The overall aim of the study is to investigate the influence of organizational work cultures on the individual participant's lived experience of work-life balance.

This will be examined through the following objectives:

- To understand how occupational therapists construct and identify their work-life balance.
- To analyse how participants conceptualise and experience the relationships between workplace cultures and their work-life balance.
- To identify whether workplace cultures constrain or facilitate work-life balance, and if so, how.

- To compare and contrast these experiences across two different organizational settings.

1.3. The selection of occupational therapists

My choice of occupational therapists is purposive. The profession belongs to a larger group called the caring or allied health professions (AHPs). Uniquely within this group, occupational therapists promote a knowledge base and belief that a balance in everyday life activities, in the profession's lexicon, 'occupational balance', can facilitate individual well-being. This knowledge is part of the profession's skill base and professional identity. It is a form of social closure and is used by its members as a therapeutic tool with service users (Wilcock et al 1997):

...to be healthy, [service users] need to be taught to create an individualized balance of meaningful variety and redundancy through discovering, developing and acting on their own interests and by participating in the rules, habits, and rituals of their cultures (Yerxa 1998: 415).

By holding specific knowledge in the area of life balance, occupational therapists represented 'an information rich connection to the research topic' and were considered as 'key informants' for the purpose of the study (Gilchrist & Williams 1999:73). Interestingly, there is a paucity of research exploring the work-life or occupational balance of occupational therapists in either the UK or wider literature.

Occupational therapy is a profession that is closely associated with the National Health Service (NHS) and local authority social services settings in the UK (Riley 2002, Wilcock 2002a,b). This juxtaposition of a profession with knowledge in life balance and working in these two traditional workplaces offered me the opportunity for a comparative analysis of the influence of different situated organizational workplace cultures on the work-life balance of a single, professional group.

As both the NHS and social services organizations are classified as public services, I was provided with a common framework in terms of the wider macro forces driving working practices in the organizations and the government discourse guiding work-life balance policies. This offered me consistency in terms of the shared values and ethics of the approaches to paid work and work-life balance in the public sector and facilitated a focus on the localised influences of

situated workplace cultures, which suited the purpose of the research. The private sector was, by virtue of the traditional workplace settings of the profession, excluded from the study and this avoided the variables that the differentiations between these two environments would have introduced into the organizational cultural contexts. I discuss these choices in chapter 4.

1.4. The selection of health and social services workplaces

Although both health and social services are public sector organizations, and as such have a commonality in terms of government discourse and paid work ethos, they have been identified as very different institutions in terms of both structure and localised workplace culture. This provided two workplaces with a common ethical and political frame, but diverse cultural contexts for a comparative analysis between the two settings to be undertaken. At the time the study took place both organizations were subject to the UK government's drive to 'modernise' services, which included cultural change to accommodate flexible working practices and work-life balance. In this sense these workplaces offered a timely environment for the study of the influence of organizational workplace cultures on the individual occupational therapist's experience of work-life balance.

It is pertinent to mention at this point that as a consequence of devolution in the four countries of the UK, the political, structural, and social forces influencing health and social care services have diversified creating significant differences across these borders (Greer 2005). I chose one health and one social services organization in a common geographical area in order to minimise the impact of these wider macro factors on the situated organizational culture and correspondingly, the influence of this on the individual's work-life balance. My choice of Wales was primarily practical. This area was nearer to my personal location and consequently easier in terms of access, time and flexibility. The selection of occupational therapists and their workplace settings will be discussed further in the methods chapter.

1.5. The structure of the thesis

The ensuing two chapters are literature based. Chapter 2 discusses existing research around the relationships of work-life balance and organizational cultures. It categorises these into the political context of contemporary work-life

balance in the UK and introduces the debates on achieving mutual gains for employees and employers, the value of paid work, productivity cycles and employee well-being. It considers the influence of gender in work-life balance, and discusses the notion of 'self as worker' - an employee who is *the* responsible agent of his or her own work, and consequently, I posit, work-life balance.

Chapter 3 follows on from the discussions on work-life balance in chapter 2, but focuses the debates into the area of health and social care workplaces in the UK. I identify the processes of change that were occurring in these fields at the time the study took place, and describe the political and organizational drivers that were influencing the work-life balance agendas in these settings. I describe the profession of occupational therapy and situate the rationale for my choice of this professional group as experts in work-life, or 'occupational' balance. 'Occupational balance' is critiqued and considered in terms of work-life balance literature.

Chapter 4 is the methods chapter and offers a reflexive account of the research process and a critical discussion and justification of the chosen methods used for data collection and analysis.

Chapter 5 is the first of four findings chapters and is primarily concerned with setting the scene for the research and providing an overview of the organizational settings in terms of the individual's perceptions and experiences of the workplace. It illustrates a complex interwoven nature in the emotional context of the workplaces of Aslan healthcare and Merlin social services and begins to unravel the emergent themes from the study.

Chapter 6 identifies the similarities and differences between experiences of flexible cultures and the policies of work-life balance in both organizations. It illustrates the importance of the structures of the workplace and the identity salience and preferences of the individual participant in terms of the lived experience of organizational culture on work-life balance.

Chapter 7 considers the emergence of power and a drive for performance in the workplace as relevant to the experience of work-life balance. It identifies how a lack of autonomy and control over flexible working, workloads and performance in both organizations created pressure and stress for respondents and actually created work-life *imbalance*. It identifies the presence of a culture of fear based on inequitable power politics in the workplace, and describes how this reduced

resistance to workplace policies and practice and influenced the roles of part-time, full-time and management staff.

Chapter 8 identifies how the use of human time and energy in the workplaces reduces participation in other life activities. It illustrates the links between work-life balance and subjective well-being, and considers the influence of this on families, communities and wider society.

Chapter 9 discusses the key themes and debates arising from the study. It identifies a need for change in thinking and discourse about work-life balance and argues for a more interconnected understanding of the complex phenomenon of work-life balance. This includes incorporating access to far broader concepts of life activity, including the importance of participation in the social and natural worlds and the value of recognising these activities as essential to individual, family, community and wider social well-being.

In chapter 10 I draw the thesis to a close and summarise the key themes and contributions of the study. This chapter considers further areas for research and discusses the limitations of the work. References and appendices follow.

1.6. Summary

This study aimed to explore the influences of organizational workplace cultures on the work-life balance of occupational therapists. This profession was purposively sampled because of a knowledge base and expertise in work-life or occupational balance. In common with other paid workers, there is little empirical research exploring the influence of workplace cultures on the subjective experience of work-life balance for occupational therapists. The traditional working environments of this profession are in the healthcare and social services sector. As public services, these settings are subject to common strategies in terms of government policy on work-life balance and organizational change. Within this common macro framework the organizations of health and social services do diversify and provided two different localised and situated cultural contexts to facilitate a comparative analysis of the influence of workplace cultures on work-life balance. The following two chapters (2 and 3) will elucidate and critique the existing literature in the area of work-life balance, occupational balance, occupational therapy and health and social care settings and this will provide a basis for the ensuing thesis.

Chapter Two

Work-Life Balance and Organizational Cultures

This chapter will discuss the debates in the literature that focus on the influence of organizational workplace cultures on the individual employee's experience of work-life balance in the modern labour market in the UK. It considers the intensification of paid work in market economies and the symbolic value of paid work as a tool of productivity in global capitalism. This will be followed by a second chapter, which will specifically focus on these debates in health and social services organizations in the UK and the work-life balance of occupational therapists. There are very few studies of this nature and none in terms of the specific context of Wales, albeit higher levels of workplace stress recorded in this area (see 2.3).

2.1. The link between work-life balance and organizational cultures

The notion of a relationship between organizational culture and work-life balance stems from the idea that workplace cultures can constrain or facilitate employees' work-life balance (Callan 2007; Kirchmeyer 2000; Lewis 1997). The belief in this interactive relationship is considered an important one for two reasons. First, there is a plethora of research arguing that present workplace structures are sustaining patterns of long working hours (e.g. Kodz et al 1998; Paton 2001) and creating cultures that value and support overwork as the symbol of modern day success (e.g. Bunting 2005; Gambles et al 2006; McDowell 2004; Sennett 1998). It is argued that these kinds of structures create 'work intensification' (Brannen 2005:115), opposing a 'settled accommodation' (Brannen 2005:127) or balance between work and life activities. In this state of imbalance stress and pressure proliferate, which is corrosive not only to employee well-being, but also to that of their families and communities (Hochschild 2000, 2005; Sennett 1998; Voydanoff 2005a,b,c). Second, contemporary labour markets in the UK, based on principles of neo-liberalism and global capitalism, claim that achieving work-life balance and an increase in opportunities for flexible working will enhance employee workplace participation, satisfaction and consequently, well-being (DTI 1998a,b; 2001).

Present government discourse in the UK has presented cultural change in organizations as a tool to support flexible patterns of work (Blair 1998a,b; HMSO 1998):

My ambition for this white paper goes far wider than the legal changes we propose. It is nothing less than to change the culture of relations in and at work - and to reflect a new relationship between work and family life. It is often said that a change of culture cannot be brought about by a change in the framework of law. But a change in law can reflect a new culture, can enhance its understanding and support its development (Blair 1998a: 2).

Whether or not this change in law can facilitate culture change is debatable, but Blair's message proposed that by creating workplace cultures that supported flexible working and other work-life balance strategies, so organizations could reduce employee stress and enhance well-being by facilitating work-life balance. At the same time this kind of culture could improve organizational productivity creating the discourse of the so called '...win-win solutions' [to work-life balance]... 'tailored to individual needs whereby both work demands and family demands can be optimally addressed' (Brannen 2005:116):

Many forward-thinking employers are already reaping the benefits of work-life balance for themselves. But we want more employers to develop working practices that will reward their business and their employees. Working together, we can fulfil our vision of enhancing our economic performance and at the same time improve the work-life balance for individuals. This is about imagination, not legislation (Blunkett 2000) (pg. no not available).

Debates in the literature challenge the premise of a change in organizational culture as an effective tool in the success of work-life balance from several perspectives. First, the political perspective of work-life balance and the notion of 'win-win' (Brannen 2005:116) or 'mutual gains' (Tailby et al 2005:189), that is, successful outcomes for the employee and employer in the workplace through a cultural change to support work-life balance, is not achievable.. Callan (2007), Coyle (2005), Lewis (2001), McBride (2003) and Tailby et al's (2005) qualitative studies have all illustrated that organizational cultures hold a bias toward achieving organizational productivity, and that this is mutually *exclusive* rather than *inclusive* to employees' work-life balance and well-being.

Second, Lewis (1997) and Pemberton (1995) identify that organizational culture is complex and composed of three interactive levels: the wider socio-political context; the everyday action and behaviour in the workplace, and the deep level of shared beliefs, assumptions and values embedded, often unconsciously, in social and cultural values. These empirical studies, supported by several others, maintain that to be effective, cultural change would need to occur at all these levels simultaneously (Callan 2007; Lewis 2001; McDonald 2005). It is argued that this kind of culture change is not only difficult to achieve, but that the

complexity of such change is often ignored or overlooked in managerial discourse (Parker 2000; Strangleman & Warren 2008):

...culture is an emergent property of actions that simultaneously orient to and reproduce an organisation. Culture expresses the interaction of groups among themselves and with their environment. This view of organisations is predicated on an understanding that social life is fundamentally reflexive and therefore subject to change and open to unintended consequences of action. Culture is not simply a variable that can be altered to achieve a specified outcome (Strangleman & Warren 2008:285).

Lewis (1997), Pemberton (1995) and Callan (2007) particularly highlight the difficulties of challenging deeply held or unconscious assumptions, because these are taken for granted ideas that frame meaning and understanding in everyday life. This means that they are not always recognised and individuals would need to become aware of the assumptions and beliefs they hold before they can be successfully challenged and changed (Lewis & Taylor 2004). As Berger and Luckmann (1976:38) have noted, raising awareness at taken for granted levels is not an easy task because these are incorporated into everyday customs and routines and are habituated: 'As long as the routines of everyday life continue without interruption they are apprehended as unproblematic.'

This leads to a third issue debated in the literature, which focuses on the assumptions, values and beliefs about gender, paid work, and the division of labour in everyday life. Discussions focussed on these areas proliferate, and illustrate clearly how the firmly held beliefs and ideologies related to gender and the division of labour (Sevenhuijsen 2000; Sullivan & Smithson 2007; Warren 2004) and the notion of paid work (Levitas 2001; McDowell 2004) have remained unchanged and accepted in modern thinking about paid and non-paid work. It is claimed that these firmly held assumptions influence organizational cultures and our understanding and experience of work-life balance in the workplace (Conran 2003; Rutherford 2001).

This chapter will discuss these debates and identify their relevance to this study. Discussions will be contextualised by the New Labour Government's drive for organizational cultures to support work-life balance (DFEE 2000a,b; DTI 2001) because this was the party in power when the study began. I will begin by discussing the political debates and ideology of mutual gains for organizations and employees through creating organizational cultures that support patterns of flexible working and work-life balance strategies. I will describe how these two outcomes are argued as mutually exclusive, creating employee imbalance and challenging government rhetoric and consider how literature supporting this

argument identifies organizational constraints as influencing the employee's subjective sense of well-being. I will then move on to discuss the debates that focus on the assumptions and beliefs held about gender, the division of labour and value of paid work in the UK, and describe how these are viewed as influential to organizational cultures and our understanding of work-life balance. Finally I will conclude this chapter and locate my focus for this study.

It is notable that reference will be made to the New Labour Government under Tony Blair and Gordon Brown because this was the political party in power for the duration of the study, but the changes instigated by that leadership in terms of paid work and work-life balance follow trends set in motion by the previous Conservative Government (Coyle 2005; Paton 2001), and in turn pre-empt the debates about developments in labour markets and global economies purported by the present Coalition Government. This would suggest that the influences of organizational cultures in the paid workplace on an individual's work-life balance remain as relevant today, if not more so, as when this study began and that the political interest in work-life balance has been sustained over time.

2.2. The Political Context

2.2.1. The discourse of mutual gains in work-life balance

As noted previously, several writers have challenged the government's discourse of introducing cultures that support flexible working as a means of achieving both individual employee work-life balance and improving organizational productivity. Callan (2007), McBride (2003) and Tailby et al (2005:189) have all argued that the discourse of 'win-win solutions' (Brannen 2005: 116) or 'mutual gains' instigated under the New Labour Government was not plausible (Tailby et al 2005:189), and merely created 'competing pressures' (McBride 2003:159) between an organization's drive to meet productivity targets and the employee's needs for work-life balance.

McBride's (2003) qualitative, interviewed based study illustrated how managers in 11 National Health Service (NHS) settings in the UK were pressured to prioritise patterns of flexible work that were cost effective as opposed to employee friendly. This meant that workers had to meet organizationally determined working patterns, measured on best use of resources, rather than patterns devised to meet individually determined needs. McBride's work highlighted a fundamental

flaw in government and organizational policy for work-life balance: it was a model of flexible working for productivity gains and cost-effectiveness; it was not about employee work-life balance.

Callan's (2007) case study of two private sector organizations also illustrated this flaw. She found that having flexible working policies available in an organization did not mean that employees could make choices about when or how they worked. Rather, policies were used to ensure deadlines were met and utilised 'for commercial advantage' (Callan 2007:678). Tailby et al's (2005) investigation of employees' satisfaction with work-life balance policies in a local authority setting raised similar tensions. Employees who participated in this study remarked that work pressures prevented effective use of flexible working policies to balance commitments between paid work and life. In common with McBride's (2003) findings, managers in the organization described a pressure to consider cost effectiveness over employee work-life balance. These studies specifically illustrated that flexible working was used as a tool to achieve organizational productivity to the *exclusion* not *inclusion* of employee work-life balance and well-being.

2.2.2. Flexible working as a tool of cost effectiveness

This notion of flexible working patterns as a tool *used* to achieve organizational outcomes as opposed to meeting employee's needs, is common in the literature. Coates (1997) and Costea et al (2008) note the importance of employee performance and commitment in organizational discourse and cultures. In this sense the individual employee is measured by the amount of time and effort given to paid work, with little recognition of time needed for activities outside of that domain. Empirical studies by Brannen (2005) and Hochschild (2000,2003) describe how workplace cultures sustain assumptions and expectations about busyness and personal productivity at work, drawing individuals into patterns of work that create conflict between paid work and other life domains. In essence, these findings suggest that the introduction of flexible cultures of paid work have constrained rather than facilitated work-life balance for the individual employee in the workplace because they focus on and facilitate being at work, rather than maintaining participation at home or in other life domains.

Literature argues that these types of culture have introduced patterns of work that increase stress for individual workers because they focus on productivity and *use*

the individual employee to achieve that productive outcome (Brannen 2005; Coyle 2005; Costea et al 2008). It is this that causes 'competing pressures' (McBride 2003:159) and a power imbalance between the drive of the state/organization for productivity and the individual employee's needs for flexible working, causing conflict between the individual's use and choice of time and the division of resources between work and life domains (Brannen 2005; Callan 2007; Coyle 2005; Perrons et al 2005; Tailby et al 2005):

Family-friendly flexibility is less of a material practice and more a discursive intervention to give meaning to and secure consent for the restructuring of employment. In this restructuring however, new inequalities of time are manifest: between those who have some power to bargain over the definition of working time and those do not; between those who are able and willing to comply with the requirements to extend their working time and those who are not; and those who can resist flexibilization and intensification and those who cannot (Coyle 2005:88).

This would suggest that the notion of flexible organizational cultures instigated by the government and the ideologies about new forms of flexible working, are creating organizational cultures that sustain and support work-life imbalance, rather than balance for the employee. This is manifest through the imbalance of power between employee and employer and the drive by the latter for organizational and state productivity, which is placed as paramount. As this study is interested in the experience of the individual employee's work-life balance in respect of organizational culture, I will discuss these competing pressures in more depth and locate them to the purpose of the study. I will begin by discussing the literature that identifies employees' views of work-life imbalance as caused by paid work. I will then describe the debate that illustrates an inherent opposition between achieving organizational productivity and individual employee choice in flexible working practices and move on to discuss how this opposition influences the individual employee's work-life balance and well-being.

2.3. Paid work and work-life imbalance

Several large-scale studies have been carried out to identify causal factors for employee work-life balance or imbalance in the workplace. A national survey by Hogarth et al (2001) sampled over 2,500 workplaces and 7,500 employees in the UK. This study found that over 1 in 8 employees in the UK were working over 60 hours per week, illustrating the presence of a long hours culture in the workplace. This finding was supported by several other studies including Kodz et al (2003),

whose secondary analysis of multiple surveys in the UK, highlighted a culture of 'long hours working' (Kodz et al 2003:11), underpinned by a drive to increase time at work though paid overtime or 'the need to meet the requirements of the job' (p13).

Other large-scale studies include the 24/7 work-life balance surveys, run on a yearly basis and accessing workers across the UK. The 2003 survey had more than 1,200 respondents to an internet based questionnaire (Hurst & Richards 2003:2). Findings identified that 97% of respondents experienced stress related to paid work: 47% identified fatigue; 41% irritability; 40% sleeplessness and 34% described poor concentration. In terms of impacts of time and pressures at work, 47% described being unable to take sick leave because they were so busy and 42% reported being unable to take full annual leave entitlements or time off in lieu of hours worked over, directly because of work pressures. 28% of people said the pressures of paid work affected their relationships with their partners. When asked how these work pressures could be addressed, respondents identified reductions in the 'macho culture of long hours' (64%) (pg.11); employers taking action to eliminate stress (57%); pay for all work carried out over and above contracted hours (54%) and 'the right to flexible working arrangements' (pg.11) as the preferred options.

In a more recent study, Hurst et al (2009) illustrated similar findings in terms of high levels of stress and identified that public sector organizations, like health and social care, were particularly notable in terms of absence through stress related illness. Of the 1,198 respondents in the study, 8 out of 10 stated it was difficult to balance paid work with other everyday life activities. Interestingly the survey considered regional variations and found that Wales scored higher on levels of stress caused through work-life imbalance than other parts of the UK, but gave no indication as to why. In common with previous studies by these authors, respondents identified the need for organizations to increase support for stress and work-life imbalance, and believed that a sense of personal control over paid work would enhance a sense of work-life balance for employees. Paradoxically 30% of respondents reported their sense of control over work had declined over the last year, suggesting that this phenomenon was increasing in the workplace. Similar findings were illustrated in Kodz et al's 1998, 2002 and 2003 studies, which all suggested that control over paid work and a sense of personal autonomy over work-life balance and well-being was declining.

2.3.1. Work-life balance and well-being

An increase in stress and a reduction in subjective well-being was a strong theme in the examined literature. A study by the Mental Health Foundation (2003a), specifically asked employees about their hours of work and their associated sense of well-being. From the 577 questionnaires collected, the study identified that a third of respondents felt unhappy or very unhappy about the time they devoted to work. More than 40% of employees were neglecting other aspects of their life because of paid work, which respondents believed increased their vulnerability to mental health problems. 27% of respondents believed working long hours increased depression; 34% cited anxiety and 58% irritability. Findings also correlated longer hours at work with an increase in more hours outside of work spent thinking or worrying about work. As a person's weekly hours in work increased, so did their feelings of unhappiness. Women reported more unhappiness than men (42% of women compared with 29% of men), which was associated with competing life roles and more pressure to 'juggle' paid work and life commitments (Mental Health Foundation 2003a:5). The study raised concerns over the long hours culture and its effect on individual employee's mental health, maintaining that personal time, family and community relationships were all eroded by this practice:

Most importantly, we are concerned that a sizeable group of people are 'building out' or neglecting the factors in their lives which make them resistant or resilient to mental health problems (Mental Health Foundation 2003a: 4).

These findings are reflected in large scale studies by Gambles et al (2006) and Bunting (2005), both of which highlighted unsustainable levels of stress and pressure in work-life balance for employees caused by intensified work environments and the 'overwork culture' (Bunting 2005:xxi). Respondents in these studies identified present practices in work-life balance initiatives as ineffective to sustaining personal health and well-being and damaging to self, family and communities.

Specifically focussing on the erosion of time and energy in families, Williams's (2004) extensive 5-year study used qualitative interviews and asked several strands of questions including respondents' views on parenthood, paid work and care. Participants reported strong preferences to participate in the family, citing obligations and love as identifiable drivers for this, causing ethical dilemmas between the need to be present at work and to maintain the moral values of care for children and older relatives. Williams found that respondents illustrated a wish

to have the time to care for others and to sustain social cohesion, but that this was lost in present models of labour participation: 'policies are often based on an assumption that what impels people is the financial advantage that paid work brings, rather than the commitment they have for others' (Williams 2004:9).

Similar findings were found in a plethora of studies (e.g. Gorz 1985; 1999; Levitas 2001; Lister 2003; McDowell 2004; Sennett 1998, 2006), all of which argue an inherent opposition in work-life balance policy and discourse because we, in our social structures, prioritise paid work first. In Levitas' (2001:451) words, 'Work...is a greatly overrated pastime, and a re-evaluation of...this critical position is long overdue.' Present literature gives little evidence of a positive change to address antithetical practice in work-life balance; rather it identifies growing imbalance with few solutions in action. Caproni (2004) proposes that the notion of work-life balance is viewed too strategically and challenges that approach as disregarding that 'life is, and probably should be, deeply emotional, haphazard, and uncontrollable' (Caproni 2004:213). This notion is cogently supported by Warren (2004:119), who calls for work-life balance to be understood as a 'fully holistic system', and argues; 'that since the work-life system is multi and not just two-dimensional, it is important to examine how all life domains interrelate with each other' (pg.99). This sense of complexity in the idea of achieving work-life balance is juxtaposed with what appears to be a very unilateral few of work-life balance in policy and workplace practice. It is to this point that I now turn.

2.3.2. The imbalanced nature of work-life balance policies

Simkin and Hillage (1992:13) have defined work-life balance or flexible working policies as the 'formal or informal set of terms and conditions which are designed to enable an employee to combine family responsibilities with employment'. Research has shown that access to these kind of policies can enhance abilities to balance paid work with family responsibilities (DTI 2005a,b,c), but it has also illustrated that they can function as a 'double-edged sword', constraining work-life balance opportunities and choice for the individual employee (Brannen 2005:116): organizations use flexible working policies to achieve business success in competitive market economies, and utilise the individual employee as a tool to achieve that success (Brannen 2005; Callan 2007; Coates 1997; Lewis 1997, 2001; McBride 2003). This means that employees' opportunities to access flexible working are biased toward 'presenteeism...presence in the workplace' as

opposed to reducing conflict at home (Lewis 1997:15). As studies by Callan (2007), McBride (2003) and Tailby et al (2005) have found, this means that the individual employee's choice in use and access to flexible working is limited or constrained by organizational drives for productivity and the pressures of paid work. These studies not only illustrate that business needs are prioritised above employee needs, but also that organizational cultures to support work-life balance would require significant change at socio-political and organizational levels to challenge these practices. Whilst Blair (1998a) and Blunkett (2000) (see 2.1) have suggested that this type of cultural change has occurred in the UK, the literature opposes this view.

Levitas (2001), McDowell (2004) and Mohanty (2003) argue that contemporary models of capitalism continue to prioritise productivity and paid work over life balance. Brannen (2005), Costea et al (2008) and Sennett (1998) support this view and maintain that global market economies have actually increased the pressures to prioritise the use of time for paid work, further eroding time and energy for family, caring commitments and employee well-being. This would suggest that organizational cultures not only sustain ideologies that create competing pressures between the organization and the employee in the application of flexible working policies, but also that this constrains how the employee manages or negotiates the use of resources across paid work and life domains, because organizations demand the use of employee time and energy in the paid work domain. I will now discuss this cultural pressure to *use* time and energy in paid work in greater detail and will then consider how this influences the employee's subjective sense of well-being.

2.4. Demands, resources, pressure and stress

Research in work-life balance has evidenced that the demands and resources used and required by the individual for participation in the paid work or family domain, can influence the individual's performance and the quality of experience in one domain or the other (Guest 2002; Rothbard et al 2005). This perspective argues that work and life domains are in conflict because they both make claims on the same pool of resources; specifically the time and energy used by the individual in everyday activity (Clark 2000; Edwards & Rothbard 2000; Voydanoff 2005a):

Work organizations directly compete with nonwork domains, such as family, friends, and leisure, for the employee's personal stock of time. Because workers cannot be in two places at once, work time necessarily subtracts from available nonwork time and vice versa (Thompson & Bunderson 2001:19).

Voydanoff's (2005c) study to develop a conceptual framework to examine how community based resources support work-life balance, defined demands as the 'structural and psychological claims' (p584) associated with participation in life domains and resources as the, 'structural or psychological assets' (p585) used to facilitate performance. In work-life balance theory, it is the relationship and outcome between the two forces of resource and demand that can create conflict or facilitate work-life balance. As people interact with their everyday lives and cross the borders between paid work and life domains, so they negotiate how to use their personal resources to meet the demands required to participate in these life spheres (Clark 2000; Thompson & Bunderson 2001). The premise is that where demands exceed resources, so depletion can occur, resulting in conflict and stress situations for the individual (Coser 1974; Edwards & Rothbard 2000; Pittman 1994).

Much of the literature focussed on this interface identifies the notion of time as a resource *used* in modern labour markets as causal to intensified demands at work. Schuurman's (2009:308) multinational survey of the work-life balance of academics described how participants experienced a pervasive 'speeding up' of working lives as more productivity and outcomes were expected in the workplace in the same amount of paid work time. Paton's (2001) literature based analysis of the role of the British state in healthcare reform suggested similar time pressures. He described what he saw as the subservience of healthcare to the capitalist economy in the UK. He coined the term 'a more with less culture' (Paton 2001:63) to capture the pressures exerted on health organizations and workers to achieve a national health service (NHS) considered by the government to be 'compatible with a competitive economy' (pg. 63). Brannen (2005) drawing on empirical work carried out in a call centre has argued that the outcome of this type of work culture for the employee is an erosion or blurring of boundaries between paid work and home, and a sense of being driven to accommodate the increasing pressures to perform in the paid work domain. She depicts a sense of 'extended present' for the worker (Brannen 2005:114), where the individual employee is subject to a constant state of busyness. In this state time passes without being noticed and individuals 'have no time in the present to plan for the future' (p114). Hochschild (2000) has described this as the 'time bind', where individual

employees are in a continual conflict scenario between meeting commitments in paid work and those in the rest of life, particularly the home domain.

These debates evidence that modern labour markets in the UK and in Hochschild's case, America, are encouraging imbalance, stress and ill-health in employees as opposed to work-life balance and well-being. This challenges the government's concept of organizational cultures to enhance employee work-life balance and well-being as well as organizational productivity. It argues that in practice, drives for productivity use the employee as a resource and erodes the time and energy needed for personal well-being (Brannen 2005; Costea et al 2008). Several papers have raised this point of well-being, in terms of not only the individual, but also the negative effects on the family (Lister 2003; Sevenhuijsen 1998, 2000), community (Voydanoff 2005a,b,c) and society (Bunting 2005; Gambles et al 2006; Sennett 1998). Others have noted the importance of personal choice and preference in activities and the importance of personal meaning ascribed to activities (Hakim 2007; Thompson & Bunderson 2001; Stebbins 2004), and a personal sense of control over participation in activities (Grote & Raeder 2009; Schieman & Galvin 2008) as a measure of achieving subjective well-being. It is to these debates that I now turn.

2.5. Productivity and employee well-being

The definition of subjective well-being remains debated in academic literature. It is a term associated with an individual's sense of satisfaction, and with having sufficient energy and time for involvement in activities that are meaningful and engaging (New Economics Foundation (NEF) 2009; Thompson & Bunderson 2001). In terms of its association to paid work, well-being assumes an absence of employee stress or strain (Clarke et al 2007) and an achievement of both physical and psychological health and need satisfaction (Lewchuk et al 2008, Quinlan 2007; Quinlan & Bole 2009). Gröpel and Kuhl (2009:365) have suggested that 'perceived sufficiency of the time available for work and social life predicts the level of well-being only if the individual's needs are fulfilled within that time'. A recent report on work and well-being by the Government Office for Science has defined well-being as:

A dynamic state in which the individual is able to develop their potential, work productively and creatively, build strong and positive relationships with others, and contribute to their community. It is enhanced when an individual is able to

fulfil their personal and social goals and achieve a sense of purpose in society (Dewe & Kompier 2008:7).

Studies by Bambra et al (2008), Bunting (2005), Gambles et al (2006), Taris and Schreurs (2009) and Voydanoff (2005a,b,c) to mention but a few, question the plausibility of achieving both worker well-being and organizational performance through strategies of work-life balance if the employee is used as a resource.

Taris and Schreurs (2009) illustrate the importance of achieving a balance between resource demands in the workplace, a sense of individual control over work, and having supportive networks in place to provide a framework to reduce stress and emotional exhaustion both inside and outside of the paid work domain. These findings reflect earlier studies of job demand and control by Karasek and Theorell (1990) and reviews by Clarke et al at (2007) and Lewchuk et al (2008) who posit the need to reduce employment strain and create supportive workplaces to increase a sense of work-life balance. Hakim (2007), Grote and Raeder (2009) and Thompson and Bunderson (2001) also indicate that having a personal sense of control over work-life activity enhances subjective well-being, but identify the importance of spending time in doing activities that are 'identity affirming' to a achieving a sense of well-being in everyday life.

A recent European wide survey by the New Economics Foundation (NEF) (2009) found that that well-being at work was low in the UK, placed fifteenth out of the twenty-two European countries sampled. The findings also evidenced low levels of social and personal well-being for respondents in the UK, and linked all of these low levels of well-being to high levels of work-life imbalance caused through the pressures of paid work:

A myopic obsession with growing the economy [in the UK] has meant that we have tended to ignore its negative impacts on our well-being such as longer working hours and rising levels of indebtedness. It has created an economic system which has systematically squeezed out opportunities for individuals, families and communities to make choices and pursue activities which play a role in promoting positive well-being and human flourishing (NEF 2009:2).

The Mental Health Foundation's (2003a,b) reports, identified relationship breakdowns, loss of friendships and poor relationships with children as caused by stress at work. The studies also reported cases of people being precluded from having a child or meeting a partner in the first place, and prevented from spending time with terminally ill friends or relatives because of the long hours culture in paid work. Identifying these lost activities as building blocks to resilience and well-being, so the studies implicated present patterns of paid work as having a widespread, corrosive effect on our lives. Studies by Bunting (2005), Gambles

et al (2006) and Voydanoff (2005a,b,c) all question the influence of demands at work, not only on the well-being of individual employees, but on significant others in the life domains. In particular, all three suggest that demands of paid work can reduce the well-being of families, communities and society.

Bunting's (2005) study accessed organizations that were identified as some of the best to work for in the UK. Interviewing employees in these organizations, she concludes that the cultural patterns of paid work are reflective of a society that promotes overwork. She argues that the effect of this kind of society on the individual employee is an erosion of the resilience and sustainability necessitated for personal well-being and to be an active participant in all life's roles, activities and relationships. Bunting concludes that in the UK the cultural patterns of work inherent in the 'overwork culture' drains the paid worker's time and energy and erodes the individual's resilience and sustainability as a person and participant in all life's roles, activities and relationships. She believes that a work-focussed model of society creates devastation for families, friendships, communities and society itself and asks; 'Who can care for whom in the overwork society?' (Bunting 2005: ixx).

Gambles et al (2006) carried out a large-scale study across seven countries: India, South Africa, Norway, the Netherlands, USA, UK and Japan. They found commonalities in a burgeoning intensification of workloads in the expectations of work organizations and a heightened sense of pressure between paid work and home domains. Work-life imbalance, they suggest, is a global phenomenon, one that requires change at multiple levels to address 'equity, well-being and sustainability' of people across varying societies who participate in the global market economy (Gambles et al 2006:10). This is a bleak view of the world in which time for self-care, rest and relaxation, the care of others and for love and compassion is lost within the milieu of paid work.

Supported by many others, these studies specifically question how women, as the those individuals who traditionally carry greater responsibilities for caring and unpaid domestic tasks, can achieve sustainability in the well-being of self and others, when personal resources in time and energy are continually eroded by paid work. This is an interesting point and identifies the roles of caring and the value of relationships as key to sustaining the health and well-being of future generations. It touches on assumptions and values about paid work, caring and the gendered division of labour in UK socio-political thought. As I noted in 2.1, these issues are argued as shaping and influencing our understanding and

experience of work-life balance in contemporary market economies and are an area of interest to this study. It is to this point of gender and the associated attributed social roles that I now turn.

2.6. Gender, the division of labour and paid work

In terms of organizational cultures to support work-life balance, literature places the assumptions and values inherent in the socially defined roles of men and women, and the associated division of labour in paid work and non-paid work domains as barriers to change (Lewis 2001; McDowell 2004). UK labour markets, it is argued, are sustained by models of paid work based on notions of the 'ideal type worker' (Callan 2007:674); an individual who works full-time, without disruption and who is fully committed to the workplace (Conran 2003; Lewis 1997; 2001; Rutherford 2001). Organizational cultures that support this model of paid work hold values and assumptions that place work activities as of greater value than caring and non-paid domestic or community focussed tasks (Levitas 2001, Lister 2003; McDowell 2004; Sevenhuijsen 2000). These attitudes create and sustain cultures that support inequality between those employees who carry non-paid work commitments, such as caring and domestic tasks on top of paid work and those who do not because in the former, the human resources or assets of time and energy have to be shared across those domains:

...time and energy to connect with others and give and receive care – as parents, children, lovers and friends, or even time to care for ourselves – are crucial for individual and societal well-being. Yet these aspects of life can be increasingly squeezed out by current patterns of paid work or can exclude people with demanding non-paid care responsibilities from much paid work (Gambles et al 2006:4).

There is a vast body of literature that argues these points. The important theme in all of these studies is that they illustrate how attitudes and assumptions about gender, the division of labour and paid work in the UK create organizational cultures that sustain inequity in paid work for those individuals who access work-life balance policies, especially part-time or flexible working. Unfortunately, due to stereotypical divisions of labour in the home the majority of these are women.

2.6.1. A culture of inequality

Several studies identifying inequality for women in the workplace have illustrated that organizational cultures require employees to meet particular expectations. The 'ideal' employee will work full-time, and with a continuous pattern, uninterrupted by periods of leave (Callan 2007). Argued as modelled on male patterns of work, these so called 'patriarchal' (Rutherford 2001:259) or 'macho' cultures (Conran 2003:7) sustain patterns of work that exclude women, or those who access flexible patterns of work, particularly part-time workers, from progression in the workplace because they do not match the ideal. This, it is reasoned, creates intransigent attitudes and assumptions about the value of part-time work, and maintains systems of social closure for women in the workplace which are difficult to eradicate or change (Callan 2007; Lewis 1997; McDowell 2004; Rutherford 2001).

Rutherford's (2001) analysis of two private sector organizations in the UK identified the long hours culture within these organizations as a tool of exclusion for women. Women, she maintained, were subject to inequitable opportunities for promotion because access to the resource of time is, ideologically, considered vital to be a successful manager, and women have greater pressures on their time than men because of unpaid domestic and caring chores. This causes greater conflict between paid work and the non-paid domestic and particularly caring commitments in the home. Women access leave and flexible working opportunities more readily than men to manage this role, which reduces the value they hold in the organizational setting because they do not work full-time (Bunting 2005; Gambles et al 2006; Lewis 2001, Warren 2004). Williams' (2004) project studying the implications of changing models of parenting and partnering for policy reform in the UK also indicated that women carry a greater complexity of roles in the home and highlighted the limited social values ascribed to those activities associated with being a mother, wife or carer.

Along with several other studies, Williams (2004) identified that New Labour's manifesto for paid work called the New Deal, promoted the moral and financial benefits of paid work for all adults of working age in the UK, including lone parents (Department for Works and Pensions (DWP) 2005). Implying that the message of this policy was to ensure that those who work were valued more in society than those who did not, she questions, along with Levitas (2001), Sevenhuijsen (2000) and McDowell (2004) where in Labour's manifesto, the family values and community spirit *is* to build strong families and social ties and

argues that the work-life balance policy is purely rhetorical because it lacks this underpinning philosophy and moral value.

Sevenhuijsen's (2000) critique of the government's approach to welfare and family politics identified the ethic of care as a missing component in UK policy reform. She argues that caring is subject to the model of capitalism and the market economy promoted by the UK state. This view is shared by several other feminist critiques (see Kittay 1999,2001; Levitas 2001; Lister 2003; McDowell 1997, 2004; Odih 2003; Tronto 1993), all of whom highlight the ethic of care and social attitudes to those who care-give as subservient to the ethic of paid work and those who work full-time in the UK.

It is worth noting that the majority of papers highlight the notion of cultural change in attitudes and values about paid work as a key to addressing the imbalance between work and home. Ransome (2008), however, has argued that stereotypical gendered attitudes to caring exclude men from adopting greater roles and responsibilities in the home domain. He argues that changes to attitudes in the gendered division of labour in both paid work and life domains are necessitated to achieve meaningful models of work-life balance in the UK. Suggesting that work-life balance should be considered from the perspective of the 'total responsibility burden' that individuals carry, including what he calls 'necessary labour'; the paid and non-paid obligatory tasks in life, and 'recreational labour', described as 'community activities, self-care, leisure, pleasure, enjoyment' (pg. 68), Ransome maintains:

By giving equal analytical weight in the model to all activities, the work-life balance strategies that household members develop to met the responsibility burden can be seen as supportive and enabling rather than as exploitative and disabling (Ransome 2008:69).

This is a valid point; one that challenges gendered conceptions in a balanced way. However, several studies exploring the role of men in caring and domestic tasks identify the lack of participation of men, as opposed to the exclusion of men from these roles, as the key issue in determining the complexity of activities and roles that women carry in everyday life. Craig's (2006:259) secondary analysis of a large Australian time use survey found that women spent more time 'mothering' than men do 'fathering'. She illustrated greater time commitments by women with more multitasking, more physical labour, a more rigid timetable, more time alone with children and more responsibility for managing care. She noted that these gender differences were apparent whether women worked part-time or full-time.

Crompton et al's (2005) cross-national study identified a slowing down of male participation in domestic and caring tasks between 1994 and 2002, albeit a more liberal ideological attitude to the domestic division of labour. This was a common theme in all three countries studied; Britain, Norway and the Czech Republic. Their findings suggested that work intensification was in fact reducing male participation in the home domain by creating a pressure to be present in paid work. Brannen et al (1997) found that fathers worked longer hours than men who were not fathers because they felt driven to support the family financially and were subject to socially ascribed roles of provider or breadwinner. Sullivan and Smithson (2007:449) identified how these sociocultural constructs were played out in families as a form of 'gender contract' between couples as they allocated the division of labour in terms of paid and unpaid work. This means that expectations within the home domain as well as paid work are relevant to the formation of work-life balance. Several papers maintain that whilst the premise of the breadwinner model has moved to the adult worker model in terms of discourse, in practice the traditional social structures and roles of women as carer and male as breadwinner have continued (Bailey 1999; Clark 2000; Conran 2003; May 2008; Sevenhuijsen 2000; see 2.3.2):

....although we live in a globalised, 24/7 technically demanding market place, the British economy still mainly operates on a nineteenth century 9-5pm workplace timetable with outdated nineteenth-century mental attitudes that include deep-rooted, inappropriate and wrong historical assumptions which result in damaging opinions about men, women, children and work (Conran 2003:7).

To me, this would suggest that in terms of paid work and organizational cultures, it is the negative assumptions about those who appear to give less commitment, particularly part-time workers, whether male or female, that remain fixed in the natural attitudes to paid work and constrain value being associated with working fewer hours. Notions of cultural change to accommodate a different vision for the ideal worker, one that embraces care and relational values as highly as paid work, is argued as essential to challenge these assumptions (Fletcher & Bailyn 1996; Lewis 2001; Odih 2003). However, the plausibility of this is contested, not only because of the depth and taken for granted approach of assumptions about gender, the division of labour and paid work in the UK, but also because paid work is a tool of economic growth and productivity (Callan 2007; Lewis 1997, 2001; Odih 2003). It is these financial and growth perspectives about the importance of paid work that actually underpin the organizational and government perspectives of work-life balance taken in the UK, not the need to care for and

support self and others in families, communities and society. Essentially one could argue that work-life balance policies in the UK create work-life *imbalance* by promoting the drive to be fully active at work as opposed to home, which inherently is the more valid and morally sound approach to balancing work with life. It is these debates in the literature and the impressions of the impact of these on work-life balance that I now turn. I will discuss the implications specifically for health and social care organizations in the following chapter.

2.7. Paid work and the culture of 'self-work'

The New Labour Government reforms to the labour market in the UK have included a drive toward a workplace culture of individualism and self-regulation; a focus on what Costea et al (2008:661) have called 'self-work'. This is supported by an organizational culture that; 'presupposes the readiness of the subject...to give of itself to work in a new way' (Costea et al 2008:669). This form of culture requires employees to be 'implicated in the project [of work] at a full emotional level' (Coates 1997:1) and 'to re-create themselves as assets, to better the company' (Coates 1997:5). Giddens (1991) identifies these changes as requiring a new type of worker; one that is adaptive and flexible, able to construct a positive and coherent self-narrative and manage the demands of paid work and life in a positive way. He describes an autonomous, entrepreneurial self, who takes responsibility for and self-regulates his or her own lifestyle. Costea et al (2008) and Kuhn (2006) identify these labour market changes as promoting workplace cultures that place the individual employee as the responsible agent for their own work-life balance, reducing the focus on the organization to accept responsibility for providing a culture that supports flexibility and choice to sustain work-life balance:

The common thread among these theorists is the claim that reflexive modernization places personal identity and choice-making centre stage...with the associated implication that a - perhaps *the* - primary choice facing contemporary actors is how to allocate scarce temporal resources to varied activity domains. Agency, consequently, becomes foregrounded since workers are now expected to control their uses of time in the simultaneous pursuit of careers and work-life 'balance' (Kuhn 2006:1339-1340).

Bunting (2005), Costea et al (2008), Gambles et al (2006), Halford and Leonard (2005) and Hochschild (2003; 2008) all argue that where the worker adopts this self-regulatory response to work-life balance, the amount of time and energy the individual spends in paid work is increased to the detriment of time and energy in

the home. This precludes values being associated with caring and domestic tasks, placing those who care and those who are cared for as secondary to paid work. In the UK state, political changes in the introduction of flexibilisation of labour policies, principles of productivity, market economies and individualisation of the worker, what Costea et al (2008:672) have termed 'soft capitalism', is eroding the value of care, family and community in the UK:

....the (inspired) metaphor of 'soft capitalism'...emphasized that the logic of organizational success has become gradually bound up with the ever more intense employment of 'soft' characteristics of the labouring subject. However, the predicate 'soft' must not be confused with the implication that contemporary work has become easy. Rather...'soft' denotes the expansion and intensification of demands on the self to become ever more involved in work with its whole subjectivity. Indeed, once the subject is placed at the centre of work governance with the entire range of its attributes, labour becomes 'hard' in a new way. The specific 'hardship' of labour which lies at the centre of soft capitalism, is grounded in a new type of ethical vector... the 'ethics of self-work'.

Government reforms adopting market economies as a model of growth, productivity and financial efficiency in the workplace, have created workplace cultures based on increased flexibility and an ideology of the autonomous, self-regulating employee, validating entrepreneurship and a portfolio approach to paid work. This would suggest that organizational cultures in the UK are moving toward a model of paid work that supports individualisation and develops a sense of self-regulation or accountability in the employee to be responsible for his or her own work-life balance. This challenges completely the notion of organizational cultures implementing and sustaining a culture that is supportive of work-life balance in the UK, but does support the notion that organizational cultures are a powerful tool in influencing how work-life balance is experienced for the individual employee in everyday life.

It is this idea of organizational culture as a force influencing an individual's work-life balance that is the point of interest in this study. In particular I am interested in how the everyday interactions and behaviours sustained in workplace cultures facilitate or constrain the individual employee's experience of work-life balance. Whilst this element of everyday social action is notable in the literature, the emphasis of organizational culture on the individual employee's experience is less prevalent than the socio-political interface with the organization or the individual agent. Both Callan (2007) and Halford and Leonard (2005) (see 1.4.2) support my contention that studies of the relationship between individual worker

and the everyday elements of organizational culture are lacking in contemporary work-life balance literature:

...when looking at the impact of policies on employees' ability to balance their work and family life, the refrain is 'look at the culture, has it changed?' However, [this] underestimates the rigour required to 'get under the skin' of an organization, discern different aspects of culture and how they articulate with each other and then chart the shifts encouraged or provoked by some intervention such as the implementation of policies (Callan 2007:674).

It is difficult to ascertain clearly at this point how work-life balance is experienced in health and social services workplace cultures, or how the forces of 'soft capitalism' and markets are played out in the public sector. But certainly these organizations are subject to change and pressures in terms of economic efficiency and the use of human resources in their application of work-life balance policies (see 2.2.1). These areas will be explored in greater depth in the following chapter.

2.8. Conclusion

Analysis of the literature has shown that organizational culture is complex, that it is co-produced through the interrelationships of structure and agency, and has multiple levels of significance in terms of work-life balance. In the UK, organizational culture in the paid workplace is dynamic and changing in line with socio-political ideals to sustain growth through global market economies. Whilst the profit driven focus is less prevalent in the literature on health and social services, there is a definite sense, as Paton (2001:63) has suggested that that these workplaces are being pushed to be 'compatible with a competitive economy.' Much of the existing literature exploring work-life balance identifies imbalance as the problem and cites social structures, specifically market economies and stereotypical notions of gender and paid work as causal factors. Studies focusing particularly on workplace culture and work-life balance are less prevalent, with very few exploring health and social services public sector organizations. Where present, research has illustrated that organizational cultures do influence how the individual employee experiences work-life balance, with the majority of studies evidencing this as a force of constraint. It has been suggested that root level assumptions held within the organizational cultures are key to sustaining established patterns of paid work and preventing change; that socio-political forces drive the established models and ethics of paid work, including the use of the human resources of time and energy and that workplace encounters

and everyday patterns of work influence work-life balance. These forces, working together, create and sustain cultures that *do not* support work-life balance.

As noted in chapter 1, this study aims to investigate the relationship between organizational culture and work-life balance by exploring the individual participant's everyday experience of those organizational cultures on their work-life balance. I have identified occupational therapists as key informants because they hold a specific professional knowledge in life balance and purport this as tool to achieve individual health and well-being (Wilcock et al 1997). This profession has established workplaces in the health and social services public sector, and it is these organizations that will be accessed for this study. Notably, there is limited research on the influence of workplace cultures on the individual employee's experience of work-life balance in these organizations and a paucity focusing on occupational therapists. At the time this study took place both settings were going through a period of workforce reform, which included flexibilisation and the introduction of work-life balance policies.

The next chapter will provide a critique of the literature pertaining to the cultures and work-life balance of health and social services public sector organizations in the UK. It will introduce the profession of occupational therapy and critique the literature pertaining to the work-life balance and the paid work experiences of occupational therapists in these settings.

Chapter 3

Occupational Therapy and Work-life Balance in Health and Social Services

3.1. Introduction

As noted in chapter 1, health and social services settings in the United Kingdom (UK) are particularly interesting contexts to investigate the influence of organizational cultures on work-life balance for several reasons. First, both organizations belong to the public sector and measure performance outcomes on the quantitative processes of fiscal best value and human productivity. As a knowledge economy, professionals *are* the resource to provide the services and must be available to do the necessary work and be financially viable (Paton 2001; Scourfield 2007). Second, the market for retaining knowledge and intellectual capital in the workplace is argued as supported by work-life balance strategies (DTI 1998b; Litrico & Lee 2008). This is of major relevance in the context of health and social services because of its predominance as an employer of women, who are reported as carrying the greatest conflicts between paid work and life because of the traditional stereotypical roles of unpaid domestic chores and caregiving (McDowell 2004; Rutherford 2001; Sevenhuijsen 2000).

This chapter is designed to offer an overview of the contemporary structures and cultures of health and social services as work environments in the UK. It will identify how the development of occupational therapy is symbiotic with healthcare and social services settings, and argue that the profession's identity has been punctuated by on-going challenges because of these relationships. I will describe the research on the experiences of occupational therapists as employees in the NHS and social services and will argue that the recent, government driven workforce reforms in these organizations have influenced the work pressures, stress and burnout reported by occupational therapists employed in these fields. I will posit that this is enhancing work-life *imbalance* for occupational therapists by limiting personal autonomy, choice and subjective well-being. I will critique the profession's notion of 'occupational' or life balance, and consider the implications of this in terms of the notion of work-life balance in the wider literature.

3.2. Contemporary structures in health and social services

Both health and social services in the UK are public sector organizations demonstrating recurrent patterns of structural and cultural change driven by successive governments (Allen & Pilnick 2006). Literature has clearly identified that these changes have been implemented to achieve cost effectiveness as a measurable performance outcome (Gabe & Calnan 2009; Elston & Holloway 2001; Paton 2001) and maintain that this approach has challenged the ethos of public services free at the point of delivery (Coyle 2005; Paton 2001; Scourfield 2007). As both health and social services are subject to contemporary government policies and manifestos, so change to these structures will inevitably occur and may have already done so as you read this.

In this chapter and throughout the thesis the terms health and social care will be used interchangeably with health and social services. This is not meant to confuse and merely serves to reflect the common language used in the literature to describe these two settings.

As mentioned in chapter 2, the policies of the New Labour Government for health and social services under the leadership of Tony Blair and Gordon Brown will specifically be mentioned because this was the party in power at the time the research took place. To date, there have been no significant changes in the work-life balance manifesto that required incorporation into the thesis, but the discussion chapter will contextualise the emerging framework of the Coalition Government under David Cameron into the findings.

3.2.1. *The context of change*

At the time this study took place, the New Labour Government, under the leadership of Tony Blair and subsequently Gordon Brown, had instigated a major reform in health and social services in the UK, rhetorically to 'modernise' services. This included workforce reform (DoH 1998, 1999; 2004a,b), work-life balance and flexible working initiatives (DoH 2002a,b,c), pressures to work more cost effectively (DoH 2002a; Coyle 2005; Currie et al 2008), and the continuation of the market forces introduced by the previous Conservative Government under Margaret Thatcher (Allen & Pilnick 2006; Scourfield 2007). Discourse surrounding these new systems of work justified their implementation by highlighting several negative reports of professional misconduct and medical malpractice in healthcare (e.g. The Allitt inquiry 1994; Bristol Royal Infirmary Inquiry 2001;

Secretary of State for Health, 2007a, 2007b; Shipman Inquiry 2005) and inadequate service provision in social services settings (e.g. The Climbiè Inquiry 2003) (see also Sandall et al 2009).

Cited as introducing major workforce reforms, white papers introduced at the time included, 'The Human Resource Performance Framework' (DoH 2002a) and 'HR in the NHS Plan: More staff working differently' (DoH 2002b) which introduced, in theory, a more flexible working environment and a new structure for professional staff, new job descriptors and a single pay spine with promotions based on the attainment of key competencies or skills (NHS Employers 2010). This in Colyer's (2004:406) terms was a 'meritocratic' system, as opposed to the incumbent, and widely accepted professional knowledge-based model.

The argument that these reforms were challenging to the traditional, normative hierarchies and responsibilities for all professional staff in health and social services settings is commonly reported. Several papers suggest these changes have reduced professional autonomy and standardised the everyday work practice of the professions working in these fields. First, through increased scrutiny, in Bradshaw's terms (2003:90) monitoring 'the minutia of their everyday activity'; and second, by an increase in power, control and decision-making by the organization over workers (Freidson 2007; Martin et al 2009; Sandall et al 2009). Associated with a dialogue of flexible working practices, including temporal flexibility through work-life balance initiatives, and functional flexibilities in terms of the changes to job roles and boundaries, this kind of approach to labour markets is purported by many (e.g. Coyle 2005; Desombre et al 2005; McBride 2003; Beck 2000; Tailby et al 2005), to have been deliberately implemented to provide a more effective workforce for the employer, crucially by reducing costs and increasing organizational performance, efficiency and productivity by *using* the time and energy of the employee as a resource. This means that the energy and time the employee carries into the workplace is used for organizational ends:

It has enabled employers to directly link the activity of their staff, their competence and development, to employment costs, improved patient care and greater efficiency and productivity. By ensuring that staff are competent to undertake their work, it provides an audit process that supports clinical and corporate governance requirements (NHS Employers 2010 (no pg. number available)).

As argued in chapter 2, this kind of approach can be problematic for employees' work-life balance: where power in the workplace is subject to organizational decision-making, so employee choice and autonomy over flexible working

patterns and work-life balance can be reduced (Callan 2007; Coates 1997). This power dynamic has been illustrated as present in studies in both health (Colyer 2004; Coyle 2005; McBride 2003; McDonald 2005) and social services settings (Lewis 2001; Tailby et al 2005; Scourfield 2007). Essentially these organizations are argued as evincing a culture of power and control within a labour market model that embraces flexible working practices to meet organizational ends. Disputed as corrosive policies leading to intensified work practices, and marked by a move to a model of individualism and self-responsibilisation, this kind of labour market is associated with variable patterns of work but lowered control, leading to increased pressures and heightened experiences of work-life imbalance for the employee (Costea et al 2008; Sennett 1998). I will now look at the process of workforce modernisation in terms of work-life balance initiatives in health and social services in more detail.

3.3. Work-life balance 'cultures' in health and social services

A discourse of work-life balance and a strategy package to increase models of flexible working were introduced as part of the New Labour Government's modernisation agenda (DFEE 2000a,b; DoH 1999, 2000c,d,e). Identified as a feminised labour market, i.e. one predominantly employing women, so work-life balance initiatives were presented in government discourse as an essential aspect of maintaining the quintessential knowledge of the workforce, and a tool of positive change for both organization and staff (Coyle 2005; McBride 2003). These strategies were argued as introducing greater flexibilisation in working patterns, associated with a reduction in the accepted attitudes and expectations of the long hours cultures present in health and social services settings (Kodz et al 1998; Kodz et al 2003). It has been contested that in practice, this notion of an organizational culture change to support work-life balance strategies was merely 'rhetoric' 'jargon' and 'metaphor', (Richman & Mercer 2004:290), an unachievable ideal in the reality of everyday paid work practice.

Some studies suggest inherent paradoxes between the theory and practice of work-life balance policies and the organizational settings of health and social services. Coyle (2005) and McBride (2003) studying healthcare organizations and Lewis (2001) and Tailby et al (2005) social care organizations, maintain these settings utilise flexibility to achieve organizational outcomes as opposed to supporting employees' work-life balance needs. In essence these papers suggest

a culture of organizational power and decision-making in patterns of paid work and flexibility that supports a *win* scenario for the workplace but a *lose* scenario for the employee in terms of achieving work-life balance. Litrico and Lee (2008:996) identify 'persistent barriers' to a positive change for professional groups 'because of growing demands on professionals' in the modern workforce. In health and social care settings, this view is supported Paton's (2001:63) notion of employees being subject to 'a more with less culture'; a workplace culture demanding more, in performance terms, for less money and in less time and Kodz et al's (1998, 2003) argument that a long hours culture is embedded in health and social care settings and their contention that professionals working in these fields are measured by their commitment to that long hours culture. Shared as accepted patterns of behaviour, attitudes and values these 'cultures' prevent change, not only within the organization itself, but within the psyche of the individual worker (Lewis 2001) and have been identified as creating work-life imbalance, stress and pressure, eroding employee well-being in health (Coyle 2005; McDonald 2005) and social care arenas (Lewis 2001; Tailby et al 2005). Bunting (2005) has identified public sector workplaces as repositories of work intensification and stress with endemic overwork cultures. Litrico and Lee (2008:1017) suggest that the overuse of human energy in professional arenas which use individual's skills to achieve organizational outcomes is, in the long term, ineffective, not only for the employee, who becomes exhausted, but also the organization, which loses the skills of that burnt-out individual: '...neither the organization nor the individual end up winning - a rather pessimistic view of alternative work arrangements'.

The lack of evidence for a win-win scenario for the employee as well as the organization in health and social services, would suggest that the present work-life balance initiatives in these settings are not supporting the work-life balance and well-being of staff, but are creating more work pressures and driving the achievement of organizationally biased outcomes. Stress, sickness and rapid staff turnover in the NHS and social services sector is reported as endemic, with financial implications for these organizations in terms of the loss of skilled human resources and the subsequent replacement and training costs exorbitant (Boorman 2009; Employers' Organization 2005).

This would suggest little positive change in the cultures of health and social services organizations to support employee work-life balance to date. Paradoxically it seems that work-life balance strategies have increased the level

of the organization's control over the individual employee's temporal and functional flexibility i.e. the workplace controls when employees work, how long they work and how much they do in that time in the workplace.

3.3.1. Work-life balance strategies

Labour market reform and work-life balance policies have been introduced into health and social services organizations. The human resource performance framework (Department of health (DoH) 2002a) and its associated documents, Improving working lives (DoH 1999), Working together (DoH 1998) and Developing the NHS workforce (DoH 2000a) all promoted flexible working as a means to achieve high quality and efficient workplace cultures.

The improving working lives document (DoH 1999), which specifically focussed on allied health professionals (AHPs), like occupational therapists, suggested that a flexible working environment could enhance the working experiences of staff by facilitating a balance between the demands of work and family life. It maintained that flexible working practices, such as self-rostering¹, childcare support, carers' provision and different working practices, were all key elements to achieving a quality workplace experience for employees. This would not only enhance employees' experiences of work-life balance by widening choice in working hours, but also provide a more flexible provision for service users (clients or patients) who would benefit from more options in when to see professionals like occupational therapists because their working patterns would be extended beyond the traditional working week of 9 am to 5 pm, Monday to Friday (DoH 2004a,b). Yet as noted early, it is this very juxtaposition of flexible labour markets as a tool of organizational efficiency and employee work-life balance that challenges the discourse of the win-win scenario purported by New Labour. If the individual employee provides the service, then he or she *is* the tool of efficiency. Consequently personal needs in terms of work-life balance have to be adjusted to and support the employing organization's requirements that the individual employee has to meet in terms of efficiency.

Coyle (2005), in her study of healthcare organizations clearly identified how flexible patterns of work created greater work-life imbalance for professional staff because they were unable to make choices about when and how they worked.

¹ This enables employees to have some control over which shifts they work through planning their own hours of work. (Unison available at http://www.unison.org.uk/bargaining/doc_view.asp?did=619. Accessed November 9th 2010).

This meant staff had little power to plan paid work around individualised life commitments, which in turn, impacted on family life and created work-life imbalance:

...employers are freer to schedule work across evening and weekends and employees need to be available to work during those times. Not only has working time become flexible, but so has non-work time, which can no longer be planned on a fixed or permanent basis (Coyle 2005:80).

As discussed in chapter 2, several studies have illustrated that government initiatives for work-life balance in health and social care organizations have been ineffective for employees to date (see Coyle 2005; Lewis 2001; McBride 2003; McDonald 2005; Tailby et al 2005). A study by Dex and Smith (2002), which reviewed the findings of the 1998 workplace employees relations survey (WERS) (DTI 1998a), found that public sector organizations provided work-life balance policies for their employees, but that the type of provision available could vary 'dependent on the known constraints of delivering services and products in these industries' (Dex & Smith 2002:26). This meant that whilst the organizations provided the expected array of leave arrangements; 'maternity, paternity, parental and bereavement or compassionate leave; flexible working arrangements (e.g. part-time, staggered hours, job share, term-time contracts, flexitime², compressed working week³, reduced hours, annualized hours⁴, home working), and workplace facilities (e.g. crèches, nurseries, subsidized childcare and counseling/stress management provision)' (Callan 2007:674), these were variable in their equitable use and implementation.

A comprehensive study by the Department of Environment, Transport and Regions (DETR) (2001), reviewed the effectiveness of work-life balance policies in local authorities and described the organizational culture as 'fostering good employment relations', but, paradoxically, as unable to offer sufficient choice in flexible patterns of work to its staff (2001:6,45).

2 Flexitime schemes involve employees working core set hours each working day and working the remainder of their hours at their discretion within the flexi-hours limit. Hours are reconciled over an agreed period, often a month (Unison available at: http://www.unison.org.uk/bargaining/doc_view.asp?did=350. Accessed February 2nd 2010

3 Compressed hours is system that enables employees to work their normal hours over fewer days, providing more half or full days away from work without reducing pay (Unison available at: http://www.unison.org.uk/bargaining/doc_view.asp?did=350. Accessed February 2nd 2010

4 Annual hours arrangements – this is where working time is calculated on an annual rather than a weekly basis (Unison available at: http://www.unison.org.uk/bargaining/doc_view.asp?did=619. Accessed November 9th 2010

Tailby et al's (2005) study investigated a local authority social services setting that had been highlighted as an 'exemplar' in its process of joint negotiation with the trade unions to achieve work-life balance policies that were effective for both the organization and its employees. Yet their study found that the trade union actually believed insufficient work had been done to achieve gender equality in the implemented work-life balance policies, and that the introduction of non-traditional working hours, specifically Sunday working, was ineffective in improving the work-life balance opportunities for existing staff, and indeed had required the recruitment of temporary 'Sunday-only workers' (Tailby et al 2005:208).

Unison, as one of the largest trade unions for health and social care employees in the UK, states that work-life balance is an integral part of the bargaining and negotiating process carried out on behalf of its members. It argues that the UK has the longest work hours in Europe, and that it is the only country in the European Union that has an opt-out clause for the 48-hour working time directive. This, Unison maintains, challenges the implementation of work-life balance policies in the UK and increases the levels of work-life conflict employees experience because it enforces a longer working week and supports a long hours culture as standard in the workplace (Unison 2008). As previously discussed several empirical studies have shown that flexibilisation of the labour market is increasing levels of stress in the workplace because it provides flexibility of human resources for the employer and not for the work-life balance of the employee (Bunting 2005; Clarke et al 2007; Costea et al 2008; Reilly 1998).

Stress in the public sector workplace in particular has been argued as high and several studies have linked this directly to work-life imbalance in these settings (Coyle 2005; Lewis 2001; Tailby et al 2005; see 2.2.2). Coffey et al (2009:423) have cited intrinsic cultural factors in these organizations such as the authoritarian management style, limited participation and consultation for employees, office politics and poor communication as causal to levels of stress. A report by the Audit Commission (2002:22) illustrated similar findings:

...the sense of being overwhelmed by bureaucracy, paperwork and targets; insufficient resources, leading to unmanageable workloads; a lack of autonomy; feeling undervalued by Government, managers and the public; pay that is not 'felt fair'; and a change agenda that feels imposed and irrelevant.

It would appear that whilst health and social care organizations are going through periods of profound workforce reform and structural change, there is little evidence that workplace cultures and the experience of work-life balance is

improving for employees to date. Whilst flexibility has increased through the introduction of flexible labour policies, these are more focussed on achieving organizational and productivity outcomes, rather than reducing individual employee conflicts between paid work and the rest of life. A few studies have identified that these changes are increasing stress, pressure and work-life imbalance rather than supporting a state of work-life balance and employee well-being (e.g. Costea et al 2008). Some studies have specifically identified this phenomenon in health (Coyle 2005; McBride 2003) and others social services (Lewis 2001; Tailby et al 2005). Coyle's (2005:84) work identified a trend towards a 'just in time' culture in the staff rota systems in the NHS, which not only generated a less structured and more flexible approach to patterns of work, but increased the use of temporary staff such as 'bank' or locums.

Tailby et al (2005:191) recorded a similar problem in social services with their Sunday working policy, but also a paradox in achieving work-life balance for staff and the drive to 'secure sustained economies from all authorities, as well as continuous improvement in service quality', because the latter nullified the former. Paton's (2001:63) paper, whilst not specifically studying work-life balance, illustrated an intensification of work in healthcare settings and a drive for what he called 'a do more with less culture' for professional employees as a consequence of the drive to make the NHS 'compatible with a competitive economy'.

These findings would suggest that the health and social care environments would provide a good place to study the influence of workplace cultures on the work-life balance of its employees. These are organizations that offer a range of flexible working opportunities in what is deemed as a feminised workplace. They report high stress levels and utilise the professional knowledge and skill of their workers to achieve productivity and organizational outcomes. They are adopting a culture to support work-life balance, but are argued as not achieving the win-win scenario identified through the government's mutual gains polemic. It is these environments that are the traditional workplaces of occupational therapists, a professional group that identify a knowledge base in the use of work-life or 'occupational' balance as a tool to achieve subjective well-being. As potential experts in the field of life balance, it is to the literature pertaining to the philosophy and work-life balance experiences of this profession that I now turn.

3.4. Occupational therapy in health and social services

Established as an area of work in the early twentieth century, the history and development of occupational therapy has been closely associated with health and social services in the UK (Creek 2003; Wilcock 2001a). Several papers identify the early origins of the profession as linked to psychiatrists who were influenced by the moral treatment movement of the late 1700s. These individuals advocated a more humanitarian, or moral approach, to the care of the mentally ill and posited a positive link between participation in everyday activities, or so called *occupation*, and a sense of purpose and individual health and well-being (Meyer 1922/1977, Reilly 1962; Westhorp 2003; Wilcock 2002a). In these early developments the purposive use of time in terms of productive and meaningful occupation, such as 'labour' (or paid work) and 'pleasurable activities', was considered an important concept and began to evince a professional interest in a balanced participation in different activities across a variety of life domains (Wilcock 2001b: 471).

3.4.1. Productive and meaningful activities

Wilcock's (2002b) study of the history of occupational therapy identified that during the First World War the notion of being 'meaningfully occupied' through activities was seen as beneficial to the recovery, health and well-being of those returning from active service with physical or psychological traumas. Contemporaneous literature identified the idea of a balanced use of time in productive and meaningful activities as an integral part of occupational therapy's philosophy:

The whole of the human organism has its shape in a kind of rhythm. It is not enough that our hearts should beat in a kind of rhythm, always kept to a standard at which it can meet rest as well as wholesome strain without upset. There are many other rhythms that we must be attuned to: the larger rhythms of night and day, of sleep and waking hours, of hunger and its gratification, and finally the big four – work and play, rest and sleep, which our organism must be able to balance even in difficulty (Meyer 1922:7).

Historical reviews of the profession posit that it was during the Second World War, that the notion of being meaningfully occupied as a professional tool of rehabilitation was solidified (Friedland 2007; Wilcock 2001b). This included a focus on the ability to return patients to paid work or seek out gainful employment (Wilcock 2002b).

Since that time several papers identify that the occupational therapy profession has been subject to successive changes in its professional identity, role, focus and purpose in health and social services settings (Wilcock 2002b, Ilott 1995). Debates around why this has occurred fall into a variety of categories, which include: a) divisions caused by the profession itself initiated by some members moving from the traditional healthcare settings to practice in the social services sector during the emergence of this organization in the 1970's (Blom-Cooper 1989; Riley 2002; Wilcock 2002b); b) issues of power, dominance and control by the medical and social work professions in healthcare and social services respectively (Fairhurst 1981; Reilly 1962) and c) accounts of the expectations and demands of the employing organizations driving performance and paid work intensification and eroding professional identity (College of Occupational Therapists (COT) 2006a,b,c; Lloyd & King 2001, 2002; Lloyd et al 2004a; Lloyd et al 2004b; Sumison & Lencucha 2007). I will now consider these points in more depth.

3.5. A profession without an identity

Unlike other allied health professions, occupational therapy is a profession whose development and practice has not only been closely associated with medicine and healthcare, but also with social services in the UK. This, it has been argued, has created a divisive fragmentation of professional purpose and focus within the profession's own sense of identity (Blom-Cooper 1989; Riley 2002, Wilcock 2002a,b).

Riley's (2002) historical study of occupational therapy in social services illustrated a bitter division in the profession itself as a consequence of the move by some of its members into the newly formed organization of social services in the 1970's. Riley's findings are supported by Blom-Cooper's (1989) earlier analysis of the role of social services occupational therapists, Mountain's (2000) literature based study of relationships between health and social services occupational therapists, and Wilcock's (2002b) in-depth, historical overview of the development of the profession in the UK. More recent empirical work by Forsyth and Hamilton (2008) found that the integration of occupational therapy services across the health and social services organizational divide remained limited in the UK and identified this as causal to the differing cultural contexts that existed between these two organizations:

The main issues contributing to the continued divide between health and social care occupational therapy...appears to be that different cultures are not always compatible and that there are separate priorities that do not support partnership working (Forsyth & Hamilton 2008:70).

Supported by occupational therapy's professional body, the College of Occupational Therapists (COT), all these papers maintained that occupational therapists working in health and social care are challenged in their credibility and organizational legitimacy by the power of other professions working in their workplaces, and the structures and power dynamics of the employing organizations:

The concepts incorporated into the social model of disability are familiar to occupational therapists, but their application into practice can be challenging, especially in a large organization or environment that is dominated by a medical model of care or is controlled by financial or performance targets (COT 2006b: 4).

It is commonly believed that healthcare settings have a strong medical focus and social services a social work one (see Freidson 2007 & Housley 2003 respectively). Both health and social care organizations are constrained by power politics, bureaucracy, financial and performance targets (Allen & Pilnick 2005; Paton 2001 (health); Carey 2008; Scourfield 2007 (social services)). This suggests that a cultural discrepancy between organization and profession is plausible, and posits a sense of limited power by this profession within these organizations. This is widely reported in the literature.

3.5.1. A profession without power

The issue of occupational therapists having limited power and a low hierarchical positioning in health and social services organizations is commonly critiqued in the literature, and can be identified as a consistent thread over many years (see Reilly 1962; Fairhurst 1981; Blom-Cooper 1989; Joyce 1993; Goren 2002; Wilcock 2002a; Wright and Rowe 2005; Forsyth and Hamilton 2008; Hammell 2009; Riley et al 2009 for a chronological summary). The dominance of the medical profession in healthcare and the subservient position of other professions in this field is an accepted organizational norm (Freidson 2001,2007; Gabe & Calnan 2009; Klein 2006).

In social services in the UK, the position and power of occupational therapists is reported as challenged by the dominance of social work and a misunderstood professional identity at public, professional, organizational and state levels (Blom-

Cooper 1989; Riley et al 2009). The profession is argued as holding little cultural or social capital in either health or social services and this is reported as actively preventing the profession's growth:

Its position at the intersection between medicine, vocational rehabilitation and labor-market policy provided occupational therapists with an ambiguous welfare political role and an unclear link to medicine that hampered their professional development (Evertsson & Lindqvist 2005:261).

The influence of limited power and position for any professional group has been argued as a challenge to its strength in terms of a professional identity (Freidson 2007; Nixon & Creek 2006). Richman and Mercer's (2004:293) notion of the cultural gaze suggests this kind of limited power actually creates the role or identity of the weaker group because it is subject to the beliefs and values of the more powerful other; 'Culture, percolated by invisible power...creates a 'gaze' or way of seeing and interpreting reality that steers social interventions (ways of doing)'.

Fitzgerald and Ferlie (2000) have argued a similar point. They posit the notion of 'profession' as a social construct, built on systems or ideologies created by wider society, the state and the hierarchical system of professions. This view is supported by Freidson (1983:27), who has described this as idea of forming professional identities through the opinions of others as a folk concept:

If a profession may be defined as a folk concept...one does not attempt to determine what a profession is in an absolute sense so much as to how people in a society determine who is a professional and who is not, how they [the profession] make or accomplish professions by their activity.

Atkinson and Housley (2003:7) describe this kind of formation of a professional identity as 'metaphorical mirror' that can not only shape a professional identity, but also create stress for professional members if that reflected image is discrepant from the one they feel their profession validates.

Several papers have identified power structures and associated relational positioning and struggles within health and social services settings resulting in complex divisions of labour between professional groups (Abbott 1988; Abbott & Meerabeau 1998; Freidson 2007). In social services the subjugation of occupational therapy to social work in terms of position, power and legitimacy is well documented and accepted. Blom-Cooper (1989:17) identified occupational therapy as 'something of a submerged profession', reflecting its lower position and value to social work. Whilst this report is now somewhat old, it seems the sentiment is not out-dated in terms of the profession's own perspective on its

power and position in social services as well as in health care, with the search for influence and power a common theme in contemporary literature (see Duncan 1999; Duncan et al 2007; Goren 2002; Melton & Creek 2006; Riley 2002, 2007; Wright & Rowe 2005). Evertsson and Lindqvist (2005), Fairhurst (1981), Freidson (2007) and Noordegraaf (2007) all maintain that the power, positioning and the value context in healthcare settings places occupational therapy, along with other AHP groups and nursing, as of secondary value to medicine and as denigrated by patriarchal professional values (Evertsson & Lindqvist 2005; Witz 1992).

3.5.2. A question of patriarchy

Like many of the professions associated with the allied health group, occupational therapy is female dominated. It is commonly argued that this gender imbalance has its part to play in subjugating these professions to medicine by creating what Evertsson and Lindqvist (2005:257) term a 'subordinated female professional space'. Witz (1992) views this gender imbalance as a form of wider patriarchal social closure occurring in 'various sites of social relations (such as family, labour market and state)' (pg3). This broader perspective mirrors those debates in the work-life balance literature that situate women as excluded from promotion and value in the workplace because of the ideals of full-time, career focussed patterns of work (e.g. Conran 2003) and male patriarchal values (Rutherford 2001). These values, it is argued, limit the progression of part-time workers, who are predominantly female, in the paid workplace, and delineate the inequitable gendered division of labour in paid and non-paid work (McDowell 2004; 2009; Rutherford 2001) (see 2.3). Whilst there is little directly relevant to feminisation as a focus for limited professional power apparent in the occupational therapy literature, one would suggest this must have, as Evertsson and Lindqvist (2005) conjecture, some impact on the profession if it is a phenomenon of relevance in other female dominated groups. What is clearly notable as a debate within professional discourse is the belief that limited power, credibility and legitimacy is related to limited ability to articulate a clear professional knowledge base and a subsequent lack of social closure. This challenges the credibility and identity of occupational therapists and posits what *is* occupational therapy in terms of a professional identity.

3.5.3. What is occupational therapy?

Goren (2002) and Reilly (1962) have indicated that the professional activity and identity of occupational therapy is weakened by a professional knowledge base that is considered to be a type of common knowledge as opposed to an expert or scientific one. To maintain the premise and symbolic power of social closure, professions have to hold a professional knowledge base that is valued as a specific form of expertise (Abbot 1988). Occupational therapy, it is claimed, has knowledge in something that others, outside of the group, believe they understand and consequently, as a profession, is reasoned, by others, to hold limited social closure:

The wide and gaping chasm, which exists between the complexity of illness and the commonplaceness of our treatment tools, is, and always will be, both the pride and the anguish of our profession (Reilly 1962:1).

Yerxa (1995:295) has argued that this assumed lack of credibility erodes power and presence and has enabled other professions to 'tinker with or alter [occupational therapists] professional identity'. Creek (2003) and Fairhurst (1981) illustrate a similar point and suggest that occupational therapy lacks a solid, empirical evidence base and has little or no research in its own professional knowledge to challenge this notion of simplicity in the conceptions of others. This, they maintain, serves to weaken the profession's credibility and consequently its ability to hold sway over others. Sweeny et al (1993a), Fortune (2000) and Forsyth and Hamilton (2008) maintain that a lack of professional value, role, identity, limited resources, high work demands and a lack of reward or recognition are stressors for occupational therapists working in health and social services. Conversely, a sense of satisfaction at work is argued as enhanced through professional autonomy and ownership, which is lacking in occupational therapists (Creek & Ormston 1996; Ilott 1995; Noble & Irwin 2009). This would suggest that the absence of the former and presence of the latter conditions in working environments could enhance the paid work experience and reduce levels of stress, which, subsequently, could enhance satisfaction in paid work and work-life balance for occupational therapists.

Before turning to the literature on the work-life balance and work stress of occupational therapists, I will critique the literature describing the profession's interest and knowledge of life balance; something the profession calls *occupational balance*.

3.6. The notion of 'occupational' balance

The profession of occupational therapy identifies knowledge in the use of life balance as a therapeutic tool to achieve a state of health and well-being (Christiansen & Matuska 2006; Jonsson & Persson 2006; Wilcock et al 1997). Referred to in the professional lexicon as 'occupational' balance, literature suggests that the meaning of this concept is vague, and that the profession's knowledge is based predominantly on theoretical assumptions as opposed to empirical research (Backman 2004; Christiansen 1996; Christiansen & Townsend 2004; Westhorp 2003; Christiansen & Matuska 2006; Stamm et al 2009 to mention only a few who argue this point). Themes within the literature that suggest how occupational balance can be achieved include the allocation of specific blocks of time to diverse activities (Christiansen 1996; Kielhofner 2002; Meyer 1922/1977; Wilcock 1999a,b); having personal choice and control over participation in activities (Backman 2004; Westhorp 2003) and participating in personally *valued* or *meaningful* activities (Christiansen 1999; Christiansen & Matuska 2006; Creek 2006; Wilcock 2002a; 2006). In what they call a proposed model for lifestyle balance, Matuska and Christiansen (2008:11) define a state of occupational balance as 'a satisfying pattern of daily occupation that is healthful, meaningful, and sustainable to an individual within the context of his or her current circumstances.' They further suggest that 'satisfying' is measured by the congruence between *actual* and *desired* levels of participation in daily occupations. This holds some resonance with Carl Rogers (1961;1983) notion of the match between the actual and ideal self to achieve self-actualisation or congruence in everyday life and Grote and Raeder's (2009:223) view of achieving 'ecological consistency', which is concerned with '...the perception of coherence of one's own behaviour across different spheres of life.'

Stamm et al's (2009) study posited a three dimensional view of occupational balance, and attempted to address the complexity of personal versus sociocultural expectations, relaxing versus challenging activities and the time necessary for care of the self and others:

...challenging versus relaxing occupations and activities, activities meaningful for the individual and activities meaningful in a sociocultural context, and activities intended to care for oneself and activities intended to care for others.

These concepts of occupational balance suggest strong commonalities with the literature of work-life balance and several papers support this contention (Backman 2004; Christiansen & Townsend 2004; Stamm et al 2009). I will now

discuss the notion of occupational balance and its link to work-life balance and well-being in more depth, then move onto the literature reporting occupational therapists experiences of paid work, stress and work-life balance in health and social services organizational cultures in the UK.

3.6.1. *Work-life and occupational balance*

In common with the work-life balance literature, the notion of occupational balance is linked in professional discourse to balancing a variety of life domains or different activities, the number and complexity of which are debated. Creek (2006:205) has argued that in occupational therapy these activities are commonly categorised as the three life domains of self-care, productivity and leisure. Alternatively, Backman's (2004) literature based study identified several different domains including rest, play, learning, work and personal interests. Hammell (2009) argues that the terms used by the profession are arbitrary and require further research and agreement to identify a common language and definition. This lack of clarity in professional discourse can only serve to weaken social closure and challenge professional credibility and legitimacy if a profession is understood as a folk concept (see 3.5.1).

Several papers stipulate that the term 'productivity' is used to define any activity that is considered to be productive in nature, which includes, but is not specifically related to concepts of paid work (Christiansen 1996; Creek 2006; Primeau 1996a). Primeau's (1996a) research, which is a study that actually explored the work-life balance of American workers, looked specifically at paid work and non-paid domestic tasks, thus the more traditional view of work. She believed that viewing work as merely a paid obligatory activity was arbitrary and must be considered in tandem with 'one's values and sense of purpose in life' (pg. 66). Leisure she described as 'a discretionary activity that is chosen and carried out in time that is free from obligation', and self-care as:

...obligatory activities such as personal grooming, eating and sleeping, and activities that provide for the care of others and of nonhuman objects, such as children, pets, clothing, gardens and homes (pg.59).

This suggests that, in common with work-life balance literature, the professional ideologies of occupational balance recognises a division between activities that are considered to be obligatory or non-obligatory in socio-cultural terms, but assumes that subjective meaning is integral to understanding a personal sense of well-being and occupational balance. Papers by Backman (2001) and Stamm et

al (2009) support this contention. Wilson and Wilcock (2005) maintain that the profession does use the term occupational balance to mean work-life balance, and equate productivity, leisure and self-care to the domains of paid work and life noted in work-life balance literature. Similarly, Westthorp (2003) argues that 'balance in lifestyle' and 'balance in occupations' are 'synonymous', suggesting that concepts of work-life balance and occupational balance are similar. Wilson and Wilcock (2005) contend that contemporary initiatives in work-life balance have increased both the general public's awareness of the concept of 'occupational' balance as a tool of health and well-being, and re-kindled the interest of the profession itself in this philosophy as a therapeutic approach. However, there is little indication in the literature to support the former, and only limited evidence of a surge of recent interest to support the latter. What is clear is that, akin to themes in the work-life balance literature, a link between a state of 'balance' and achieving well-being is assumed. Yet, within the profession, empirical research to prove this belief is lacking (Backman 2004; Christiansen 1996, 1999; Christiansen & Matuska 2006). It is to literature raising this point that I now turn.

3.6.2. Occupational balance and well-being

Pentland and McColl (2008:135) contend that occupational therapists 'intuitively understand the value of life balance as a determinant of well-being', yet within the professional literature itself, there is, to date, little substantial evidence to illustrate how the relationship between occupational balance and well-being works. Several papers suggest that occupational balance is under researched and limited in its philosophical links and that the experience of balance, as a phenomenon, remains an elusive concept in the professional literature; yet its link to well-being is an accepted, if not fully apprehended notion (Backman 2004; Christiansen 1996, 1999; Christiansen & Baum 1997, 2005; Christiansen & Townsend 2004; Christiansen & Matuska 2006; Matuska & Christiansen 2008; Wilcock et al 1997). Christiansen (1996), Nurit and Michal (2003), Llorens (1984), Spencer (1989) and Christian and Townsend (2004), all suggested a harmony or equilibrium across a variety of daily activities to achieve a sense of balance and well-being, but also note that this sense of balance is subjective, and not equated to equal time spent in different activities.

Akin to studies in work-life balance, Backman (2001) and Westthorp (2003) have identified a sense of subjective well-being as causal to having a choice to spend time in obligatory and non-obligatory activities, but also emphasise the importance of participation in personally meaningful activities as a predominant factor. In a similar vein, Jonsson's (2008) longitudinal study of subjective well-being in retirees, found that some activities were more valued than others, and that participation in these were positively equated with a sense of greater well-being. He developed a hierarchy in which activities which were experienced as engaging were most highly related to well-being, followed by activities categorised as social, then relaxing and finally, basic everyday activities, such as self care. In an earlier study, Reilly (1962:88), highlighted the importance of creative engagement in activity, and posited that this kind of meaningful participation was integral to a sense of balance and well-being; 'man, through the use of his hands as they are energised by mind and will, can influence the state of his own health'. This resonates with Stebbins (2004) view of creativity and craft in both workplace and life domains as integral to personal well-being. Similarly, Wilcock (1999a) has suggested a balance between active 'doing', a reflexive or integrative sense of 'being' in the natural and social worlds and time for self-actualising or 'becoming' as a salient means to capture a sense of well-being in everyday life:

...a dynamic balance between doing and being is central to healthy living and wellness...Doing is often used a synonym for occupation within our profession...and is so important it is impossible to envisage the world of humans without it. Being encapsulates such notions as nature and essence, about being true to ourselves, to our individual capacities and in all that we do. Becoming adds to the idea of a sense of the future and hold notions of transformation and self-actualization (Wilcock 1999a:1).

Whilst these theories are reflective of the notions of well-being in the work-life balance literature, there is little research within occupational therapy discourse that highlights the issue of too much 'doing' as a consequence of the social structures, pressures and loss of time and energy in terms of paid work as found in the work-life balance debates. Whilst this absence is notable, Stamm et al's (2009) recent empirical study has proposed a three dimensional model of balance (see 3.5) which they feel might add depth to the two-dimensional focus of paid work and life in the concept of work-life balance:

Our findings further extend the concept "balance of work and life" in that the findings suggest that a balance is needed between challenging versus relaxing occupations and between activities that are meaningful for the individual and in a sociocultural context. According to these findings, occupational balance does

not necessarily require being engaged in paid work but rather extends paid work to challenging activities and any kind of productive activities (as defined by the individual or in terms of any other societal reason). This may support the occupational therapy understanding of “work” being “productivity” (Stamm et al 2009: 37).

This does identify a conceptual difference in the work-life/occupational balance discourse and suggests that in occupational therapy, paid work is just one of many productive activities that can be carried out, and that it is personal meaning and subjectivity that identifies that category. In his early studies, Sandelands (1988:439) illustrated that any form of activity is associated with feelings and emotions, and contended that these two aspects of life could not be separated: 'Feeling and doing are coexistent, conterminous and coordinate. Feeling merges with doing and is experienced as a quality of its form'. The occupational therapy profession's philosophy of everyday activities (or 'occupations') appears to have a similar view, identifying participation in meaningful occupations as creating self-identity, purpose and satisfaction in everyday life (Wilcock 2006). In common with the work-life balance thesis, occupational therapists purport a balance in these activities is a cornerstone of well-being and satisfaction (Christiansen & Matuska 2006; Kielhofner 2002; Wilcock 2006), but it would seem clear from Stamm et al's (2009) work that paid work is not the only activity that can be viewed as 'productive' and that productivity is, as Primeau's (1996a) definition suggested, taken as an activity of preference and meaning, as well as financial security. This kind of definition challenges the paid work versus unpaid division of life activities common in work-life balance definitions, but it is notable that the occupational balance literature lacks a focus on the barriers paid work can create in finding a sense of balance and well-being in life. Having identified these logistical differences it is perhaps unsurprising that literature on the work-life balance of occupational therapists as professional workers is sadly lacking.

3.7. The work-life balance of occupational therapists

There were very few studies found in the occupational therapy field looking specifically at the work-life balance of occupational therapists in their work settings. Lovelock et al (2002), Wilcock et al (1997) and Wilson and Wilcock (2005) all carried out small-scale, qualitative studies exploring the occupational balance of occupational therapy students. Common findings suggested that a limited understanding of the significance of balance to well-being appeared to be an impediment to achieving a state of balance and that restricted time, lack of

money and psychological and emotional pressures, more so than structural barriers, appeared to prevent achieving a successful life balance. Wilson and Wilcock (2005) did extrapolate that it was valuable for occupational therapists to recognise and utilise balance in their own everyday work practice and daily lives. Similarly, a theory-based paper by Fearing (2001:214) suggested occupational therapists should 'not only recognize and value the skill of maintaining balance, our own and that of our clients', but value 'how we will live it.' Whilst it seems common sense that experience in living a balance lifestyle to achieve well-being would enhance professional standing and knowledge of the phenomenon of balance and well-being, such research remains elusive. Several studies by occupational therapists that were reflective of the wider notion of work-life balance, made no significant links to the working lives of their own profession. Primeau's studies identified challenges and conflicts to achieving work-life balance between paid work and non-paid work activities (1996a), paid work and leisure (1996b) and identified inequity for women in the gendered division of labour and caring (2000a,b). But albeit occupational therapists being predominantly female, Primeau did not consider these potential conflicts for professional members in their working lives. Horne et al (2005) studied how life balance could be disrupted through the experience of becoming a first time mother, specifically focusing on how motherhood affected identity in the context of paid work. This paper was reflective of sociological papers such as Craig (2008), May (2008) McRae (2003a,b) and particularly Bailey's (1999) study, which illustrated changes in personal identity to accommodate motherhood, yet no extrapolations or investigations were made by Horne et al (2005) to the work-life or 'occupational' balance of occupational therapists who were mothers.

Usefully, some studies extraneous to the profession have illustrated data of interest in the area of work-life balance for occupational therapists. A large survey by the Department of the Environment, Transport and Regions (DETR) in 2001, explored the flexible working opportunities for employees, including occupational therapists in local authorities. Findings illustrated that whilst flexible working strategies had been actively implemented in the workplace, and this had some positive results for some female employees, it had not improved service delivery, enhanced meaningfully the opportunities for work-life balance, or decreased employee levels of stress, pressure or workloads in the workplace.

Van Laar et al's (2007) extensive survey asked 3557 NHS employees, including occupational therapists, about their work-related quality of life and job

satisfaction. Findings from their respondents (n=953), found that job and career satisfaction, general well-being, the interface between work and home, stress at work, control over work and working conditions all influenced the perceptions of work-related stress and quality of life experiences. These studies evidenced a strong link between stress, work demands and access to work-life balance opportunities in the workplace. Karasek and Theorell's (1990) extensive research in the area of work stress and employee well-being has identified that an individual sense of control over work-life balance is essential to well-being. Similar findings were reported in a study by Grote and Raeder (2009), who maintained that a self-directed locus of control over flexible working could enhance well-being. However, as previously discussed, several studies have identified the flexibilisation of labour markets, as is occurring in health and social care, is reducing the ability to access control over work and work-life balance, and link the resultant stress as directly relevant to the experience of work-life *imbalance* (Clarke et al 2007; Costea et al 2008; and Quinlan & Bohle's 2009 useful review). Studies on the stress of occupational therapists are much more prevalent than those focusing on work-life (or occupational) balance. In order to support the paucity of literature found on the occupational or work-life balance of occupational therapists, I will now critique those studies relevant to stress and the organizational cultures of health and social services in relation to work-life balance.

3.7.1. Work and stress for occupational therapists

Studies of stress in professionals working in both health and social care fields are common. Constant organizational change in these settings, with the most recent reforms driving consumer choice, quality of service provision and efficiency are argued as causal to increased stress in workers (Bassett & Lloyd 2001; Burnard 1991; Lloyd & King 2001, 2002). The associated political drives for evidenced-based practice, professional self-regulation and scrutiny of outcomes in the UK are challenging 'the knowledge, skills, values and beliefs that have served health professionals as the base for practice' (Lloyd & King 2002:536). These kinds of change are challenging deep-rooted values and traditional ways of working which increase stress through, often subconscious, resistance (Lewis 2001).

In terms of occupational therapy, the majority of the literature described common pressures in health and social services settings. These included constraint on

professional practice due to organizational structures, power hierarchies and bureaucracy (COT 2006b) (see 3.5) and stress caused through pressures on service delivery (Mountain 2000; Riley 2002).

Sweeny et al's (1991) statistical analysis of the factors causal to stress for occupational therapists employed in health and social services in the UK identified six areas that contributed to work-related stress. These were: a lack of professional value in the workplace; limited mechanisms of support; excessive work demands; insufficient resources; limited recognition or rewards in the workplace, and the quality of relationships with others. Later studies by the same people (Sweeny et al 1993a,b) investigated personal or work related variables that influenced the perception of stress, and the strategies used by occupational therapists to cope with stress at work respectively. In the former, they sampled occupational therapists, from a variety of health and social services settings working in one geographical area of the UK. With an 80% response rate (n = 386), their findings identified limited professional value, inefficient resources, high workload demand and limited recognition and rewards as facilitators of stress in the workplace. In the second study, Sweeny et al (1993b) used a qualitative methodology, and interviewed 30 occupational therapists that were working in health and social services settings. Findings suggested that occupational therapists employed prioritisation and time management techniques to gain a sense of control over work, and found physical exercise, social support and involvement in diversionary activities outside of paid work as all positive coping techniques. Although clearly illustrating occupational balance as a tool of stress reduction and enhancing job satisfaction, this link was not made in the paper.

Job satisfaction for occupational therapists has also been reported as based on effective teamworking (Jenkins 1991; Moore et al 2006) and good staff relationships (Lloyd et al 2005; Sweeny et al 1991). These findings reflect studies in sociology and psychology, including Terkel's (1972:494) seminal study of paid work, which reported that that if paid work was to be personally meaningful then, quoting an occupational therapist respondent, it 'must concern the relationship you have with the people you work with'. Later studies concerned with the emotional context of work by Fineman (2000), Meyerson (2000) and Sandelands and Boundens (2000), recount feelings and relationships at work as relevant to the psychological experience of everyday life because of the emotional spillover from work into the life domain. Viewing the workplace as an environment in which emotions are not only experienced, but used to control, manipulate performance

and manage behaviour, Meyerson (2000:180) has suggested that if cultures are to provide support for work-life balance, then they have to sustain a culture that 'could legitimate and enable the emergence of communities that care for their members and provide conditions for human connection and autonomy'. To date empirical research in health and social services settings gives no impression of such cultural fortitude, in fact, quite the opposite. It seems the 'feel good' factor for professional workers in health and social services is rather sparse, if present at all, and that this absence feeds into levels of stress and indeed burnout, which I will now briefly discuss.

3.7.2. *Work stress and 'burnout'*

Studies have illustrated that stress and burnout are common in all healthcare professions due not only to the task requirements of the job, expectations and demands, relationships with others, limited career development opportunities, and dominant organizational structures and cultures, but also the nature of working with people in sick, traumatic, or life threatening situations and growing fears of litigation (Lloyd & King 2001). This 'extra' human factor has, it is argued, placed health and social care professions as subject to high levels of burnout (Allen & Pilnick 2006). Burnout has been defined as a syndrome consisting of three dimensions: emotional exhaustion, resulting in the depletion of the psychological energy necessary for the job; depersonalisation resulting in negative attitudes towards the workplace and clients accessing the service; a sense of low personal accomplishments at work and a belief that paid work lacks purpose and meaning (Edwards & Burnard 2003; Lloyd & King 2001).

In early studies, Craik (1988) illustrated a number of key issues she felt specifically challenged occupational therapists in the workplace, and were causal to stress and burnout. These were: staff shortages; workloads managed on the numbers of clients as opposed to client need, which could, of course, be complex and require on-going care; debates over the professional identity and purpose of occupational therapy, and the role of occupational therapists in the workplace. Similar themes were reported in Jenkins' (1991) small-scale study exploring reasons for the poor recruitment of occupational therapists. On asking why they had, or were thinking of leaving the profession, respondents cited excessive workloads, lack of resources, lack of professional status and disillusionment with the job as reasons to leave health and social services settings.

Onyett et al's (1997) study explored the perceived level of emotional exhaustion and burnout for employees in 60 community mental health teams. Findings reported that occupational therapists experienced less emotional exhaustion than other professional groups, which included doctors, community psychiatric nurses (CPNs), social workers and psychologists. More recently Edwards and Burnard (2003) carried out a systematic review of the literature pertaining to burnout in occupational therapists working in the mental health field. Findings reported that occupational therapists were ranked seventh out of seventeen different health professions in levels of perceived stress, reflecting Onyett et al's study, but also indicated that occupational therapists experienced relatively high levels of emotional and physical ill-health, and reported higher than average sickness than the other members of the allied health professions (AHPs). Wilkins (2007), accessing professions in Canada, found that 47% of occupational therapy respondents working in the physical field reported high levels of stress and burnout. This was significantly higher than for the second AHP group, in this case physiotherapy, who reported only 29%, but lower than nurses and doctors who reported levels of between 59-67%. Taken together these studies would suggest that occupational therapists experience higher levels of stress at work than other allied health professions, but comparatively lower levels of stress than other professional groups, such as doctors, nurses and social workers.

In the wider literature, the relationship of workplace stress to work-life balance and employee well-being has been well documented. This has been particularly illustrated in the work by Karasek and Theorell (1990) who evidenced a relationship between the levels of job demand and the employee's sense of control over this and stress; Lewchuk et al (2008) and Clarke et al (2007), who studied the influence of a sense of insecurity at work on levels of stress and work-life balance, and Quinlan and Bohle (2009) who reviewed the research on the influence of change, downsizing and the intensification of work on employees' well-being and work-life balance. Studies on the stress of occupational therapists have identified a lack of control over work, rapid change and intensification of work as all causal to levels of stress and burnout in the workplace. In line with the studies on work-life balance and workplace stress, this suggests that these experiences of stress would influence control over work-life balance and cause psychological spillover into personal or non-paid work and life domains. As a profession with limited power, autonomy and control over paid work, it could be suggested that the levels of stress at work experienced by occupational therapists

must have a positive relationship to work-life imbalance and that this would be challenging for this group to address.

3.8. Conclusion

The UK state is utilising flexibilisation of the labour market and a culture of individualism to promote its work-life balance policies. In health and social care organizations, this is creating a drive for workforce structural and cultural reform that is changing working practices, shaking traditional hierarchies and divisions of labour and plausibly, placing the responsibility for work-life balance with the individual employee.

Studies have evidenced this process of change, a lack of control over paid work and work-life balance, intensification of work and relationships at work amongst other factors, as causal to stress, burnout and work-life imbalance for professional groups working in health and social services, including occupational therapists. To date there has been little research done on how the new structures and flexible patterns of work instigated by the modernisation agenda in health and social services will influence occupational therapists' work-life balance. However, this literature review would suggest that these changes could increase, as opposed to decrease, work-life imbalance. This contention is supported by empirical studies carried out by Coyle (2005), McBride (2003) and McDonald (2005) in healthcare, and Lewis (2001) and Tailby et al (2005) in social services, who have specifically studied the relationships of organizational cultures and work-life balance in their respective fields. These papers suggest that changes are creating workplaces in which the worker is used as an organizational resource to achieve productivity, and that this places the drive for employee work-life balance as secondary to organizational outcomes. The rather limited number of papers particularly focusing on the relationship of organizational culture and work-life balance in health and social services would suggest that these workplaces are ripe for further study.

A comparative study between health and social services is of interest not only because both areas are subject to the drivers of the state and the government's modernisation agenda, but because these organizations have two very different organizational structures, cultures and working environments within a common public sector framework. Occupational therapy is the only allied health profession working in both health and social services fields. It is a female dominated

profession, is argued as subjugated by more powerful groups, and to have limited power and autonomy over its professional workloads and therefore, I posit, its work-life balance.

Employee groups with these characteristics have been highlighted in the literature as subject to greater conflicts between work and life because of a limited internal locus of control and, as predominantly female, to carry a greater complexity of life commitments (see 2.3). Both these factors are reported as increasing levels of stress or work-life imbalance. Professional employees are also asserted as holding the knowledge capital necessary to do the paid work, and are therefore identified as the resource to be used or *exploited* in the workplace. This places work-life balance initiatives for staff as diametrically opposed to achieving organizational outcomes because they purport support for home and absence from work, rather than presence in paid work activities.

Finally, my interest in the profession of occupational therapy is shaped by its interest and knowledge base in life balance. This review has identified limited empirical research on the occupational or work-life balance of occupational therapists. This means that, at present, there is little or no significant research illustrating the experience of work-life balance for occupational therapists, or how this is enacted in health and social services workplaces. This makes this group well disposed for research in this area. I will discuss these choices in greater detail in the appropriate sections of the following methods chapter.

Chapter Four

Rationale and Review of the Research Methods

This chapter offers a reflexive account of the research process. It will explain and clarify the decisions made when planning the study and describe the methods used in the data collection and analysis process. It will provide an overview of the quality and ethical procedures utilised in the research design, and explain the selection process and sampling criteria for the settings and participants in the study. For purposes of transparency and credibility I will describe how the emergent themes were classified and organised from the data and will share reflexive accounts that are relevant to the issues under discussion. In this way the methods used in the study are open to scrutiny by others and the findings and conclusions can be contextualised in terms of the data obtained. The final section will conclude the chapter, summarise the key themes and provide an overview of the structure for the ensuing findings chapters.

4.1. Methods of data collection and analysis

The research questions underpinning this study were to understand what if any, were the influences of organizational workplace cultures on the individual employee's work-life balance and if present, how they were perceived and experienced. The approach and methods used in the study were specifically developed in order to answer these questions and consequently, the research design incorporated an interpretivist methodology focused on capturing the individual's subjective experience and personal meaning in everyday life (Denzin & Lincoln 2005). Face-to-face semi-structured, in-depth interviews were chosen as a tool of data collection, and interpretive phenomenological analysis (IPA) was used as a methodological approach and as a tool to interpret the data. I will discuss these methods further as we progress through the chapter but at this juncture, I wish to consider the rationale for the choice of these methods and the limitations and challenges of these approaches in more detail.

4.1.1. The choice and rationale for using IPA

Interpretive phenomenological analysis (IPA) is a form of phenomenology (Finlay 2006a). In common with that epistemological perspective it assumes the view that people see and experience the world differently (Denzin & Lincoln 2005). It identifies a specific methodological approach that focuses on both description and meaning, and aims to explore in detail how individuals experience everyday life situations and understand or give meaning to them in terms of their personal and social worlds (Brocki & Wearden 2006; Smith & Osborn 2008). An integral aspect of IPA is that it utilises an idiographic or individualised approach, which focuses on the wholeness and uniqueness of the individual (Malim et al 1992; Smith et al 2009).

IPA has 'two theoretical touchstones' that underpin its philosophical perspective. These are symbolic interactionism, which 'assumes that people assign meaning to events' (Smith 1996:263), and the hermeneutic or interpretivist branch of phenomenology, which acknowledges the researcher as an active participant in the research and identifies their role as integral to the process of analysis (Pringle et al 2011). This opposes the notion of bracketing found in the purely descriptive Husserlian branch of phenomenology and accepts that the researcher, as a being-in-the-world, cannot step outside of that world view:

...an inductivist research strategy which demands an empty head (instead of an "open mind") is infeasible [and]...highlights the role of previous knowledge in hermeneutic Verstehen (Kelle 2005:3).

Before adopting IPA as my method of choice, I considered both narrative and discourse analysis as possible options. My final decision was based on the distinctions existing between these methods in terms of their interpretation of meaning and emphasis on the individual's experience. Narrative analysis has been described as focusing on how meaning is constructed and articulated through life stories (Daiute and Lightfoot 2004:x). This gives a structural emphasis to locating stories and metaphors within the texts that can be challenging to the process of meaning making in terms of the individual's lived experience (Wertz 2011). In a similar vein, discourse analysis subtly emphasises how meaning is identified through 'the *role* of language in describing the person's experience' (Biggerstaff & Thompson 2008:215). This subtly shifts the focus from meaning in everyday life to the notion of linguistics (Wertz 2011).

Alternatively, the aim and intention of IPA is to explore 'how people ascribe *meaning* to their experiences in their interactions with the environment'

(Biggerstaff & Thompson 2008:215). It assumes an epistemological stance 'whereby, through careful and explicit interpretative methodology, it becomes possible to access an individual's cognitive inner world' (Biggerstaff & Thompson 2008:215). In order to gain this 'insider perspective', IPA advocates the use of a questioning approach to aid understanding, if required to elucidate the interpretative process (Smith et al 2009). The key element here is that the process of questioning is not, on the one hand, based on a 'hermeneutic of empathy' or, on the other, one of 'suspicion', but rather to elucidate meaning (Smith et al 2009:36). It is an approach that seeks to 'draw out' or 'disclose' the meaning of experience for individuals, with the assumption that this is a means of 'trying to see what it is like for someone' and a doorway to understanding meaning (Smith et al 2009:36). Smith and Osborn (2008:53) suggest the IPA method explicitly acknowledges the role of both the researcher and the participants in the search for meaning through the use of a 'double hermeneutic' or two-fold sense making process in which: 'The participants are trying to make sense of their world; the researcher is trying to make sense of the participants trying to make sense of their world'.

IPA, by presenting an open and adaptable approach to accessing those experiences offered me a method that was not only reflective of the view that people see and experience the world differently, but was also focused on individuals' perceptions and the *meanings* they attach to phenomena. Consequently I felt IPA was an appropriate method of choice for the study. In addition to establishing an understanding of what work-life balance was like from the point of view of the respondents, I could engage with the resultant texts and question the findings in order to gain a deeper level of understanding in terms of that individual experience (Cronin-Davies et al 2009; Smith 1996; Smith & Osborn 2008).

Adopting this method was not without its challenges. In the first instance I was faced with having to consider how I could identify my part in the research process and be acknowledged as an active participant in the interpretive analysis, as well as assuring credibility and transparency in the design, process and final results of the study. Smith et al (2009) advocate that the production of a credible account is essential in IPA studies and this resultant text attempts to achieve this aim. I return to the methods used to assure rigour and credibility throughout this chapter but first wish to discuss the specific challenges and limitation associated with IPA.

4.1.2. Limitations and challenges of IPA

In common with all qualitative methodologies, IPA has been subject to the challenges and criticisms of positivist traditions that contest the reliability and validity of qualitative methods (Finlay 2006b). A key issue raised in IPA is that the method purports a small and preferably homogenous sample, which theoretically, limits the ability to generalise findings to a wider context (Pringle et 2011). Argued as counterintuitive, Morse (1999a) and Reid et al (2005) have both identified that findings from such studies, however small or specific the sample may be, can and will be relevant to a wider audience in some way and that consequently invalidating data though this argument is unjustified. Smith et al (2009) contend that findings in IPA, however specific, are framed by shared understandings and the notion of being human at its most essential. Citing Schleiermacher (1998), they note 'that everyone comes with a minimum of everyone else in themselves' (pg.38).

To achieve rigour in IPA studies, Smith et al (2009:51) have clearly identified that a focus on credibility is the key component, and suggest the researcher should think in terms of 'theoretical transferability rather than empirical generalizability'. Both Pringle et al (2011) and Caldwell (2008) support this point and posit that the effectiveness of any IPA study and its transferability can be measured by the richness and transparency of the account given, the credibility of its analysis in terms of its links with current literature, and the light it throws into the wider context. For the researcher, this means that the credibility of the study requires rigour, transparency and clarity in the methodological approach and an ordinance in the writing up of the thesis to enhance the credibility and trustworthiness of the data to the reader. As Wolcott (1994:17) notes:

Qualitative researchers need to be storytellers. That, rather than a disdain for number crunching ought to be one of the distinguishing attributes. To be able to tell a story well is a crucial enterprise.

Second, as IPA studies are subjective and concerned with the responses of participants at a 'specific time and place in a specific interpersonal context' (Finlay 2006b), so opponents challenge the credibility or 'truth' of that data and raise the issue of researcher bias as a plausible means of invalidating the study (Coffey & Atkinson 1996; Giorgi & Giorgi 2008). Malim et al (1992) have argued that the idiographic or individualised approach of IPA does produce data that is subjective, intuitive and impressionistic. Whilst this could be viewed as a weakness, IPA is a method that is specifically 'concerned with individuals'

subjective reports rather than the formulation of objective accounts' (Brocki & Wearden 2006:88). This position acknowledges that memory and perceptions, by virtue of their part in the sense-making process, do change over time and can alter how one views or recalls experiences. It is a method that accepts that, at the stage of data collection, accounts shared may already have been subject to a reflexive process of sense-making to gain understanding and meaning (Finlay 2006a). Indeed, in IPA this self-reflection is considered an essential process in understanding how 'participants seek to interpret their experiences in some form that is understandable to them' (Brocki & Wearden 2006:88), and is, as you will recall, an integral part of the double hermeneutic process. A key challenge in this kind of approach to understanding data is not to challenge the objectivity of truth to gain validity, but to situate its meaning and question the taken for granted experiences of being-in-the-world:

The question of the reality base is not raised because the world is defined by the webbing of the observer's world with that of the observed. It does not matter that things are "real" in the in the sense of having a factual existence independent of our perception and experience, for the things are understood only in the context of all other things...the reality is the strength of the web (Bentz & Shapiro 1998:112).

This brings me to the third contested point of researcher bias. As a methodology based in hermeneutics, the complete separation of the researcher's personal assumptions, as part of being-in-the-world, is considered impossible in IPA and the method acknowledges understanding of any phenomenon 'depends on and is complicated by the researcher's own conceptions...required in order to make sense of that other personal world through a process of interpretative activity' (Smith 1996: 218–219).

This epistemological position adopted by IPA not only accepts that the researcher is an active and essential part of the research process, but that his or her views and ideas can be challenged and subject to change throughout that process (Cronin-Davies et al 2009; Smith & Osborn 2008). One of the challenges of IPA is that it requires the researcher to adopt a reflexive and iterative stance to data collection and analysis in order to recognise and challenge their own preconceptions and taken for granted or natural attitudes assimilated through everyday life experiences (Atkinson et al 2003; Smith & Osborn 2008). Advocates of the method suggest that this requires researchers to be reflexive, critical and conceptual in their thinking and clearly pinpoint how themes are identified from the data (Smith et al 2009). Techniques to enhance this process include: the use of direct quotes from participants' accounts to substantiate findings and enhance

transparency in how themes are interpreted (Pringle et al 2011); evidencing transferability in the research account so readers can evaluate this and applying a clear approach to analysing the data (Smith et al 2009). Smith and Osborn (2008) suggest a staged approach to IPA, which whilst not prescriptive, does offer clarity and a more user friendly approach to analysis that is often lacking on other methods of phenomenology and can provide an adaptable framework to help the researcher illuminate the research process and the credibility of the themes (Giorgi & Giorgi 2008; Smith et al 2009).

Whilst the use of these tools go some way to address positivist concerns, a common criticism of IPA is that the interpretations gained from the data are limited and/or bounded by both the ability of the participants to articulate their thoughts and feelings in a clear way and the researcher's ability to reflexively analyse these (Brocki & Wearden 2006). This not only challenges the researcher to put into place methods that ensure transparency and rigour in the methodological process to give strength to the credibility of the findings, but also to consider the skills of both interviewer and interviewee in terms of how this can challenge the quality of the data shared, and consequently, the credibility of the interpretive process. I will return to these points in section 4.3, where I describe my positioning in the research; my familiarity with the sample group and settings; my approach to reflexivity and the consideration given to working with the participants in the research process. I also note pertinent issues in 4.5, where I will describe the steps and approaches taken in data analysis in more depth.

4.2. The choice and rationale for interviews

Interviews are one of the most common forms of data collection in qualitative research because they are a flexible form of social encounter that can take place in natural environments as well as prepared interview rooms (Kuhn 2006; Silverman 2001). As a method, they require both respondent and interviewer to engage in dialogue, and consequently require some level of social interaction and communication skills (Fontana & Frey 2003). As a consequence of their dialogic nature, issues can be clarified and points discussed within the interview itself to provide detailed and in-depth data for analysis (Coffey & Atkinson 1996). This is well suited to the process of IPA because it requires the collection of rich data from key informants, supports insitu, exploratory questioning to enhance understanding and meaning of the individualised experience, and consequently,

advocates interviewer as well as respondent involvement (Smith et al 2009; Wimpenny & Gass 2001).

4.2.1. In-depth semi-structured interviews

Whilst there are a variety of interview techniques that can be used in data collection, in-depth interviews are the method of choice in phenomenological studies (Wimpenny & Gass 2000). Following Smith and Osborn (2008:57), I adopted an in-depth and semi-structured design. I felt this technique would provide the greatest opportunity to gather the kind of information I needed.

Interestingly, whilst semi-structured interviewing is considered to be the method of choice for IPA (Smith and Osborn 2008), critics maintain this approach can challenge the subjective exploration of experience by offering a guide to respondents and shaping their views (Wimpenny & Gass 2000). On this point I agree with Koch (1995), who asserts that it is necessary in phenomenological research to clarify, at the outset of the study, the philosophical stance taken and associate this clearly to the tools used and the approach adopted in data collection.

As I have previously noted, IPA falls into the hermeneutic branch of phenomenology (see 4.1.1). Its purpose is not only to focus on description, but also to explore meaning. In this context the researcher is an important component in the research design and is reflexively engaged in the data collection process (Wimpenny & Gass 2000). This kind of researcher identity necessitates a questioning approach in the interviews in order to gain understanding and identify that sense of meaning (Smith and Osborn 2008). It is notable that in IPA, the type of questioning employed is considered essential to effective application. Smith et al (2009) point out that in the context of the phenomenological interest on personal experience, the purpose of questioning is not to judge, challenge, or to investigate points of suspicion (as in the approaches noted by Koch 1999 and Langdridge 2007); but rather to gently probe and clarify in order to facilitate 'expansive, honest and reflective accounts' in order to explore greater depth and meaning (Pringle et al 2011:23). In this approach the interview guide is not prescriptive, but rather used as a prompt sheet, highlighting a few main themes for discussion. In Biggerstaff and Thompson's (2008:217) words:

....[the] 'interview schedule' is merely the basis for a conversation: It is not intended to be prescriptive and certainly not limiting in the sense of overriding

the expressed interests of the participant. It is important that the interviewee take the lead during the conversation. Often the resulting interview data are very different from what the researcher might have anticipated.

Certainly in this study the data has been surprising: far richer, varied and expansive than I had I expected. The process did require and engage my reflexive skills and I feel the methods employed facilitated a personal and intimate exploration of work-life balance experiences.

In terms of the in-depth nature of the interviews, literature generally expounds their use, portending that phenomenological studies necessitate a focus on 'depth, detail, vividness, nuance and richness' in data collection (Rubin & Rubin 2005:134,145). One point of note is that in-depth interviews do again, require grounding in the 'theoretical tradition of phenomenology' (Marshall & Rossman 1995:82). In terms of IPA, the questioning nature of the interview technique and reflexivity of the interviewer have already been described. At a more practical level the use of clarification, reflection and requests for description are all logistically sound. A non-judgemental approach, excellent listening skills and observation of non-verbals, both of interviewee and interviewer, are essential tools. Miller and Crabtree (1999b:105) suggest that doing depth interviews is, in part, 'a craft', but do suggest using the following steps to guide the journey:

- Creating a comfortable and natural environment for the researcher and interviewee
- Establishing the competence and credibility of the researcher
- The importance of activating the narrative process
- Collecting the details in a safe and supportive way
- Getting to what they describe as deep information gathering, requiring a sharing of reflexive and personally meaningful information
- Closure by moving from the deeper levels of the encounter to tone down the emotional level and lead to a safe closure.

I will establish my use of these stages in more detail in the interview process (4.2.3.) but prior to this wish to describe the limitations and challenges of interview techniques in application.

4.2.2. Limitations and challenges in the use of interviews

Interviews are dialogic in nature and as social encounters are a product of self-presentation (Alvesson 2003). They are co-constructed, and data is co-produced (Kuhn 2006). This means that the participant, as well as the researcher is an integral part of the process (Borkan 1999; Miller & Crabtree 1999a). Both researcher and the individual participants have to consider the implications of the time needed for the interview to take place, and the pressure and constraints that this may cause and/or how this might influence the account(s) given (Wengraf 2001). As the interview situation is a dialogical dance between interviewer and respondent (Miller & Crabtree 1999b), so it is subject to the rules of social interaction and is a form of enactment, where different identities can be brought into play (Goffman 1990). When working with others, these identities can influence how data is understood and can lead to several challenges or obstacles for the participant and for even the most experienced interviewer. These dialogic challenges can be further constrained by the following limitations:

First, the positioning and power of the interviewer and interviewee can lead to a variety of influences on the dialogue within the interview situation. This must be reflexively considered in the analysis process (Atkinson et al 2003). For example, the interviewer invariably speaks first. By that action he or she opens the conversation and establishes the role of authority and power (Portelli 2004:28). As a consequence, participants can feel compelled to provide information that they believe will meet the researcher's requirements (Wengraf 2001). In order to limit the influence of this I chose to check meaning and understanding throughout the interview process by using a form of in-situ clarification (Rapley 2004) and gentle questioning or probing to gain meaning (Smith & Osborn 2008).

Second, inexperience in interview techniques can be damaging and significantly reduce the ability to build up rapport or trust in the interview situation (Wengraf 2001). This is because interviewers worry more about what to say next rather than dealing with issues as they arise and developing a natural rapport. I am an experienced interviewer and have had extensive training in dealing with opening, facilitating and closing interview situations. As a person-centred therapist the skills I possess focus on a non-judgemental and open approach to facilitating the individual's narrative. Whilst this in no way assured me that the interview situation would not be challenging in some way, I did feel a sense of confidence in carrying out the process.

Third, recording the interview is considered an essential tool, not only to capture the verbal data appropriately, but to reduce the need to take notes whilst listening and attending to the other (Wengraf 2001). As equipment can be faulty, I prepared two digital recording devices and was fortunate that these were effective throughout the data collection process.

Fourth, in common with all methods based on collecting personal data, participants can be prompted to reflect on their experiences and through this process, may acquire new insights and perspectives that can be painful or enlightening and/or result in some form of personal or practical change. As the interviewer, I was aware of this possibility, was attentive to the interviewee throughout the interview process and was prepared to offer support to the interviewee should this kind of response occur.

Finally, I was aware that over-enthusiasm, a lack of interest, not listening attentively, poor time planning and a lack of focus on the part of the researcher and/or the participant could challenge the dialogue and focus of the interview for even the most experienced researcher. I was also mindful that attention must be given to the potential barriers to effective data collection. I was conversant with the fact that the environment and room is an essential tool in any interview situation and if not appropriate, can be disruptive in a variety of ways. This can include: noise levels from extraneous sources, including other people, from equipment for example, telephones, or traffic, all of which can influence the flow of the interview process and reduce rapport and trust. Uncomfortable seating, limited lighting or other ambient factors that reduce personal comfort and therefore relaxation, can also influence the flow and interaction (Fontana & Frey 2003). As I chose to interview in the participants' workplaces, I was subject to interviewee choice and the available resources in that setting. I explained the need for privacy and the formal booking of a room with all participants, and in most cases this was generally successful. However, noise disruption was an issue in two interviews (see appendix 8b).

4.2.3. *The interview process*

As mentioned previously, I carried out one in-depth interview with each participant. As interviews were of a semi-structured design, an interview guide was used to assure a similar frame in each interview. At the simplest level this served to establish a context for the interview; facilitate a supportive relationship;

elicit experiences and finally, assist in a reflection on the meaning it holds for interviewer and interviewee (Seidman 1991). A copy of this can be found in appendix 3. The interviews were digitally taped, with permission, then transcribed. I chose to use two digital recorders to collect the data, assuring that I always had a backup should one fail.

All participants were contacted by phone to make a time for the interview to take place. Appointments were arranged in the participant's place of work. During the call more information was given on the interview process and the availability of and access to a quiet and private room, to limit extraneous noise and disruption, discussed. I explained that the setting for an interview was extremely important in providing privacy and a comfortable environment, and noted some of the pitfalls if the room was inappropriate.

Interviews were carried out in the participants place of work to reduce time pressures for them and to enable some observation and field notes to be taken in relation to the organizational setting and environment. Casey and Murphy (2009) maintain data taken from a variety of different sources can support and enhance the findings in IPA studies, whilst Smith et al (2009) suggest that contextual data of this kind can support excellence and credibility.

A time slot of 1½ to 2 hours was arranged to provide sufficient time for data collection. This proved to be adequate. I discussed the importance of time with all participants and found all sessions worked effectively. Two (one in social services and one in healthcare) were time limited to the 1½-hour slots, but I did not feel this reduced significantly the quality of the information given.

Preliminaries in the interview process included further information about the purpose of the study (which was described as a study to look at the influences of organizational workplace cultures on the individual's work-life balance); an outline of the timing and focus of the interview; a discussion of my credibility as a researcher; the boundaries and confidentiality given to the interview situation, including parameters supporting the participation of the interviewee in the study; the confidentiality and ethical context of the encounter and collected data, and finally, an opportunity for the interviewees to ask any questions. Following responding to the latter, the consent forms were discussed and signed to assure informed consent (see appendix 2).

I used the initial stage of the interview process to create a natural and comfortable situation and built on this to gain a sense of security and rapport by

collecting biographical details from the respondent and situating their personal, family and work situation into the dialogue of work-life balance. Key characteristics such as age, working hours, family commitments and interests were collected in order to contextualise the data given in terms of any patterns or relationships that may have become evident in terms of these factors. I actively listened to the participants and responded, where appropriate, to elicit further details or explore points raised. I clarified and summarised issues throughout the interview and pulled together key points at the end of the interview as a tool of closure with the participant.

4.2.4. *In the interview room*

Following collecting key information, I, as the researcher, in line with Miller and Crabtree's (1999b) suggestions (see 4.2.1), initiated the dialogue in the interview situations by asking an initial, opened-ended question; 'What does work-life balance mean to you?'. I then facilitated the respondent to lead in the interview situation to enable flow. I sought to maintain this throughout the process by taking an empathic stance, listening attentively, responding and probing where appropriate, being non-judgmental and adopting a relaxed and open posture (Wengraf 2001).

I used an interview guide to assist and prompt my thinking. The questions were not asked in any order (apart from as noted above), but were used as tool to provide a frame for the dialogic process and the keep the focus on the individual account as opposed to emerging theory (Wimpenny & Gass 2001). I used other techniques such as reflecting back comments or points raised, and used verbal and non-verbal responses as encouragement for participants to continue e.g. appropriate eye contact, nodding and simple words noting my attention such as 'hmm' in order facilitate on-going accounts. I hoped that use of these response tokens would aid flow and yet reduce unnecessary researcher guidance in the process. However, I was conversant of the fact that, as Rapley (2004:20) points out, it is impossible for an interviewer to 'do neutrality'; that is, to always ask non-leading questions, or never offer his/her own thoughts, ideas or experiences, as he or she is always active in the interview process, and chiefly decides which questions to follow up. The interview guide provided a framework to 'check' my questioning in the interview process, and in this context, made the semi-structured nature of the interviews more transparent and credible.

To support this and as a tool to check out my own assumptions and sense-making in the interview situation, I adopted the technique of 'in-situ validation' i.e. summarising the content of the interview and clarifying my understanding of the conversation with the participant (Rapley 2004:22) or gently probing to elucidate meaning (Smith et al 2009). This enabled me to summarise the shared meaning of the key points raised in the interview and provided opportunities for participants to clarify or challenge my understandings throughout the interview process. In this way we gained a shared understanding of the individual's meaning. By utilising this 'on the spot' approach to member checking, I hoped to avoid the pitfalls of the more traditional techniques that generally tend to take place following the interview. These include: lapses in memory recall over time, changes in thinking occurring through the process of speaking about particular events, which can mean that people later view those events differently, and, as a consequence of all of these factors, the possibility of disagreement or even censorship of findings (Atkinson et al 2003; Rapley 2004; Silverman 2001).

4.3. Quality in the research process

Having established the appropriateness of the methods and tools of analysis for the purpose of this study, I will describe the preparatory steps and strategies used to ensure that the research was credible, trustworthy and ethical.

4.3.1. Ethical procedures

Cardiff University's research governance and ethics subcommittee approved the research proposal. As access was required to a health and a social services organization the local research and ethics committee also approved the proposal. In terms of the healthcare setting, approval was also sought and granted from the appropriate research and development board. For the local authority social services setting, best practice protocols were followed and approval gained from the Director of that social services organization (National Assembly for Wales 2001; Social Research Association 2003). Cognisance was also given to the research and ethics guidelines of the College of Occupational Therapists (COT 2003, 2005), as these standards appertain to both researcher and the participants in the study.

Each participant/respondent was provided with an information sheet prior to the interviews taking place. This was written in an accessible way and approved by the relevant local research and ethics committee and research and development board before dissemination (see appendix 1).

Participants were given time to read the information and to request any further information or explanations if they so wished. Sufficient information was provided so that participants could give informed consent to take part in the study. Assurance was given that anonymity and confidentiality would be maintained at all times. In accordance with this, personal details were separated from the data and kept in a locked cabinet and all participants and each setting were allocated pseudonyms. Participants were told they could withdraw at any time without justification for this decision. Each participant signed the consent form at the time the interview took place, agreement predetermined by an opportunity for further clarification and discussion to explore any concerns or queries each individual might have (see appendix 2).

4.3.2. *Validity, reliability and rigour*

Any interpretation in qualitative research should be convincing and relevant, made so, in part, by systematic procedures, transparency and openness. This is an essential aspect of a qualitative methodology to assure credibility in design and transparency in the process (Lincoln & Guba 1985). As noted previously, the use of IPA and semi-structured interviewing as methods in qualitative traditions, are subject to the question of the validity and reliability of the data collected. This includes the positivist perspective, which identifies weaknesses in the techniques of data collection and analysis used, and challenge what they see as a lack of evidence in terms of systematic processes in research design. Debates abound between the two opposing traditions, and some in the qualitative research fold have adopted the use of the terms credibility and transparency to replace the oft-challenged concepts of reliability and validity. Morse (1999b) has argued that paradoxically, these replacement words serve to *support* the contention that qualitative research is not as robust or systematic as its quantitative cousin, rather than challenging this contention. She suggests it is the clarity and rigour of the processes in the study design that assures the reliability and validity of the methods employed, and consequently that these terms should be used and the processes identified. The methods employed in this study have been discussed in

some depth in previous sections. Further steps included the application of an iterative approach in data analysis. This provided a tool to assure that themes emergent from the data were checked and re-checked against prior knowledge (i.e. reflexivity), existing literature and other participant accounts in order to interpret and understand emerging themes. Idiographic and inductive methods were adopted to clarify how the themes related to the data and were categorised into superordinate or key themes. It is the depth and rigour of these techniques, whilst accepting and challenging the implications of my presence in the research process through reflexivity, that underpinned the rigour and credibility of this research design. The actions and techniques employed will now be described in more detail.

4.3.3. Familiarity

To gain credibility and rigour in qualitative approaches, the researcher is challenged to become aware of hidden assumptions that may underpin their approach to the research and to adopt a reflexive approach to question these. Simply put, researchers are challenged to make the familiar strange in order to question assumptions and view the issue, problem or phenomenon differently (Delamont & Atkinson 1995). This is not an easy task. As Bourdieu et al (1991:13) put it: 'For the sociologist, familiarity with his social universe is the epistemological obstacle par excellence'.

I have worked in health settings as an occupational therapist and counsellor. I have been employed as a consultant to address management issues for occupational therapists in social services fields. I am, or was, a very work-centred individual, and my work identity is/was the basis of my personal self-esteem. I therefore have familiarity with and hold preconceptions about aspects of this study because I am an occupational therapist, have worked as an occupational therapist in similar settings to those accessed, and have a history of being personally quite driven at work. I am a mother, and for much of my son's childhood was a single parent. So I am interested in work and work-life balance.

I am now, as I write this thesis, a senior lecturer in occupational therapy, a researcher and a leader of a team of academics. This field of work, Bourdieu (2000:15) contends, places me within 'the fundamental ambiguity of the scholastic universes'. He suggests that within my academic environment I am subject to 'both a liberating break and disconnection, a potentially crippling

separation' from the real world. If this is a fair reflection of my state of play, then as a researcher, I am subject to two challenges in terms of familiarity. First, I am either so disconnected from the reality of paid work in health and social services that my 'outsider' perspective prevents immersion in the real experience of those I study or, alternatively, my being an 'insider' in terms of occupational therapy, and my experience of work in the health and social services fields could cloud my vision sufficiently to prevent seeing clearly and openly the object of my study. These are difficult dilemmas and finding the balance between 'insider' and 'outsider' perspectives is an interesting one. Smith and Osborn (2008) maintain that IPA can provide a means of addressing this through their method of a two stage interpretive process, the so-called 'double hermeneutic' (see 4.1.1), which supports both an empathic and questioning approach to analysis:

IPA is concerned with trying to understand what it is like, from the point of view of the participants, to take their side. At the same time, a detailed IPA analysis can also involve asking critical questions of the texts from participants, such as...What is the person trying to achieve here? Is something leaking out that wasn't intended? Did I have a sense of something going on here that maybe the participants themselves are less aware of? (pg. 53-54)

By employing this approach and the application of reflexivity, I aimed to question my familiarity and separation with both sample group and settings and, where possible, to highlight this for the reader to make this more transparent. I recognise this is challenging. Social research is a reflexive process; it both reflects and is shaped by the researcher (Taylor 1995:633). Whatever we observe or study is impregnated by our 'natural attitudes or assumptions'; the taken for granted ways of being in everyday life (Silverman 2001:2), and this colours how we see and understand subjective experience:

Both historical examples and recent philosophical analysis have made it clear that the world is always perceived through the 'lenses' of some conceptual network or other and that such networks and the languages in which they are embedded may, for all we know, provide an ineliminable 'tint' to what we perceive (Laudan 1977:15).

I know that I have changed my views about paid work, work-life balance and organizations as a result of this study. But I cannot assume that all my preconceptions have been observed or challenged, merely that I have engaged in the data analysis with as open a mind as is possible, and have been fully prepared to encounter and confront my views and perspectives (see reflexive notes appendix 8c&d). I will now describe this process in more detail.

4.3.4. Reflexivity

As researcher I accepted my presence in the research process and have been challenged to evidence my role through reflexivity. In data collection and analysis I focussed on participants' accounts and allowed the themes to emerge inductively from the data rather than by identifying themes through supposition or pre-conceived ideas from personal experiences or literature. However, because I accepted that the interpretative process was, in part, my own, I have actively questioned my own thinking. By using an iterative and inductive approach to emerging themes I intended to question, review and revisit my 'ineliminable' perspective in shaping understanding (Laudan 1977:15) to challenge preconceptions and assure credibility in the emergent nature of the data. I also triangulated findings to a certain extent by iteratively working with emerging themes; checking these with existing theories, other participants' accounts and identifying patterns and differences in the data to question themes as they emerged (Silverman 2005).

I was supported throughout the study by peer review and supervision outside of the research situation, which aided in challenging my thinking. I used in-situ clarification and was a 'vocal collaborator' within the interview dialogues, which enabled me to check details and meanings for the participants throughout the encounter (Rapley 2004:22). I adopted an idiographic approach and have used direct quotes from participants' accounts to offer the reader clarity in how themes were emergent for the data and to make my thinking processes in analysis more transparent.

4.3.5. Working with the other

If the interview process is accepted as co-produced, then the importance of the relationship between researcher and participant is uniquely a part of that process. The nature of this relationship is a building block to successful data collection and requires rapport, an element of trust, respect and genuine regard for the participant as an individual, as well as recognition of the time and other resources that participants give to the interview situation (Flick 2002). For the researcher, this requires the ability to listen, to attend to and to respond to the interviewee in a meaningful way to create a safe and supportive environment. It is important that the researcher remains reflexively conscious of both personal and participant values, actions and assumptions, all of which play a part in the construction and

interpretation of generated interview material (Kvale 1996; Miller & Crabtree 1999a).

Throughout the interviews, I supported the credibility of the data collection process by using dialogic techniques, such as clarification or reflection of the points made. I summarised points frequently, and used gentle probes or open ended questioning to incrementally move forward to elicit the deeper and more personally meaningful levels of experience. I was consciously aware of being present and active in the interview situation, and attempted to be genuinely responsive to the respondent's narrative without losing the ability to reflect, review and be mindful of the influence of my presence on the interactions taking place and the emergent themes unfolding in the data.

I was acutely aware that in an interview situation the position and power of the researcher could influence the account shared. Similarly, I was cognisant of the fact that a lack of confidence or fear of the interview dialogue, by either myself as the researcher, or in the participants, could influence how the interview was enacted and consequently the eventual outcome (Gribich 1999). I was not aware of any fears or concerns in myself about the interview techniques per se, but I did find that openness to these possibilities was a useful reflexive tool. It was notable for some participants that there was a pivotal point in the interview process where their level of awareness about work-life balance did change quite significantly at emotional and/or cognitive levels. I cannot assume this made any great difference to their lives or work-life balance following completion of the interview, but there was a shift in consciousness within the interview situation, which, at that point in time, was meaningful for some individuals. These are noted in appendix 9.

4.3.6. Participant health and well-being

As with any social encounter, thoughts and feeling about conversations and experiences shared within the interview situation can cause distress or positive experiences, not only within the situation itself, but for some time afterwards. I was aware that a change in outlook or action could occur as a result of the interview process and I shared this view with participants in the information sheet provided (see appendix 1). I remained attentive to participants' responses, both verbal and non-verbal, throughout the interviews and attempted to be alert to any noticeable changes. Appendix 9 summarises some movements in thinking that were described by participants during the interview situation.

4.3.7. Representing participants voices

Representing the voices of participants is an ethical and moral issue that has been in the forefront of my mind throughout this study. First, I recognise and value the voice of participants and the significance of that to the research process. Without their participation, this study would not have been possible. I have a respect for the participants' experiences and the openness of their accounts, and wanted to represent their lives and their voices appropriately. Verbatim quotes have been used, and where colloquialisms were apparent these have been maintained and included.

Second, using direct quotes led to the dilemma of confidentiality versus representation. Participants were from a single group in which members were known to one another, both within and outside of the sample groups. To provide key demographic details, however brief, needed full attention to confidentiality. As identities were elaborated through the interview data, so individual characteristics and nuances became clear. Using direct quotes made the personal nature of these accounts more transparent. Whilst it can always be debated that dialogues within any social encounter are as much a process of enactment as an actual exposé of a private self (Atkinson et al 2003), the complexity of these participants' individual lives did become more vibrant and alive through the process of data collection and analysis. I hope the complexity and depth of accounts shared in this thesis, because of their personal and focussed nature in terms of work-life balance, limits recognition by others rather than invites it.

4.4. Rationale for the sample selection

In qualitative research the group of participants must be both appropriate and adequate for the purpose of the study (Morse & Field 1996). Whilst work-life balance is a common life consideration for people who work in many different fields in modern life, occupational therapists, as a professional group, describe an interest and professional knowledge base in life balance and use this knowledge as a tool to facilitate the health and well-being of their services users (COT 2006a).

As a result of this professional knowledge, occupational therapists were considered to be key informants for a study interested in work-life balance and to

be a potential source of rich information. Consequently, occupational therapists were purposively sampled for this study (Gilchrist & Williams 1999; Kuzel 1999).

Because my interest was in how workplace cultures influenced work-life balance, I considered the organizational settings in which occupational therapists worked. As a healthcare profession, it is of no surprise that this group work in large numbers in the National Health Service (NHS), but in the UK they also have a long history of working in local authority social services settings (Riley 2002). Although both these organizations belong to the public sector, which excluded the more profit driven private sector approach to work-life balance, these two work settings did offer very different organizational structures with distinct cultural contexts, whilst sharing a common 'welfare state' ethos and similar driving forces and policies in terms of paid work and work-life balance.

For the purposes of the study two organizations were accessed: one healthcare organization and one local authority social services department. These were both geographically located in Wales. The reasons for this latter choice were two-fold. First, the UK presently has four differing structures diversifying the provision of health and social services across its countries' borders. Supporting Smith et al's views of homogeneity in sample design, I did not want the study to 'muddied' by introducing too many variables in terms of the macro forces influencing organizational cultures and work-life balance. Utilising one consistent structural framework in the delivery of health and social services provided a common context in which to study the influence of organizational cultures on the work-life balance of occupational therapists. Second, and from a more pragmatic perspective, Wales was close to my own locale and thus provided easy access, with reduced travel and other associated costs. Pseudonyms were chosen and the names Aslan healthcare and Merlin social services were adopted to identify the settings in the study.

These choices provided me with the purposively sampled profession of occupational therapy in two very different organizational settings to facilitate an investigation of any comparisons and differences that might be drawn from the localised organizational workplace cultures and their situated complexity.

In order to enhance the confidentiality of the settings, documents provided by the organizations (pertaining only to work-life balance policies to support context – see 4.2.3) were referenced using the pseudonyms assigned to each organization

and chronologically allocated numbers as they were referenced in the text. Specific details in terms of titles were omitted.

4.4.1. The workplaces

I approached one National Health Service (NHS) local health board (previously called an NHS Trust) and one local authority social services setting in Wales. Both were located in the same geographical area and provided services to the same locale. The rationale for two settings was simple. It offered a means of comparison between the experiences of one particular professional group working in two different organizational work cultures.

At the time of writing, public healthcare in the UK is organized and provided under the auspices of the National Health Service (NHS). Alternatively, social services are provided by local authorities and are a part of that organization's structure and culture. The NHS in the UK provides healthcare services to the four regional areas of England, Wales, Scotland and Northern Ireland. In Wales, health services are presently provided by seven health boards, which are responsible for planning, funding and delivering all the health services necessary for their local communities including hospital, community based services, mental health and primary care provision (NHS Direct Wales 2009). These different types of service are provided from a variety of locales and settings across the geographical region (Welsh Assembly Government (WAG) 2005; Wanless 2002, 2003).

Social services are the specific arm or branch of social care provided by local authorities in the UK. At the time of writing there are 22 local authorities in Wales (WAG 2007). The provision of services is community based and frequently takes place in the service user's own home (Tailby et al 2005). Service provision tends to fall into two categories demarcated by age under the auspices of children's and adult services (Carey 2008).

Both health and social services organizations are feminised workplaces, employing a higher percentage of female to male staff (Coyle 2005). In the NHS 75% of the workforce is female, making this organization and 'therefore the British State, the largest employer of women in Europe' (Coyle 2005:74). Similarly 71% of the workforce in local authorities in the UK is female (Tailby et al 2005). A study by the Department for the Environment, Transport and Regions (DETR) in 2001, reported that 46% of local authority staff worked part-time and Tailby et al (2005) have identified that 90% of part-time workers in this field are female.

Female workers, because of the gendered division of labour access work-life balance policies more readily than men and have identified greater conflicts in work-life balance than male colleagues (Rutherford 2001). Whilst issues pertaining to gender were not a specific objective of the study, the feminised nature of the health and social care workplaces were considered a beneficial factor to a study exploring the influence of workplace cultures on the work-life balance of its employees.

4.4.2. Gaining access

As discussed in the ethics section (4.3.1), access to the settings followed the protocols set out by research governance, the NHS research and development board, the local research and ethics committee and professional and ethical processes. In relation to the local authority social services setting, the Director of that organization was approached and access requested through that route. Following approval, the managers for the occupational therapy services were contacted in both settings and access to their respective teams arranged. In both settings professional, ethical and courtesy boundaries were followed. The confidentiality of each participant was maintained at all times. Informed consent was assured through the provision of clear information provided by an information sheet (appendix 1) and informal discussion. The opportunity for further questions and discussion was offered and provided if required.

4.4.3. The research participants

The term *participant* or *respondent* will be used to denote the occupational therapists that took part in the study. Profiles can be found in appendices 4 and 6. Pseudonyms have been used and personal details have been deliberately kept brief to reduce the risk of recognition by others involved in, or external to, the research process.

As noted previously, participants were accessed through two common workplace settings for occupational therapists. Both organizations chosen provided services to the same area and population. Access was agreed through appropriate routes in both settings prior to the selection process taking place.

I was aware that both services were well established and culturally distinct. I was also aware that burnout and stress is commonly reported as a context for the

workplace experience of occupational therapists and that, as a profession, this group claim a knowledge base in life balance and use this as a tool of achieving and maintaining well-being in their therapeutic interventions with service users (see chapter 3 for discussion on these points). In line with the nature of qualitative approaches and my interest in the lived experiences of the participants, the sample size was kept small. This facilitated the collection of richer and more detailed data.

Following identification of the sample group and agreed access to the work settings, I approached the occupational therapy managers to gain access to the occupational therapists in both settings. Invitations to take part were therefore brokered through managers, who acted as gatekeepers to appropriate and willing participants. Whilst I recognised that accessing participants in this way could have introduced a sense of obligation in the approached group to take part, I also felt the gatekeeper acted as referee, promoting both the credibility of myself as researcher (Denscombe 1998) and identifying the support of the wider organization and the management team in terms of the area of study. I considered this to be important not only in support of the 'time out' from paid work to take part in the study, but also because of the nature of the topic, which could have been assumed as contentious in the organizational context (see reflexive notes appendix 8e).

I told managers I was looking for qualified occupational therapists who had worked as practitioners in that setting for a minimum 6 months. This excluded non-qualified staff, such as students or support staff, and therapists who had been practising less than 6 months. These choices in the inclusion/exclusion criteria were based on the decision that a period of work experience was deemed necessary in order to provide some opportunity to review the influence of the workplace culture on work-life balance, and significantly, qualified occupational therapists were required in order to hold the knowledge base in work-life or occupational balance. Working with the gatekeepers, efforts were made to find participants who were diverse in age, gender, seniority, hours of work, work settings, marital status and dependents in order to capture a variety of work-life experiences and demographic factors.

4.4.4. Sample size

As the focus was idiographic in nature focusing on the subjective experience of the influence of workplace cultures on work-life balance, a 'less is more' approach was considered appropriate (Reid et al 2005:22), because smaller sample sizes allow for thick description and in-depth analysis (Smith 2004; Smith & Osborn 2008). Initially I had considered a purposive sample of 15 to 20 participants be sufficient. However, after discussion and some debate with my supervisors, a number of 30 was agreed as a more practicable number to provide a credible resource for information and to ensure that the interviews would generate sufficient data for rich analysis.

Following transcription and the preliminary stages of analysis, this decision did prove to be more than adequate (see reflexive account appendix 8f). Because of the greater numbers working in the health population, and the diversity of work areas and settings that provided, I initially approached that field for 20 participants and the social services setting for 10. However, slight adjustments were made following selection. Two participants in healthcare dropped out prior to interview and the pilot, carried out in Merlin social services, was included as no changes were made to the process or guide. This resulted in a total of 29 interviews: 11 in Merlin social services and 18 in Aslan healthcare. I will now describe the selection process in each setting in a little more depth.

4.4.5. Aslan healthcare

Possible candidates were highlighted through working with the manager who provided me with details of gender, working hours, approximate age range, grade/seniority, place of work, ethnicity and family circumstances (e.g. children; single; married; divorced etc.). She distinguished staff who were qualified practitioners from those who were not, and excluded those who were qualified less than 6 months. She also identified those who were unavailable due to sickness or maternity leave. Of that group, a population of over 100 staff, I looked for diversity in gender, place of work, hours of work, grade/seniority, family circumstances, and years of work or experience. Of the 20 I approached, all agreed to take part. However, one later dropped out due to sickness and one participant cancelled meetings three times, then finally withdrew. This resulted in 18 completed interviews.

The final group interviewed comprised 8 males, representing the full complement available in the health setting population, and 10 females. Of this group, 6 worked part-time and 12 full-time. This was roughly representative of the full-time/part-time split in the population, with about a third of the professional group working part-time.

I sampled the full variety of diverse working areas available. This resulted with 2 participants working in acute physical settings; 2 working in rehabilitation outpatient settings; 3 working in rehabilitation inpatient settings; 3 in community physical settings; 3 in different rotational posts across the whole organization and 5 in various mental health settings, including in-patient, elderly and community services.

This was further differentiated by grade/seniority, age and approximate years of work, resulting in a diverse sample with an age range between the early 20's to late 60's, work histories ranging from between 6 months to over 40 years, and a variety of grades, responsibilities and seniority (see Table 4.1, appendix 4).

4.4.6. Merlin social services

I approached this setting for 10 participants because, as a setting, in line with the national average, its population of occupational therapists was smaller than those in healthcare settings. The manager provided the demographic details of her staff group including hours of work, gender, grade/seniority and years of work, area of work, age and family circumstances.

All members in this setting were female and all, excepting the two managers, (locally known as senior practitioners), were the same grade of 'community practitioner', although years of work experience were variable. Of this group, one worked in children's services. She represented the sole occupational therapist working in this field in Merlin social services. The other occupational therapists in the population, whether graded as senior or community practitioners, all worked in adult services. This group of occupational therapists were notably more homogeneous than their healthcare cousins, with a flatter grade structure, common gender, and limited choice in areas of work.

At the time I entered Merlin, one individual was absent due to sick leave, and another was on maternity leave. This left a total population of 11 occupational therapists, all of whom met the sample criteria. As all 11 agreed to take part in the

study, I used one as a pilot interview. No changes were made to the interview guide following carrying out the pilot and consequently, this data was incorporated into the study. This resulted in a group of 11 participants, with work experiences ranging between 6 months to over 40 years, ages ranging between the early 20's to 60's, a variety of working hours, a diversity of family circumstances and 5 participants working full-time and 6 part-time. Demographic details are provided in Table 4.3, appendix 6.

In the final selection of participants across both settings there was an interesting degree of diversity in the hours of work, the length of career, experience, grade, work areas and family circumstances. In total, there were 21 female and 8 male participants. All males were employed in Aslan healthcare i.e. the NHS field and were representative of the total male complement available in the population in both settings. This ratio is reflective of the national average for the occupational therapy profession, which is 90% female (Taylor 2007). Ethnic diversity was absent in the sample group. It is notable that diversity in this context is argued as lacking in the wider population of the profession in the UK, which is 95% white and that this diversity is less prevalent in Wales (Taylor 2007).

4.5. Data analysis

As previously identified, IPA was used as the method of data analysis. This provided me with a process to elucidate how themes were emergent and developed from the data (Smith & Osborn 2008). As noted previously, rigour in IPA requires clarity, transparency and openness in the process of interpretation, as well as producing a credible account which should be convincing and relevant (Smith et al 2009). It is the implementation of these processes that I will describe here.

4.5.1. Transcription

Transcription is an act of re-presenting oral language into a written form. Yet even this direct transposition of language to text, as can be assumed from previous discussion, cannot be free from the influence of the writer: by its very nature IPA studies are subject to the interpretation of the researcher (Pringle et al 2011). Transcripts are understood in terms of the researcher's fields of relevance and

are also subject to the influences of the researcher and participant in the interview encounter. In van Maanen's (1988:95) terms transcripts are mediated:

...by the fieldworker's own standards of relevance for what is of interest; by the historically situated queries put to informants; by the norms current in the fieldworker's professional community for what is proper work; by the self reflection demanded of both the fieldworker and the informant; by the intentional and unintentional ways a fieldworker or informant is misled; and by the fieldworker's mere presence on the scene as a observer and participant.

These kinds of dilemmas mean that researchers have to attempt to challenge possibly unseen or unrecognised limitations in a transparent, honest way (Giorgi & Giorgi 2008).

During the transcription process I sought to address this by representing the participants' voices accurately at all times (see reflexive account appendix 8g). A full transcript of each interview was made as soon as possible after the interview took place. The transcripts were produced verbatim. This included significant pauses, laughs and other non-lexical utterances such as 'um'. As this approach accepts the interview is co-produced, the input of the interviewer was also included and the dialogue of the two participants in the interview process delineated as A for the researcher and B for the interviewee.

Each line was numbered and the transcript assigned two numbers relating to the interviewee and the setting. A pseudonym was also allocated to each participant, significant only in terms of gender to assure anonymity and confidentiality. Where participants in the interviews used names, these were changed to indicate the relationships to the participant e.g. 'manager', 'husband', 'child'. Place names were replaced with 'town', 'city', 'place of work' or similar. The removal or adjustment of these identifiers was to assure anonymity. Occasionally I used a pseudonym allocated to a manager participant if a staff member had named that individual. This was only applied where it supported a contention that the manager had also identified e.g. in terms of work role or similar, and assisted in supporting or clarifying a specific theme.

4.5.2. *Process of analysis*

The assumption in IPA is that the researcher is seeking to understand something about the participants' social worlds and wishes to extricate meaning from those accounts. Listening to participants, in itself, cannot do justice to this purpose. The researcher must have a sustained relationship with the data and employ a

process of interpretation in the analysis. By using the tools of IPA, including reflexivity, idiographic, inductive and iterative analysis, it was envisaged that the themes would be emergent from the data itself through a cyclical process of representing individual experience through direct quotes; immersion in the data; comparative analysis in terms of other participants accounts and existing literature, and the application of researcher knowledge and understanding to emergent themes (Smith & Osborn 2008). A key stage of IPA is the application of an interpretative stage, where the researcher moves away from description to understanding and organises this into meaningful superordinate or key themes (Biggerstaff & Thompson 2008). As previously noted, this process requires the use of reflexivity and meant that I, as the researcher, gave cognisance to the perspective that analysis is a process of sense-making by myself as the researcher, and that I, as a tool of analysis could not be separated from me as a social agent:

Qualitative researchers who investigate a different form of social life always bring with them their own lenses and conceptual networks. They cannot drop them, for in this case they would not be able to perceive, observe and describe meaningful events any longer...confronted with chaotic, meaningless and fragmented phenomena they would have to give up their scientific endeavor (Kelle 2005:3).

I felt the staged approach of IPA advocated by Smith and Osborn (2008) could assist in providing a framework in terms of analysis, and provide some sort of clarity and transparency in the analysis procedure. This is described below.

4.5.3. *The staged approach of IPA*

Whilst IPA has much in common with other forms of interpretive phenomenological analysis, it does suggest a three-pronged idiographic approach to the interpretive process, which whilst not prescriptive, does provide a framework identified through the following stages (Smith & Osborn 2008).

In stage 1, the researcher is required to analyse, in detail, one transcript from the interviews before moving onto the others. The transcript is read and re-read a number of times and points of interest are annotated in the text. Akin to free textual analysis, there are no rules about what points can or cannot be noted at this stage. As the researcher iteratively re-enters the text, so themes begin to emerge and these are initially colour coded in the text and collated into a simple list. Through repetitive re-immersion into the text, so one begins to identify

connections between these listed themes and finally categorises and clusters these into an initial table of themes for this first interview.

In the second stage, this process is repeated for each interview. Links and connections between these different data sources are continually compared and contrasted looking for both patterns and new emergent themes. These are developed and collated into a working table of themes. This inductive and iterative process eventually leads to the third stage, in which the researcher moves beyond pure description to the final stage of interpretation and identifies the key or superordinate themes, which are collated into a final table of themes (Biggerstaff & Thompson 2008). This process can be challenging because the final themes have to be 'warrantable within the data and checked out', meaning that the link of key theme to data is an integral aspect of quality and rigour in the writing up process (Biggerstaff & Thompson 2008:220).

In adopting this method, I began by looking at one interview transcript in detail before moving on to examine the others. Because of the inductive and iterative stance employed, the interview data was initially read and re-read to look for meaning (Crabtree & Miller 1999; Smith & Osborn 2008). Issues of interest were highlighted in the text and brief annotations made.

From this initial stage, I re-entered the data and emergent themes were noted, colour coded in the text, and then collated into a simple list of themes as they occurred in the transcript. Table 4.5, appendix 10, summarises this stage from the first transcript analysed i.e. participant 0105 (01 denotes Merlin social services; 05 the number allocated to the participant). Through further immersion and re-reading of the data, these themes were categorised and clustered into a second table representing the emergent themes from that particular interview data (see Table 4.6, appendix 11). I worked through this clustering process in a systematic way.

First, the themes I identified were crosschecked in the transcript to make sure the connections were relevant to the source material i.e. the themes were compared against the actual words of the participant. This is an important process because the credibility of the findings are linked to their auditability in terms of what participants are actually saying (Pringle et al 2011). In this stage, I re-immersed myself in the text and critically questioned my own process of sense-making by checking what people were actually saying and comparing this to the analysis I was making. This iterative and inductive process enabled me to adopt a reflexive

stance, through not only challenging my own thinking, but by critically examining the themes as they emerged, cross-checking these with the available data, and, as more data was analysed, considering similarities and differences in participants accounts. According to Reid et al (2005) this kind of analytical commentary can lead to useful insights in the data that can have wider implications in terms of the relevance of the findings.

As more transcripts were analysed, so the themes were further developed. For example, from transcript 0104, the theme of constant work pressure clearly emerged. This was common to many other transcripts so became a key theme. From transcript 0207, the theme of gender and the role of mother as a salient identity strongly emerged. This too was a common theme in other accounts and also became a key theme. Notably, this interview not only identified a preference for the role of mother, but actually illustrated how she prioritised this role over paid work in everyday life. This was a more unique theme and highlighted an interesting difference from other texts, yet was very informative in terms of the purpose of the study. Through this idiographic and iterative process, so a working table of key themes was developed (see Table 4.7, appendix 12). In the final interpretive stage, these themes were analysed and ultimately built into the final table of superordinate or key themes found in Table 4.8 (appendix 13).

Themes identified at this interpretative stage acknowledged not only that the workplace cultures of Aslan healthcare and Merlin social services did influence work-life balance in quite profound ways for employees, but that these cultures actually drove and created work-life *imbalance* by using time and energy in paid work to the detriment of participation in other life domains. As occupational therapists, participants described a disturbing sense of being undervalued and disempowered in the workplace. This was recognised as causal to a sense of subjective stress, pressure or ill-health for participants, which not only identified a link between work-based relationships, work-life imbalance and personal well-being, but also evidenced the influence of this imbalance at multiple levels, influencing the well-being of the family, community and social domains.

It became clear that workplace cultures were situated in the wider structural and agentic forces of everyday life and that these levels of significance worked in synergy with the workplace cultures to co-produce the lived experience of work-life *imbalance*. These findings, whilst perhaps not surprising were, none the less fascinating in terms of identifying how work-life balance is constructed and co-produced in contemporary life. What struck me as significantly absent in the data

were any accounts of using the human resources of time and energy to reflect, think, plan or just be present in the world as active and reflexive beings, either in the natural or socially constructed environment.

In the ensuing chapters I intend to discuss these findings in depth and hope that these emergent themes and their connections and interrelationships will become clear as the thesis progresses.

4.6. Conclusion

In this chapter I have described the preparatory thinking and preliminary steps that were taken in designing this study. I have also clarified the process of data collection and analysis to hopefully enable the reader to consider the trustworthiness of the approach taken and methods employed. Further, I have noted some pertinent reflections that occurred throughout the process when actually carrying out the research. These will be substantiated throughout the ensuing discussions in the thesis. Following carrying out the analysis, the complex and multi-layered themes that emerged have been clustered into a final table of key themes in Table 4.8, appendix 13. These themes identified complex and interconnected relationships in how participants made sense of work-life balance and the nature of how this unfolded will be discussed in the following four findings chapters. I have tried to make the process as transparent as possible by using participants' accounts and sharing my thinking throughout the analysis process. However I am cognisant of the fact that although IPA can initially appear simplistic in its approach to analysis, the application of an interpretive stage is challenging in terms of transparency and can result in confusion over how the final themes were achieved. By offering direct quotes and in-depth discussion in the following four findings chapters I hope to offer a pathway for the reader to travel.

Using participants' accounts, chapter 5 will discuss how occupational therapists framed their understanding of work-life balance in terms of their relationships with significant others in the workplace and their feelings about paid work. It identifies how their sense of work-life balance was influenced by hierarchical organizational structures and the cultures supporting those relationships. Through the perceptions shared, it also provides a temporal snapshot of the workplaces at the time the study took place, offering the reader a window on the participants' subjective worlds of paid work.

The ensuing three findings chapters describe the themes in Table 4.8 in detail and hopefully elucidate how these emerged from the data by in-depth discussion and using direct quotes to illustrate the link of data to theme. In order to give some structure and clarity to the content of these chapters, they have been organised in relation to the chronological order of the themes collated in Table 4.8.

Chapter 6 considers those themes clustered under points 1 and 2 (see Table 4.8), which reflect how individuals identified the organizations' attitudes to and values about work-life balance and flexible working in the workplace as relevant to their experiences of work-life balance and (2), how this could cause ethical and moral conflicts for occupational therapists in their everyday lives.

Chapter 7 discusses the themes clustered under point 3, which identify how organizational power and drives for performance in the workplace created work-life imbalance and (4), which encapsulates the importance of relationships at work and how the forces of professional power were prevalent factors in the work-life balance of occupational therapists.

Finally, chapter 8 discusses those themes clustered under points 5-7 in Table 4.8. These include the wider social values that contextualise the hegemony of paid work in contemporary life, and the loss of well-being, not only at individual, but at multiple levels of significance as a consequence of overt and covert practices of work-life *imbalance* in everyday life.

These chapters will be followed by an in-depth discussion (chapter 9) of the interconnected nature of these findings and the relevance of the study to existing work-life and more briefly the occupational balance literature. The thesis will then be finally summarised and concluded in chapter 10.

Chapter Five

Cultures, Structures and Feelings about Work

This chapter will provide an introduction to Aslan healthcare and Merlin social services and aims to serve as a contextual framework for the ensuing findings chapters. It will describe the professional structures of the occupational therapy teams in each setting and contextualise a little of the feelings participants shared about their working lives in each organization. It will offer a snapshot of the contemporary forces of change that were driving forward a process of re-structuring and re-profiling notable in the experiences shared by respondents in both organizations and will illustrate how the beliefs of limited professional value and recognition by Aslan healthcare and Merlin social services pervaded respondents' accounts. I will identify the emergence of cultures of pressure and stress and strong emotional contexts in the experiences of participants in both workplaces.

I will argue that organizational cultures emerged as a significant force in participants work-life balance and will posit that these workplaces were 'emotional arenas' (Fineman 2000:1), where the complex relational aspect of working with others and the structures and cultures of the workplace could constrain or facilitate work-life balance and identify how people subjectively *felt* about work-life balance. This created a dialogue between physical and psychological pressures and stresses in the emergence of workplace cultures and the individual's experience of work-life balance.

Where local documentation is used, the organization's pseudonym and numbers, allocated chronologically, are used to identify the source but maintain confidentiality.

5.1. Forces of change and feelings at work

At the time the study took place both Aslan healthcare and Merlin social services were subject to UK wide policies driving reform. Ubiquitously summarised as modernisation in health and social care, this process had been instigated by the New Labour Government (DoH 2000b). Part of this process included the implementation of a 'job evaluation' scheme, called the Agenda for Change (AfC), which was a re-profiling and re-structuring exercise identifying and re-categorising

the traditional roles, hierarchies and responsibilities of all professional employees working in these settings including occupational therapists (DoH 2000a,b,c; 2004a,b; Unison 2004).

Promoted by the government as a tool to achieve world class services fit for the 21st century (Welsh Assembly Government (WAG) 2005,2006,2007), it has been argued that changes instigated through the agenda for change process have not only challenged traditional professional structures, pay and power dynamics in health and social care settings, but also driven forward a specific focus on 'economic efficiency gains' (Colyer 2004:406; Scourfield 2007:110), placing productivity or the organizational business case as paramount in health and social services. In Paton's terms there is a drive to make health and social care services 'compatible with a competitive economy' (Paton 2001:63; see 3.2.1 for further discussion).

It was at this time of change that I entered Aslan healthcare and Merlin social services to ask occupational therapists working in these organizations about how they believed their respective workplace cultures influenced their everyday work-life balance.

5.2. Aslan healthcare

Aslan healthcare was a local health board, offering a variety of different healthcare services to meet the needs of a population spanning urban and rural areas in Wales (Aslan doc 1). In common with other large healthcare organizations in the UK, Aslan healthcare provided a diverse array of services delivered from hospitals and community based centres to meet the needs of its local population (Aslan doc 2). Services were defined by traditional categories in terms of medical need, such as acute hospital services, mental health services, rehabilitation services and outpatient services. Occupational therapists worked in a variety of settings, which meant that staff could be based in different localities across the geographical area (see Table 4.2a; appendix 5 for a summary of different work settings accessed). These different settings were populated by a variety of professional groups, reflecting complex divisions of labour and working relationships depending on the services provided. Mental health units, for example, contained occupational therapists, psychiatric nurses, psychiatrists, social workers, managers and support services. Acute hospitals and rehabilitation services contained a diverse range including; medical consultants, doctors,

nurses, occupational therapists, physiotherapists and other allied health professions (AHPs). These complex collections of professions were representative of the norm for healthcare settings in the UK (Allen & Pilnick 2006).

5.2.1. Occupational therapists in Aslan healthcare

At the time the interviews took place, Aslan healthcare had over 90 whole time equivalent (wte) qualified occupational therapists in post (Aslan doc 2&4). With the vacancies at this time and the associated administrative and support staff, Aslan employed well over 120 staff within its various occupational therapy departments (Aslan doc 2&4). The qualified occupational therapists in Aslan were predominantly female, with an approximate ratio of 10% male to female therapists. This was representative of the UK average of 1:10 for this profession (Quality Assurance Agency (QAA) 2000).

There were a variety of management and clinical grades with associated responsibilities spread across the different settings. Within the management structure there was a complex hierarchy, with differing titles ranging from strategic leads as the highest grade, descending in position and authority to Head III. Whilst responsibilities and roles differed depending on grade descriptors, one constant was that occupational therapy managers, at whatever level in the organization, carried clinical i.e. patient or client workloads, as well as management responsibilities. Lowri, an occupational therapy manager in Aslan healthcare described how she believed her role and that of other occupational therapy managers in Aslan healthcare was different from general management positions because the roles of clinical leadership and practising clinician were additional to the traditional management responsibilities afforded to general management posts:

At the end of the day I think we're clinical leaders rather than general managers or anything like that, you know. In a way we lead within the clinical field. And I still do clinical work. I have clinical work everyday.

The National Co-ordinating Centre for NHS Service Delivery and Organisation (NCCSDO) (2006:134) defines clinical managers as 'hybrids, who held both managerial and clinical roles'. It seems fair to suggest that this was the kind of role that Lowri understood she held in the workplace. She spoke of how she believed that the pressures of the dual roles of practising clinician and manager

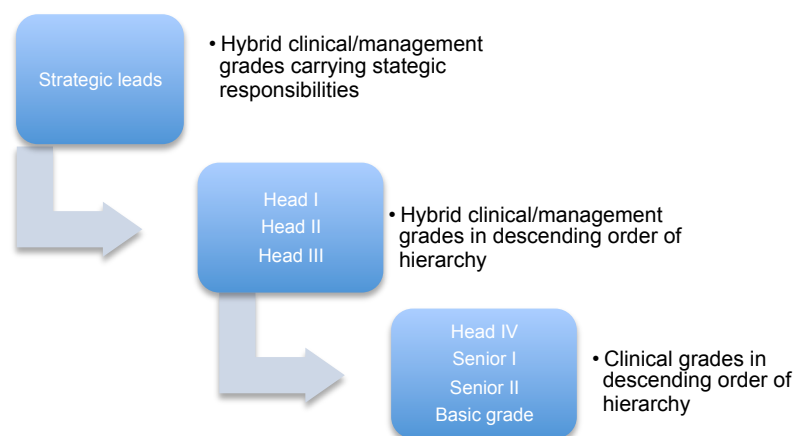
were a significant factor in her everyday work experience and sense of work-life imbalance:

And you keep having these add-ons all the time. And that's when your priorities start to compete with one another. And something needs to go. And sometimes things are put in the box pile and they just don't get to the top for weeks and weeks and weeks. And that in the end will give you stress. So that's often a major source of stress. Knowing that you're neglecting something but not having the time to address it. You can do things like take it home with you. Or come in a bit earlier and work, or something like that, because I just happen to be sharper in the morning than I am in the evenings. But you don't want to start doing that really because it starts eating into your life you know? It's difficult planning. You've got to explain it to your partner. Or you don't take up the hobbies or go out and see your friends and stuff like that. So it starts getting in the way there. And I think this is the big dilemma that all OTs [occupational therapists] moving into management have.

This sense of pressure was a common theme from respondents who held management positions in Aslan and is a theme that will be returned to frequently throughout the thesis in terms of cultures of work-life balance and flexibility (chapter 6), power and performance (chapter 7) and the erosion of time, energy and well-being (chapter 8).

The clinical or non-management grades, defined as occupational therapists 'who largely or wholly did clinical work' (NCCSDO 2006:134), were line managed by the occupational therapy management hierarchy, but also had their own clinical hierarchical structure, reflecting associated paid work responsibilities and expertise. As a public sector NHS organization, the structures and hierarchy of occupational therapists in Aslan healthcare mirrored the common patterns found in all healthcare settings in the UK and can be seen in Figure 5.1.

Figure 5.1. Traditional occupational therapy hierarchy in Aslan healthcare



Immediately prior to the period of the study, qualified occupational therapists had been subject to the initial stages of the 'Agenda for Change' process (AfC) (DoH 2004a). This meant that all the existing job descriptions for qualified occupational therapists had been through the National Health Service (NHS) job evaluation scheme (Unison 2011a), and were being transferred from the traditional existing grades and salaries into a new structure with different terms and conditions of service (NHS Staff Council 2009). This move included a transition to a different pay spine (Aslan doc 3), which meant that this not only affected conditions of service and responsibilities, but salaries.

As I entered Aslan healthcare respondents had just been advised of the outcome of the review and been informed in writing of their new banding and pay bracket. Table 4.2b (appendix 5) provides a summary of extant grades and the new allocated bands for all of the respondents from Aslan healthcare. Whilst some participants implicated contentment with the outcome of the agenda for change process, others were unhappy and in the process of challenging their allocated banding in the new structure. Several respondents described a feeling of being undervalued or undermined by Aslan healthcare, and a sense of stress and pressure at work was palpable in many accounts. This was reported as causing psychological and physical strain not only in paid work, but across all life domains by creating barriers to, and reducing the quality of individuals' work-life balance.

5.2.2. Agenda for change: Psychological and physical impacts

Imposed by the New Labour Government, many participants felt the job evaluation scheme lacked credibility. Several respondents spoke of how the process influenced their levels of stress, pressure and the use of family or personal time. Others seemed less concerned with the process, and one participant, Jamie, described satisfaction with his allocation of a band 7, because this meant he was now viewed as a clinical specialist in his field. He spoke of how he felt this not only recognised and validated his role, but enabled development or expansion of it:

I was originally a Senior I working in this place. And now, I think, as a result the agenda for change, classified as a clinical specialist. So I think I've come out as a band 7. Which is great for me as far as I'm concerned. And fortunately, I haven't got to go through the agenda for change wranglings like a lot people. I've come out of it quite well and it's allowing me to do other things really.

Alternatively, Saffi recounted how she believed that being placed into a band 7 was symbolic of a lack of recognition and value by the organization. As a Head III, she felt the allocation of a band 7, placing her with Senior I's like Jamie, who were, in the traditional structure, her subordinates (see Figure 5.1), was tantamount to demotion and did not reflect her present Head III management and leadership responsibilities. She described not only a sense of injustice and of being undervalued by the job evaluation process, but intimated psychological stress necessitated by the time and energy to deal with an appeal against her banding. This, she reported, was influencing not only her stress levels at work, but also her work-life imbalance because it was eating into the psychological and physical space assigned to family activities outside of paid work:

And I think there's been a lot of pressures recently, agenda for change and things like that, where you've really felt undervalued. You know the whole process has been awful. I mean I've spent hours at home writing an appeal against the banding. And you're there justifying what you do. That sort of doesn't help. You're thinking, well you know, I worked damn hard at work and I've got people matching me up against Senior I's. Well really! They're supposed to know. So yes, it's affecting home, you know. I do feel I haven't got enough time to give.

In Saffi's account, her sense of a lack of value in Aslan healthcare was fuelled by a perception of inequity in the agenda for change process. As noted in 3.7.1, several studies have illustrated a link between feeling undervalued at work and stress, with this causing a sense of work-life imbalance by worries and concerns spilling over into all life domains (Audit commission 2002; Coffey et al 2009). Sweeny et al (1991;1993a,b) in particular have identified that a perceived lack of value, rewards and recognition is a common theme in their studies of stress in occupational therapists working in health and social care in the UK (see 3.7.1).

This belief of inequity and a lack of value was a common theme in participants' accounts from Aslan healthcare. Lowri described how she believed that the agenda for change process was, in her words, a form of 'grade compression' because the traditional 8 grades (listed in Figure 5.1) had to be re-aligned into 4 bands in the new structure. This meant that grades traditionally allocated different responsibilities and salaries were being squeezed into the same pay bands in the new system. This seemed to affect various levels in the traditional hierarchy, and from participants' accounts, appeared to be quite ad hoc (see Figure 5.2).

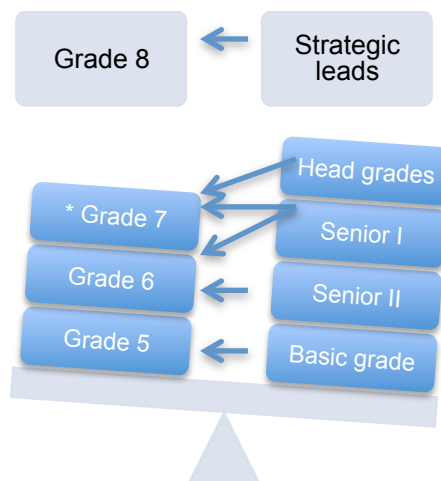
Lowri believed the process was not only disappointing for those staff who 'lost' their position by re-allocation into a banding with a lower hierarchical group (as Saffi believed had happened), but was stressful for all staff because this kind of

major structural change challenged relationships and traditional alliances and hierarchies. This, she intimated, was very difficult to manage because it caused such emotionally charged responses:

We have Senior I's sitting with Senior II's. And that's very, very difficult because traditionally there's an alliance between Basic grades and Senior II's, and the Senior I and Clinical specialists. Grade compression has happened in the main at about 6 and 7 for OTs. And it's not boding well for a lot of staff. And as a strategic lead, you know, I'm unhappy with some of the results as well. I don't mind grade compression. I think it's not a bad thing. But I mean if this is all about recognising a fair day's pay for a fair day's work, then this isn't recognising the roles and responsibilities that some of our more...well not necessarily senior staff ...it's staff throughout the whole of the original Whitley [traditional] scale [see DoH 2001] that have been affected by this. I think it's been disappointing and it's managing that. It's managing the expectations in staff and the disappointment. And dealing with a process that is heavily bureaucratic.

This angst experienced by staff was reported as further fuelled by a belief that all the Senior I physiotherapists, an allied health group traditionally classified as commensurate to occupational therapy in terms of skill and pay, had been placed, in their entirety into band 7. Occupational therapy, on the other hand, was finding that many Senior I staff were being allocated band 6 along with the traditionally lower Senior II staff. It was evident from respondents that many felt Senior I occupational therapists had been unfairly treated by this reported categorisation into band 6, specifically because this identified previously commensurate grades across the allied health professions as different.

Figure 5.2. Agenda for change banding showing grade 'compression' at levels 6 & 7 for occupational therapists



*ALL Senior I physiotherapists were reported as placed into band 7. As only some Senior I occupational therapists were placed into this banding it was perceived as reflecting differences in the value of occupational therapy by Aslan healthcare.

Haf reported how she believed this kind of difference was conducive to creating barriers to team working in Aslan healthcare:

You know, what's that going to do for the partnership agenda or collaborative agenda? Nothing. It's just going to be divisive, isn't it? People are just gonna be saying; 'Well, you're a physio in band 7. I'm an OT in band 6. You get on with it then', you know? That's how people are gonna react. People are assuming too much on the old goodwill, I think. And people will work to what they do. People are angry and very upset and it obviously works in reverse as well. Some OTs do better than other AHPs. But nevertheless, I mean there's a group of AHPs, 75% of their staff are appealing. So, you know, what does it say about the process? You know, there's a lot of unhappiness.

She seemed to suggest that the agenda for change process had become posited as an issue of professional value and identity for respondents working in Aslan healthcare.

The professional body for physiotherapists, the Chartered Society for Physiotherapy (CSP), and Unison, the health workers union, have both reported that the allocation of bandings for allied health professions in the agenda for change system have been commonly disputed across the UK. Whilst recognising this may be stressful for the protagonists, both bodies maintain that research to date, evidences the job evaluation scheme is a fair and equitable process (CSP 2009:3; Unison 2011a). This was not the sense from interviewees in Aslan healthcare.

Respondents suggested they were unfavourably compared to professional colleagues and believed they were being undervalued. Interestingly, there was a palpable sense of injustice and genuine concerns over a lack of professional identity and recognition stretching beyond the experiences of those who believed injustice had been meted out in the agenda for change process. There was a definite sense amongst all respondents that the occupational therapy profession was somehow being valued less than other professions in Aslan healthcare. The re-profiling exercise appeared to exacerbate this belief, but the origins of it seemed to stretch much deeper.

5.2.3. Occupational therapy: The poor relation in Aslan healthcare

Aisha recounted how she believed occupational therapy was viewed as superfluous, an added extra, to the essential running of Aslan healthcare: *"...the icing on the cake. You know, a kind of luxury extra"*. She believed occupational therapy was viewed as non-essential in the organization and consequently

underrated. This, she suggested was reflected as low self-worth and dissatisfaction in the occupational therapy team: “*And that can contribute to the demoralisation in the organization*”. Tal spoke of believing many occupational therapists working in Aslan healthcare held a sense of being marginalised by the organization and how this eroded any sense of satisfaction in the workplace:

I think there's a fairly kind of general feeling amongst occupational therapy staff locally that we're really quite marginalised in all sorts of ways. In terms of management structure, in terms of value that's put on the role, in terms of tension, with, you know, the medical model of care. And in resources as well. So that's always been a big frustration.

Dylan described what he believed was an endemic lack of value for his profession in Aslan. Illustrating a common thread to Atkinson and Housley's (2003) notion of the metaphorical mirror (3.5.1), Dylan recounted how he felt that the views of significant others about occupational therapy were so pervasive and negative that they prevented his personal promotion in the workplace. This, he equated, to a general sense of anger and dissatisfaction with paid work:

And so I think there's times when you're kind of passed over, even for consideration, because of your qualification. And that's happened on a couple of occasions. And that actually is the one thing that really upsets me I think. It just absolutely makes my blood boil when people do that. You know it's sort of multi-professional ground beating and that happens very frequently.

Owen, reviewing his own experiences and feelings about working in Aslan healthcare, spoke of how he believed occupational therapy was misunderstood throughout the whole of the organization. He intimated this was challenging to his personal self-esteem and well-being outside of paid work, because the angst he experienced in that domain was carried with him as he crossed from one domain to another:

It's not personal you know, I think, as I've said, I think there's an element of prejudice or misunderstanding. But it's not directed you know, on the individual. It's the whole bloody profession isn't it and the Trust...But it's very hard not to take it personally even deep inside. And that comes home with me as well.

The emphasis on a limited professional identity, status and role as a causal to stress in occupational therapists is common in the literature (see 3.7.1). In their early studies Leonard and Corr (1998) and Sweeny et al (1993a) found that qualified occupational therapists were stressed by a perceived lack of professional identity and low status in the profession throughout their careers. Wright and Rowe's (2005:45-46) later study found that a perception of a lack of identity in occupational therapy was endemic and resulted in practitioners embodying 'defensiveness and self-doubt' in their everyday practice. Hughes'

(2001) work identified that 'outdated or inaccurate perceptions about the role of occupational therapy persist' not only within the multidisciplinary teams working in health care settings, but within the structures of the NHS itself. Duncan's (1999) work has evidenced a reflexive relationship between profession, organization and significant others in the workplace and that occupational therapists have adopted a self-sustaining, negative image that feeds into, as well as responds to, the views of significant others in the wider workplace and social environment. From this perspective occupational therapists both receive and reflect back a lack of professional identity and low self-esteem in a self-perpetuating cycle, supporting Fitzgerald and Ferlie (2000) and Freidson's (1983) views of the importance of interaction and relationships in forming concepts of professional identity and the positioning of professions in terms of power, dominance and expected behaviour in wider society and the workplace (see 3.5.1).

Whilst one could suggest from this that respondents were, in part, creating and sustaining their own professional identity and image, the outcome in terms of work-life balance was that the feelings and worries experienced in paid work influenced not only stress levels at work, but infiltrated into personal and family life domains through psychological spillover and/or by using up the time and energy allocated to other life domains. As the following chapters will identify, this theme of the emotional context of work as influencing the lived experience of work-life balance was powerful, and existed in different ways in the experiences shared by respondents from Merlin social services. It is to this latter organization that I now turn.

5.3. Merlin social services

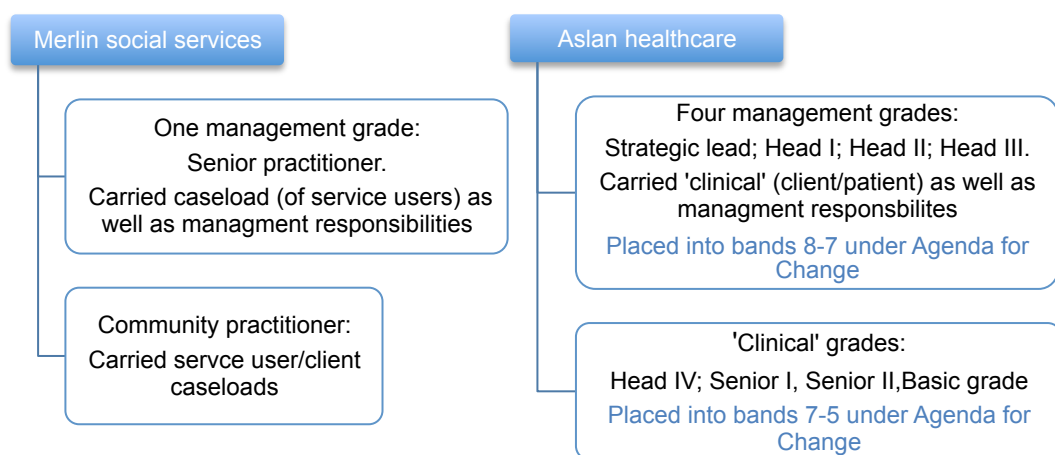
Merlin social services was a local authority social services department providing services to an urban area (Merlin doc 1). It was one of twenty-two local authorities in Wales. Typically of these organizations, it was council led, with a complex hierarchical management structure. Professionally, it employed predominantly social workers, who were a dominant presence in the organization. Blom-Cooper (1989) in an early report on occupational therapists in social services and more recently Riley (2002) and The Welsh Assembly Government (WAG) (2007) have all purported that this is the quintessential professional structure and identity of social services organizations in the UK. This suggests that Merlin social services was a typical organizational context in terms of social services in the UK.

5.3.1. Occupational therapists in Merlin social services

The qualified occupational therapy team was a small group of 11.33 whole time equivalents (wte), composed of thirteen people working a variety of hours and days. All were female (Merlin doc 2). Twelve worked in adult social services and one individual provided occupational therapy services for children in the local area (see Table 4.4; appendix 7). The qualified occupational therapy team were supported by administrative and technical staff, which made the full complement of the group employed in Merlin social services to 14 wte.

Unlike the layered hierarchical structure of Aslan healthcare, occupational therapists in Merlin services were composed of only two grades: community practitioners and senior practitioners. This was a much flatter and more simplified structure than Aslan healthcare. The community practitioners carried what they notionally called 'caseloads', to identify their work with clients or service users, and were akin to the so-called 'clinical grades' (i.e. basic grades to Senior I/ Head IV or bands 5-7) in healthcare. The senior practitioners were the occupational therapy managers. Like their health counterparts, these managers carried client or service user responsibilities and caseloads, as well as holding management and supervisory responsibilities. These managers, like those in healthcare, were in the NCCSDO (2006) terms 'hybrids'. Figure 5.3 illustrates the comparative structures and grades across the two settings.

Figure 5.3. Comparative hierarchical structure and grades across the settings



The differences in discourse in terms of 'caseload' in social services and 'clinical load' in healthcare, service users or clients in social services and patients or clients in healthcare, are characteristics of the language descriptors in these two different organizations and will be used, where appropriate, throughout the thesis.

These lexical differences are frequently debated in the literature, but these issues are not considered here.

5.3.2. All change

Unlike their colleagues in healthcare, occupational therapists in Merlin were not, at this time, subject to the agenda for change process. However changes were afoot, and it appeared that social workers had been through the re-grading process (Merlin doc 1). Respondents also reported a recent reorganization of the occupational therapy team and both these factors seemed to be relevant to how respondents felt about paid work.

At the time the study took place all the occupational therapists employed by Merlin social services had been re-structured into one, single occupational therapy team, separate from social workers and located at one site in a shared, open plan office space. Respondents reported that previously, the occupational therapists had been located and organized into 3 different local area teams. These teams were based at different sites across the borough and were integrated with, and managed by, the social work profession. The move of the three occupational therapy teams into one single group was reported as orchestrated by the wider management structure of Merlin social services. Members of this strategic level of management were described as being either social workers or general managers by background and this was seen as disempowering for occupational therapists. Anwen recounted how she believed; *“Everyone above [highest OT manager] is a social worker or a general manager. OT just isn’t up there”*.

Bron, as one of the senior practitioners (the management grade - see Figure 5.3), spoke of how she felt she was excluded from any sense of power and position in the organization, albeit her position as occupational therapy lead. She seemed to suggest this was directly due to professional differences and implicated a sense of not only powerlessness, but of being ignored or overlooked by her managers:

I feel I have no real power here. And as a manager I’m isolated. My line manager, he’s got experience of working in residential homes. So community experience, if you like. Not OT. That’s bad enough. But essentially the Chief officer and Director got social work backgrounds. They’re based in [place] which is a long way away. We never see them and have little or no contact.

Whilst occupational therapists identified a definite sense of being disenfranchised from the wider organization, its management structure, the social work profession

and of having no control over the move into one setting, respondents did suggest that the latter was beneficial for occupational therapy because it gave the group a greater sense of strength, and, Catrin implicated, would make them more noticeable:

It was felt that it was appropriate to get us together as a group as it was going to happen anyway because of the re-organization. It was felt that at least we would be one big voice rather than spread about the place as we were before. And we weren't taken very much notice of spread out like that.

Mhari also described the move as positive. She cited an increased sense of team spirit and sense of being a member of a supportive and trusting environment:

I think it is very relaxed and there's a lot of trust I think. And that the senior pracs [the OT management grade] trust the staff that they're going to do their share and not going to be slouching around. And it's a very supportive environment. There's always somebody to ask. And it's not just me who thinks that. Everybody asks other people, you know, when they've got a difficult case or something that's complex. Or where you've tried everything and nothing's working. So I think it's a lot of trust and it's very relaxed. It's a nice environment to work in.

Whilst the majority of respondents in Merlin recounted this sense of trust and support between the OT team, the impact of this relational context on their work satisfaction was seemingly negated by the more emotive theme of a sense of exclusion by the more powerful social work profession and the wider organizational hierarchies in Merlin social services. Jazz implied that the attitudes and values attributed to occupational therapy by social workers was a important factor in her everyday work experience:

Because there are a lot more social workers than OTs, when people think of social services they think social workers, and think OTs work in health. We're a very small group that tends to get left out. And possibly not a very assertive group. We tend to be misdealt with any sort of decision. And if we raise any objections they [social workers] don't take a huge amount of notice.

In a similar vein, Bron described a real sense of separation and difference in terms of how she believed occupational therapy was positioned by the wider organization and social workers:

The culture of the organization makes this job very difficult because it's a very social work dominated organization. So you're constantly feeling as if you're the X in a Y organization. So you're very much having to constantly promote and market and put your small voice forward in as loud a way; you know, as constructively as possible.

She went on to describe how she believed she had to protect her staff from this perceived cultural chasm, because it inculcated a lack of value and reduced self-esteem. Bron believed, as other participants did, that the culture of Merlin social

services did not value occupational therapy and did not provide any support or recognition for her profession. She suggested an almost blatant disregard for her team by the organization of Merlin social services, and denoted a retaliatory response to try to prevent a sense of dissatisfaction and demotivation in her team:

I have to work very hard in making sure that I'm the instigator of making them [community practitioners] feel they're doing a brilliant job...to try and keep the enthusiasm going. I say, 'Ok let's not just sit here and whinge that they [Merlin social services] don't know what we're doing. Let's do something about it'. And that's all you can do. It's just to try and protect them from it if you like.

As noted previously (3.5.1) Blom-Cooper (1989:17), in an early report on the occupational therapy profession in social services described it as 'a submerged profession', identifying its subordinate relationship to the more dominant social workers as causal to this positioning. He noted that the profession was resonant with a kind of powerlessness in terms of social workers and compared this relationship to that which, he believed, was held by occupational therapists, and indeed many other professional groups, with the medical profession in healthcare settings:

If the professional objectives of occupational therapists appear to conflict with the authority of either of these two professions [social work or medicine] they are likely to meet resistance...In such circumstances professional advancement for occupational therapists depends on either courting the dominant profession to acquire its patronage or forming alliances with other professions, similarly placed, in order to try and erect a common platform (pg. 19).

This perspective pervades modern literature and is a common bone of contention in professional debates in the UK (Freidson 2007; Abbott & Meerabeau 1998). This would suggest that changes that have taken place since Blom-Cooper's paper, such as professional self-regulation, the protection of title for allied health professions, the formation of the Health Professions Council (HPC 2004) and implementation of the Health Service Reform and Health Care Professions Act 2002, all of which were promoted as heightening professional autonomy and strengthening the professional project of subordinate groups like occupational therapy in health and social care settings, have done little to improve the merit and standing for these less powerful professional groups in the UK. This resonates in the experiences of occupational therapists in this study.

5.3.3. The forgotten profession

At the time the interviews took place it seemed that a long standing sense of isolation or lack of perceived value by occupational therapists working in Merlin social services had been further fuelled by the fact that the workforce job evaluation scheme under the agenda for change for social services (DoH 2004b), had been implemented for the social workers employed in Merlin, but not for the occupational therapists. This was understood by the occupational therapists as corroborating the claims of exclusion and a lack of interest and value by the wider organization. Anwen's sense of despondency seemed to resonate with many accounts shared:

We've been fighting for equality with social workers for years. And recently they've gone through the review process and they forgot about us. They [social work/ Merlin management] didn't even think about looking at our pay scale. They just think we don't exist. That we're not here.

Catrin too spoke of her sense of disparagement with the perceived inequity of the implementation of the job evaluation scheme in Merlin social services. As an individual with a relationship with someone who worked as a social worker in Merlin, she felt the resultant salary differential had very personal consequences. Like Anwen she spoke of her profession being forgotten by the organization:

My [relationship] is a social worker working for Merlin. So you know I can see both sides. I've been qualified, way longer than him and now he's on a better salary than me simply because they were given an upgrade and we were forgotten. Then the next thing they did was they agreed to pay the social workers' registration fees but they didn't even think about us. They didn't even know that we paid the registration fees. They didn't know that we had to be registered to be qualified to do all this. And you know, our qualification is just as valued as a social worker's qualification.

Rhiannon described how she believed social workers had been reviewed in the agenda for change process because there was a cultural preference and value for social work in Merlin social services. She alleged this placed the consideration of social workers' needs above and beyond those of occupational therapy. This, she maintained, isolated and undervalued the work and participation of occupational therapists in the organization:

Everything's geared to social work. The work policies. All the training and the new computer systems. All social work based. So it's a complete disaster. And it's simply because they haven't taken on board the work we do here. The social workers are looked at and their needs. But nobody thinks about us and what we need. I know that's been true right across the years that I've been here.

A sense of a lack of value, of being insignificant and ignored by the organization and its social workers permeated the accounts given by respondents working in Merlin social services. It was a predominant theme, and like accounts from Aslan, evidenced the importance of a sense of value and emotional satisfaction in paid work as relevant to a sense of well-being and work-life balance. Sian spoke of stress related to the lack of value she experienced at work and how this affected her personal life; *“If you’re happy in work, you’re happy in life and vice versa. I’m not happy in work. So that says it all really for work-life balance”*. Catrin spoke of how her levels of stress at work had caused a period of personal ill-health; *“I mean, when you feel devalued and put down all the time it’s bound to make you feel worthless. And that’s how I felt at the time. Still do really. But coping better.”*

Interestingly OTs in Merlin had a very different view of the AfC process than colleagues in Aslan. In Aslan the occupational therapists felt they had been demoted and undervalued by it rather than respected by it. Alternatively OTs in Merlin felt devalued by not going through it and believed their standing would be enhanced if they did and that they would be aligned with social workers, who had reportedly benefited.

Respondents in Merlin described a sense of being forgotten, their feelings ignored in the organizational milieu and the perceived dominance of social workers. They spoke of developing what they called their own ‘career grade scheme’ (Merlin doc 1), which they described as a new, self-developed hierarchical structure to match that applied to social work, and suggested this as a panacea for all their organizational ills. As Rosie described:

So that each time the social workers get something they ignore us. So they have that structure in place and they have a pay scale that’s been developed for it and that’s sort of going through now. But they didn’t find that it was appropriate to us include us in that. So the career grade scheme is something that we’re developing to address that.

Every single participant in Merlin social services noted the career grade scheme in their accounts and generally described a sense of hope associated with this development. But there was also a suggestion that the perceived endemic lack of value for occupational therapists in Merlin’s culture would prevent any positive progress in this self-developed career grade scheme (see Table 5.1; appendix 14). Rhiannon, for example, described how she believed the insignificance of occupational therapy to the organization would prevent purposeful change: *“But again, the culture of the council is stopping that going through very quickly.*

Because they sort of think we're just an extra small, but very noisy and whining group".

Terkel's (1972) seminal study on work, Fineman (2000), Sandelands and Bounden (2000) and Meyerson (2000) have all illustrated how feeling valued at work is integral to satisfaction and well-being for individual workers in all aspects of everyday life (see 3.7.1), but also posit that employee's feelings, as emotive beings, are lost in the busyness of workplace organizations. Meyerson (2000:179) in particular, has postulated that 'authentic connections – the very thing that could create a deeper sense of satisfaction' in the workplace, is a tool that organizations could utilise to support satisfaction and quality of life in paid work and other life domains. For participants working in Merlin social services, akin to those in Aslan healthcare, this sense of emotional support was absent from the wider organizational cultures, which, alternatively appeared to be cultures of power, dominance, demotivation, worthlessness, pressure and stress. Quinlan (2007) has identified the significance of stress at work to a sense of job dissatisfaction, lowered organizational commitment and a general sense of ill-being for employees. The link between job satisfaction, well-being and work-life balance has been identified a cornerstone of the work-life balance thesis which argues, as Sian had suggested (see above), that a relationship exists between the self in the paid workplace and other life domains. This would imply that how people feel about paid work is central to the nature of the experience of everyday work-life balance and that a supportive culture, with attitudes and values that instil a sense of self-worth, are productive tools in terms of engendering performance through meaningful participation and presenteeism in the workplace. Yet, these cultures were lacking in the accounts gleaned from Merlin social services and Aslan healthcare.

5.4. Conclusion

Aslan healthcare and Merlin social services appeared to be very different organizations with different structures and different cultural milieus. Respondents in both settings reported periods of workforce reconfiguration that they believed were impacting on the internal dynamics and workplace experience in different ways. In Aslan healthcare respondents described a sense of being undervalued and misunderstood, and although this was not necessarily a new phenomenon in the organization, was seemingly experienced as being more notable as a

consequence of perceived inequities in the process of change. Accounts of grade compression within the profession, and differences in pay and hierarchical bandings from other allied health groups were all used to substantiate these claims. In Merlin social services the organization's apparent decision to exclude occupational therapy from the process of job evaluation was reported as fuelling long-standing fires about a perceived preference for social workers in organizational attitudes. The sense of isolation and exclusion occupational therapists shared as a result of this perception was palpable.

Participants in both settings believed that their respective organizations reflected a sense of worthlessness about the profession of occupational therapy and described this perception as eroding personal value, self-esteem and well-being which pervaded quality of life and created work-life imbalance. Workplace cultures of pressures and stress were illustrated as significant to how people felt about work. Dissatisfaction, worries, stress and relationships with others in the paid work domain were reported as influencing emotional subjectivity, which, in turn, was reported as causal to work-life imbalance through psychological spillover and pressures in time and energy seeping into life domains outside of paid work. It appeared that the interactions between the structures, cultures and interpersonal relationships within each organization created an interwoven and complex web, which cradled themes of cultural diversity, the subjective experience of the respondents in each setting, and indicated an intricate connection with other life domains through the thread of work-life balance.

Having provided this contextual framework for the workplace experience in both settings, I will now move on to discuss the emergent findings in more depth. I will begin by exploring the commonalities and differences in the theme of workplace cultures supporting or constraining flexibility and the respondents' experiences of work-life balance in both Aslan healthcare and Merlin social services, and then move onto the other themes of power and performance and the erosion of time, energy and well-being through paid work in the ensuing chapters.

Chapter 6

Cultures of Flexibility and Work-Life Balance

6.1. Policies and practice: The 'real' work-life balance

This chapter will describe how the patterns of paid work and the implementation of work-life balance policies in each organization influenced work-life balance and identify how respondents believed their own values, attitudes and needs for flexible working were constrained in Aslan healthcare and supported in Merlin social services.

It will describe how respondents' perceived power, control, personal autonomy and choice over work-life balance in each setting and explore the beliefs of inequalities in the provision of work-life balance policies and opportunities for flexibility in the workplace. I will argue that organizational cultures strongly influenced the possibilities around achieving work-life balance and flexible working opportunities in both Aslan healthcare and Merlin social services, even though that latter offered greater temporal flexibility.

Finally, I will conclude the chapter and posit that the key theme of flexibility in achieving work-life balance through the paid work domain is interconnected with the organizational approach to and implementation of, work-life balance policies, the hierarchy and power dynamics within the workplace structures and the *use* of employees as human resources to achieve organizational measures of success. I will suggest it is these cultural facets or dimensions that created the workload pressures, work intensification and sense of a lack of autonomy and control that influenced not only the work-life balance but also the well-being of individual respondents. These themes will be further developed in the ensuing chapters, with chapter 7 focussing on the theme of organizational power and drives for performance and chapter 8 developing the theme of employee well-being.

I will begin this chapter by providing an overview of the policies for work-life balance available in both settings and contextualise these briefly with the associated organizational discourse. I will then explore how these policies were experienced in terms of achieving work-life balance in each setting and discuss the commonalities and differences in respondents' accounts in greater detail.

6.2. Flexible friends or flexible foes?

Respondents in Aslan healthcare and Merlin social services recounted many experiences of the flexible working opportunities that had been provided by their employing organizations. Several individuals shared their experiences of working part-time. Others spoke of flexibility in working hours across the working week, recounting compressed hours⁵, or systems of 'time in lieu'⁶ i.e. working over and taking that time back at a later date. Respondents in Merlin social services particularly highlighted an autonomous approach in this kind of temporal flexibility, recounting that they could work longer or shorter days dependent on work or home/personal needs. Whilst it was generally conclusive that the ability to work less hours and to have some flexibility across the working week was beneficial in managing paid work and other life commitments, the actual experiences and accounts shared of achieving personal satisfaction in work-life balance were very variable. Participants employed in Aslan healthcare indicated that there was a strong drive to meet organizational needs in terms of hours of work as opposed to the individual's personal requirements or preferences. Alternatively, participants from Merlin social services suggested greater flexibility in planning and organizing their time on a day-to-day basis, greater opportunities to work flexibly and to organize daily patterns of work, but, like Aslan, little control over workloads or work pressures, and a focus on organizational outcomes as opposed to personal ones. These were interesting cultural differences, emerging from organizations with apparently similar work-life balance policies and both employing a predominantly female workforce, which, research has suggested, utilise work-life balance policies more readily than men (Williams 2004).

6.2.1. Policies for work-life balance

As well as the formal policies to provide maternity, paternity and adoption leave, Aslan healthcare provided a wide variety of work-life balance policies, which were said to promote flexibility and work-life balance for employees (Aslan doc 1).

⁵ Compressed hours is system that enables employees to work their normal hours over fewer days, providing more half or full days away from work without reducing pay (Unison available at: http://www.unison.org.uk/bargaining/doc_view.asp?did=350. Accessed February 2nd 2010)

⁶ Time off in lieu (TOIL) arrangements enable staff to claim back time off for the extra hours they may need to work during busy periods or outside normal hours. during school holidays. (Unison available at: http://www.unison.org.uk/bargaining/doc_view.asp?did=350. Accessed February 2nd 2010)

These included special leave, which was classified as emergency, carer's or compassionate leave; flexible working; part-time working; term time working; voluntary reduced hours; compressed hours; self-rostering⁷, and job sharing policies (Aslan doc 1). The organization also provided childcare facilities on two sites. These provided approximately 90 places for children aged between three months to five years (Aslan doc 1). Aslan healthcare spoke of the value of its human resource and presented itself as an organization that cared for the work-life balance of its employees. Captured in its slogan 'work well; live well, be well' (Aslan doc 1:3), the work-life balance strategy purported the assigned role and responsibilities of Aslan healthcare in its work-life balance strategy were as follows:

What it requires of employers is not self-sacrifice but enlightened self-interest, not generosity but foresight. It is about businesses identifying with the workforce how both the organization and its employees can benefit from a more imaginative approach to working practices.

In a similar vein, Merlin social services promoted an impressive range of work-life balance policies (Merlin doc 3). These, akin to Aslan, included statutory obligations such as maternity, paternity, parental leave, special leave and part-time working arrangements, as well as opportunities for a variety of flexible working patterns including job share and flexitime. These policies were described in Merlin's documentation as reflecting the organizations 'commitment to work/life balance...to try to help employees achieve a work/life balance that is right for them' (Merlin doc 3:3). It described an organizational ethos that signified Merlin was:

...committed to being an employer that supports work life balance. It recognises that everyone has a life outside of work and that at some point employees may need help from their employer to balance their work and home life commitments (Merlin doc 3:3).

Both organizations were seemingly, on paper, supportive of, and considerate to, the work-life balance requirements of their employees. Yet in both settings accounts given were starkly different from the discourses and ideals presented in the documentation. Respondents in Aslan, in particular, gave a far darker view of achieving work-life balance within the confines of the organizational possibilities than its image or policies attempted to present.

7 Where employees have the option to organize working patterns amongst themselves. In the NHS this tends to be used by nurses who swap shifts. (Unison available at <http://www.unison.org.uk/worklifebalance/differentways.asp>. Accessed June 17th 2011).

6.3. Policies and practice in Aslan healthcare

As noted earlier, all the standard policies for work-life balance were available in Aslan healthcare. Of the 18 participants working in this setting who took part in this study, 6 worked part-time and 12 full-time (see Table 4.1; appendix 4). This was representative of the ratio found in the larger occupational therapy population working in the organization. Albeit this wide use of part-time work, the accounts shared by those who worked in this way about access to and use of flexible working and work-life balance policies were invariably strained.

Of the full-time workers, four, all male, Rhys, Jac, Jamie and Huw, described no interest or concerns with work-life balance initiatives, whilst others, male and female, gave accounts of how work-life balance policies were difficult to access or implement. In terms of the latter, reasons recounted were variable, but all were located around perceived structural and cultural constraints or barriers to policy implementation. Examples included: the belief that Aslan healthcare held the power and control over work-life balance policies with subsequent constraints in employees' choices and autonomy over work-life balance; a sense of coercive practices and bias in the access to, and implementation of, work-life balance policies and managers experiences of organizational constraints limiting how they could apply or implement work-life balance policies. The gender, identity salience or preference, lifestyle and commitments of the individual subject seemed relevant to feelings and responses to these cultural and structural constraints and in terms of managers, appeared to influence how they implemented work-life balance policies. All of these factors, working together, were relevant to how work-life balance was experienced and constructed in Aslan healthcare.

These emergent themes in the experience of work-life balance were closely interconnected and in reading can seem a little repetitive. This interconnectedness is a recurrent theme throughout the findings chapters, and will be debated in some depth in the discussion chapter.

6.3.1. *Limited autonomy and choice over work-life balance*

Participants described experiences of constrained choices over managing their own work-life balance due to perceived policy limitations and/or a lack of control over the application and interpretation of work-life balance policies in the workplace. This was compounded by a sense of excessive workloads and limited workplace resources, which were described as constraining opportunities for

work-life balance and leading to pressure, stress and conflict in everyday work-life balance.

Amber recounted how, when her daughter became sick, she had experienced conflicts between expectations at work and caring at home directly because of Aslan healthcare's policy and approach to carer's leave. She described this policy as a valuable tool in managing childcare, but pointed out that this could only be used as a means of managing emergency situations, for example, when illness struck overnight; *"If you knew the day before that the little one wasn't well, they [Aslan healthcare] do ask you to try and make arrangements for childcare the next day."* Amber described how she found making alternative arrangements difficult because she had no family support to call on to provide care for her child and carried the responsibility as her own. She spoke of saving her annual leave entitlements to manage childcare as opposed to its use for holidays or other family commitments; *"...whereas I can't [make arrangements] because I haven't got family around. And if my husband's working that's that. So I just take annual leave. I just leave enough annual leave to do that"*. The apparent lack of support to manage childcare in a different way, and the limitations of the carer's leave policy in terms of the amount of time available and contingency of emergency situations, meant that Amber's personal time and caring responsibilities were compromised to meet organizational expectations to be present at work. Rather than viewing this as a limitation in Aslan's policy strategy, Amber described a sense of guilt and conflict in both work and home domains. In the former, she described a sense of responsibility about paid work and illustrated her commitment to this as heightened by a perceived lack of staff resources to cover her work during her absence:

Working on the wards you've got things like your personal care assessments. And it's very unlikely that there will be somebody who can just step in and do them for you. And even less likely that somebody could step in and do a home visit.

In the latter, she intimated a sense of guilt about the time she was unable to give to caring for her child. She seemed to make an attempt to justify or explain her decision to return to work and send her daughter to school when not fully recovered from a recent illness:

I thought she'd [daughter] probably gone past the worst of it. But she's actually just got over tonsillitis and a respiratory tract infection. That's been two weeks. Now she's got conjunctivitis. And you think...I mean she's gone to school because they don't treat conjunctivitis anyways. They can't do anything for it and she's only got it because she got it from her best friend [laugh]. But it's,

you know...Well there's going to be things that she's still going to get. Hopefully it won't be too bad.

Amber's conflict between work and caregiving in the home was palpable. She appeared to see carer's leave and annual leave as the only options available to her to manage this. She made no mention of working at home, compressed hours of work, or working flexibly across her working days as options in managing her work-life balance; yet these policies were in place in Aslan. She suggested a pressure to be present in paid work over caring for her child, and illustrated limitations in how the work-life balance policies were used to facilitate an effective strategy for balancing work and home commitments.

The work-life balance strategy (Aslan doc 6), maintained that Aslan healthcare 'recognised carers' responsibilities', and suggested that greater opportunities for flexibility in patterns of work and the use of lieu time could be implemented to support carers. It suggested that compressed hours (Aslan doc 7), flexi-time (Aslan doc 8) and occasional home working (Aslan doc 9) were all possible solutions in this situation. It further noted the special leave/childcare and carer's policy (Aslan doc 5) but did identify that this could only be applied in emergency situations and further stipulated a maximum of two days leave at any one time for any one employee and stated that this could be only implemented twice in any one year. This seemed very constrained and limited for someone caring for a young child and, as noted earlier, Amber gave no suggestion that these were viable options to reduce her conflict scenario. There appeared to be very little, if any, negotiation occurring between Aslan and Amber, very little recognition of her needs as a parent, and little or no consideration of the well-being of her child in terms of how Amber had to manage her daughter's illness. It seemed that Aslan healthcare was, as McBride (2003:159) found in her study of NHS organizations, 'disingenuous' in its policy application.

Albeit the apparent limitations in Aslan's policy interpretation and application in this case, Amber seemed to accept the resultant work-life pressures as a fait accompli, and to try to psychologically resolve her resulting guilt and concerns about her child by rationalising the decision made to return her to school too early in order to be present in paid work. In this sense, Amber assumed personal responsibility for her decision to return her child to school.

It has been argued in the literature that this kind of decision is one that many parents have to make in balancing paid work and caring commitments, and that this causes a moral and ethical dilemma between being a worker and being a

good parent or caregiver (e.g. Levitas 2001; Lister 2003; McDowell 2004; Sevenhuijsen 2000; Williams 2004). This is a dichotomy in which no parent should be placed, and one that must be addressed in present work-life balance discourse and action. As Coyle (2005:78) has eloquently remarked 'Children to a very large degree still run on standard time' and parents should not be subject to the values of the workplace above caring commitments when emergency situations arise.

Limitations in the implementation of policies to meet personal needs and preferences in caring responsibilities was a common theme in participants' accounts in Aslan healthcare. Many of these focussed around what were reported as the perceived organizational needs and the resource implications of absence from the workplace as a priority in decision-making. This was sustained by the power of the organization to drive these considerations over employee choice and needs. In many cases participants recounted how organizational power and control utilised coercion, inequity and bias in policy application and this was reported as creating work-life imbalance for employees in Aslan healthcare.

6.3.2. Coercion, inequity and bias in work-life balance policies

A sense of coercion, bias and inequity in the application of work-life balance initiatives was resonant in many accounts given by those working in Aslan healthcare. River recounted her story of experiencing what she believed was coercive practice and blatant inequity when she moved from one hospital setting to another within the organization. She spoke of being refused her preferred choice of working days when she moved, even though the outcome caused immense disruption for her, her child and her child-minder; "*They [Aslan healthcare/ managers] actually asked me to change my days because I worked on Tuesday, Wednesday and Thursday and they needed me to work on Monday*". She described how she felt she was coerced or pressured into adapting to the request made to work on Monday, even though she explained this was not feasible with her present childcare arrangements and that these could not be changed; "*And I mean it wasn't a requirement of the job, it was just a request. But they [Aslan healthcare] brought it up quite a lot. Even though I said it would be difficult, it was still brought up quite a lot so*". She spoke vehemently of the disruption to her routines in order to meet Aslan's required work patterns:

I did manage to do it. But it was quite difficult because I did have to change my child-minder because my child-minder couldn't work on a Monday. And she couldn't work Friday. Which is why I had chosen Tuesday, Wednesday and Thursday.

River was obviously distressed by the limitation she felt was imposed on her by Aslan. She had instigated a pattern of paid work that was successfully integrated into her family commitments and was something she felt happy with. She was resentful that a move within the same organization had caused such disturbance and emotional angst. She described how she, her child and her child-minder had suffered as consequence of Aslan's requirements; *"So [child-minder] lost her job. [child] was upset and unsettled for weeks. And me. Well I was just mad. Seething. Still am. I just don't think that's fair. Especially with what happened after."*

River described how she believed that Aslan had based its rationale on demanding she work on Monday because it required an occupational therapist to cover the service across the full spectrum of the working week i.e. Monday to Friday. She described how she felt this decision was unwarranted and indeed, unjust, because within weeks of establishing this pattern of work, a second part-time worker, who, it seemed, covered the rest of River's working week, changed her working days and stopped working on a Friday. This meant that Friday was not covered by occupational therapy services at all. Unsurprisingly, River felt that she had been forced to change her working patterns and child-minder without just cause:

But since then [laugh] between you and me, the other girl has changed her hours and now she works Tuesday, Wednesday and Thursday [laugh]. And no-one covers the Friday [laugh]. Which I thought well, you know, ironic after they wouldn't let me work Tuesday and made me work Monday. So it feels a bit like I should've really stuck to my guns and said no to work on Monday.

Both the part-time working (Aslan doc 10) and job share policy (Aslan doc 11), suggested that hours and days of work should ensure sufficient cover to meet service demands; yet there was no specification as to how that should be devised, or any suggestion that every working day had to be covered. The work-life balance strategy (Aslan doc 6) stated that 'The individual managers will decide on the flexible working options they can introduce based on business reasons'. This places two possible barriers in place. First, work-life balance policies are implemented with the business case in mind. This does not signify a necessity to focus on the individual employee. Second, decisions were at the discretion of the manager concerned. It was the juxtaposition of these two factors that River found unacceptable. Whilst it is highly likely that full cover over the

working week would be the preferred option for occupational therapy services and the wider organization of Aslan, the second part-time worker had been allowed to change her days, apparently irrespective of the resulting lack of cover on Friday. It seemed this lack of cover was now being accommodated without any replacement for that loss, even though River's preferences had been denied on the premise that lack of cover was *not* an option. Under such circumstances it is hardly surprising that River perceived this as bias or inequity in decisions made by the organization and/or its management representatives.

This sense of organizational control and managerial bias in application of work-life balance policies was apparent in other accounts from respondents in Aslan healthcare, including those from full-time staff. Carys recalled a particularly painful experience when her manager refused her special leave for a funeral:

I requested special leave. My godfather died. So when he died it really just was so upsetting for me that I needed special leave off. When I asked for it, it was, 'No you don't have special leave for things like that. No. Because he's not a close relative.' Which I found really interesting because for me it was really important.

Although Carys eventually reached a compromise, she was not satisfied with the outcome and felt, as River had intimated, that this was insensitive to her needs: *"And then we negotiated that I could have half a day's special leave to go to the funeral. I had to take half a day's annual leave just to get one day's leave."* Having since read the special leave policy, which stated that in situations such as the loss of relative, leave should be given dependent on individual need (Aslan doc 5), Carys felt she had, in fact, been entitled to access special leave and should have been given that opportunity:

But actually reading the policy it can be interpreted in different ways. And I've recently read the policy and it actually says it's for anybody in a situation of a relative, or as close as a relative as they were. So I think I should have been entitled to special leave. But it's that interpretation of the policy that can affect what your manager's view of it is.

These accounts, plus many others, which will unfold as we progress, identify the application of work-life balance policies as open to managerial interpretation and discretion, as well as limited by perceived organizational needs or constraints. It appeared that where there was a differential in the emotional and personal complexity of the employee's situation and the manager's responses (as organizational arbitrators of organizational policy implementation), so dissatisfaction and work-life imbalance could ensue as a consequence of the decisions made.

Aslan's work-life balance strategy stated that the manager's approach should be to consider how any request for flexible working could be accommodated (Aslan doc 6), but also that they, as managers, had the power and choice over the flexible options they implemented, and that this decision should be based on business reasons. This would suggest that satisfaction from both employee and management perspectives would require a balance between the business case and employee's need. In reality, it seemed participants believed organizational needs were prioritised and that they, as employees, experienced little power, control or autonomy over choices in how work-life balance policies were implemented. These findings, reflecting those from earlier studies (e.g. Coyle 2005; McBride 2003; McDonald 2005; see 2.2–2.3), challenge the rhetoric of the work-life balance initiatives in the modernisation agenda. These purport that policies of this nature can provide 'win-win' or mutually satisfying outcomes for employees and employers; a supportive and flexible workplace for staff; offer choices to facilitate work-life balance and support employee well-being (DTI 2005b,c,d; Department of Work and Pensions (DWP) 2005; see 2.2.1). Participants' experiences in Aslan healthcare were far from painting that kind of picture, rather reflecting a disinterested and insipid negative of what could have been. There seemed little evidence of the 'enlightened self-interest', or 'a more imaginative approach to working practices' espoused in its policy documentation (Aslan doc 1), but definite strains of a blatant focus on organizational gains and interests. The ability of managers to choose and decide how and when work-life balance policies were applied provided a valuable opportunity to utilise personal discretion as a tool to 'manage' the human resources and constrain or facilitate work-life balance in variable ways. This opened a doorway to potential inequity and bias, as well as potent control over employee work-life balance. Interestingly, whilst managers were accused of bias by their staff, and presented as powerful agents in the implementation of work-life balance for those they managed, respondents who held these grades within the occupational therapy hierarchy in Aslan healthcare were far less enthused about their abilities to utilise these powers over policies, both for those they managed and in terms of their own access to work-life balance. I will discuss the challenges managers experienced in applying work-life balance policies for clinical staff here because it emerged from the issues of managing workplace expectations and staff resources. I will return to the constraints of the work-life balance of respondents who were managers in chapter 7, where I will discuss how this emerged as a potent strand in terms of expected performance in the workplace.

6.3.3. Managers managing work-life balance policies

Several respondents who were managers in Aslan healthcare reported that they felt constrained by organizational priorities and barriers such as resource implications in the application of work-life balance policies. It seemed managers identified constraints in how they would *like* to implement policy and what they could in fact *do* because of the organizational ideals of placing the business case as paramount in the work-life balance decision-making process. Misha, an occupational therapy manager, described how she experienced difficulties in implementing flexible working for employees *because* organizational needs had to be the priority consideration:

We have looked for one girl for compressed hours because she's got home commitments. So there are sort of opportunities out there. I think the difficulty comes then, in whether or not you can argue your case sufficiently against your service needs.

Haf, also an occupational therapy manager, cited how she believed limited resources created barriers to her ability to effectively implement work-life balance policies:

There's flexi-leave and then there's working compressed hours. You can also do working from home. These are all strategies that are endorsed by the organization. It's just finding the time and the resources to meet everybody's needs. Not everybody can do this.

Lowri apologetically remarked that service pressures prevented her from facilitating work-life balance for her staff because they, as the necessary resource to provide the service, could not be released from work:

You would like to facilitate a work-life balance. It's something that I support. But service demands are sometimes so great that you can't facilitate it. I mean, we have a go down the year, but it's not always achievable for the individual.

Carys, a clinician, remarked that she understood balancing work commitments with staff needs could be "*hard for an employer I think sometimes*", but particularly noted that this was further hampered because staffing resources were limited and by a culture in Aslan that required a senior staff member to be present at all times; "*And I think the smaller bits of Aslan, the smaller hospitals, it's difficult for the work-life balance because there's so few occupational therapists. And because there obviously needs to be a senior on site.*" This meant senior staff were further limited in flexibility because custom and practice required one to be present wherever a service was functioning. Morgan (a clinician and union representative) supported Carys' contention. He recounted how he believed

access to flexible working opportunities had always been challenged in Aslan by the proviso of insufficient staff resources to adequately cover all potential demands for it:

But I can remember it being said right at the outset. It's gonna be, to a certain extent, a kind of first-come-first-served type business. Because inevitably there would be a kind of cap, if you like, on the number of people who are able to work flexibly. So that's a difficult one. Because that, in a sense, is inherently unfair.

These structural limitations made it difficult for managers to instigate work-life balance policies fairly, even though policies were in place, because staff were the resource to deliver the service effectively. In an organization where people provide the service, then people become the commodity that must be managed to achieve organizational outcomes (Costea et al 2008; Hochschild 2008; see 3.7.2). This means that service needs are subject to the 'effective' use of the human resource. Consequently, where personal employee requirements are incongruent with those of the organization, so conflict and work-life imbalance can ensue, especially where insufficient human resources are provided to cover service needs because this will reduce the leeway for adjustment in the boundaries between employee and service needs. As Lowri remarked:

There isn't much room for error. And that's where it's difficult for the individual to carry out work-life balance in reality. And that's what it is in Aslan. Rhetoric. And that's the difference between the rhetoric and the reality of work-life balance.

This, Lowri suggested, resulted in policy ineffectiveness or failure; "So that's where it falls down really. But it's there".

Aslan healthcare seemed inadequate in its provision of practical and emotional support for its employees. In particular its policies seem to have little or no focus on the emotional context of care 'the need to provide attention, stimulation and love' for young children (Holt & Thaulow 1996:84). Although formal policies for practical care existed, the implementation of these were constrained by the norms, values and limited vision of Aslan and its managers, although some of these too, felt constrained by the barriers put in place by the organization's focus on its outcomes. Yet, as I noted earlier, not all respondents found the opportunities for work-life balance limiting. I will discuss these differences below and contextualise the individual's attitudes and personal salience in work-life balance as relevant to the perception of the workplace experience of work-life balance policies.

6.4. Gender, identity salience, lifestyle and commitments

In Aslan healthcare there appeared to be a difference in the gendered use of and access to work-life balance policies. Males seemed to have lower interest in, and to have accessed flexible working opportunities far less than their female counterparts. Tal, as the only male out of the eight who took part in the study (all, you will recall, working in Aslan healthcare), who did work flexibly described making an active choice to change his pattern of work to achieve a greater sense of work-life balance:

Well, actually I did drop my hours slightly and compress them a bit, maybe two or three years ago something like that, for that very reason. I felt my life was out of balance and I needed to redress it a bit. So I work nine days out of 10. So I do a five-day week and a four-day week.

He described his state of imbalance as due to work pressures and overwork, which, in part, was made worse by his 'extra' union role. In combination, he recalled, these pressures resulted in psychological stress:

I would say it was a combination of long hours. Not purely due to my clinical work but also because I was going to a lot of meetings and stuff to do with the Trade Union. You know, in the evenings and study weekends. Stuff like that...finding it difficult to switch off, you know.

Whilst Tal clearly evidenced stresses and pressures in paid work, as did many of the male participants, he described no 'physical' or practical conflict between home and work commitments. Rather it was psychological stress. This was a common theme in male accounts: whatever the nature of the personal relationships outside of work, men appeared to have less commitments, obligations or concerns about family, caring or domestic tasks to cause conflict between paid work and other life domains.

6.4.1. Lighter domestic commitments signified less work-life conflict

Jac, as a young, single man, described clear boundaries between paid work and the rest of his life activities. He talked about being able to play rugby and socialise with friends without any sense of constraint, and of achieving personal enjoyment in his leisure pursuits; "...I play rugby. So that's one night a week and a Saturday. The other thing is socialising with friends and that type of thing. That's the biggest thing out of work I suppose. Love it see". He suggested no time or energy worries from either paid work or other life domains influencing the others, implying his life activities were in harmony with his paid work:

I think because, you know, when I'm out with the boys they don't know about the work. It don't mean nothing to them. So, you know, like I said, I don't bring social stuff here because you're getting paid to do something and you should be concentrating on it. But like I say, when I'm out then, whatever, I don't take work there. Because they're not interested in it basically. And I'm not either when I'm not 'ere.

Jac believed the clear boundaries he described between work and social activities were enhanced *because* of his lack of relational commitments outside of work; *"I'm lucky now, you know. I'm not married. Ain't got kids. So I'm a lot more flexible than most"*.

Jamie described a similar lack of family, domestic or caring responsibilities and suggested he too, lived a reasonably balanced lifestyle as a result of this:

I don't think I've ever needed to tap into any particular policies. Largely because of the responsibilities I have. I don't need to look at part-time working. I don't need to look at childcare arrangements or anything like that. So that's never been a problem.

Whilst both men did identify psychological stresses and workload pressures in paid work throughout their accounts, the lack of responsibilities they held in domains outside of paid work were presented as an important factor in achieving a sense of work-life balance, illustrating how lighter responsibilities in life domains facilitated a sense of balance between paid work and other life activities, even if the boundary between them was drawn by the organization. It seemed that where commitments outside of work were low, there were little or no conflict between work and other life domains and access to work-life policies was not considered necessary. Ransome's (2008:68) notion of the total responsibility burden posits that responsibilities change over the life course and that these activities can be categorised into 'necessary labour', composed of paid and non-paid work such as caring, domestic tasks and maintenance, and 'recreational labour', which he identifies as social, community and personal care activities. From this perspective, Jac and Jamie had low non-paid labour responsibilities in the 'necessary' labour camp, and both, Jac very enthusiastically, accessed 'recreational' labour.

Huw, who had previously held a position in heavy industry, spoke of how he felt he, like Jac and Jamie, had no need to access work-life balance policies now, but envisaged that in the future, should he have children, the flexibility offered in Aslan was good and would assist with any childcare responsibilities he may have:

The best asset they have [Aslan], as I see it, is flexible working. Hopefully we'll have children in the future and if children are sick or whatever, it does allow that opportunity. Contrary to what people would say who, I think, have only

worked in the NHS, the annual leave is very good. And having worked in an industry that is very rigid, I didn't have anything like the amount of leave or free time. So I think people are a little bit overly negative about certain aspects of the NHS, without liking it as it is. I now have 29 days leave. I don't work weekends. Bank holidays off. I've never had it so good.

Whilst Huw's views gave a very positive turn to what he perceived was available in Aslan healthcare for parents, those who did access these policies to meet childcare commitments were not, as we have already discussed and will continue to do so as we progress, so enamoured of the possibilities Aslan offered.

Significantly, these accounts (e.g. Amber, Saffi, River) suggested boundaries between paid work and home were seemingly more porous than those between home and paid work, meaning home commitments and responsibilities were forced to fit around paid work and not vice versa. This was not just a female issue, but there was a subtle difference in how Dylan and Morgan (as the two dads in the sample) viewed the work-family conflicts that occurred when they became fathers. For them, whilst home commitments did have to fit around paid work, it was the interference of the family domain into paid work that concerned them, not the constraints that work imposed on caring for their children. For them the conflict was experienced as it were, the other way around. Certainly, this was in part because they had fewer non-paid commitments to carry in Ransome's notion of necessary labour, but also it seemed to reflect personal preference and choice.

6.4.2. The other way around: Family interference with work

Dylan spoke of his role of being a father as interfering with paid work time and feeling constrained by this, as opposed to paid work infringing on home commitments:

I can think of it the other way around [laugh] having children. When they were young the children really impacted on me and my ambition in work. And my sort of drive and motivation. But not so much the other way round.

Morgan gave a similar account intimating that making adjustments to having a child had restrained his career. He also implied that thinking in this way made him feel guilty about his responsibilities as a father at home:

Yes I mean I think that was probably hard. And actually having a family that does make you feel constrained at work. And guilty that you're perhaps you're eating into time that I should be spending with them. Or thinking I would rather be doing work at the moment than having a two-year old having a tantrum in front of me [laugh].

Depicting, akin to Morgan, a sense of guilt, Dylan described how he found taking time from the home domain to participate in paid work as stressful, but none-the-less intimated this remained his preferred method of adjustment, rather than curtailing his paid work time:

And it's so stressful ringing home you know when the tea can be on the table or whatever [laugh], and saying you're not coming back for it. I mean you work till 5 in the evenings and it makes it difficult to get back for certain family commitments. You know, taking the kids to ballet and Brownies or whatever.

Like Dylan, Morgan spoke of his preference for work, *"I enjoy this [work]. I mean I want to do it. Am motivated by doing it"*. He intimated that he prioritised paid work over family time because he valued and got meaning from his role as paid worker:

I wouldn't say we had like a macho culture here. Whose last wins or anything. But I have to say, it sounds a bit trite, but we are pretty dedicated. I mean we all enjoy our jobs. And yeh, it does then, eat a little bit into your own time.

Whilst both Morgan and Dylan did describe pressures at work determining how they worked (see 5.2.3), they also identified a strong personal drive to work, which they both appeared to want to maintain, even though this resulted in feelings of conflict and stress with their roles as parents.

With the exceptions of Jac, who seemed content as clinician, a rugby player and being out with the boys, and Tal, who had reduced his working hours to achieve a sense of balance in his life, a drive and preference for paid work was a common theme in all male accounts, whether or not they had children. Rhys spoke of adjusting home responsibilities or routines to be in paid work more, but implicated, that this was something he had chosen and *wanted* to do, rather than *had* to do to meet home commitments; *"So I've moved things around a bit at home so I can be here more. It's what I enjoy"*. Owen described himself as very driven at work, and imagined a future role as a manager, associating the power of that position as valued, and something that would provide him with the necessary tools to challenge the inadequacies he perceived in how Aslan functioned:

I mean I took on Robert Maxwell's lawyers [in my previous job]. And I used to be known for standing face-to-face with the managing directors or anybody. I'm always having to be told, even now, to just shut up because I'm a just a basic grade [laugh]. But my wife and my supervisors are like 'Look what you're probably gonna do, is going to be very good. But you can't just come in and change it now'. But I'm slightly amazed at work practices, I really am. I have to change them. That's my goal. Manager. Change.

Jamie identified himself as someone who was in control of his self-development and had aspirations about his future at work. He described a sense of freedom in thought and action that he believed facilitated his focus at work:

I think it's about finding something that suits you. For want of being trite I was told a while back, the words of a wise drummer, that you can do whatever you want as long as you're on the beat. I think that's really important. But we need to find that project overall that suits you or suits your personality. And then you're free really, to develop it and develop yourself around the role that suits you. And the two are very much linked together.

Huw spoke of his personal drive in the workplace as an integral aspect of his identity. He suggested some irritation around working with others whom he believed were not as motivated as he perceived himself to be. This, he feared, could curtail his own performance and success:

I mean certainly myself, I guess I've always strived to progress and make things better. Hard when you work for departments where, maybe people aren't quite so, you know, not as driven or motivated. I do find that difficult. But that's my personality. Whether I'd be playing, I don't play cricket for England or whatever, but that would be me. If I took a hat trick I'd, yes, I want it fourth down [laugh].

Bagger et al (2008) suggest that people place roles and identities into a salience hierarchy through a system of subjective importance or preference; 'An identity that is high in salience holds more personal meaning, involves more commitment of resources, and has more implications for one's well-being than ones that are low in salience' (Bagger et al 2008:189). Dylan and Morgan described home interfering with work, rather than vice versa *because* they believed work was their most salient identity. The main interference they described appeared to be their own guilt about not being at home enough. Whilst they had adopted the role of father, they did not suggest that their patterns of work and their approaches to work had changed significantly. Dylan described utilising every opportunity that he had to work: *"I'm sounding a bit like Les Dawson really [laugh]. My mother-in-law stays home at our house for two days. So I've a tendency to work a little later on those days [laugh]"*. This ability to accommodate a preference for work was notably different from the accounts of female respondents, who described far more constraint and conflict in the time and energy needs between work and home. This seemed to reflect fewer pressures in the necessary non-paid responsibilities for men as opposed to women. Lowri, for example, akin to those noted above, described a preference for paid work, and also noted strong interests in socialising. Yet, unlike Jac, she was challenged in her participation in

this activity by the responsibilities she carried in paid work and unpaid domestic chores even though she was not a mother:

Work comes first. But I would like to think that I was able to manage my workload in a contained time. Within, you know, work hard, play hard, you know. I don't think that's a bad philosophy really. But I think it does overlap because, even at the most basic level you're tired when you come home. And then you've got the responsibilities, you know. The boring things like being a domestic goddess [laugh] when you go home. Like the cooking and then ironing and all that nonsense becomes a really big chore. And what you start to do then, you start to cram everything into the weekends. And you know, I notice things like impulsive things don't happen anymore. And I think sometimes that the time I don't fulfil my potential is when I've got competing priorities. And that for me is my biggest dilemma I think in work.

In her preference theory, Hakim (2007) suggests that people have three types of approaches to work-life balance: the work-centred, the home-centred and the adaptive. She argues that the work-centred person holds work as *the* salient identity and that children are considered 'a weekend hobby' (2007:164). Dylan and Morgan, as fathers, experienced guilt in terms of time taken from the family domain to supplement their paid work and there was little evidence to suggest that their views were as extreme as Hakim purports. Yet, work was their clear priority. Guilt about their family responsibilities leaked into the time and energy *they* wanted for paid work, but there was only a moderate fear or concern that absence from the home domain would have any real consequence. This fear was accommodated as a part of their everyday life balance and became a guilty, but none-the-less adopted means of maintaining a full commitment to paid work. Rhys, Owen and Huw actively reduced time at home to be successful at work, and appeared to give no thought at all to the consequences of their absence in the home domain. Alternatively Lowri did not have children, but she certainly suggested her social life was constrained into weekend space, not because she wanted it to be but because that was how paid work and domestic pressures forced it to be.

Several other female participants did intimate, as Lowri had done, a salience with paid work. All identified how they had to adapt this when they became mothers and declared far more constraints in the role of parent than Dylan and Morgan had done. Aisha recounted how she had adjusted, what she described as her pre-children preference for paid work to accommodate the role of mother when her children were born and how she now prioritised that identity:

I suppose this has definitely shifted for me, and shifted dramatically really, since I had children. And I think other colleagues have said to me that the way I work is very different. That they've noticed a difference in the way I work. I

suppose maybe work was my main focus previous to that. But it's certainly not my main focus now, when I have children. I think they're the main focus. You know, work is very important. And I come to work. And I do my job. And I go home. But apart from maybe thinking about things, I personally have no time at all to do [laugh] any work-related activity at home.

Aisha's description of a boundary between paid work and home was clear. She now had a focus to care for her children, outside of work, but also described concern over how others now viewed her, and a sense of loss in her ability to carry out personal development in paid work because she chose not to extend her paid work activities into family and caring domains:

I don't know but I think maybe other people see me as just doing the job and not doing anything further than that really. You know, I am aware of lots of people doing sort of further qualifications, you know, working towards Masters, PhD that kind of thing. You know, there's sometimes a feeling of getting left behind.

In essence she suggested that because of her total responsibility burden she had no time or energy left to put that 'extra' into work activities outside of her paid working hours because it was filled with 'necessary' non-paid work. Consequently she felt she lost opportunities to develop in the workplace and was less valued than she was before.

River also described a sense of conflict in her attempts to balance work and family commitments. She too suggested she was losing the ability to develop in paid work in the way she would ideally like because she could not do 'extra' paid work activities at home:

This is the basis of the crunch, isn't it [laugh]. Like, well before having my child, I probably did do a lot more work outside of work. But since having him I've just not got time. And I feel very guilty about that as well. Because finding the time in work is near impossible to do the little bit of extra that I'd like to do for my own personal development really. And to do a better job. You know, to keep really up-to-date. I do keep up-to-date to a standard. But I would like to, you know, to fly a bit more. And be a little bit above that standard level. But I find that very hard.

Like all the women with young children who took part in the study, Aisha and River worked part-time and described very little support in their responsibilities at home. This differed from Morgan and Dylan, who were able to prioritise work, work longer hours and carry out 'extra' development activities to support paid work, perhaps in part because they had partners at home who supported this. This evidenced a subtle difference in being mother and being father. Men had more paid work time and ambition in paid work was somehow seated with not only full-time work, but that little bit extra in terms of commitments at work.

In the contemporary labour market, the adult worker model purports 'a growing belief in the appropriateness of paid employment' for women as well as men, including those with children and other caring responsibilities (McRae 2003a:326). Yet, to date, there is evidence to suggest that the normative working 'male' role in the UK continues to have fewer expectations in the home and caring domains than women (Conran 2003; Rutherford 2001). Consequently men can focus, in a more singular way, on performance in paid work and, to a certain extent, depending on personal preference and responsibilities, can access leisure and social activities with greater ease because they have more space to do so (Craig 2008; Gregory & Milner 2011; May 2008).

Hakim's (2007) preference theory suggests that the majority of women with families, who want to combine family with paid work, are adaptive in their work-life commitments to accommodate pressures from both domains. She suggests women have choice and utilise strategies such as flexible working, paid childcare, inviting the partner to support in caring and domestic tasks, and having only one child to manage conflicts in work-life balance. Whilst Hakim's work has been challenged for its singular focus on the individual's personal preferences in lifestyle choice, her more recent work does identify that 'social institutions, laws, customs, national policies and cultural constraints' do influence how work-life balance is produced (Hakim 2007:168). Specifically, she maintains women in professional and managerial roles, who are adaptive in nature, are challenged by the 'absence of policies and structures enabling women to combine family life with paid work' and that by wanting 'the best of both worlds', they achieve 'less in one or both spheres' (pg. 169). Whilst this is a notable admission, there is little doubt that it is the complexity of the competing demands between paid work and non-paid home and caring tasks that has created the work-life imbalance problematic, and that as a consequence, women have little or no real choice in their own work-life balance. As stereotypical carers and domestic workers, women in particular, have become subject to multiple pressures on their time and energy as they attempt to co-ordinate paid work with these tasks. Ransome (2008) has suggested there are many men who do, or would like to, have greater responsibilities at home. Yet discussions of the stereotypical assumptions of the male breadwinner and female caring and domestic roles abound in the work-life balance literature and remains a relevant framework in present society's thinking. These often subconscious assumptions need, as Warren (2011) has noted, to be challenged in the sociology of paid work if work-life balance is to become more

equitable and the total responsibility burdens of working households shared in meaningful and effective ways.

In the organization of Aslan healthcare, the culture of flexible working and access to work-life balance was constrained by attitudes and values that prioritised full-time work, presenteeism in the workplace, managerial discretion and service needs. As boundaries between work and home were controlled by the organization, caring, family or personal commitments were reinforced as secondary to the importance of work. These forces subjugated individual employee need to organizational outcomes or the business case. Aslan healthcare created work-life imbalance, particularly, but not exclusively, for those who carried complex or multiple roles in the life domains. This lack of adaption to the needs of individual workers created a culture of stress and a psychological dialogue of moral dilemmas for some respondents, especially those with caring commitments. There was also a suggestion that the individual worker was responsible for resolving conflicts in work-life balance successfully as opposed to the organization providing greater flexibility or a more family friendly or caring, egalitarian model of work-life balance. The imbalance between the responsibilities carried in unpaid domestic tasks between men and women reinforced work-life conflict for women and challenged Hakim's notion of choice in identity salience for women.

I will now move on to discuss the very different accounts of work-life balance and the sense of flexibility participants experienced in the workplace culture and structure of Merlin social services. It worth remembering that all participants in this setting were female and over half of the group worked part-time, meaning that there was a slightly greater preponderance of part-time working in the makeup of the group in this setting.

6.5. Merlin social services: the flexible workplace

Merlin social services had all the standard work-life balance policies expected in a local authority social service department (see 6.2.1; Merlin doc 3). As with Aslan healthcare, the implementation of flexible working was perceived as subject to management discretion. Policy documentation supported this contention, stating that managers were given the power to determine which positions were excluded from the flexible working schemes and had to ensure 'that the working hours of staff meet the needs of service users, the organization and staff' (Merlin doc 3:5).

This initially seemed more stringent than the discourse (if not the practice) of policies in Aslan healthcare. Yet respondents working in Merlin social services described a much more flexible and autonomous approach to their work-life balance than their Aslan healthcare counterparts and intimated that they benefited from the fact that work-life balance policies *were* at management discretion. The senior practitioners in Merlin (the management grade: see 5.3.1) were depicted as flexible friends, creating an environment that appeared to facilitate a personal sense of control for practitioner grade respondents over work-life balance. The wider organizational structure in social services was also believed to be far more flexible than healthcare settings, and participants described this greater flexibility as a reason to work and stay in Merlin social services.

6.5.1. Senior practitioners: the flexible friends

The senior practitioners in Merlin described themselves as supportive of flexible working and maintaining a work-life balance for their staff. Whilst Seren intimated that organizational demands and pressures on the workforce could challenge work-life balance, she suggested she could somehow prevent this from impacting on the nature of the flexible work patterns she and Bron implemented for the team:

I spend a lot of time saying to people, these are the hours that you've got and you can only do so much within those hours. Don't miss your lunch. Don't stay until 6 o'clock trying to fit things in. Because for this job we could be here 24 hours a day, for the entire year. You still wouldn't get through the backlog because that's just what the demand is.

It seemed that managers in Merlin felt able to prevent organizational pressures from actually impacting on how they structured the flexible working patterns of their staff, in this case community practitioners, even though paid work pressures were significant.

This was very different from management accounts in Aslan, where some managers reported organizational constraints were barriers to implementing work-life balance policies, and managers' attitudes and personal preferences were reported by clinicians to bias, rather than support work-life balance policy implementation. In terms of the latter, Bron and Seren both spoke of utilising flexibility as a tool to retain staff by providing a workplace that adapted to employees' caring needs and commitments. Both felt this kind of approach

provided a competitive edge over the health service in recruiting and retaining staff. Seren eloquently summarised her beliefs in this context:

They [community practitioners] are here for a reason. And a part of the reason that they're here is because it is extremely flexible really. I mean if they go to the health service then they need to work their hours and they need to work consistently. Here they [OT community practitioner staff] say, 'Oh I can't come in on Wednesday. I'll swap for Thursday'. We say, 'Okay, fine'.

Bron suggested that flexibility was less constrained in social services organizations because they were, in fact, far less structured than healthcare organizations and consequently could accommodate and adapt working hours to meet home, family or personal commitments:

I think that's one attractiveness of this type of work. Because it's not such a structured environment as working in the hospital. So although they're [OTs] taking quite a lot of responsibility and autonomy, they're also gaining from the fact that it quite often fits around family environments. And that's why the vast majority are part-time with families. Because it suits.

Community practitioners gave no accounts of their access to work-life balance policies as limited or constrained by either their managers or the wider organization. There were no tales of bias or inequity as some of the stories in Aslan had illustrated. To the contrary, community practitioners in Merlin believed their access to flexible working was fully supported by their managers and presented an almost perfect example of a person or employee-centred, rather than organizational focus to work-life balance policy implementation. Yet, whilst perfection seemed to reign, there were subtle nuances and negative traits within these findings that implicated pressures in workloads and limited control or autonomy over that, which did impact on respondents' work-life balance in a psychological sense. These were noted in chapter 5 and will be further described in chapter 7.

6.5.2. Control and choice over work-life balance

Respondents working in Merlin social services described a greater sense of personal choice and locus of control over work-life balance than their colleagues working in Aslan healthcare. Several respondents from Merlin actually identified that they believed that social services settings were far more flexible than healthcare organizations per se, citing, as Bron had done, the structures in healthcare as far more constraining. Sian, a recent recruit from a healthcare setting, described how she found Merlin to be far more flexible. She recalled

stronger pressures to be present in the workplace and stringent demands on time keeping:

I do like that flexibility though. I do very much like it. I very much prefer it to health where you have to be in. And if you were three minutes late then you would have to stay three minutes late that day. The place I worked before, it was very much like that.

Anwen also believed that Merlin social services offered her greater flexibility in managing her work-life balance than she had experienced in a previous position in a healthcare settings; *"I can juggle things to suit if there are occasions. Actually that's another benefit I think of working in social care than in the very structured hospital environment"*. Catrin spoke of Merlin social services facilitating her work-life balance because she had been able to accommodate *paid work* to meet *home requirements* rather than pressures the other way around throughout her working life in Merlin. She spoke of a continued choice to work part-time, even though her children were grown:

I mean that's the one reason I've stayed in this job. It's the flexibility of the hours. And they've suited me throughout my career. So when I've needed more time, I've worked less hours. And now, at this stage of my life, I've got the option if I wanted to up my hours.

This was very different from accounts given in Aslan healthcare, where home commitments were adapted to paid work. Jenna, like Catrin, recalled how the flexibility in Merlin social services had resulted in her staying in her job in that setting; *"So the flexibility was the thing [that] totally that made me stay"*. She described how she had been able to change her working hours to meet changing life circumstances at home throughout her career, and, like others, recounted how she believed that this kind of flexibility would not have been possible in a health setting:

I also was very lucky if you like to be able to do full-time/part-time to my whim. And again when they [the children] went to university I needed to work because I had them all in a heap. So they went to university all in a heap [laugh]. So I needed to work full-time all in a heap. So during that time I could up my hours to the available time. Which I don't know that I would have been able to do in health.

Nia also offered a positive view of the flexibility afforded in Merlin. She illustrated how she was able to balance the responsibilities of her large, young family when required; *"Obviously with the five children you know, there are times when I have to take one of them to the orthodontist. Or if they're ill to the GP. So that can be incorporated into the day"*. She believed, like others, that managing her present family commitments in healthcare would have been difficult because of

constraints imposed by the organizational structures in those settings. She particularly cited the patterns of multidisciplinary team meetings as causal to reducing flexibility because of the need to be present in the workplace when they occurred; *"[Merlin social services] is very, very flexible. So you know, I couldn't do healthcare now. Because you have to be there for clinics and ward rounds. And I haven't got that flexibility really"*. Nia implicated the complexity of the structured nature of work in healthcare organizations as stultifying to work-life balance, because it required presenteeism at specific times and consequently prevented employee flexibility. Merlin, she believed did not have these kinds of constraints and therefore her home responsibilities could be balanced with paid work more successfully.

Mhari held a similar view. She recounted a very different example of managing her child's sickness than the experience shared by Amber working in Aslan (see 6.3.1). Whereas Amber had to negotiate access to carer's leave or use annual leave, Mhari took lieu time to cover the problem; *"One of the kids got really sick on the Sunday night. So I asked in the morning and I had lieu time. And it's very useful to be able to do that"*. Respondents reported that this more integrated and sensitive approach to flexibility not only facilitated work-life balance between paid work and caring commitments, but provided opportunities to do activities that they enjoyed.

6.5.3. Time for meaningful activities

Rhiannon described how she felt the flexibility in Merlin afforded not only opportunities to manage her everyday family and domestic commitments, but also to have some time for herself:

In one respect it's given me a bit of time for myself. And when I say time for myself, even though I'm doing things around the house and chores and errands and what have you, it's just taking it down a gear. It's just really nice. It's allowed me to do things that I enjoy doing on my own. Just things like gardening, and shopping and sitting down reading a book. It's just things that you would feel that you were indulging yourself with.

Whilst personal activities were described as indulgent, this space for self-time seemed to provide a sense of well-being. Others in Merlin shared similar accounts about the importance and value of leisure. Jazz spoke of the opportunity to maintain her personal interests in gardening, even throughout the working day, specifically because of the flexibility provided by Merlin social services:

So, for example, I've got an allotment. So if I really wanted to spend half an hour in my lunch hour and go to do some weeding I might plan visits so that I'm dropping off equipment to stores at the end of the morning, doing half an hour's weeding and then carrying on with work which fits in quite well.

Nia talked about having the time to see friends and follow her leisure interests, which for her were meaningful and valued pastimes; *"I really do value my leisure time. Because I have a Thursday off I make sure that's a good use of time for me in the week. In terms of seeing friends or, you know, go for a swim or a run or something"*.

These accounts were notably different from respondents in Aslan with caring responsibilities, who described little or no time to access activities they enjoyed. It seemed that Merlin social services provided a far more accessible culture of flexibility to facilitate work-life balance.

The flexible working policy in Merlin was based on a flexible hours scheme. It described the opportunities for staff to 'choose their normal start, finish and lunchtimes, within certain bands' (Merlin doc 3:5). This type of temporal flexibility is a policy, which Unison (2011b) describes as 'the most common form of flexible working after part-time working'. It is a policy that provides opportunities for employees to work flexibility across a system characterised by core hours during which staff must be at work; an earliest start and latest finish time (known as bandwidth); a settlement or accounting period for calculating hours in credit or debit, and a limit on the number of hours that can be saved up and carried over at any one time (a time in lieu system) (Unison 2011b). All respondents, with the exception of senior practitioners, reported the effectiveness of this system of work. Rhiannon neatly described the benefits she experienced in this form of temporal flexibility as an overdraft, and this seemed an appropriate analogy for the policy in action for participants from Merlin social services:

So I'm doing the 30 hours over five days and I'm able to use that almost like it's like an overdraft really, that I've got. So yes, it's just really made it, from a practical point of view, a lot easier to sort of, you know, do things I need to in my home life. But also, you know, to use that as an extra day if I need to, as well, for work. So yes, it's good.

Respondents all implied that the flexibility in Merlin social services was a factor in their continued work in the setting. This supports Bron's contention that flexibility was a viable and valued tool in recruitment and retention for occupational therapists in this setting. It was clearly reported that flexibility provided the opportunity to manage work-life conflicts and to have a more balanced lifestyle, achieving not only a balance between work and home commitments, but

facilitating time and energy to be focussed into personal interests, leisure and care of self and others. Participants described a sense of congruence; a match between their needs and family commitments, and those of the flexibility offered in Merlin social services. It seemed that from this place of congruence, participants achieved a sense of satisfaction between meeting both paid work and home commitments.

Grote and Raeder (2009:222) have used the term 'ecological consistency' to describe a personal sense of coherence across different domains of life. These writers suggest that flexibility and an internal locus of control over flexible working can facilitate a sense of integration between work and life domains and biographical continuity across the life span. In practice, this did seem to be the case in Merlin social services. A model of integration between work, home and other life commitments or interests, both obligatory and non-obligatory activities or 'necessary' and 'recreational labour' (Ransome 2008:68), did seem to be available and utilised by staff. This approach seemed to facilitate a sense of work-life balance as opposed to the imbalance reported in Aslan healthcare and appeared to support families as well as employees when conflicts occurred. Merlin appeared to be representative of an organization promoting a person or employee-centred model of work-life balance, where the individual's circumstances, in Reiter's (2007:274-275) terms a 'situationist' approach, was utilised to achieve a reasonable state of work-life balance as opposed to imbalance for its employees (I discuss this point in detail in 7.2.2). This was notably different from Aslan healthcare whose focus seemed far more fixed in terms of meeting organizational need and reflecting the responsibility of managing work-life balance onto the individual worker.

Yet, as intimated previously, respondents suggested all was not well in Merlin services. Respondents spoke of making compromises or trade-offs, which, whilst seemingly accepted as the norm, caused an emotional or physical loss that prevented consistency, congruence or balance in terms of an integrated sense of self across life domains. Respondents also described a culture of disenfranchisement from the organization as an employer and the more dominant social work profession. This instilled a sense of emotional stress and pressure, which detracted from the abundance of temporal flexibility Merlin provided. It seemed that there was more to work-life balance than an autonomous approach to work time, supportive management and an employee-centred approach to

temporal flexibility. These intriguing conundrums are the focus of the ensuing chapters.

6.6. Whose work-life balance is it anyway?

Flexible working and work-life balance policies were irrefutably viewed as a useful tool to manage conflict between work and home. Merlin social services espoused, and indeed appeared to deliver a very effective flexible working strategy. Part-time working was common and staff reported being able to change their working hours across working days almost at whim. Senior practitioners (the management grade) were described as supportive of work-life balance and seemed to focus decisions on implementing work-life balance on employee need as opposed to those of the workplace. Occupational therapy managers in Merlin appeared to purport a person-centred, situationist perspective to work-life balance, based on what a person needs and wants to care for the family and self in everyday life.

Alternatively, in Aslan healthcare, the organizational culture was reported as in conflict with achieving work-life balance for many respondents because it defined the patterns of work in terms of organizational outcomes and benefits. In Aslan, flexibility was shaped to meet perceived organizational needs. For some respondents, demands at work directly conflicted with the time needed or wanted at home, or in other life activities outside of paid work. This often created acute situations of employee imbalance, and even moral dilemmas in terms of the ethic of work and ethic of care. Occupational therapy managers were noted as the powerful people in implementing work-life balance policies and fears of coercion, bias and inequity were abundant. Whilst the organizational culture in Aslan was experienced as inhibiting personal choice in patterns of flexible working and engendering work-life imbalance for some staff, it was notable that participants accepted how things were done in the workplace as a taken for granted aspect of work-life balance. In a sense one could suggest that respondents were complicit with the organizational patterns of work and demands for their participation in the workplace, albeit unconsciously. For some, there appeared to be an accepted sense of responsibility to manage work-life balance effectively, irrespective of the policies in place in the organization and this suggested a theme of self-responsibilisation in how work-life balance was managed in the workplace. This theme is returned to later in the thesis.

It was also notable that male respondents in Aslan healthcare appeared to experience less work-life conflict than their female counterparts. This seemed to be related to salient identities, the division of labour and level of commitments carried in the home domains and identified how, in Ransome's (2008) terms, the total amount of responsibilities people carried were relevant to how work-life balance was experienced. It implicated the importance of socially defined roles in providing a framework for how work-life balance is expected and understood in the modern, adult labour model of paid work. These findings recall Conran's (2003) view that attitudes and assumptions in everyday social norms have yet to catch up with the ideologies associated with new patterns of work and the division of labour in paid and unpaid work domains (see 2.3.1).

Participants working in Merlin social services depicted greater choice, control and autonomy over patterns and hours of paid work to fit in with personal needs and requirements outside of the work domain. It seemed that Merlin social services would bend to the individual employee's needs, and that participants experienced a greater locus of control over work-life balance than colleagues in Aslan healthcare. Respondents described a greater integration of paid work with life domains, an ability to manage work-life conflicts successfully, and opportunities to access leisure and social activities with greater ease than those individuals working in Aslan healthcare. However, there was a strong perception of social exclusion and of being disenfranchised from the predominant organizational culture of Merlin social services, which influenced how people felt about paid work and significant pressures in workloads that caused stress and spilled over into everyday work-life balance. This will be discussed in the following chapters.

In both Aslan healthcare and Merlin social services managers' flexibility was reported as constrained and part-time workers felt they were prevented from accessing management positions unless they worked full-time. These factors appeared to dilute the positive culture of flexibility and negatively influence the subjective experience of work-life balance. The implications of this externalised and organizational constructed power and control over work-life balance policies will be discussed in the next chapter.

Chapter 7

Cultures of Power and Performance

7.1. Driving the pace of paid work

This chapter will develop the theme of power in the organizational structures and hierarchies of Merlin social services and Aslan healthcare. It will identify how participants described the organizations and more powerful others as driving the amount of work, the pace of work, the outcomes of work and the overall expectations of individual participants at work, reflecting and supporting cultures measured on organizationally defined performance outcomes. It will illustrate how these cultures of performance and power promoted intensified work experiences and influenced not only how paid work was enacted in the workplace, but also employees' experiences of work-life balance in everyday life. This, I will argue, places cultures of organizational power and performance as a potent tool in 'managing' the individual employee's use of resources in paid work and consequently, his or her work-life balance across all life domains.

The first part of the chapter builds on the theme of organizational and managerial power and control over work-life balance policies introduced in chapter 6. It will explore the implications of cultures supporting power in the organizational and managerial implementation of work-life balance policies. It will argue that discretion in the implementation of policies did create bias, inequity, or indeed support for employees work-life balance. It will illustrate that managers, who wielded power over work-life balance for their employees, were themselves subject to powerful organizational control over their own flexible working opportunities, with significant constraints on achieving work-life balance.

The second part of the chapter will look at how measured performance outcomes were driving workplace priorities, workloads and expectations in paid work were inculcated into organizational, managerial and hierarchical power dynamics within both organizations. It will clarify how these powerful forces drove the pace of work, identify how the use of employee time and energy as a *human resource* created cultures that supported intensified, pressured work environments, and how this led to subjective experiences of overwork and marked work-life imbalance for many participants. It will begin to consider the implications of this for the individual worker in terms of well-being at multiple levels of significance. This will then be the focus of ensuing chapter.

7.2. Implications of power and discretion in policy interpretation

As described in chapter 6, in both Aslan healthcare and Merlin social services, managers were reported as carrying a mantle of power that facilitated control over the implementation of work-life balance policies. Several respondents recounted how they believed managers could interpret and implement policies in a discretionary way, and that this provided opportunities for the personal values and opinions of the individual manager to influence the cultures of work-life balance in the workplace. Respondents in Merlin social services described the occupational therapy managers, as exceptionally supportive of temporal flexibility in the working patterns of community practitioners. Alternatively respondents working in Aslan healthcare reported occupational therapy managers as feeding into a culture supporting bias, inequity and inconsistency over access to, and implementation of, work-life balance policies for employees. In both settings participants who were occupational therapists holding management roles, described how their own opportunities to access work-life balance policies were constrained by higher management and custom and practice in the workplace regarding the role and expectations of management positions. Across both settings respondents offered a description of how organizational power and managerial discretion could create workplace cultures that supported work-life *imbalance* or particularly in Merlin social services, work-life *balance* for employees.

7.2.1. Aslan healthcare: A culture of power and control

Respondents working in Aslan healthcare reported that they believed managers had the power to apply work-life balance strategies at their discretion and that this facilitated inconsistency in the access to and application of work-life balance policies. It appeared that managers could interpret guidelines differently and make personal choices in how work-life balance policies were implemented (see 6.3). Participants offered concerns or accusations of bias and inequity in the access to, and the application of, work-life balance strategies and a belief that the personal attitudes and opinions of managers could influence not only application and implementation of policies, but the culture of work-life balance in the organization.

Arial recalled one of her previous managers in Aslan healthcare telling her that; "*working mothers were a pain in backside*". She believed that this attitude by that

manager had inculcated a sense of personal pressure and little value in the ethos of working part-time; *"Even if it's not said I think it [working part-time] doesn't go down terribly well"*. She spoke of how she believed that this attitude by her manager validated a culture of full-time work as the norm in Aslan; a culture that Arial felt isolated her in workplace:

The culture wasn't really supportive, you know. You work full-time or you don't work. And that's sort of the culture sometimes. You can't understand the mentality. And it is quite interesting. You know it's fingers crossed you've a nice manager really. You know, line manager more. And I think that's got quite a lot to do with it.

Arial intimated that people in positions of power could not only shape the value and self-esteem of the part-time worker by influencing the culture supporting full-time or part-time work, but also posited that the workplace opportunities for work-life balance were subject to the opinions and values of more powerful others, particularly line managers, who held the power of discretion and therefore choice in implementation of work-life balance policies; *"But I think that's their personality, you know. They think, well you know, I should work full-time"*. She offered the example of her previous manager to validate this claim:

I was quite disgusted with her [previous manager] really. I thought how dare you! Her attitude was pretty much well, you know, 'I don't understand why working mothers have got the problems. I'm sure you've got friends you can put your children with', and these sort of things. And I'm thinking stupid cow! Poor kids, you know. I just thought, well if you've got kids, God help them.

Arial went onto describe how she believed this particular manager was unsympathetic to caring responsibilities because, she, as individual had a preference for paid work over home and caring. Arial, conversely, believed that the home domain was her salient identity:

So I think that's her balance. She made her choice and she's chosen the other way [to me] completely...I'm a Senior II and have been for God knows how many years. And I've been part-time because I've not really applied for anything else. Because it suited me to stay that grade. And I think I made the choice. Was I going to go all out being sort of aggressive or an ambitious career woman. Or whether I was going to have my priorities my family. And I think people do. They find out their balance. And maybe people do go for their career and the family might take second place. I think with me work is definitely taken second place.

Carys also noted how the issue of managerial power and discretion could lead to personal preferences and opinions shaping employees' opportunities for work-life balance; *"Some managers are work mad. It's pointless asking them. Cos you won't get it"*. River described a similar concern:

It does come down to how you feel about approaching your manager to request something. I mean, if you've got a manager that's very sort of work orientated, very entrenched in work, and doesn't seem to have any social life [laugh] or really life outside work, then it's much harder to approach someone like that and ask, you know, I want to change my working hours for this reason. Because you don't feel they'll empathise with you then. And I think it's a bit harder to ask people like that.

Maya, again raising the issue of the personal perspective and preference of managers, spoke of the 'good' manager as someone who would support the work-life balance needs of the individual worker, irrespective of personal opinions and values. She intimated that in her experience of Aslan healthcare, this kind of employee-centred support was rare. Rather, she implicated the culture as one of inflexibility, associated with a lack of consideration for employees' needs. She suggested this was endemic, passed down the managerial echelons, one level to another. She described how this approach by the organization and its managers left her feeling worthless and unsupported as an employee because her needs were not considered:

You know, this is what I find. That if you got a good manager, who has got a good manager - I think it's not just your manager. I think it's further up as well - then I think they'll listen to you. But I think the big boss would say something to the next one down. And they would take it literally and not be flexible at all. And that's what caused the problems further down. So I end up feeling that I didn't feel any worth at all.

What we begin to see here is a priority of life domains: paid work over home, family, personal and other life domains and vice versa, which, if not shared between the manager and the employee can cause potential conflict scenarios and limit satisfaction or create work-life imbalance for the employee. It illustrates how personal priorities and perspectives of those in positions of power can facilitate or constrain work-life balance for others. The choice of work-life balance for respondents in Aslan healthcare was not their own, but seemingly held by the organization and its managers. Together organizational policy and managerial power created and controlled the boundaries between paid work and home. The important element here is that Aslan healthcare, as an employing organization, and certain individuals within that setting, had the power to perpetuate expectations and create the boundaries or permeability in the balance of activities in employees' work-life balance, not just within the paid work domain, but into one's family and other life domains. In simple terms, Aslan healthcare and its managers advocated a culture of work-life imbalance for its employees sustained through power to achieve organizational outcomes and ideals.

7.2.2. Boundary control in work-life balance

Lowri, as a manager in Aslan healthcare, gave a practical example of how her personal views influenced how she interpreted and applied the work at home policy for her clinical staff. She indicated that the nature of clinical work meant that employees who held these roles *had* to be in the workplace to do the job. Whilst she conceded that she did find this a rather limited view, she was firm in her contention:

Do I support work at home in a clinical setting? Would I support one of my clinicians to work from home? No, because their job is clinical. So they're not allowed that privilege really. Because their workload's here. Difficult isn't it? Bit of a dilemma.

Whilst implicating service needs (the presence of the clinician in the workplace) as a reason to refuse work at home, Lowri also identified an element of personal rationalisation and choice in her decision-making process. Aslan's documentation supported the view of presence in the workplace for some staff, stating that home working could not be considered where 'the job involves constant interaction with colleagues or patients' (Aslan doc 9:1). Yet there was no definition or interpretation of the word '*constant*' in the documentation and it appeared this could have been considered in a variety of ways, especially in an emergency situation, such as in Amber's example (see 6.3.1).

Tal, who was a union representative as well as an occupational therapist in Aslan, suggested that managerial discretion in the application of policies in healthcare settings was common. He maintained this custom and practice was supported by the fact that many work-life balance policies in healthcare settings were attributed as guidance as opposed to statute. This, he stated, meant; "...*managers could opt into it [work-life balance policies] at their discretion if you like, rather than an obligation to work it*". Tal expressed concerns that the power of discretion over work-life balance policies could create a culture of preference or nepotism in how decisions around flexible working were made:

It's partly due to kind of attitude as well. You'll never eradicate it. There's always gonna be an element of, you know, if the face fits kind of thing. So one person will benefit and another person will be turned down, even though their circumstances are very similar. And, you know that, kind of troubles me. But you can never prove things like that easily. I don't know what you would do about it in practice.

This approach and attitude, Tal suggested, albeit morally and ethical unfair, was inherent in Aslan healthcare's culture and challenging to change. Recalling River's comments over the refusal of her choice of working days (see 6.3.2), this

does raise the possibility that her sense of inequity was justified. Morgan, who, like Tal was union representative in Aslan, implied that managers often deliberately created barriers to withhold work-life balance opportunities from certain staff, rather than utilising negotiation skills or thinking creatively about how an individual employee's work-life balance could be achieved:

Their managers perhaps have put up obstacles, which he [the employee] thinks should be surmountable really. Yeh. It's probably more down to an individual manager than anything else I'd say. So I think there needs to be a bit of a culture shift in that direction.

This argument for the need for a culture change is supported by not only River's example of conflict between paid working days and childminding, but both Amber's and Carys' needs for carer's and compassionate leave (see 6.3.1 and 6.3.2). Here, as in other accounts, participants compromised to meet organizational requests as opposed to fighting for their choices or needs to be reconsidered.

Tal commented that he felt employees invariably conceded to organizational demands because they feared reprisals and used the euphemism of a 'culture fear' to capture this notion. He suggested that arguing one's case for access to work-life balance policies could instigate both organizational and managerial bias:

It's almost as if there's a kind of culture fear in work-life balance really. And I won't kind of, dare step out of line for fear of the consequences. And, you know, possibly with some justification. Because there's always this kind of implied threat hanging over people. If you step out of line you may not lose your job but life can be made difficult for you. And your promotion prospects might diminish.

In a very similar vein, Morgan suggested that however fruitless negotiations between managers and employees were, he believed employees feared fighting this because of the possible repercussions instigated by those in positions of power in the organization:

And sometimes people can describe constant barriers, you know? Because you might come up with one answer, then it moves. And then it's difficult. Like with any sort of industrial relation problem that you have with a manager. How far are you prepared to stick in your neck on the line? It's the same with the work-life balance as it is with the grievance policy. You've got the right to take out the grievance but you know if you take that out then it's going to mark your card for later on. And I think that's always high in people's minds.

This theme of power and discretion given to organizations and their incumbent managers to implement work-life balance initiatives is noted in previous studies (e.g. Callan 2007; McBride 2003; see 2.3.2). The very fact that this is a common theme raises the question as to why work-life balance policies cannot be applied

in a more flexible and equitable way. In the accounts given here, greater flexibility on behalf of the manager could, potentially, have enhanced the workplace experience and reduced conflict between paid work and life in meaningful ways for employees, without, one could posit, damaging or long term effects on organizational outcomes. Yet this was not implemented. Carys remarked that a possible solution to concerns over inequity in application of work-life balance policies in Aslan healthcare was to have a clearer process in how these policies were implemented. She suggested that a process citing what was both reasonable to request and to refuse could formalise procedures: *"I just think it would be better if people were a bit of clearer about what the process was. What was gonna be reasonable grounds for refusing a request and what wasn't"*.

Reiter (2007) has argued that models of flexibility in organizations need to be viewed from an ethical perspective if the culture of the organization, its attitudes, approaches and values in terms of work-life balance are to be understood and, if necessary, changed. She suggests organizations take either a situationist, subjectivist, absolutist or exceptionist perspective. These she defines as follows:

A situationist position focuses on a "fitting" definition of balance for a person depending on his or her personal context. This will include their stakeholders, resources, and desires...The subjectivist definition will be concerned only with the individuals' desires, an "anything goes" type definition suggesting that as long as they are happy with their WLB [work-life balance], nothing else matters...an absolutist perspective accepts that rules can prescribe a "right" formula for balance....This contrasts with exceptionists' definitions that are of a utilitarian nature and seek to reflect the greatest good for the greatest number (Reiter 2007:275).

Reiter purports the situationist perspective as the most valuable for work-life balance approaches in the workplace 'because these definitions will involve making optimum choices for each individual'. She maintains 'It is employers who facilitate this outcome that will truly be employers of choice' (pg. 276). Suggesting a person-centred focus, where employee choice is paramount, it would seem clear that Aslan healthcare did not take this approach. Rather, work-life balance was predetermined by organizational and individual managerial choice, which appeared to be a culturally supported norm. Several participants, who were occupational therapy managers, identified that they felt constrained by the organizational priorities of meeting service needs in determining what they could offer to their employees in terms of work-life balance opportunities. This focus on service needs appeared to be supported by policy guidance (see 6.3). One could therefore posit that Aslan healthcare was ultimately concerned with its organizational outcomes and that this was the central tenet of its approach to

employee work-life balance. Several management respondents described little, if indeed any, sense of power and control over their own access to work-life balance policies, workloads or pressures. It appeared that management roles at work and the responsibilities associated with those roles were perceived as requiring full-time participation in the workplace as a cultural norm. This approach was reported as reducing or preventing flexible working opportunities and increasing conflicts in work-life balance. In essence managers too, although more powerful than their staff, and instigators of systems of boundary control and work-life balance for other employees, were, in turn, victims of organizational power and control over work-life balance. Aslan healthcare was an organization that prioritised its outcomes and *used* its employees, at whatever level, to achieve those outcomes, irrespective of the impact on the individual's work-life balance. Having discussed the implication of this power imbalance for the clinical occupational therapists in Aslan healthcare, I will now explore the implications of this theme of organizational power over the individual managers in depth.

7.2.3. Organizational managers: welding power but also controlled

In Aslan healthcare occupational therapists with management roles also carried clinical loads, meaning responsibilities and commitments differed from general management positions (see 5.2.1). This group of individuals illustrated how organizational cultures in terms of expectations, roles, custom and practice influenced not only their application of, but also personal access to work-life balance policies. Carys summarised this as follows:

I know a few managers have approached [Aslan/higher managers] and asked about sort of dropping a day and have been told they can't. And in [particular site] they operate compressed hours. So they do extra hours and they get one day off a month. But the managers aren't allowed to do that.

Managers described the assumptions and values ascribed to *being* a manager in Aslan healthcare as limiting their own choices in everyday work-life balance. Misha described what she perceived as not only extra pressures associated with the responsibilities of management in Aslan, but also a tangible loss in her access to flexible working opportunities. She spoke of how she found this not only stressful in paid work but also how it negatively influenced her work-life balance:

Because of my role, my only time, which is my time for being able to sort my day out really, is just to come in early in the morning. That means you accrue your flexitime which you can't take. And you feel a bit resentful for. But yes, it

does have impact. And sometimes you go home and you are sitting there writing reports and you just feel as if you're constantly in work.

Haf gave a similar account. She noted a greater sense of pressure associated with the position of manager; *"It puts more responsibility on you. Packs a bit more into the day"*, but also recounted how she had to work longer hours to accommodate this extra workload. She spoke of how she believed she was unable to take any time she worked over as lieu time because managers were excluded from this practice:

I mean I don't mind working over now the kids are older. But lieu time is not anything that I can build up and carry over. And there are a lot of people in my position feeling the same. They'd like to build up and finish early on one day. You know manage their workload and home responsibilities more flexibly. I've still got all the housework and shopping to do.

Haf recalled how she had previously worked part-time throughout her career in Aslan and described her dislike of being forced to work full-time when promoted into a management position: *"I was doing something like 30 hours but over four days. Which was really good. But when I took up the head position I wasn't allowed to be part-time. So I had to work five days a week"*. Saffi, who like Haf, had always worked part-time until promotion to a management position, described a modicum of greater flexibility in her pattern of work as a manager than Haf. But, she too, had to work 5 days and full-time hours. She suggested the flexibility offered in her pattern of work was only because she had been upgraded into the management position rather than actually applying for the post. This, she believed had given her some element of power to negotiate:

I was a Senior I at the time and they'd been given extra money to upgrade the Senior I post to a Head post. So if I didn't take the post they couldn't employ anybody. So there was a little bit of negotiation. And I didn't really want to work five days a week. And then obviously my manager said if you're gonna be in a manager's position you need to be working five days. But I wasn't prepared to sort of do a full day Friday. So I asked if I could do longer days and finish early on a Friday. And they were happy with that.

Although Saffi described greater flexibility than Haf, she also spoke of being excluded from taking any time back that she worked over and above her contracted hours; *"I'm not allowed to take lieu time. It's not acceptable"*. She believed that this change, in comparison to her previous position as a clinician, reflected the rules and expectations of being a manager in Aslan. Saffi suggested that the assumptions of the organizational culture were that managers, whether clinical or general (see 5.2.1), should work until the job was done; *"I know that the comment is that the managers are meant to do the hours that are needed. And if you're needed to be in extra then you are"*. Whilst she, like Haf, adopted this

pattern of work, Saffi believed it was inherently unfair and spoke of the potential of union action, although she suggested no actual instigation of the process:

Now I know that's not the Union's stance on it. It's only if you're a general manager that you're not able to do lieu time as you're paid to do the hours that are required of the job. They haven't got a set 36 hours a week. Whereas we [occupational therapy clinical managers] have. So I think if we took it further.

Both Saffi and Haf's accounts reflected a change in expectations, values and behaviour when accepting the position of clinical manager in Aslan healthcare. Both appeared to be expected to, and did work, in line with what they believed were the organizational values and assumptions of the role of management staff. This was to be full-time, fully present in the workplace and committed to paid work over and above other activities until the job was done; the notion of the 'ideal type' worker (see 2.4).

The work-life balance strategy (Aslan doc 6) stated that flexibility should be applied equitably across all staff, irrespective of grades and positions. It therefore seemed that the cultural norms and expectations differed from policy in this context. However, the flexi-time guidelines (Aslan doc 8), suggested that 'certain posts may be excluded from the scheme due to the nature of the work undertaken' (pg. 4). Whilst no specific post is highlighted, the strategy document states that it deliberately keeps this vague in order to accommodate the nuances and preferences of each specific workplace; 'these are guidelines not a policy, as each area will have slightly different guidelines to accommodate the service they provide' (pg. 4). This statement clearly provides the opportunity for discretionary application and interpretation of work-life balance strategies across the organization. It also identifies service needs as the pivotal point of decision-making in employee work-life balance. This, it seemed, was in place in terms of the custom and practice of no part-time work and limited flexibility in Aslan healthcare for management staff. This created an interesting conundrum where managers were placed in a situation where inflexibility in their own working day was the cultural norm and flexibility for the staff they manage was at their discretion: people given the power to negotiate flexibility were themselves subject to inflexibility within that organization.

I have mentioned previously how Lowri believed the inflexibilities of her management post created extreme conflicts between her paid work and home commitments and spoke of how she felt this reduced spontaneity and pleasure in her everyday life (see 6.3.5). Saffi recounted a similar challenge and described how her inflexible work patterns and pressures at work created constraints

between paid work, her home commitments, but also her personal interests and well-being (I return to this point in chapter 8). For Saffi, limited temporal flexibility was causal to a loss of self-time, family time and personal interests because she had to meet paid work commitments within an inflexible and full-time capacity:

And things outside of work for myself, personal things you know, keep fit, things like that, I just don't have the energy to do when I get home you know? I feel you know, tired. I certainly don't feel as I'm at home as much as I want to be. As much as I'd feel happy doing...My work-life balance is completely shot since I've become a manager.

In Aslan's culture it seemed managers compromised the right to request flexible working and if they did ask, were invariably told no, no matter what the age of their children or personal commitments. This was challenging in terms of achieving work-life balance, yet the strategy or reasons behind these constraints were vague and were embedded in the custom and practice of enacting a management role. It appeared that with the mantle of power came the chains of constraint with full-time hours, presenteeism in the workplace and an all-consuming focus on long hours and hard work.

These findings illustrate that cultures supporting power and control over work-life balance policies implement and sustain certain boundaries and expectations not only over patterns and expectations of paid work, but actually over an individual employee's work-life balance. This applies to all members of the organizational hierarchy, including those who hold power over work-life balance strategies. Indeed paradoxically, it seemed the greater the position of power held, the less control one had over one's own temporal flexibility and freedom to choose patterns of work. Senior practitioners (the occupational therapy managers) in Merlin social services described similar cultural expectations and constraints on their paid work time, but community practitioners in this setting offered a far more positive experience of their occupational therapy managers than their comparative clinical colleagues in Aslan healthcare. It seemed that people holding the power over work-life balance in Merlin social services supported work-life balance, at least to the level of occupational therapy managers, but beyond that things radically changed.

7.3. Merlin social services: A culture of support and trust

Unlike respondents in Aslan, Mhari described how she believed the senior practitioners (or management grade – see 5.3.1), were flexible friends (see 6.4.1),

happy to support her part-time and flexible working as long as her work was done:

It's just the flexibility of the staff and OT managers really here. And sort of being in the situation that lots of us you know, have got kids. And as long as we do the work then, what they [management] need, they're not concerned that you work an hour extra one day and then take an hour another. They always encourage you to take your lieu time. And there is time to take it. And they encourage you to do that.

This support for flexibility was qualitatively different from Aslan, where managers did not, or could not provide this kind of approach. As a result of this flexible approach Nia described how she felt supported by her managers and that she was trusted to do her work within the flexibility she was afforded. She described a personal sense of autonomy and control over how her work was organized and planned on a day-to-day basis:

And [manager] is very understanding. She's always said as long as I get the visits done it's up to me really when I do it. So I think it's a huge amount of give and understanding, and I mean trust. So at the end of the day, you know, we're out a lot. And it's up to us what we do with that time out of the office really.

There was a strong sense of the personal preferences of the senior staff pervading the culture of flexibility in the workplace. Seren described why she, personally felt it was important to provide a flexible and supportive working culture for her staff:

That's because the second job that I had, there was such a strong culture of over-work. I mean it wasn't just an assumption. They said it in meetings. I thought, no way! I'm never going to say to staff 'You're not giving enough of your own time I'm sorry. And we expect more from you'.

The occupational therapy managers in Merlin described a much more positive and consistent approach to providing access to work-life balance strategies than those in Aslan healthcare. They appeared to condone and instigate flexibility in the workplace and facilitated a supportive culture. This appeared to provide opportunities to adapt workloads around home or personal commitments and create a sense of greater congruence across life domains and locus of control over work-life balance for the community practitioners working in Merlin. This was tacitly different from the accounts given in Aslan, where managers were believed to be cascading barriers to flexibility, and gave a very different feel to accounts of work-life balance for community practitioners as opposed to those of similar responsibilities in Aslan healthcare. Alternatively, the senior practitioners (the managerial grade) in Merlin social services, in common with managers in Aslan healthcare, described themselves and were reported by their staff group to have

the longest working hours, the most pressured jobs and the least flexibility in the occupational therapy team. The culture in Merlin social services, in terms of *being* a manager, mirrored that in Aslan healthcare: both organizations had increased pressures and responsibilities associated with management roles and this simultaneously constrained the flexibility and consequently work-life balance opportunities for managerial staff.

7.3.1. Organizational expectations: defining the management role

Unlike their staff, (the community practitioners), the two senior practitioners (the management grade - see 5.3.1) in Merlin social services believed they experienced very inflexible opportunities to access work-life balance policies and carried a sense of extreme pressure in their everyday work. Akin to occupational therapy managers in Aslan healthcare, Bron and Seren assumed the dual or hybrid management roles and continued to carry their own caseloads. Both senior practitioners worked full-time and both mentioned the pressures of paid work created work-life imbalance by infringing on their personal time and commitments. Seren, who, like Saffi in Aslan healthcare, had been promoted into her management position, complained that she could not complete all the tasks allocated to her in that role within her paid work hours:

I find myself not having a full lunch break and working till 5.30 - 6 o'clock to try to get the work done. I've been just feeling exhausted. So 7.45 am till about 6 o'clock-6.30 pm I'm out of the house. So I have four waking hours a day for my own time. So I get back at 6 o'clock. I go to bed at 10. Read till 10.30. Cos I'm too tired after. And go to sleep by 10.30.

Like Haf and Saffi in Aslan healthcare (7.2.3), Seren described how the extra pressures associated with the role of being a manager took time and energy from her other life domains, leaving her work-life feeling imbalanced: *"Before I moved into the management position, everyday I finished my tasks and I said 'Ah done! Home time. Then it's [work] spiralled out of control"*. Seren spoke of how she believed the workloads and pressures associated with management roles in Merlin, and the attitudes and approaches taken by herself and Bron as managers toward their own staff group, highlighted the inequity between the flexibility available for community practitioners as opposed to management grades in that setting; *"I think flexibility's better for them [community practitioners]. But it's become very difficult for me"*.

Bron also noted this difference and complained that she, as the most senior occupational therapist in Merlin social services, could not access time in lieu because her direct line manager would not support it:

I do a minimum every week of probably 45 to 47 hours. It doesn't get paid for. We do have a time in lieu system for the rest of the staff. But my line manager doesn't want me to be in the office after 5.00 pm. So wouldn't authorise me taking the time back.

Unlike Seren, it was not just work intensification that Bron experienced as limiting her work-life balance, but a definitive constraint imposed on her by her direct line manager. She believed his approach to this prevented access to flexible working opportunities, such as being paid for longer working days or taking lieu time. She described pressures in the time she needed for caring for an older relative outside of paid work, and implied a dissatisfaction with how her priorities were stacked in relation to her other family commitments and personal leisure time, suggesting a focus on obligatory activities or Ransome's (2008:68) notion of 'necessary labour' as her priority:

It's work, caring and somewhere down the line my family. I'd actually like to be able to spend some time on leisure. Which is very small and doesn't feel particularly good. But you just keep going and wait for your next piece of annual leave to recover really.

Karasek and Theorell (1990) and Joudrey and Wallace (2009) along with several other writers have identified the importance of participation in active and meaningful leisure pursuits to provide personal resilience in demanding work situations. Zijlstra and Sonnentag (2006) propose that non-obligatory, freely chosen, meaningful leisure activities offer an opportunity to replenish personal resources and qualitatively differ from obligatory activities, such as paid work and domestic chores. Caldwell (2005) maintains that participation in leisure pursuits which are personally meaningful, interesting and/or challenging can offer opportunities for social support and friendships, contribute to a sense of competence and/or self efficacy, a sense of personal control, choice and self-determination and provide relaxing and/or distracting occupations which insulate the individual from the effects of stressful paid work and other life events. For managers in Merlin social services, in common with those in Aslan healthcare, these factors did not seem to be considerations in the organizational culture. Rather, limited temporal flexibility, juxtaposed with increased expectations of performance and drives for productivity at work prevented access to meaningful activities of any kind, least of all leisure or meaningful, non-obligatory activities. Whilst community practitioners had evidenced a much more positive experience

of flexibility in the workplace, the expectations associated with management positions were recounted as effectively excluding some members from promotion opportunities.

7.3.2. Part-time work: A barrier to promotion and management positions

Drives for performance and presenteeism for managers in the workplace were also reported as creating barriers to promotion and career development for those who could not, or chose not, to work full-time. Jenna, a community practitioner working in Merlin, described how caring for a dying relative was a necessary commitment, one she *could not* relinquish, and how she believed this excluded her from management roles in Merlin social services because she physically *could not* work full-time:

They [managers/Merlin] told me I would only be up in the running if I work full-time. And I have no intention of doing that. I can't do that. But they said it [management position] wouldn't be available for me part-time. Part-time just isn't acceptable.

Jenna remarked that her decision to continue to work part-time had been her own, one she did not regret, because it was to care for her loved one. Yet, she intimated a sense of loss about her development in the workplace, and frustration at the way she believed Merlin made no proviso for her situation as a caregiver:

I've certainly compromised on promotion. And yes. That's where the compromise is. And part of me feels frustrated about that. But balanced with the way you knew what you were doing; that you knew that you'd have to take responsibility for that. But there is still part of you thinks; 'Well that's a bummer'. But that's how it actually had to be. How it is. And how it still is.

Whereas Arial's account in Aslan healthcare, gave a positive slant on actively avoiding management positions to maintain a work-life balance between paid work and family, Jenna's perspective found the loss of development opportunities inhibiting. She *had* to work part-time but also wanted to, and had the skills to take on a leadership role. She spoke of how she felt that Merlin actually devalued part-time workers and prevented career development by its policy of full-time work for all management positions. Ultimately Merlin, like Aslan, provided a lack of choice for those who wanted to work-part time and progress in the workplace:

I chose to make the choices I made. Which has ruled out any sort of career because I chose not to work full-time really. And that's the limitation. That has been the limitation and still it's the limitation [in Merlin]. And I think it's about devaluing that if you're not full-time you're not really good enough. That's the message.

Merlin social services appeared to have a culture that supported temporal flexibility across the hours and days of work. Yet it prevented people who could not work full-time from progression into management positions in the workplace because its performance criteria required that they, without exception, work full-time. It was this culture in Merlin social services, its attitude to part-time workers that took the choice away from Jenna, not her personal circumstances in needing to care for her relative. For Jenna this gave a very clear message: *"You're only a proper OT if you're full-timer. So interesting. Yes. That's it, you know. I know now. And I know now that's sort of how it is"*.

Several writers have noted the damage of the taken for granted assumption of full-time work, long hours and presenteeism in the workplace as the gold standard to part-time workers (Hochschild 2008; Rutherford 2001; Warren 2004). Others (e.g. Kittay 1999; 2001; McDowell 2004; Sevenhuijsen 2000; Williams 2004) have argued that social structures of labour markets and capitalism are creating moral and ethical dilemmas in forcing employees to make choices between caregiving and paid work and are, as social structures, inherently flawed. Hakim (2007), albeit noting barriers, has posited that opportunities for adaptive women, those who want to work part-time and carry responsibilities at home, are far more prevalent in affluent, modern day labour markets than ever before. This, Hakim purports has increased choice. Yet, as Jenna intimated, these choices are subject to personal circumstances and the attitudes and support offered in the workplace in valuing the participation of those who worked part-time. The ideal of a full-time, committed worker is a cultural tool, situated in a dynamic of workplace power and shaped by social attitudes to paid work and caring. Perlow (1998) and de Man et al (2008) have described this as a form of boundary control; 'the various ways in which managers in organisations cajole, encourage, coerce or otherwise influence the amount of time employees physically spend in the workplace' (Perlow 1998: 329).

This pressure to be and perform at work places participation in paid work as the ultimate goal and perpetuates conflicts between work and home and the ethical and moral dilemmas these can engender. The most invidious element of this within the organizational cultures of both Merlin and Aslan was that participants felt they had little control or ability to challenge or change these pressures from paid work into life, because of the taken for granted ways of being within the organizational cultures, and how this was inculcated through the power, hierarchy

and structures in everyday practice. As Richman and Mercer (2004:293) persuasively note:

Significant leaders (and ideologues) prescribe what the values 'should be' and the 'direction' that the organization should take. Thus, the 'top down management' has invisibility: hierarchy, reinterpretations and unitary aims become 'natural' in the assumptions of organization culture.

In Aslan and Merlin it seemed that organizational power structures and cultures managed the permeability between paid work, home and other life domains by controlling how time and energy was spent and directing it, when deemed necessary, into paid work. Interestingly, even in Merlin social services, where work-life balance was reported as supported by occupational therapy managers and temporal flexibility was apparent, all other activities in life came second to performance at work. In this vein, all participants, irrespective of setting, described some sort of psychological if not physical conflict between work and life as a consequence of the pressures of paid work spilling over into activities in the non-paid life domains. By assigning paid work with greater power and assuming this as normative through organizational cultures, so the home and other life domains were vulnerable to paid work flowing into their assigned space and eroding time and energy reserves in multiple ways. It is to this drive for organizational outcomes and performance cultures over employee autonomy and control of work-life balance that I now turn.

7.4. The cultures of work performance

Participants in Aslan healthcare and Merlin social services described little or no power, control or autonomy in the work domain over workloads, pressures, or resources in the management of work-life balance. In both settings, these drivers were reported as causing excessive pressures, accompanied with a sense of paid work as being speeded-up or intensified as more and more was expected in the working day. Participants noted these forces were responsible for creating work pressures and stress, which constrained time and energy inside and outside of paid work and created a sense of work-life imbalance and eroded well-being.

Interestingly, although respondents in Merlin social services described greater temporal flexibility and autonomy over the working pattern of their day (see 6.4), they described no relief in terms of workloads and gave no sense of any less workload pressure than their colleagues in Aslan healthcare. Whilst this was surprising, as participants had initially seemed so free at work, there was a lack of

control over workloads and a sense of the organization driving an intensification of paid work, pushing expectations in the workplace and promoting the need to expend more energy in less time. Reflecting Paton's (2001:63) notion of the 'more with less culture', greater temporal flexibility was experienced, but the expectations and measured outcomes in the workplace served to speed-up and intensify the pace of work, to such an extent that in terms of work-life balance, benefits from flexibility were nullified by that pressure. Due to the power and performance cultures in the workplace, so participants lost the ability to manage work-life balance because as Sennett (1998:59) has argued; 'a flexitime worker controls the location of labor, but does not gain greater control over the labor process itself'. This seemed to be the case in Merlin social services.

Occupational therapists in both settings seemed to be subject to organizational cultures concerned with prioritising work time and achieving work productivity outcomes. It was these forces that underpinned how workloads and work-life balance were constructed. In Aslan healthcare respondents spoke of a drive for discharging clients or patients from the service as the measure of ultimate success. The virtue of speed in this process was extolled as particular cultural ideal. In Merlin social services the prioritisation of 'urgent' cases and the speedy dispatching of the waiting lists were the ubiquitous performance indicators that participants constantly referred to in terms of managing their work, measuring their outcomes and preventing a personally meaningful work-life balance.

7.4.1. Aslan healthcare: The 'discharge' culture

Respondents in Aslan healthcare spoke of the performance dynamics in this setting as driven and maintained not only by the organization and its managers, but also by the medical profession. Participants described this triad of powerful forces as directing the speed of work, workloads, pressures, expectations and outcomes in the workplace. Across its varied settings respondents described how Aslan shared a particular focus on a culture that drove and measured success through the speedy discharge of clients or patients from the service. Creating powerful images of a work-driven and intensified performance culture, respondents denounced, in Owen's terms, the "*out as quickly as possible*" culture, as a particularly potent tool, causing immense time pressures, intensifying the work experience, and measuring work performance on the outcome of discharging the client or patient. Lowri, remarked that for her service,

located in an acute hospital setting, this meant working within an extremely limited time scale that intensified her work experience considerably; *"Being on the acute medical ward, I mean that's a 48 hours stay. You've got to work within that context. You know, within those confines, really"*. Misha noted that the service parameters in her rehabilitation setting were like a *"ten day snapshot"*, which meant that *"...to get things sorted out you're going some"*. Many participants suggested the medical profession created and maintained this discharge culture in Aslan healthcare. Rhys, working in a mental health hospital setting, remarked consultants *"...wanted the people out as quickly as possible"*, and Carys working in physical rehabilitation services contended consultants just demanded, *"I want that bed"*. It was this expectation in terms of discharge as an outcome measure that participants believed resulted in immense pressures to use their paid work time for that purpose. Whilst the power of the medical profession over other professional groups in healthcare settings is an accepted and well published characteristic of its culture (Freidson 2007; see 3.5.1), it became clear from participants accounts that the power and positioning of the medical profession in the workplace influenced not only the speed and pressures of paid work, but also one's personal work-life balance.

7.4.2. Medical power: orchestrating discharge and work-life balance

Maya described how she believed the medical profession orchestrated the pattern of her working day. She described how she was subject to constant changes in her workloads in response to the decisions doctors made about discharging patients. It seemed that these decisions were made at ward rounds and required an immediate response from her. She recounted how, when the medical doctor decided a patient was fit to be discharged from the hospital setting, she had to complete a pre-discharge assessment within the confines of a single day, causing immense pressure and stress:

I'd probably go into handover and the nurse would see me and say; 'Well, Doctor has seen them and there's probably 10 patients going today'. And I'd go on the other ward and they'd say 'Well there's eight patients here to go home today' [laugh]. And then half way through the day they'd say; 'Oh can you add another one on because Mr So and So, whose just had a ward round, he's going home today as well. Can you see him before 2 o'clock?' And it would be pressure like that all through the day. And you can't plan. You can't plan and prioritise really.

There was no sense of self-control in Maya's account. She appeared to believe she had no power to alter this pressure, and subsequently, no control over her

own workload. She responded to the medical demand to assess the patient, even though this caused her stress and extended her working day:

But what I am finding now is...I work lot more than 27 hours. I come in in the mornings very early so that I can finish by half three. But I don't finish at half three you know. It's been invariably 4.30. Sometimes I do late visits.

Maya implied that the time constraints and pressures of the working day were so great that she could not take back any of the time she worked over. She maintained she literally could not find the space to take the owed time out of paid work: *"And I try and write it all down. But you know, it might be quite a bit. So...well to be honest, I can't fit it in"*. This meant she lost time and energy to paid work without reciprocal replenishment. She reported this as causing work-life conflict by imposing time and energy pressures into her other life domains, especially her family commitments. Although she felt these personal and family pressures had improved as her children had grown, she still felt the impact at home:

It doesn't matter so much now the kids are older. I don't mind leaving them in the morning, since as long as I've basically got them ready they can take themselves off to school and things. And in the evening they've got keys and let themselves in or something, you know. But my husband's saying, 'Well, Maya, you don't get paid for this'.

Arial, whom you will recall was a part-time worker with a self-confessed preference for her caregiving role as a mother (7.2.1), worked in an acute hospital setting. She also felt the pressure to stay on at work to meet organizational and medical expectations. Unlike Maya, she described how she attempted to keep a sense of personal control and autonomy over this, but noted that she frequently felt she had to compromise and accede to workplace pressures:

If I can justify being here and it's not gonna impact on anything at home, I will come to a compromise. And I will stay on for certain things. So I do have to compromise sometimes. But it does depend on what it is really. Or I will say you know, 'You've only just given me that referral. It will wait until tomorrow'.

Whilst Arial spoke of making choices, she also highlighted a normative or cultural pressure to stay on in paid work to complete the jobs others required of her. She suggested pressures to compromise were coercive: *"But because it's a people job there can be emotional blackmail to a certain extent I think. Whereas if it was just an office job and it's paperwork it's not at same thing I don't think"*. She believed these kinds of pressure were maintained through custom and practice and that this was promoted through significant others:

I think the expectation's certainly there to see the patient on the ward. Whether you're full-time or part-time there's still that. And it probably comes from the

ward as well. You know, the nurses will say 'If you can't do it all, why don't you go full-time?' And, you know, they just can't cope with the idea that I'm not'.

This reflection of the cultural values of Aslan in the pressures instigated from significant others was reported as a potent tool in maintaining organizational ideals to perform and created varying degrees of concern or work-life pressures for individual respondents. The intensification experienced in work in Aslan was reported as creating competing pressures within the workplace itself as well as outside of it. Misha recounted an example of how her line managers had actually created competing pressures to perform between her need to discharge patients as a clinical outcome and her requirements to provide information to the management hierarchy at short notice within the work setting:

Wednesday afternoon [managers say] 'I need it by tea-time'. And you have two home visits booked. And then it's, 'I am sorry I can't do it' ...[they say] 'I need it by teatime. You'll have to get it to me by teatime'. And what do you do? You know, you've promised to go out and sort out your patient's problem and take out equipment or whatever. But then, you're told by your manager they need information. And that's often because above them, they want it now. So it's being sort of passed through the system.

She spoke of how she believed these dual pressures enhanced the conflicts she experienced between paid work and other life domains because she was forced to use her personal time and energy reserves to meet the competing demands in paid work and how that took time away from other life domains *"But that puts horrendous pressure on. And I've been known to be here until 9 o'clock at night just finishing data, which is wanted for the next morning. Because I haven't wanted it to impact on patient time"*.

Misha, like many other respondents, described a sense of intensified time and increasing multi-tasking in the workplace in order to meet competing work pressures. Yet, although reported as causing work-life imbalance, stress, strain and even ill-health, participants seemed to respond to these drives and attempted to achieve organizational expectations, irrespective of the fact that time and energy, once spent, was rarely, if ever, retrieved from the workplace and used in other life domains. Significant others in the workplace were presented as providing a normative frame that shaped and identified expectations and values associated with workplace participation and expectations. Respondents felt variously coerced or blackmailed into working longer hours and achieving organizational outcomes. Respondents described themselves as subject to more powerful others and the organization itself as an entity of control, both of which had the power and authority to make decisions that seemed, somehow, to be

binding on them and to create not only the pace of work and expectations in the workplace, but to influence how work-life balance was experienced as a way of being in everyday life. Richman and Mercer (2004:293) have described culture as ‘percolated by invisible power [which] creates a ‘gaze’ or way of seeing and interpreting reality that steers social interventions (ways of doing)’ (see 3.5.1). In Aslan healthcare it appeared that the measurement and focus on performance and organizational outcomes were the cultural norms. Merlin social services had a very similar cultural feel to Aslan healthcare in this regard, albeit its reported supportive, flexible culture and superior temporal adjustments to employee needs.

7.4.3. Merlin social services: The ‘priority and waiting list’ culture

In Merlin social services pressures to perform were reported as orchestrated by the organization. Respondents described prioritisation systems, put in place by Merlin, to measure performance through the reduction of the ever-growing waiting list and dealing with urgent cases within a specific time period. Whilst this group of participants had reported greater temporal flexibility than respondents from Aslan healthcare, organizational and hierarchical power politics, pressures on workloads and performance indicators were also described. In common with accounts from those working in Aslan healthcare, these were reported as detracting from the ability to manage work-life balance successfully. Rosie noted how she believed the pressures of daily work tainted the flexibility she was offered in Merlin: *“There is flexibility built into my job. If I start a bit later I can finish a bit later. Which is good. But then somewhere you still find that you’ve still to do more than, you know, you can get through on the day”*. Jenna talked about feeling unable to direct or manage her workload successfully because of multiple demands in the confines of her working week:

It’s about keeping control of the little bits. And that’s almost impossible to do in this environment. It’s actually quite frustrating. It’s actually quite stressful because you can’t actually do it. It’s impossible.

Anwen described how pressures to manage her workload and meet the expectation and demands of the organization caused her to worry about her responsibilities and intimated a sense of burgeoning stress:

My last count of my caseload was 46. Now they’re not all people that I’m having to see every week. Some of them have had the intensive work done and now we’re waiting for equipment to be delivered or something. And then that will be followed up in due course. However, we’re still responsible until

that intervention is in place and has been proved to be satisfactory by the organization. And that's always pressure.

Several respondents talked about the prioritisation systems imposed by Merlin to categorise the referrals to occupational therapy and manage the waiting list. Jazz described how through this system, people referred to the service were placed on the waiting list as a category 1, 2, or 3. This identified the apparent urgency of the service user's perceived needs to receive occupational therapy services:

I think a category 1, we have to have first contact in four weeks. So we make sure that our category 1's are dealt with. Because if there's a lot going on there you don't want to put it in the backlog with the category 2's and 3's. And those [cat 1] we tend to do within about a week. So you make it [an appointment] for next week to go out and see them.

This organizational power and control over the referrals and subsequent waiting lists meant not only that access to, and the length of time service users' waited for occupational therapy services was designated by the organization's prioritisation of need, but that occupational therapists worked to a performance agenda controlled by the organization.

7.4.4. Merlin's power over waiting lists and priorities

Rhiannon spoke about how she felt she had try and make decisions in her everyday work to manage the workloads, but that urgent cases always prevented successful planning or a sense of control:

You have to keep your head above water and find your ways to discriminate really, between what's really important and what might appear to be. So you get very astute at getting the facts. So trying to establish what's factual really, with cases that come in. And urgents, that sort of tips the balance. If anything, it's the things that you can't plan for.

Catrin suggested that whilst she believed the demands on the occupational therapy service were high, there appeared to be very little recognition by the organization that this high demand was causing pressure; "OTs have very, very high referral rates. But Merlin doesn't seem to recognise it or care". Jenna seemed to share this contention; "We take two thirds of referrals which is amazing. And yet, you know the concentration is on the one third with the social worker". Nia also described what she viewed as a lack of recognition from Merlin about the high workloads she believed occupational therapists carried in comparison to the social workers. She recounted how she felt this led to resentment in the occupational therapy team:

I mean that's why the resentment creeps in, isn't it. Because I think as far as we're concerned, in terms of our statistics, we have 75% of all adult services referrals coming in. So we have a huge volume of work. We have a backlog. And for some reason that doesn't seem to be recognised.

Seren and Bron, as the senior practitioners, both implicated a perceived imbalance between the workloads carried and actual number of occupational therapists employed in Merlin social services. Seren noted that occupational therapists were a very small group in the larger organization, which, predominantly, comprised of social workers. Albeit this, she maintained occupational therapists carried out the majority of the work: *"66% of all referrals for social services are for the occupational therapy department. And we only add up to nine full-time equivalents.* Bron, supporting this contention, recounted that whilst there was only a small number of occupational therapists employed in Merlin services there was *"...a very large amount of work. There's over 700 people waiting to see us as we speak".*

Whilst participants working in Merlin social services, like their health colleagues, described pressures at work as resulting from service demands, including the volume of work, timed performance outcomes and the expectations in terms of work output by the organization, they also described, how they felt that work was inequitably shared out between the occupational therapy and social work professions.

This belief of inequitable workloads, pressures and a difference in the value and recognition of the two professions in Merlin social services caused respondents to describe a sense of being undervalued as a profession and was intimated as eroding satisfaction in paid work and work-life balance. Intriguingly this sense of injustice was reflected in reports from Aslan in terms of physiotherapists receiving higher bands in the new agenda for change grading system.

Studies in occupational therapy have linked stress and burnout as a common problem in practitioners because of poor relationships at work in terms of limited value and recognition in the workplace (see 3.7.2). In work-life balance literature the spillover theory has long identified the importance of feelings at work and how this can influence work-life balance (Guest 2002; Rothbard et al 2005; Sandelands & Boundens 2000). Meyerson has argued that emotions at work are significant in the context of work-life balance, not just because these feelings spillover into personal life, but because the powers that be in organizations could 'honour' emotions and support employees instead of ignoring feelings or attributing them as a personal weakness. She argues that if organizations were

viewed as 'the site of feelings' then different conversations would occur within organizations about the nature of the relationships between organization and employee:

Such conversations could suggest ways people can care for each other as they struggle to straddle multiple roles. To be sure, this kind of portrait would generate a different kind of conversation about 'balance' (Meyerson 2000:176).

Meyerson may be right in her contention. But this kind of change would require a different culture: one that could accept and engender emotion in the workplace and assume a shared and equitable balance of power and control, not only over work-life balance but over paid work itself. In Merlin social services, all participants described how the length of the waiting lists and systems of priorities measured their performance and efficiency. Participants in Aslan healthcare described the effective discharge of patients as their priority and goal. In both organizations, participants' experiences suggested the organizational drivers for performance impacted on how work was constructed by driving performance, controlling time and limiting employee autonomy. This influenced work-life balance by controlling how paid work unfolded in the workplace and created pressures on individual participants to compromise personal time to meet organizational demands. These pressures to perform at work were maintained through various systems of power, control, measurement, custom and practice. The lack of personal methods to effectively manage workloads in lieu of the organizations using employee time and energy to achieve performance outcomes appeared to irrevocably reduce work-life balance and well-being for participants in the study. In whatever setting participants worked, with or without temporal flexibility, the ability to achieve congruence between the individual's requirements and the organizations across life domains was challenged. As mentioned previously (6.33), Grote and Raeder (2009:222) have used the term 'ecological consistency' to describe, 'the perception of coherence of one's own behaviour across different spheres of life.' They suggest achieving a personal sense of balance in this state is necessitated for life satisfaction and is supported by the presence of temporal flexibility in an organization. One would have to agree that that yes, Merlin as a flexible organization, did offer more adjustments for its workers but, it is also clear that performance criteria and power dynamics in the organization reduced the effectiveness of this tool. Even in Merlin social services where temporal flexibility was a plausible tool to manage work-life conflict, what was given with one hand was taken with the other and psychological stress was experienced even if physical conflicts between paid work and home were not.

What was lacking was any sense of a personal or internal locus of control over work-life balance.

7.5. Conclusion

Respondents in Aslan healthcare and Merlin social services described little or no autonomy and control over their workloads, and little or no emotional satisfaction in the workplace or over work-life balance. These organizations, and their powerful representatives, by holding the power and locus of control over work-life balance policies, the pace, time, workloads, work schedules, expectations and performance measures of paid work, dominated the worker and prevented personal choice or autonomy to manage personal, family, caring and leisure domains in meaningful ways both physically and psychologically. Cultures in both organizations seemed to support the notion of the full-time worker who was fully committed to the workplace as the ideal and required this, without compromise, if promotion to a management position was to be achieved. This expectation excluded individuals who did not have this flexibility from such positions, even, it seemed, if they had the skills do to the job. Due to stereotypical caring responsibilities this tended to be predominantly women.

All participants described a need to perform and a drive to meet the organizational outcomes, whether this constrained personal time and energy in work-life balance, or created pressure and stress at work. Under these circumstances work-life imbalance was created and participants felt compelled to concede to organizational demands, because they feared the consequence of failure. This was an invidious position for staff, not only because it limited choice and control over paid work and work-life balance, but because it limited the opportunity to change the cultural strands that maintained the accepted way of doing things within the organizations. In essence both organizations prevented achieving 'ecological consistency' across life domains (Grote & Raeder 2009) by eroding the time and energy necessary for participation in all non-paid life activities and through the stringent application of workplace expectations limiting personal choice. One could suggest that the work-life balance agendas in Merlin social services and Aslan healthcare were, in fact, a subversive tool to ensure compliance with work pressures and feed the organizations' needs for human energy. The impact of these practices on the nature of human well-being will be the focus of the following chapter.

Chapter 8

Eroding Time, Energy and Well-Being through Paid Work

8.1. Human resilience in a work-mad world

This chapter will explore the theme of the erosion of worker well-being through the organizational cultures of work. It will argue that Merlin social services and Aslan healthcare took time and energy from life domains other than paid work to supplement the latter, and that this practice created work-life imbalance by eroding the individual's time, energy and psychological and emotional resources required for personal, family and social health and well-being. In Pittman's (1994) and Coser (1974:4) terms these organizations were 'greedy' because their demands for time and energy 'on the person are omnivorous'.

I will illustrate how respondents believed paid work itself had become intensified, describing increasing pressures to perform to meet organizational outcomes measured on productivity and economic efficiency, without regard for employee well-being. It has been coherently argued that capitalist economies *use* employees' time and energy to achieve productivity in terms of economic growth and efficiency (Costea et al 2008; Sennett 2006). In Lefebvre's (2004:xii) terms the worker has become part of the 'cycle of production'. The UK Government has appeared to support this approach for all adults of working age, including those with caring responsibilities:

A more effective use of human resources within the economy, including the better utilisation of skills of those with caring responsibilities, is likely to have a beneficial impact on the UK's productivity. It is clear that an efficient labour-market—one where the pool of labour is maximised and utilised to its full—is essential to the UK's competitiveness (HM Treasury 2003: 3.29).

Several papers maintain that this approach to labour participation is unsustainable in terms of workers' well-being because it *uses* the individual's resources of time and energy without reciprocal replenishment (Bunting 2005; Hochschild 2000, 2003; Sennett 1998) and erodes time and energy for other life activities, which individuals find enhancing to their state of well-being (Warren 2004). Bunting (2005), Gambles et al (2006) and Voydanoff (2005c) maintain that the depletion of time and energy into paid work and the level of psychological spillover from paid work into other life activities is eroding personal, family and social resilience to such an extent that it is becoming an unsustainable practice in present times. This, I will posit, places the influence of paid work, and the

imbalance it creates as not only a tool to challenge personal well-being, but the very fabric and structure of a healthy society.

In the following section I will describe respondents' reflections and experiences of the external pressures and control of work-life balance by organizational cultures on their perceptions of well-being. I will begin by exploring how the sense of work intensification and lack of control over work pressures and workloads influenced well-being and work-life balance. I will then go on to compare and contrast the emerging themes from the two organizational settings and draw conclusions for this before progressing to the ensuing discussion chapter.

8.2. Using workers' time and energy in the cycles of production

The experience of increased intensification and pressure of paid work on individual employees was a common theme in participants' accounts. In both Aslan healthcare and Merlin social services, respondents described continuous cycles of work, citing the amount of work, the complexity of cases they carried, limited resources and the lack of a sense of control or autonomy over these pressures at work as preventing proactive intervention. They spoke of how demands for work seemed to be becoming greater and time constraints tighter, with external organizational pressures driving the pace of work and measuring outcomes. Participants in both settings used the word relentless to express the sense of the continual demands and pressures to perform at work. There was a strong sense of time as speeded up, with greater expectations or tasks added onto the daily patterns of work, creating experiences of extra time pressures, recalling Paton's (2001:63) notion of a 'more with less culture'.

In Aslan healthcare in particular, participants described feeling overwhelmed by additional tasks and expectations, evoking images of themselves as juggling or spinning plates to keep multiple tasks going at any one time. Akin to the themes around the cultures of flexibility and work-life balance (chapter 6), and pressured cultures created by organizational and managerial power and expectations (chapter 7), participants described how a sense of work intensification and drive to perform created conflict scenarios between organizational demands and life commitments through psychological spillover from work into other life domains, and reciprocally through the depletion of the resources of time and energy from other life domains to paid work. Participants went on to describe how they believed this facilitated a sense of work-life imbalance by creating conflicts in the

use of resources and feelings of exhaustion and personal stress, but also how this spillover and depletion of resources influenced personal life to such an extent that it challenged well-being at personal, family and social levels.

Allen and Pilnick (2006), Barnes and Van Dyne (2009) and Costea et al (2008) amongst others, have intimated that the *use* of employees' individual resources is of particular salience for those employed as knowledge workers, because the time and energy used by the employing organizations is not only physical, but also psychological and emotional. This, they argue, can lead to higher levels of stress and fatigue, by draining not only physical energies, but emotional and psychological ones as well. It is this depletion of psychological and emotional energies in particular, that has been associated with burnout and exhaustion in the worker (Barnes & Van Dyne 2009). This kind of depletion has been highlighted as a particular problem for occupational therapists working in health and social care arenas in the UK, and burnout as a common stress response (See 3.7.2 for discussion on this). I will begin by introducing the accounts from Aslan healthcare, and then move on to describe the findings from Merlin social services.

8.3. Aslan healthcare: pressure and stress

Participants in Aslan healthcare described work demands as '*relentless*'. Dylan, working in a community mental health setting, described the constant pressure on his service as "*like being on the M25. If there's a gap it's filled up*". Others evoked the metaphor of hamsters on wheels to describe the constancy of work demand or depicted themselves as spinning plates and juggling different tasks to describe the sense of intensification and multiple expectations within the paid work domain. Participants intimated that what they felt was an excessive use of time and energy in paid work created worries, feelings of stress, strain and work-life imbalance because paid work was competitive and created conflicts with other life activities.

Many recounted demands for time and energy at work as having become worse over time. Some attributed this directly to the recent modernisation agenda in healthcare (see 5.2 for discussions around this theme), others to incremental changes in pressures and the intensification of paid work over their careers. Whether or not work pressures had actually, in practice, increased, or as Tal reflected, was a view of the past through "*rose tinted glasses*", participants

certainly identified changes in the pace and expectations of paid work over time, and subjectively associated this with increased pressures in their pattern and tempo of work-life balance. The accounts offered gave an insight into what participants believed to be their personal journey and reality of work-life balance in their working lives. As Maxwell (1996:56) simply surmises, 'Interviewing someone can only tell you what that person thinks or feels or values about what they think is real. It can never tell you what is actually real now or what was actually real in the past'.

8.3.1. Intensification: The pressure of paid work

Tal attributed the increased pressures he experienced in paid work on a belief in the intensification of work in the NHS. He maintained that the demand for services in healthcare had always exceeded supply, but this seemed to be becoming incrementally worse. He recalled a time when paid work seemed less pressured, where there seemed to be variations in workloads. But now, akin to Dylan's metaphor of the M25 (8.3), Tal described how he felt this variability had been replaced by a constant sense of work pressure, intimating this was something over which he had no control:

Well, you see, the fact of the matter is in the NHS, and I am sure it's true of other organizations as well. The demand exceeds supply. It always has done. And it always will do. But it seems to get kind of incrementally worse as time goes on. You know, maybe it's rose tinted glasses, but I'm sure I can remember a time when, you know, you had kind of peaks and troughs. And you'd have really busy periods. And then you'd have quieter periods. And that just doesn't happen anymore. It's like it's relentless.

Lowri spoke of the recent changes that had occurred in healthcare and suggested she believed this was causal to the extra pressures she presently experienced in her work and life domains. She particularly recounted how she, as an occupational therapy manager, had found the process of workforce reconfiguration as an additional pressure and demand on her time and energy. This challenged her available resources for other activities in the workplace, and consequently increased pressure, causing her greater personal stress:

And I think with the new Modernisation agenda with Agenda for Change and Knowledge and Skills Framework of the KSF coming in, that's an add-on to what is, already, quite a busy job. So that's often a major source of stress knowing that you're neglecting something but not having the time to address it.

Like Tal, Lowri gave no suggestion that she could act on this intensified feeling and change it, even though she was aware of the causal factors. There was no

sense of an internal locus of control: rather impotence, or a notion of *fait accompli* in how busy paid work had become and its impact on her stress levels and personal well-being.

Misha, working in rehabilitation services in Aslan healthcare, also believed that prior to the modernisation agenda “*everything used to be a slower pace*”. Like Lowri, she now felt like extra work activities had infiltrated so much into her paid work time that she had to continually multitask to keep on top of her workload. Misha described a sense of running frantically between tasks, of being speeded-up as a result of this, having very little time to plan or reflect on her work and consequently, feeling stressed and pressured:

And I often describe my working life like spinning plates. And you're just trying to keep loads of plates going. And sometimes, you know, you're rushing from one to the other to keep things going. And that's really where the stress is.

Haf described a similar sense of paid work being speeded-up, and of experiencing a sense of uncontrollable and continual pressures in the work domain. She envisioned herself as a hamster stuck on a wheel, depicting how these extra tasks created a sense of never-ending and increasingly demanding cycles of work, intimating exhaustion or burnout as the eventual outcome:

But the danger is that you keep taking on, taking on. And then eventually, you know, you feel like a hamster on a wheel. And you think, stop! I need to get off. Because the faster you run, the faster the wheel goes, and the faster you have to go to keep on it.

This sense of being ‘out of control’ in terms of managing ever increasing workloads and being responsive to on-going organizational demands in Aslan, irrespective of well-being and personal work-life balance, was an extremely common thread in participants accounts. Several participants spoke of intensification at work and some identified tightened resources as causing increased pressures and limiting opportunities for achieving work-life balance.

Saffi suggested; “Now, with everything going up a scale its harder. Work’s just harder”. Haf spoke of Aslan having lost the ability to be flexible in when and how people worked “I used to work on Saturdays sometimes. Or in the night when [husband] was off. Couldn’t do that now. Have to be here to discharge quickly. There’s no time to wait on OT you see”.

Aisha, although working part-time, spoke of being pressured to complete a clinical load representative of full-time staff member because Aslan would not advertise the part-time vacancy that corresponded to the other half of her role:

The job was a full-time one. But now, cos of money they say, [Aslan] they won't advertise the post. We need it. I mean I'm covering two community mental health teams. And really, if I were full-time, I should only be doing one. It just makes the job impossible. And I if I let myself I'd sink.

Dylan as a full-time worker in Aslan, also spoke of limited resources as causal to his work based pressures. Like Aisha, he implicated stress as an outcome, but also questioned more pragmatically what Aslan was doing to address these issues of increasing demand and limited resources. He pondered on his own, and that of other workers' well-being as a result of what appeared to be a lack of response from the organization in terms of employee pressures at work:

My waiting list used to be around 3 months. Now it's around a year...I just think that, you know, if I had a technical instructor, basic grade or another Senior II alone, in the one team, they'd be sort of more than adequately busy. But that won't change [laugh]. Daft isn't it when you think I'm here trying to work on people's stress levels. Never mind healer, heal thyself. What about healthcare caring for the health of the staff? That one's long gone.

Tal described how he believed employees' time and energy were overused in Aslan healthcare to meet organizational outcomes and performance targets, without thought of replenishment. He depicted a constant organizational drain on the individual's energy and time, one where employees were not only utilised as resources for organizational success, but where an individual's successful performance resulted in even greater demands on their time and energy; "You know the more you're prepared to give, the more the kind of system will suck out of you basically so". He suggested that work-life balance practices in Aslan healthcare actively created stress and work-life imbalance:

The Government came in, having made certain promises about things like work-life balance. That they, you know, were intent on seeing changes. But in Aslan, I still hear of no end of cases of people who um, you know, would like to make changes to their kind of working life and are just turned down flatly. And that just creates stress and causes pressures.

Supporting the findings of Coyle (2005) and McBride (2003) in their studies of work-life balance in healthcare organizations (see 2.1), and recalling discussions in previous chapters, Morgan noted that the modernisation agenda imposed by New Labour, had, in rhetorical terms, set out to improve the work-life balance and well-being of staff, but countered that in reality, the systems implemented were to achieve organizational success through financial benefits for the organization (i.e. the business case), and not by an increase in the work-life balance opportunities and well-being of staff:

But also, you know, in Modernisation there's what's called benefits realisation. So actually making them [staff] work. You know we've got the whole Agenda

for Change system coming, which is supposed to properly reward people. But the other part of it is actually getting back some of that additional money that's gone in. What's called 'theory of constraints'.

In simple terms, Morgan suggests it was efficiency and productivity gains that mattered to the organization. Assuming the worker as the resource to achieve that placed worker well-being, through a reduction in work pressures and workloads, as the antipathy of financial success. Costea et al (2008:666) have argued that through the position of worker as a resource in the workplace, so employees lose not only the power to manage their own workloads, work patterns and performance but are; '...exhorted to expand and intensify their contribution as selves (as 'human resources') in order to enhance production, [and] maximize value, thus leading the organization to success'. They maintain that this practice is at the expense of employee well-being and health. This appeared to be the case in Aslan healthcare. Pressures on staff to perform, and the intensification of work were all apparent themes and experiences in the organization. It was this use of people as resources and the drive to achieve more with that resource in less time and with less money that created a speeded-up sense of pressure within paid work. Respondents described how they felt driven by an externally devolved locus of control and power inherent in the organizational culture. This subjected employees to long working hours, performance targets and work pressures, which they reciprocally, felt somehow compelled to achieve.

Participants also depicted a sense of constancy in these work pressures, which eroded personal well-being, not only in paid work, but across all life domains. They talked of being trapped into cyclical, continuous patterns of everyday life, which were centred on paid work. This was reported as causing imbalance between paid work and other life activities, citing psychological spillover and depletion of resources as eroding personal and family well-being as a consequence.

8.3.2. Paid work: the pivotal point in work-life balance and well-being

Aslan was not only reported as demanding more time and energy in the workplace, eroding personal resources and intensifying pressures in paid work, but of taking the resources of time and energy from other life activities and, subsequently, actively reducing personal well-being.

Several respondents working in Aslan talked about how they experienced pressures in their everyday lives as a result of paid work's demands. Some

talked about worries, recounting psychological spillover into personal time. Others talked of paid work constraining physical space and demanding personal time and energy, depleting that from other life domains to supplement paid work. In all cases this was recounted as eroding well-being. Tal, working in a mental health setting, described how he had reduced his working hours, because he had found worries about work populating his thoughts in his personal time and reducing his ability to do activities he valued:

I'm sure that everyone says this but you know, sleepless nights, mulling things over. And also think I just didn't have time to do things that were important to me and are valued. So it was kind of combination of those things, really. Just to kind of redress the balance.

Misha also described how her thoughts were taken over by worries about work and how that had disrupted her sleep pattern:

And I don't mind working hard. And I don't mind giving the hours. It's when it impacts on other things and I feel I'm not being able to cope with it. And that's when I get stressed. Because I think I'm not actually coping with this. And when you wake up at sort of 3 o'clock in the morning and you're planning out treatment plans for people. That's the time you know it's really getting to a point where it's a bit of an overload.

Maya described feelings of both psychological and physical stress as a consequence of the intensive pressures she believed she experienced in her workplace. Like Tal and Misha, she described her thoughts as continually focussed on paid work, directly affecting her psychological and physical health and well-being:

Even the four days I had off in between I would be thinking about work all that time. And by the Sunday I would be still be thinking about work. What have I got tomorrow? I never knew what I would go into you know. So yes. It really affected me. I was ill. I lost a lot of weight. And I was sort of a person that didn't like taking time off sick so I was going in whatever, you know.

She observed how the worries and stresses of paid work infiltrated into her personal life to such an extent that she believed it reduced her effectiveness in those life domains and influenced the nature and quality of her relationships with her family:

I was invariably late picking the kids up. Then trying to get home and cook the tea and taking them off to their swimming and everything else. I used to be exhausted. Absolutely shattered. Yeh, it took its toll on me I think.

Brannen (2005:114) has argued that the intensification of paid work in modern society prevents people thinking and planning proactively about work-life balance because they are constantly dealing with the demands paid work places on their time and energy:

...the busyness of work follows people home while the demands and concerns of family life remain in the foreground. A constant state of busyness leaves little time or space to contemplate what lies beyond the present. It not only stops people from imagining the future; it stops them from doing anything about it or creating changes in the future (Brannen 2005:116-7).

Brannen's views seem to capture the sense of impotence respondents described in managing their own work-life balance because of the consuming and controlling nature of paid work. This was described as leading to repetitive patterns of daily life, associated with conflicts in time and energy, little or no pleasure or personal space for activities that were enjoyed, and ultimately ill-health. As they rushed to complete their daily tasks, so a lack of thinking, planning and reflective time seemed to be perpetuated and be relevant to many respondents' feelings of imbalance.

8.3.3. No time to plan, to enjoy or just to be

Lowri, like Haf (8.3), used the metaphor of a hamster on a wheel to depict her sense of a lack of control and busyness in paid work, and how she believed this reduced her sense of well-being in everyday life. She described how she believed her daily routine; both inside and outside of paid work had become habituated into a repetitive pattern of activities. This was something she felt she could not control, but which had become regimented in this way in order to meet the increasing demands of paid work:

And it's the routine of work wears you out. Every now and again I start to feel as if I'm on a hamster wheel. You know, I'm getting out of the bed. I'm getting in the shower at the same time. I'm slapping on the same makeup. I'm wearing the same suit. I'm getting in the car at the same time. I'm going down the same drive and going down the same motorway and seeing the same cars. And I'm going into the same car parking space.

She spoke of how she hated this sense of routine, and how she found this repetitive pattern of everyday activities as stressful in terms of her sense of well-being; *I'm not one for routine and it's enforced on you. So I find that quite stressful you know? I don't like that, you know?* Describing a separation in the way she would have liked to be from what she was actually able to do on a daily basis, Lowri described how she felt that the options and choices available to her to manage work pressures were limited, and required a compromise or 'trade-off' in order to make, what you might say, was the best of bad job. An achievement of feeling more in control of work would have required the loss of even more personal time with her partner or her friends:

You can do things like take it [work] home with you. Or come in a bit earlier and work. But you don't want to start doing that really. Because it starts eating into your life. You've got to explain it to your partner. Or you don't take up the hobbies or go out and see your friends and stuff like that. So it [work] starts getting in the way there.

This she intimated, negatively influenced her well-being and personal sense of self, reducing her enjoyment of life:

And it does. Work takes up so much. It exhausts you. It makes you boring. If you're bringing stuff home at night, you're gonna do that first while you still got the energy. Everything then gets shifted to the weekend and that's a guaranteed failure really. I mean it really. So it's got a messy big F written all over it. Failed. Try harder [laugh]. I think, yes, I think that really impacts for me. Yes.

She recounted how she felt she had to seek respite from the pressures of work by taking annual leave in order to break the subsequent patterns or routines she hated: "*And that will get you down a bit so you've got to try to take time out from work when that happens just to get a break*". Like Misha and Haf, she felt the only effective method she had of maintaining any sense of control over personal time and a sense of well-being was by stopping, or getting off that work driven wheel.

Participants described themselves as subject to a temporal cycle of everyday activities revolving around the central pivotal point of paid work. The organization's expectations of the time and energy required to be spent at work plotted out the whole pattern of life activities and created the employee's balance of work-life. This was invariably experienced as imbalanced by a priority and bias toward paid work and stress measured by the amount of work necessitated to achieve expectations, and the impact this had on personal time and other life activities. Lefebvre (2004:74) has described how he believed industrialised clock time has imposed 'monotonous repetitions' on people, which disturb 'natural rhythms' and personal well-being. He maintained paid work was prioritised in time as a 'general law of society' in Western economies, and consequently it was paid work, as a point of reference, that created formalised routines in everyday life:

There is not time to do everything but every 'doing' has its time. These fragments form a hierarchy, but work remains to a large extent essential...the reference to which we try to refer everything else back (Lefebvre 2004:74).

This reference or pivotal point of paid work was prevalent in participant accounts. It meant that personal life activities were not only routinized and constrained by paid work, but also prioritised around the importance of paid work.

8.3.4. Personal activities, well-being and paid work

Aisha, a part-time worker in a community mental health setting, described how she constantly felt life was *"juggling your priorities of work and trying to fit your own needs in amongst it"*. Saffi talked about how she felt her multiple roles outside of paid work were *"a constant juggling act"*. She described how, because of the pressures exerted by paid work, that activity came first in her priorities. All family activities, albeit described as more personally valued (see 7.2.3), were stacked underneath in terms of descending priority. Although she indicated some element of personal preference by prioritisation of these life activities outside of paid work, she, like Lowri, was not content with what she felt were the 'trade-offs' or the compromises she had to make in terms of losses and conflicts as a result of the choices made. She reported an interesting conundrum in terms of the guilt she experienced through sharing out her precious personal time: *"I mean my poor husband. Outside work my kids come first. Which is awful. So any spare time I've got, if they need me, they get it. And then my husband comes third. Which has caused trouble"*. In simple terms Saffi made choices about the use of her time, which influenced her family relationships and work-life balance, and like Lowri, made her unhappy, because there was too little time and energy to achieve all she wanted too outside of work. She was not content with her personal management strategies because these choices were abrogated by the demands of paid work and, she intimated, unpaid domestic tasks, which meant in reality she had to place her children below paid and unpaid work, yet above her husband, who had whatever resources were left:

I feel that if I was at home during the day when they came home from school all my attention could be there. Whereas now I'm coming home from work you know. And for an hour and a half I'll be cooking tea. Cleaning up. And then it's, you know, it's whatever I've got left.

This system of prioritisation had a psychological and emotional context in which she worried not just about paid work, but how it impacted on her time or psychological space in other life domains, affecting quality of life and relationships in the family. Saffi's work stress, her lack of what Williams (2001:488) has called 'personal time and space' and 'care time and space' as opposed to 'work time and space', caused pressures in her personal sense of self, the home domain and in her family relationships:

It does [cause stress]. I mean, so much so, that my husband, he's desperate for me to find a different job. He's saying 'You aren't happy at work'. Because when I go home from work all I want to do is sit and not talk. Because I've had

it all day. And I just want to sit down and unwind. And he thinks I'm unhappy and depressed.

As a greedy institution, demanding in Quinlan and Bole's (2009:1) terms an 'overstretched and unreciprocated commitment' to the workplace, so Aslan created work-life imbalance and reduced well-being by eroding the time and energy necessary for meaningful participation in all other life domains. Inclusive to this, Aslan healthcare eroded the psychological energies necessary to experience emotional and practical care for self and others. The cycle of production pulled in the time and energies needed for a satisfactory experience in personal life domains and appeared to create the pattern of everyday activity, with paid work as the central pivotal point around which all other domains and activities revolved. In a sense one could suggest that paid work institutionalised time and energy use in the everyday cycle of life and colonized personal thinking, leaving little space for anything else. Hochschild (2000:51) has illustrated that workers 'Taylorized' their home and personal time, meaning that they segmented personal time and space into efficiency packets to manage their daily activities effectively around the demands of paid work. Tasks at home she described as a 'second shift' of unpaid work carried out predominantly women because of traditional gender contracts and has also developed the notion of 'the third shift' to describe the emotional context: the concerns and worries that workers have over reducing the limited resources they have left to supplement the home and caring domains. It is to the erosion of time and energy for relationships of self with significant others, as a result of the demands of paid work, that I now turn.

8.3.5. Kith and kin

As well as the difficulties of managing her everyday commitments as a paid worker, mother, wife and unpaid homemaker, Maya spoke of her commitments as a caregiver for older relatives. An activity she described as squashed into the weekends:

And I've got parents as well. I mean they're getting older and live up in XX. So I go there every Sunday. So that's again...They keep saying 'Don't feel you have to come up'. But it's my time with them. And that's become a chore because that's the whole Sunday morning. And we're not back until after lunch. And then there's not much time to do anything in the afternoon. So that takes time out as well. But I wouldn't have that any other way. I wouldn't want to not do that.

Whilst she battled with worries about work (see 8.3.2), she also worried about her commitments to others, and the sense of responsibility she had to those roles.

There was a sense that elder care had become a chore *because* it took time from other tasks, rather than being something she did not want to do. She intimated a sense of guilt about feeling her parents were a burden because she did, in fact, want to care for them, but that there was insufficient time to do so. Saffi, who you will recall spoke of her work pressures eroding her family relationships, especially with her husband (see 8.3.1), also recounted pressures in the responsibilities she carried in elder care. She appeared more directly resentful of that task than Maya and simultaneously, guilty of feeling that way. Saffi spoke of managing her caring role by using annual leave to support her parents, which she felt took away her personal holiday or leisure time. This was her point of contention. She wanted to care for others *and* to have breaks for herself. She was challenged by her feelings of achieving the former, which she felt she *had* to do, by compromising the latter, which was something she really *wanted* to do:

And I think you know part of my problem is that a lot of my holidays are spent going back home. My father's quite disabled. So when I've got holidays, I feel I ought to go up there to support my mother because they don't have a carer. So it's like when you have got your holidays, a lot of the time it's going up there because I feel guilty that I should be going there.

As I listened to Saffi, my thoughts were drawn to why paid work took up so much of her time and energy that she found herself in this moral maze. This seemed particularly pertinent, as Saffi wanted to work part-time, but was unable to do so because of Aslan's views that, as a manager, she *had* to work full-time. Maya spoke of how she believed people were often faced with this kind of dilemma in managing paid work, caregiving and self-time because they were subject to socially defined roles. These, she suggested, were the socially prescribed roles that people they felt they *had* to do or should do. As these expected, normative roles were invariably obligatory, they were focussed on first. Non-obligatory activities, which people felt they *wanted* to do or chose to do, were ranked lower in priorities:

It's getting the balance right between things you have to do and the things you enjoy doing. Which I am sure in this day and age is balanced more toward the things you have to do. 'I think we should be doing this'.

Guest (2002) has identified that the focus of work-life balance on paid work and home domains is a direct result of this drive for obligatory activities. Paid work is the ultimate goal; family roles and responsibilities are second. Community, leisure and social activities, rank a poor third. For Saffi and Maya the multiple roles they held outside of paid work were greater than the time available left after paid work to complete them. This caused conflict, not only in their sense of psychological

stress and resource depletion, but in terms of personal expectations and values: their sense of self. This, to me, seems to be a fundamental sticking point in the work-life balance and personal well-being thesis. As social agents we have scripted lives, which define how we should be in everyday life and prescribe, to a certain extent, the activities in which we *should* feel satisfaction. The difficulty arises when these 'shoulds' along with the 'wants' are not achieved or realised by the individual agent. As Kofodimos (1993:59-60) puts it, our sense of self is formed through:

An image of a person that we want to be and feel we should be...The image always incorporates a set of 'shoulds'; who we should be; how we should be; how we should feel; and want we should want. Furthermore we seek to live up to this image, and our self-esteem depends on how closely we feel we are living up to it. The problem with this dynamic is that the idealized image does not match the range of dimensions of our real selves.

This is Saffi's problem; her 'shoulds' and 'wants' could not be adequately achieved in the scarcity of her time and depletion of her energy resources. She felt she *should* care for her parents and even wanted to, as Maya stated she did. But this left no time for personal wants, in this case, the individual's needs for rest and leisure, the non-obligatory activities essential to well-being (Gergen 2000; Warren 2004). Themes in terms of these kinds of trade-offs or compromises between what people felt they *wanted* to do and what they felt they *had* to do in order to manage multiple life commitments were common.

River described how she found the pressures of her multiple responsibilities in life as overwhelming. She seemed to suggest her expected roles were too great and consequently, through that lack of achievement, experienced low self-esteem and personal well-being. In particular, she noted how she resented the pressures she felt were imposed upon her by being a wife, a mother and paid worker, because she felt she could not find a sense of balance by doing all three:

Well I think [occupational] balance is about having a healthy balance between work, leisure and personal commitments. And I personally find that a struggle...But now I find that I'm sacrificing my personal time for my husband, my child, for work. And there's hardly any left at all for me. And so any sort of personal goals that I've got, you know, even if it's something simple like learning to speak Welsh or learning to ice skate, I just haven't got the time for. I just can't see me being able to fit in those leisure pursuits that I'd like to fit in. And I think it affects your self-esteem. It certainly affects my self-esteem. Because I just...I'm not a rounded person. I don't feel I'm a rounded person because I'm giving a lot of myself away to others really, I suppose, you know?

This gap between what people *wanted* to do and what they actually *had* to do in work-life balance led to psychological stress or ill-health because there was an

incongruence between the *actual* experience of work-life balance and the *ideal* they wished they had or could achieve. Williams (2004:38) maintains that the pressures people experience to do the activities they '*ought*' to do illustrates a paradox in the British normative social model between the priority of 'making work pay' as adult workers, and the moral considerations of caring, including good parenting and caring for family members (see 2.3.2). In other words, even in the *ought* activities there is conflict because, as described earlier, paid work either demands more than one can easily give or caring responsibilities mean one cannot meet the workplace 'ideal'. In such situations people are pushed to make decisions about activities that are not necessarily positive to their own or to others well-being, but are, none-the-less taken, because they seem necessary for survival. It is these kinds of compromises or trade-offs, which occur because of socio-cultural ideals that question the plausibility of Hakim's (2007) preference theory. In the real world whilst options in lifestyle choices may have widened as Hakim suggests, the choices people can make across these options are constrained by the socially acceptable norms about paid work and caring, and significantly, limited by the total responsibilities carried by the individual.

All participants presented pictures of stress caused by externally determined work factors and consequently outside of their control. In whatever setting, worries about work took up a great deal of thinking and emotional energy and time. It eroded creative and personally meaningful space and reduced the time and quality of recuperative activities like sleep, leisure and relationships, lowering energy levels and personal resilience. Paid work was the driving force of work-life *imbalance* and instigated and perpetuated a state of *incongruence* between the actual and ideal self for some, leading to psychological stress and ill-health.

As I described in chapter 7, participants from both Merlin and Aslan shared this kind of pressured experience, even though employees in Merlin described significantly more temporal flexibility in the workplace. I will now review the accounts of workload pressures, work-life imbalance and reduced well-being from participants working in Merlin social services before concluding the chapter.

8.4. Merlin social services: Stress and pressures of work

Participants in Merlin social services described greater flexibility and self-control over how they planned their time throughout the working day, but they too, described pressure and stress from workloads and expectations in paid work. As

chapter 7 described, these were firmly driven by organization edicts, management controls and normative sanctions.

Like Aslan healthcare, time and performativity seemed cornerstones of the organization's culture. Meeting targets rather than worker well-being were the measures of success and everyday expectations and cultural norms moulded a fast, relentless feel to work, with little or no sense of control over workloads and pressures. Catrin spoke of personal stress caused by "*too much pressure and never-ending workloads*", and intimated that this had resulted in a period of sickness attributed to mental health issues. Many respondents reported that urgent cases and the complexity of service users' needs demanded how they, as therapists managed workloads. Mhari described how she felt she had to reactively respond to work demands on a daily basis, which, like colleagues in Aslan healthcare, felt out of her control:

Then some days you can't gauge that [your workload] because you might have booked appointments last week for today. And then an urgent comes in. And then you've got to go out and sort that out. And then somebody else phones and they're not happy with this. And somebody else phones and they haven't had that. And you have to chase around after that. So you've got four other little pieces of work to do, plus another visit to do. And perhaps a hoist and that sort of thing. Plus the visits that you've booked anyway. And that, all of a sudden, becomes too much then. And it's out of your control, isn't it?

This sense of responsiveness to service user needs was common to all respondents in Merlin and was described as causal to a great deal of pressure. In particular the issue of urgent cases, described as situations requiring immediate response, was depicted as outside of the individual practitioner's control. This resulted in more work being squeezed into the day on a need to respond basis, creating tighter time schedules and a sense of pressure or intensification of work. Catrin and Mhari worked part-time, but full-time staff also reported experiencing this sense of pressure and limited control over the management of work.

Sian spoke about feeling that she was continually "*trying to catch up*" with her never ending workload and, like Tal working in Aslan, described how the word "*relentless*" was the only fitting way to describe the continuous pressure to perform and to cope with excessive workloads:

I've used the word relentless because it is so like that. Because, you know, I had quite a few complex cases. And now it's just a case of trying to catch up with paperwork and things. But you got urgents coming in as well. Then things just get all piled up. And I think because it's like that, I feel as I could stay here some days till midnight and still not have done everything I needed to do off my to-do list.

Rosie gave a similar sense of being overworked and talked about how she felt dissatisfied with her practice as a therapist because she felt she could not manage this as effectively as she would like:

I feel as if I'm letting people down sometimes if they're taking a little bit longer. Cos sometimes one or two urgents come up. And sort of, couple of weeks later, I think, 'Haven't gone back to their family yet'. And then you pick them up again.

Seren, a senior practitioner, described a fast moving service focusing on organizational needs. She described this as feeling so pressured she believed it detracted from providing a quality service to the service user:

At the moment the OTs don't always feel that they can do their best. Because the demands on the service is so great that they've got so many cases open at once that they miss things. Or they think, 'That need hasn't been met, but I don't have time to do everything I'd like to do. But the actual referral's being met. Client's kind of happy. Closed'.

Akin to respondents in Aslan healthcare, Seren spoke of how she believed the amount of time spent in paid work was significant in preventing a balanced lifestyle for all workers because it depleted the resources of time and energy available to spend elsewhere and in other activities:

It's difficult because of how we approach work, sort of, generally as you know in the Western world. And having eight out of sixteen waking hours in one place already makes it a little bit imbalanced. So it is about trying to regain that in the other areas of your life.

Seren summed up what appeared to be a real paradox about the nature of paid work in participants' accounts in both Aslan healthcare and Merlin social services. The everyday accepted notion of paid work took the larger slice of human resources, irrespective of the complexity of other life activities in waking time. It was this practice that created employee work-life imbalance. Even part-time workers suggested paid work took an inequitable share of the time and energy that was available for the complex activities they carried. Like participants in Aslan healthcare, this erosion of time and energy for respondents in Merlin social services caused worries about paid work to spillover into personal time, depleted personal time and energy resources and eroded any sense of boundary between paid work and other life domains. The most insidious element of this within the organizational cultures of both Merlin and Aslan was that participants felt they had little control or ability to challenge or change this pressure from paid work because it was a taken for granted way of being within the organization and how things were done in everyday practice.

Levitas (2001), Lister (2003), McDowell (2004) and Sennett (2006), to mention but a few, have all argued that the model of capitalism used in the UK provides a framework for the use of human time and energy *taken* from other life activities and consequently, creates and maintains patterns of work that support work-life imbalance and erodes employee well-being. As argued in chapter 7, by assigning work domains with greater power, and assuming this as normative through organizational cultures, so home and personal life is vulnerable to paid work pressures flowing into its assigned spaces and eroding its required time and energy reserves. This means that organizational power structures and cultures manage the permeability between the paid work and home/personal domains by controlling how time and energy is spent and directing it into paid work. Accounts suggested that in Merlin social services, like Aslan healthcare, there was a bias and focus on organizational outcomes in paid work, irrespective of the influence on employee's work-life balance and well-being. Significantly, a lack of control over workloads and pressures were prevalent and dissatisfaction and ill-being pronounced. Worries about work were recounted as causal to the employee's experience of work-life imbalance and described as challenging to the worker, their family and social well-being, irrespective of the fact that temporal flexibility was reported as far greater in Merlin social services (see 6.4 for discussions on this theme).

8.4.1. Worries about work in Merlin social services

Although the organizations of Aslan and Merlin differed in structures and flexible cultures, there were strong commonalities in themes of workload pressures and worries about paid work. Jazz spoke about how she found herself unable to psychologically or emotionally let go of her worries about work:

It can be a little difficult to switch off here. If I go out on the weekend I can be on my way driving somewhere and as I go past the road I think, 'Did I send a grant book quote to so and so on that road?' 'I wonder how's so and so getting on?' And 'I haven't checked on that for ages'. I find, especially if the traffic is slow, you can see all the roadsides and start thinking about people being back at work again.

Anwen described her worries about work as spilling over in her personal time; "I think I leave so many things undone and I go home obviously thinking about the cases and how is it that protection of this vulnerable adult hasn't happened". Like several examples from participants working in Aslan, she spoke about having insufficient sleep because of worries about her day, and recounted how this

affected her mood and sense of well-being; “But I think that’s coming to it. The problem. If you can’t get balance, if you can’t get sleep, you go crazy.” Taris and Schreurs (2009) have specifically studied knowledge workers; professionals like occupational therapists, maintaining that this kind of paid work is an 'activity that is open-ended, creative, highly demanding and difficult to standardise or plan out in advance' (pg. 61). Their findings illustrated that where feelings of time scarcity were met with avoidance of activity such as sleep, leisure and relaxation, this could lead to physical and emotional exhaustion. In common with Karasek and Theorell's (1990) work, Taris and Schreurs' (2009) identified that emotional exhaustion was a key predictor of dissatisfaction, ill-health and poor performance in work and life domains, resulting in workers feeling drained, experiencing depression, irritability and frustration, which in turn created a sense of physical and psychological imbalance. Sian described how she experienced exhaustion because she felt that the pressures and hours of her working week pushed her time for personal activities into weekends:

I think that family circumstances are quite difficult because I'm so tired at weekends. And I feel that work has overtaken my week and I haven't managed to catch up with anything I wanted to do off my personal to-do list. And then I go away for the weekend. And then I come back to work. And then this job goes so quickly that I find another week's gone and work's sort of taken over everything again. And that's like, sort of, 2 weeks, 3 weeks.

This kind of cyclical pressure echoes the stories of Misha, Haf and Lowri working in Aslan healthcare, who described their lives as habituated into continual, repetitive patterns (8.3.1). In both settings, participants described reactive rather than proactive cultures. These constrained, rather than facilitated, satisfaction in the workplace and engendered a sense of worry about work, with the subsequent discontentment and stress or strain spilling into other life domains outside of paid work.

Social services participants described greater flexibility than their healthcare colleagues (see 6.5.), yet also depicted themselves as stressed and unhappy at work. They described greater support mechanisms from their managers than respondents in Aslan healthcare, a characteristic which Clarke et al (2007) have suggested in their employment strain model should have facilitated a less strained workplace. Similarly, Grote and Raeder (2009) have argued that a greater locus of control or autonomy over flexibility can create a less stressed workplace. But whilst greater flexibility is associated with greater autonomy and choice over working hours for employees, Brannen (2005:115) has suggested that in the modern workplace any sense of choice and control is, in fact,

illusionary. From her perspective, employees believe they have autonomy over working time, but in reality, because of work intensification and the multitasking required to meet organizational targets and drivers by management, so workers are left trying to fit in greater and greater work demands within the same time and space allocated to paid work increasing pressure and causing spillover:

This meting out of time augments rather than detracts from an individual's autonomy while intended to make the individual more efficient and productive. Yet self-regulation and the modularization in the workplace are undermining normative ideas of what is a 'reasonable amount of time' to spend at work. Paradoxically, it seems that the more autonomy employees are given over organizing their time *in* work [it] seems to mean that they are spending longer and longer *at* work or working.

Using Karasek and Theorell's (1990) model of the interactions between the levels of job demand, job control and social support, participants in Merlin had more autonomy over when and how they did their work, but still could not control the workloads or pressures – the demands of the service. Deadlines and targets imposed by the organization created pressures between commitments at work and those outside of paid work, even though the workers were, in the majority, part-time and depicted a relative freedom to plan and organize their daily patterns of work (see 6.5.). In common with participants from Aslan healthcare, it was the absence of any workload or work strain management strategies that were notable in accounts from respondents in Merlin. Although the latter reported sharing a sense of support from their immediate occupational therapy managers, there was also a strong theme of being undervalued by the wider organization, or more powerful social work profession (see 7.4.4). This engendered not only a sense of isolation, but a belief in a lack of care and emotional disregard by the organization and significant others. Supported by a sense of powerlessness and lack of a locus of control over paid work and synonymously, work-life balance (see 7.4.4), this has been highlighted, as noted earlier, to be casual to stress and burnout in knowledge workers such as occupational therapists (see also 3.7.1 & 3.7.2).

Like those working in Aslan healthcare, all respondents in Merlin social services gave some kind of account of worry and exhaustion as a result of pressures to perform in the workplace, and evidenced how they prioritised paid work in their work-life balance. Akin to Seren's comments about the pressures of paid work in Western economies (see 8.4.), Anwen described how she believed paid work was an overtly valued activity in life, but remarked that in terms of finding balance, it should be considered as only one part of the whole of life's complexity; *"I think balance means taking you life as a whole, and of which your paid employment is*

one part, all be it a very substantial part, but never-the-less, only one part of the whole.” Anwen seems to suggest that work cannot be viewed as an isolated domain, separate from the rest of life; rather work is only part of a bricolage of multiple life domains that are closely intertwined. Participants in Aslan offered similar views. Tal, talking of work-life balance, described how he felt paid work could feel like a trap, intimating constraint in his ability to do other activities in life, which engendered personal well-being and pleasure:

...it's [paid work] not the be all and end all, I don't think. And there are other things in life, which you need to counterbalance work. And, you know, that's about relationships, leisure activities, I suppose. A sense of freedom if you like. As you know you can feel very shackled in work. So yes, that's what it means to me as an individual.

Arial spoke of how she believed a singular focus on paid work could be personally destructive because it left no purpose or meaning in life when that activity ended:

And I've known people who worked long hours. And really fabulous what they do. Not done anything outside and when they've retired, they've died [laugh]. Because they don't know what to do with their lives. And they don't have a purpose.

Caproni (2004) has suggested that the drive to accommodate paid work and assume its priority in our natural attitudes is 'directing us to overplan our lives at the expense of living our lives' (pg. 213). She argues that the only way we can achieve more satisfaction and well-being in life is through stepping beyond the present discourse of work-life balance concerned with 'predictability, control, individual achievement, hierarchy of values, constant movement toward goals, and compartmentalization of life', to 'embrace tranquillity over achievement, contribution over success and choice', in terms of real choice, over 'status' (Caproni 2004:16). Simply, she suggests that we, as a society, must now make time for and value other things outside of paid work if work-life balance and personal, family and social well-being are to be realised. This is indeed the challenge. As Levitas (2001:451) succinctly puts it, paid work is 'an overrated pastime' in modern capitalism. Challenging the value of work in society, balancing commitments across work and life domains and finding a balance in those is not easy when time pressures are strained, energy levels depleted and paid work prioritised as a social norm.

Egalitarian approaches to work-life balance, supporting individual differences and subjectivity at social and organizational levels of culture and structure (e.g. Holt & Thaulow 1996; Litrico & Lee 2008; Reilly 1998, 2001) and more subjective and integrated approaches to managing work and life in workplace cultures (e.g.

Gambles et al 2006; Lewis 2001; Reiter 2007) are certainly moves toward achieving this. But these were not even pipe dreams in Merlin social services and Aslan healthcare, let alone a nascent possibility. As occupational therapists, participants enounced their knowledge of life balance, and often talked in terms of 'occupational balance' (see 3.3.1 for discussion on this). Yet there was little, if any evidence that this knowledge base had any influence on how respondents actually lived their own personal lives unless Arial's and Tal's choices were a reflection of this. Recalling the limited research on the life balance of practising occupational therapists, these findings would suggest that this notion is, in fact, an absent phenomenon in the everyday lives of this professional group.

8.5. The unsustainable world of paid work

Participants in both organizations described greater intensification of work, excessive workloads and the relentless nature of work in the paid work domains as relevant to how they believed they were constrained in work-life balance. Respondents reported organizations that were excessive in their demands on employee resources, drawing in time and energy from the wider life domains and eroding personal psychological and emotional time and energy. There was a notable absence of management and personal strategies to reduce these pressures and a limited sense of a personal locus of control in the workplace or over work-life balance. The continual application of resource drain, without reciprocal replenishment, was indicated as diminishing the possibilities for achieving well-being through a balanced approach to everyday life activities. It created conflicts, particularly between the two obligatory tasks of paid work and unpaid home activities. The psychological impacts that some participants recounted as a result of not having the time for emotional and physical care of self and others in valued relationships, was palpable. Many participants clearly identified the family as a factor in their experiences of work-life *imbalance*, echoing Litrico and Lee's (2008:1005) view that paid work is 'enmeshed' with family, but also provided a bricolage of other life activities as relevant to the attainment of balance, and coloured these with personal preferences and salient identities. Paradoxically, whilst participants reported that both Aslan and Merlin's work cultures actually created a state of work-life imbalance that challenged personal, family and social well-being, it was the interconnected and synergic nature of both paid work and other life domains, the sense of self and salient

identities, the wider social structures, such as the economy, the political, moral and ethical stance toward paid work and care, the values of family, community and social participation and well-being, and, I suspect, the value of balanced lifestyles, that all played a part in achieving how work-life balance was experienced. It is this notion of the interconnected nature of the phenomenon of work-life balance and its complex web of relationships that will be discussed in the following chapter. I will posit that work-life balance is interconnected and synergic in nature and that in order to fully understand it, work-life balance needs to be viewed as a whole rather than in its many parts.

Chapter Nine

The Interconnected Nature of Work-Life Balance

9.1. The co-production of work-life balance

This chapter will discuss the findings from the study and position these within the existing literature and debates around work-life balance. It will argue that organizational cultures can not only facilitate or constrain work-life balance but actually create the space and time, the frame if you like, in which work-life balance can be enacted. It will posit that this organizational frame for work-life balance is situated in the wider social structures and systems, and subject to the juxtaposition of life domains, the activities or responsibilities carried within each of those domains, the value and importance of those activities and responsibilities to the individual actors and the relationships with significant others in those domains.

These findings are not new. They are all present in the existing literature and recognised as aspects of the experience of work-life balance and/or the formation of the boundaries between paid work and other life activities. What was intriguing in this study's findings was the emergence of a co-produced and interconnected nature between these different facets of work-life balance with multiple levels of significance for all participants. It is this integrated complexity that this chapter sets out to explore.

Notably conspicuous in its absence from all the accounts shared was the use of time and energy for reflective and personally meaningful pursuits or just to be present and mindful of existence in not just the social, but the natural world. This, I will posit, is a necessary element to achieve a sense of well-being in everyday work-life balance and a point that is lacking in existing research.

The first section of the chapter will explore the notion of organizational culture and its influence on work-life balance. It will identify how organizational culture worked in synergy with several other forces, including the wider social structures, the total responsibility burdens participants carried, the interactions between life domains and how those were implicated in the personal choices and salience of individual actors. It will discuss the implications of the present co-production of work-life balance on the individual worker and consider how this constrains as opposed to facilitates well-being at multiple levels of significance. The final section will

summarise this chapter before moving on to the chapter 10, which will draw together the conclusions of the thesis.

9.2. Organizational cultures and the rhythm of work-life imbalance

Using time and energy denotes the things we do everyday; in Lefebvre's (2004:15) words, 'Everywhere where there is an interaction between a place, a time and an expenditure of energy is a rhythm'. In an ideal world, what we want from life directs how we spend that time and energy and subsequently creates that rhythm. Yet, as this study has shown, many factors, including workplace cultures, influence how time and energy is used and spent in everyday life. Merlin social services and Aslan healthcare had many similarities in how things were done in terms of work-life balance in the workplace, but they also had some differences. Most notable in terms of the latter were the greater temporal flexibility and autonomy over work time and the support and trust engendered by the occupational therapy management team in Merlin social services as opposed to Aslan healthcare. These apparent differences in structures and cultures illustrated how employee experiences of work-life balance could be influenced by distinctive cultural milieu.

Merlin had a more flexible time frame, with greater permeability between the boundaries of not only paid work and home, but between paid work and other life domains than those provided for individuals working in Aslan healthcare. These findings support the theories of work-life balance which posit that temporal flexibility in the workplace can facilitate work-life balance for employees; that work to home conflict is increased for those with lower autonomy and control over time (see for example Hochschild 2000; Grote & Raeder 2009) and that a sense of greater satisfaction in paid work can be provided as a result of support and trust in the workplace team, particularly a positive attitude to work-life balance and flexible working opportunities by the line managers (e.g. Coyle 2005; McBride 2003). Findings also illustrated that both organizations had a focus on organizational productivity, which, as discussed in some depth previously, used the individual employee as a resource to achieve organizational outcomes, irrespective of worker well-being.

Whilst respondents working in Merlin social services described greater autonomy over temporal flexibility, as well as a more supportive and trusting work environment, they, akin to respondents from Aslan healthcare, described work

intensification leading to greater expectations in the amount of work to be achieved within the limits of the paid working day, with subsequent pressures and stress. Both organizations illustrated high levels of job demand with low personal control over workloads. This was reported as not only causal to lower subjective levels of satisfaction and well-being, but as creating a state of work-life imbalance, because both organizations expected too much work in too little time. Merlin social services and Aslan healthcare, both *used* and directed the workloads and expectations in terms of the amount of work from the individual employee to best effect to achieve organizational success.

Merlin social services, whilst far more flexible in the hours employees could work and when employees carried out their work, constrained employees by controlling the amount of work expected of them and driving worker productivity through work intensification. It is the organization's power over time and workloads that controls, or in Tal's words, shackles employee work-life balance (see 8.3.1). The intensification of paid work, the more with less culture, pushes the employee to perform, whether or not the workplace supports flexible patterns of work. As Sennett (1998:59) has put it:

Time in institutions and for individuals has been unchained from the iron cage of the past, but subjected to new, top-down controls and surveillance. The time of flexibility is the time of a new power. Flexibility begets disorder, but not freedom from restraint.

Both organizations were embedded in the wider social structures of capitalism and its focus on production shaped and identified attitudes to paid work and influenced cultures in the workplace. Individual choice and autonomy over work-life balance were lost to the dictate of institutional power and productivity because the organization managed, not only the time and therefore space and energy given to paid work, but that left for other life activities to take place. It controlled the permeability of the boundaries that the organizations had drawn to achieve those spaces and the expectations of the worker within those paid work boundaries. It *used* the employee's resources of time and energy to organizational effect. Work-life balance was not a tool for the benefits of the individual worker but one implemented for organizational advantage.

In terms of Aslan healthcare and Merlin social services the organizations, whether through overt or covert means, were seemingly greedy or excessive in their use of the human resource i.e. the individual worker's reserves of time and energy, and created a rhythm of work-life *imbalance* in life. I will now discuss each of the cultures supporting these rhythms in more detail.

9.2.1. Aslan healthcare

Aslan's culture of work-life *imbalance* was marked and maintained by strong boundary control between paid work and other life domains, including home and caring, high levels of activity within the work domain and continual expansion of the paid work boundaries into other life domains, taking up the space, time and energy allocated by employees to other areas of life. Reciprocally, little or no movement or expansion was facilitated the other way. Aslan controlled the permeability of boundaries between paid work and other life domains. It demanded latitude for adjustments from these other life domains to accommodate the needs of paid work, but would not allow paid work to adjust to employee's needs unless it suited the purpose of the organization to do so.

Whilst Aslan supported part-time working and offered other forms of flexible working, options for the employees to choose when they worked were nominal and firmly controlled by organizational edict or more powerful others in the workplace. The pattern of work-life balance and the permeability of its boundaries supported and met organizational requirements, not the individual employee's. By this action Aslan healthcare prevented a 'win-win' scenario in work-life balance and boundary clashes and conflicts between work and home responsibilities in particular, were reported as rife for respondents working in that setting. A sense of powerlessness and of having to meet the organization's time schedules and ideals in terms of presence at work and productivity were overwhelming themes. Aslan healthcare was described as a very structured environment in terms of time and work schedules. There was little, if any negotiation noted in the organization about the when and how of an individual's paid work schedule and employee control and autonomy over when paid work took place was limited.

Lack of participation in leisure, community or social activities was apparent from most accounts in Aslan, and the employee's experience of work-life balance was one of paid work commanding the greatest resources between paid work and life, with family commitments, as an obligatory activity, vying for attention around the requirements of paid work. It seemed that Aslan healthcare imbued a culture of pressure, stress and constraint, with strong paid work boundaries expanding into family life, eroding personal, social and community interests, and where the latitude for adjustments to achieve individual choices in work-life balance was extremely limited. At a more covert level these patterns of work-life imbalance were maintained through relationships with significant others in the workplace, who shaped the pace of work and measured participants' performance. Power in

the workplace created a culture of fear, which prevented active resistance and subsequently positive change.

9.2.2. Merlin social services

Merlin's rhythm of work-life balance appeared to offer more flexible boundaries and greater latitude for adjustment to meet personal needs. Respondents described a culture of support and trust, explicitly from line managers and co-workers. The organization seemed more caring, and to provide a more equitable approach to creating work patterns and time schedules. Individual employees could, and did, respond to personal requirements, not only in terms of caring and home responsibilities, but leisure and personal interests. Participants working in this setting described fewer work-life conflicts than those working in Aslan healthcare. Yet, whilst accounts from respondents working in Merlin social services illustrated greater evidence of maintaining social and community participation, and identified the organization as providing greater temporal flexibility and latitude for adjustment in terms of employees needs in work-life balance, psychological spillover from stress and pressure in paid work to home or other life domains was just as notable as in Aslan healthcare.

As touched on previously, what was most intriguing about these findings was that albeit the structural differences in terms of flexibility i.e. the more positive employee centred approach of Merlin social services, and the more controlling and structured organizational focus of Aslan healthcare, there were similar levels of psychological stress and worries about paid work experienced in both settings. As this theme unfolded so it seemed that Aslan healthcare and Merlin social services controlled not only the time and amount of space allocated to paid work and the permeability of the boundaries between paid work and other life domains, but also controlled the physical amount of work and the pressures exerted on, and expectations of, the employee. It was the physical workloads and the expectations and performance required in paid work that caused immense pressure and stress for individual workers. But worries about work and relationship factors were also a prevalent force in the co-production of work-life *imbalance* by creating personal stress and subsequently using up the psychological space required for other life activities.

9.2.3. Common cultural factors

Both organizations were presented as creating too much work in too little time, reflecting what Paton (2001:63) has termed 'a more with less culture'. This resulted in psychological stress and worries in the workplace that constrained not only the physical space available to achieve work-life balance, but also populated the personal psychological spaces used for thinking, planning and feeling inside and outside of the paid work domain. Aslan healthcare and Merlin social services both *created* work-life imbalance through excessive use of the individual employee's resources of time and energy in both a physical and psychological sense. This kind of cultural approach meant that individuals lacked autonomy and control over their own use of time and energy resources, whether that was used for personal time and space, work time and space or care time and space, and therefore over their own pattern of work-life balance. This caused many to feel conflicted and pressured in having to make choices between paid work and other life domains, with moral and ethical decisions around caregiving and paid work reported as the most challenging.

Many described adopting the strategy of compromising or trading-off participation in some life activities they felt were less important or non-obligatory, such as leisure, personal care and social or community activities to achieve or maintain participation in others considered obligatory, such as caregiving, domestic tasks and paid work. This pattern of assumed obligatory activities weighed against non-obligatory, seemed to constrain not only the ability to care for others and to participate in social and community activities, but also the ability to follow interests or valued and meaningful pursuits: to have a sense of freedom, if you like, in how life was lived in terms of personal preferences, choices, and values in life activities. Even where salient identities were noted as held in paid work, respondents still reported challenges in the pressures and pace of work and/or limited participation in either home, caregiving, leisure, social or community activities, personal care or interests, and perhaps most insidiously, thinking, planning or reflective time; time just to be present in the world, this associated with a notable absence of time in the natural environment. Whilst there were significant differences between the genders due to stereotypical roles and responsibilities, this kind of space and time for reflective 'being' in the social or natural world was absent from both male and female accounts.

The workplace cultures challenged a meaningful sense of self and personal well-being in life by identifying and shaping the pattern, space and permeability of the

rhythm of work-life balance. The workplace commanded how people balanced their lives and the time and energy they had to participate in not only paid work, but all other life activities. Personally meaningful and valued activities were absent or constrained for many respondents and time to reflect, think or just to be present in either the social or natural world lacking. This identifies modern labour markets as physically and emotionally preventing work-life balance for their employees by their inherent cultures and supporting structures. It appears that we, as participants in the labour market, buy into this because it is the socio-culturally accepted way of being in everyday life. In terms of the co-production of work-life balance this includes the principles of capitalism, which comprise the value of money over well-being, the hegemony and symbolic capital of paid work, and the inculcation of busyness as a measure of participation in everyday modern life. It is to these discussion points I now turn.

9.3. The value of money over well-being

Participants described on-going pressures to do more paid work in less time. Whilst the associated discourse and measures of productivity were different in both organizations, in fact the pressures to discharge patients or clients in Aslan healthcare, and the pressures to keep waiting lists down and deal with urgent cases speedily in Merlin social services, were both cultures that utilised quantitative, economic measures rather than qualitative well-being to assume effective outcomes. As Scott (2004:145) and many others have argued, when time is measured in monetary terms, productivity is associated with the efficient use of time and energy and achieving more in less time; the 'value added' mantra of success. This results in paid work being speeded up; a process of time compression and work intensification, with more tasks expected in the same amount of time. This notion of achieving more with less, or the squeezing and speeding up of the working day is well documented, with multitasking argued as a common response (e.g. see Adam 2003; Brannen 2005; Southerton 2003).

In Aslan healthcare and Merlin social services, whilst participants felt they were putting more time and energy into paid work and juggling life activities to achieve the multiple tasks expected of them, they described very little reciprocity from their employing organizations in terms of the replenishment of the time and energy reserves 'spent' in the workplace. This kind of organizational practice was described as divisive in terms of personal well-being and resilience. Stress,

pressure, exhaustion and ill-health were commonly reported, with a loss of active participation in a range of life domains and personally meaningful activities. This eroded resilience and well-being, not only at personal, but family, community and social levels because time and energy could not be freely given to these concerns. It seemed that paid work was not only the most prioritised activity, but that it was *the* most exploitative activity in terms of the individual's personal reserves of time and energy, and commanded the greatest physical space in everyday life activities. It was this exploitative characteristic of paid work that seemed to cause the depletion of personal reserves of time, space and energy for participation in all other life activities and eroded well-being at personal, family, community and social levels. Sennett (1998) has touched on similar concepts in his notion of the corrosive society and it is this kind of practice that is unsustainable if a more egalitarian, caring, family, community, social and personally meaningful approach to work-life balance is to be achieved.

Hochschild (2008) has argued that we, as workers, are complicit in maintaining these work-based pressures in our lives, by imbuing the values of market cultures into our sense of self. Certainly all participants, with some notable exceptions, were tied into the intensification of work and its extension into other socially 'less valued' life domains, which were frequently 'traded-off' or compromised to achieve obligatory activities. Notably however, workplace cultures reinforced these kinds of reaction by perpetuating a culture that imbued a fear of challenging how things were done in terms of flexibility in the workplace and the pressures and expectations of paid work. Consciously or unconsciously, it seems we are driven to give more to paid work because this is the ideal and this belief is taken for granted in labour markets based on models of capitalism i.e. productivity and profit (Costea et al 2008; Sennett 1998; 2006).

Gorz (1999), and more recently the New Economics Foundation (NEF) (2010), have posited that a reduction in the working week could create greater freedom from constraint for workers, and provide a more equitable labour market in terms of participation: the unemployed would have greater opportunities to gain paid work as existing workers reduced their hours in the workplace and reciprocally, the paid worker could participate in other life domains. But, as several papers have implicated, the question this raises is whether a reduction in working time would significantly challenge the intensification and expectations of the contemporary paid work environment to do more with less (Brannen 2005; Sennett 1998, 2006). A shorter working week could, in fact, increase

intensification in paid work as opposed to reduce it. Employees would still be subject to the power of the organization and the assumed work ethic in modern capitalism. This, as Fevre (2003:96) has posited, means that in the modern labour market, organizations can still demand how much employees must put into their workplace and, in terms of the resources of time and energy that 'might just be 'everything''.

It is interesting to consider at this juncture, that the occupational therapy literature reflects the contention that well-being is achieved through a subjective and personally meaningful balance of activities. Wilcock (1999a), you will recall, purports a balance in active 'doing', restive and reflexive 'being' and time for future planning and 'becoming' a self-actualised individual. This seems to address the issues I have noted as missing in participants accounts, and indeed in the work-life balance literature. It is notable that, as occupational therapists who, in theory, support Wilcock's contention, participants gave no evidence of this kind of work-life or 'occupational' balance in the accounts they shared. Whilst some demonstrated moves to achieve a state of balance, notably Tal reducing his hours of work and Arial actively refraining from promotion, these people were still over busy in their everyday lives and psychologically, if not physically, stressed. Paid work dominated daily activities and other obligatory tasks were completed around that. Non-obligatory activities were compromised for all in some way or another and 'being' and 'becoming' time was absent.

Interestingly, albeit paid work being positioned as an important and valued activity in life by occupational therapists, there is little empirical research in the professional literature that addresses how participation in that activity might impact on occupational balance: yet the occupational therapists in this study, in common no doubt, with many other workers in modern market economies, were subject to its hegemony. Hammell (2004:299) has argued that occupational therapists are subject to the drive to prioritise paid work in market economies and have, in her terms, prioritised 'privileged goal-oriented, purposeful occupations that have economic and social benefits' in their drive to achieve occupational balance with their clients.

As exhaustion, stress and pressure are inherent in how we live our present lives, and externally driven work-based pressures and a lack of control over paid work are relevant to employment strain and personal well-being, this influence of paid work on occupational balance is an important issue for a profession that addresses the achievement of personal well-being through life balance. It would

seem fair to suggest that the notion of doing, being and becoming does offer a plausible solution, at least in theory, to the problem of achieving work-life balance. But it would also be fair to suggest that OTs now need to consider the ramifications and possibilities of achieving this kind of balance in a more proactive way in labour markets based on modern capitalism. It is fascinating to note that as long ago as 1922, Meyer, a key proponent of the early development occupational therapy commented 'the true religion of work [is when it is] fitted rightly into the rhythms of individual and social and cosmic nature' (Meyer 1922:9). He also suggested an appreciation for the 'sacredness of the moment' (pg.9) to achieve a greater sense of meaning in life. This would suggest that the roots of occupational therapy were based in a premise of paid work, as Anwen has put it in this study, as only one part, and an equitable and cooperative part, of multiple life activities. This challenges occupational therapists to think very differently in terms of the value of paid work in contemporary social structures; but also suggests that they need to become advocates of change if well-being through occupational balance is to be realised. The paradox here is that the occupational therapists in this study could not control their own workloads or work-life balance because they did not have the power or autonomy over other more powerful professions, or hold the position or the command the value in the organizational hierarchy, to do so. What they did share was a common sense of disenfranchisement and a lack of professional identity that permeated all accounts. This was strongly associated with low self-esteem and high levels of pressure and stress, which were potent factors in eroding work-life balance. For occupational therapists this suggests a need not only to address the theory and practice of work-life or occupational balance, but also their professional identity and the impacts of both these forces on their everyday lives.

In terms of the broader implications of both occupational and work-life *imbalance*, it is interesting to consider how extensively the erosion of personal resources of time and energy and the creation of pressure and stress in everyday life can influence the wider well-being of family, community and society, and how this can resonate with our sense of detachment from the natural environment on which we depend. It is to these points that I now turn.

9.3.1. To care or not to care? That is the question

The tension between the time and energy needed to care for others and the time and energy needed for paid work was palpable for many participants in this study. This was reported as creating an ethical and moral dilemma between the need to care and the need to participate in paid work, reflecting similar findings to Kittay's (1999,2001), McDowell's (2004,2009), and Sevenhuijsen (1998,2000) studies, to mention but a few who illustrate this point. Consider for example River battling with Aslan's inflexible work patterns and losing her child-minder and choice over her working days to meet organizational requirements; Amber struggling to care for her unwell child, taking her annual leave to supplement this, and feeling she had to compromise her child's well-being by returning her child too early to school; Saffi and Maya with their dual pressures to accommodate caring for children and older relatives and Aslan's stalwart refusal to provide working patterns to support them resulting in compromising family holidays and annual leave for Saffi and personal health and well-being in both cases.

In Merlin social services, Bron identified supporting her unwell relative with similar constraints and compromises. But perhaps most contentiously of all, Jenna's account of caring for her dying relative, without any consideration given for her personal needs or that of her relative, ethically, morally, personally or emotionally, compromised not only her own well-being and that of her relative, but also her opportunities for promotion because she *could not* work full-time and meet Merlin's apparent need for her to do so.

These kinds of conundrums were ones that many other respondents experienced in terms of carrying responsibilities for caregiving and paid work. It identified how these individuals had no choices between participation in paid work and caregiving in any meaningful sense. There were no options, morally, ethically or emotionally to walk away from the caregiving role in order to accommodate the demands of paid work. Reciprocally, there was no support from the workplace to accommodate caregiving at home without a trade-off of some kind to meet mutual demands. In simple terms there was always a compromise or conflict in action, and at times these were invidious. It has been argued that in late modern or indeed postmodern society, family structures are changing and people are living longer, leading to what Greenhaus (2008:343) has termed the 'sandwich generation'; a group of working adults caring for both children and older people either simultaneously or at different times along the life course. Both aspects of caregiving are maintained as stressful and time consuming, with the extra

burdens apparent for those caring for both older and younger relatives and the extended length of time that can now command in caring responsibilities argued as unrecognised in the workplace (Beauregard et al 2009; Greenhaus 2008). This did seem to be the case in this study, where little or no evidence was given in terms of the organizations of either Aslan or Merlin providing meaningful support to the caregivers of older or younger relatives without the need for reciprocal trade-offs or compromises on behalf of the individual workers.

9.3.2. The 'quid pro quo' of work-life balance

It seemed that for workers in Merlin social services and Aslan healthcare there was a 'quid pro quo' situation or a double bind, where flexible working required a return, and that was in the form of a compromise or trade-off on behalf of the worker. This seemed essentially imbalanced; the organization gives you flexible working, but you must write-off promotion, value, well-being and give as much as you can to the workplace, irrespective of the effects on you, your family or your community. This notion of giving everything in terms of one's personal resources of time and energy to the workplace was of course an obligation shared by the full-time worker, who had to prioritise his or her workplace activities over everything else, eroding a sense of personal balance in life. Solutions to this kind of work-life imbalance have been debated in the literature, with several papers arguing for a principled change in the value we assume and inculcate in contemporary social structures:

A democratic ethic of care starts from the idea that everybody needs care and is (in principle at least) capable of care giving, and that a democratic society should enable its members to give both these activities a meaningful place in their lives if they so want (Sevenhuijsen 2000:15).

Daly (2011), Kittay (2001) and Williams (2004) propose that in a democratic, egalitarian and morally principled world, public policies should be based on the notion of reciprocal support, without compromise, based on an obligation by society to sustain the relationships of nurturing and caring by people for others. Whilst some have challenged the idea of this kind of unequivocal reciprocal support for caregivers because it is an activity 'chosen' by the caregiver and therefore 'freely' given (e.g. Hakim 2007; White 2003), others agree with Kittay's (2001) views (e.g. Coyle 2005; Gambles et al 2006; Lewis 2001; McDowell 2004; Sevenhuijsen 2000; Williams 2004), that there is, in fact, no real choice in the

issue of caregiving when the ethical and moral dimensions of care are contextualised:

These noncoerced *yet not voluntarily chosen* associations fill our lives. They range from the most intimate familial relations to those of fellow citizen and fellow traveller. Duties incurred by these associations arise out of a whole network of expectations, bonds, and responsibilities, most of whose validity we do not question, even if we question some specific obligations they impose (Kittay 1999: 62)

It is this perspective that resonated with the experiences shared in this study. Participants described how they *wanted* to care for others but were constrained in terms of achieving a work-life balance because of the limitations and expectations of the workplace and social structures.

The giving of care is based on the relationships between kith and kin. It has a moral, ethical, emotional and personal dimension, based on love and feelings for others, which in turn gives meaningful relationships in life (Sevenhuijsen 2000; Odih 2003; Williams 2004). Yet, paid work is coercive, and the pressures to participate in it are based on strong social and ethical expectations in terms of personal and symbolic value; the notion of self as worker (Costea et al 2008) and the virtue of paid work in market capitalism. This creates pressures and demands on the time and energy of the working person. By structuring these ethical elements of everyday life as polarized opposites in the work-life balance continuum, we have created more than a compromise between two conflicting sets of values: 'family values: caring, sharing, non-competitive, focus on cohesion' and 'marketplace values: competitive rivalry, achievement orientation, individualism, excellence' (Hakim 2006:287), we have created a lack of meaning, value and purpose in relationships with both self and others, and placed all notions of self-worth and sense of purpose in life with the notion of participation in paid work and our interactions with the values of capitalism. This recalls Costea et al's (2008:672) description of 'soft capitalism' or the 'ethics of self-work':

...the predicate 'soft' must not be confused with the implication that contemporary work has become easy. Rather, 'soft' denotes the expansion and intensification of demands on the self to become ever more involved in work with its whole subjectivity...once the subject is placed at the centre of work governance with the entire range of its attributes, labour becomes 'hard' in a new way (pg. 672).

Ways must be found to balance this focus on paid work more equitably with caring at multiple levels: for self, family, friends, communities, society and participation in other life domains, including those considered non-obligatory, such as personal interests, reflective time and time just to be present in the world.

Yet social trends and taken for granted ways of being prevent this, including the gendered differences that emerged in terms of work-life balance and second, the notion of a loss of a sense of self or personal meaning and purpose in life as a consequence of the eschewed values between paid work and other life activities. It is to these two points that I now turn.

9.3.3. Gendered identities or preference and choice

Whilst the number of men in the sample was proportional to the wider population in occupational therapy, it did mean that there were substantially less male than female participants in the study. I therefore tread carefully when making gendered assumptions based on the findings. However, it was notable that males experienced less stress and conflict between paid work and home or caring domains than women, and that this was, in part at least, due to stereotypical ideals and fewer burdens carried by men in the home domains.

Several writers suggest that the culturally embedded ideologies about the responsibilities of men and women in paid work and unpaid family/domestic work, means that paid work's interference with home is more common for women because they have traditionally carried, or been expected to carry, unpaid domestic tasks in the home domain. Alternatively, men are supposed to prioritise paid work (Conran 2003; McDowell 2004; Rutherford 2001). As a consequence of this, it is argued that where men do have paid work to home intrusions, these are of less consequence and have low conflict concerns (Schieman & Glavin 2008).

These traditional patterns were evidenced in this study, with female participants with children adjusting paid work to meet home responsibilities through part-time working, and fathers remaining full-time workers. As Dylan and Morgan intimated, it is acceptable, even expected, that men will prioritise paid work over home and continue to participate fully in the workplace. Indeed, both viewed the home as intrusive to their focus on paid work, and wished to increase their participation in work. Rhys, who did not have children, also asserted reducing participation at home to work longer hours in the workplace. Yet these differences between men and women were not cut and dried. There were blurred edges, with Morgan and Dylan experiencing guilt about their absences from the home, and women like River, Amber and Aisha experiencing a sense of loss or guilt about absence from paid work, and worrying about their personal development and career in the

workplace. Paid work was of value and a salient identity for women as well as men, mothers and fathers, as well as women and men without children.

Whilst Hochschild (1997:97) has identified the traditional female pattern of work as 'converging with the male pattern as women increasingly transfer their allegiance to the workplace,' it has also been intimated that the division of labour in the home domain has not adapted to achieve a 'sufficient compensating investment [into the home domain] by men' (Bunting 2005:xvii), and that the symbolic capital of paid work remains the pinnacle of achievement in capitalism. These kinds of taken for granted social structures challenge the creation of an egalitarian approach to the division of labour and perpetuate a vision of work as the symbol of success and *the* most salient identity to have and to hold in modern capitalism. As Schumacher (1979:5) describes:

...it is work which occupies most of the energies of the human race, and what people actually do is normally more important, for understanding them, than what they say, or what they spend their money on, or what they own, or how they vote.

To me, challenging Hakim's (2006:286) thesis of having 'genuine choices' in how paid work is balanced with life, there appeared to be no such options for those who were working and had families to care for, or those who had to carry out domestic responsibilities. This was because the bias for patterns of paid work were, if not for full-time (which was definitely the preferred), certainly *full-on* commitments to the workplace with policy, practice, social thinking and organizational cultures overlooking other life goals. Capitalism is not just an economic system but also a cultural system demanding full commitment, with what Hochschild (2000:xxiv) has termed 'zero drag', in whatever hours one participates in the workplace. This kind of culture is frequently derided in the literature and calls for a more egalitarian approach cited. Bunting cogently challenges the influence of the overwork culture on developing a sense of caregiving, lifestyle balance through participation in other life domains and personal meaning as a valued dimension in everyday life:

The employment agenda should not be ruled by the dictate of business needs but by human needs such as rest, leisure, caring for dependents, the welfare of children and giving people the opportunity to meet their full human worth; the economy should be the servant of our needs not our master (Bunting 2005: xxvii).

In this study, many participants failed to make changes to how they were pressured to work, or to challenge inequity in policy application, or the exclusion of part-time workers from management roles on the basis of their responsibilities

and commitments. Rather, they seemed to take for granted the way things were done in the organization on a daily basis, or adjust, under some duress, to make the most of the options they felt they had open to them. Participants were, as Hochschild (2000) has implicated in her own studies, complicit in the overuse of their own time and energy reserves in paid work, because they were subject to the boundaries and control of work-life balance in the workplace, and accepted this as a taken for granted way of being in everyday life. For Hochschild, a state of constant busyness is the 'opiate of the masses', infused by the externally determined pressures of workplace cultures and capitalism as 'a way of suppressing feelings and ideas that challenge the status quo or the market culture into which we have unwittingly slid' (Hochschild 2008:89). She speaks of workers as 'busy bees', individuals who absorb the notion of busyness as an integral aspect of a valued and meaningful aspect of personal identity in order to marshal time and energy to other things outside of work and to prioritise paid work. These patterns of being in the world are absorbed by people because significant others measure them as meaningful and purposeful and because social structures mirror them as so. I, for one, cannot say that this belief system is entirely wrong. Paid work is an important component of life and gives meaning and identity to many, and can be a reflection of the actual sense of self, as opposed to that which is just the ideal or socially expected (Stebbins 2004). As occupational therapy stresses, paid work can be a productive and meaningful activity, but because of the excessive use of time and energy in paid work participants in this study, even those who professed to love work, gave little sense of personal well-being in life. All were pressured or constrained in one way or another in achieving a meaningful work-life balance by paid work. Conspicuous in its absence was not only diversity in everyday activities, but particularly, time to reflect, to think, or just to be present in life, with no evidence of time spent in the natural world at all. It is this lost or overlooked time that not only inhibits opportunities to reflect on how we are living our lives in the work mad world of capitalism and to challenge it successfully, but also that prevents achieving a meaningful work-life balance and sustaining well-being. As Schumacher (1979:5) has eloquently pointed out:

A person's work is undoubtedly one of the most decisive formative influences on his character and personality...The question of what the work does to the worker is hardly ever asked, not to mention the question of whether the real task might not be to adapt the work to the needs of the worker rather than to demand that the worker adapt himself to the needs of the work - which means, of course, primarily to the needs of the machine.

Bunting (2005), Gambles et al (2006) and Caproni (2004) have also argued this point, all noting a social and global need to challenge the values we inherently hold and perpetuate in modern capitalism. Caproni in particular, identifies the value of aesthetic needs in human well-being and recalls Strati's vision of achieving a 'feeling of beauty' in life (Strati 1992:568 cited in Caproni 2004:217) to illustrate what she feels is missing in contemporary work-life balance discourse. Potently, she recalls her own personal journey towards achieving work-life balance, which was marked by participation in meaningful activities beyond, but also inclusive of, paid work:

To transcend this language [of work-life balance], I had to create for myself a new language that privileged tranquillity over achievement, contribution over success, and choice over status. I gave up the notion that I should find passion in my work and instead looked to where I could make the greatest contribution for the most people and sought to keep passion in the home with my husband and children. Although I am not an advocate of finding passion in my work, I do believe work can be fun as well as productive.

What is interesting in Caproni's (2004) dialogue is that she is challenging herself and others, to step beyond the discourse of work-life balance, to strive to write another story; one based on an integration of work-life choices. I see no reason why this is not possible, but it does require a different way of thinking not only about the self as a paid worker, but one which accommodates and validates the space, time and energy for the other multiple identities of mother or father, caregiver, partner, lover, friend, family member, community participant, social actor or citizen, as well as an acceptance of the reflective and aesthetic needs necessary for a meaningful sense of being in the world. This requires a fundamental change across all levels of human consciousness and ways of being in this social world and, I suggest, the natural environment, and that reciprocally, requires major structural and agentic as well as organizational cultural change.

9.3.4. *Losing a sense of self and meaningful activities*

The sense of personal control over workloads and pressures were low in both settings. Workloads and priorities in everyday action were orchestrated by the organizations as they plotted the expectations of paid work in the workplace. Physical spaces were described as constrained, and psychological stress spilled over into other life domains, influencing how work-life balance was constructed and experienced. Accounts of compromises or trade-offs in paid work and the loss of meaningful activities in the life domain were evidenced for many as they

attempted to negotiate or adjust to the work pressures influencing how they enacted their everyday work-life balance.

In Merlin social services, Jazz spoke positively of her ability to garden during lunch breaks. Yet, she also recounted her inability to continue to write books, although a successfully published author. Mhari spoke of her loss of leisure time, a lack of ability to get to her yoga class, and an inability to maintain contact with friends. Sian spoke of the challenges she experienced in fitting all her life activities outside of paid work into weekends, and the conflicts this presented in maintaining personally meaningful leisure and social pursuits. Seren and Bron both spoke of the pressures of paid work, exhaustion and challenges, in Bron case to maintain caring commitments for an elderly relative as well as family participation, and in Seren's to partake in any kind of leisure or social pursuits. Catrin intimated mental health issues directly related to the pressures she experienced at work, and Jenna was very embittered by compromises to her personal, work-based development because she *could not*, due to caring commitments, work full-time, and this was an intransigent requirement of the position.

In Aslan healthcare, all respondents described experiencing some sort of psychological stress or pressures from participation in paid work. But it was notable that female respondents in particular, whether working part-time or full-time were subject to a strong sense of conflict between paid work and home domains, and a far more challenged or pragmatic loss of participation in leisure or social pursuits than male colleagues. As discussed previously, these findings support contentions in the literature that traditional views of the division of labour in the home are influential in the experience of work-life balance, with women experiencing greater conflict between paid work and caregiving and paid work and unpaid domestic work than men. This not only created conflicts that eroded time for leisure pursuits or social and community participation, but required women to make greater use of flexible working policies. Subject to values that assume participation in paid work as the highest accolade of symbolic success, part-time workers in both settings, (all of whom were female with the exception of a minimal reduction in hours by Tal), particularly Arial, River and Aisha in Aslan healthcare and Jenna in Merlin social services, spoke of trading-off personal or career development in paid work in order to maintain part-time working to manage their total responsibility burdens. These kinds of compromises at work were less apparent in the accounts shared by male respondents, but satisfaction

at work was challenged for all. It seemed that a sense of enjoyment, creativity or craft in paid work was lacking, even for those who purported a preference for the work domain.

Hakim (2006) has argued that the ability for people to make choices about participation in paid work has increased in late modern cultures, creating diversity in lifestyle choices particularly, but not exclusively, for women: 'once genuine choices are open to them, women choose between three different lifestyles: 'home-centred, work-centred or adaptive' (Hakim 2006:286). Yet, this study has clearly identified that choices are not made in isolation, but rather a product of the culture of the workplace, the family domains, the salient identities and the wider social structures in which all those factors are embedded. Satisfactory work life-balance and subjective well-being is associated with participation in activities that are personally meaningful (Fangel & Aaløkke 2008; Gröpel & Kuhl 2009; Thompson & Bunderson 2001). Yet, what was clear from this study was that what people said they valued, or activities that were meaningful, whether classed as obligatory or non-obligatory, were always placed secondary to paid work. Home and caring responsibilities, as the next most 'necessary' (Ransome 2008) activities to paid work were accommodated second; then all the other non-obligatory or 'recreational' activities (Ransome 2008) were packed around those, if time and energy allowed. It was because the organizations and wider social structures were in control of how work-life balance was lived, rather than the individual worker, that the individual's work-life balance activities were more *prescribed* rather than *chosen*. By creating a state of abject incongruence between the ideal and actual self in terms of the choice of participation in activities and work-life balance and the overuse of the resources of time and energy, so personal well-being was eroded. The absence of space and time to participate in the natural world was also notable and one must question what impact this has on the well-being of people who are, to all intents and purposes, disenfranchised from the planet to which they belong.

9.3.5. The welfare of the worker

It has been convincingly argued that market economies, whilst identifying paid work as the most valued task, have no sense for the welfare of the worker, so do not make the workplace a good place to be, even for those employees who are work-centred: 'No management is unaware of its duty to avoid accidents or

physical conditions which impair workers' health. But workers brains, minds and souls are a different matter' (Schumacher 1974:4). This rather negative approach to a personal sense of meaning and well-being in paid work has been persuasively linked to a crisis in personal worker satisfaction, happiness and sustainability if it is not addressed (e.g. Clarke et al 2007; Costea et al 2008). The problem with modern market economies is that they value productivity, which is presently achieved through labour. This 'destroys man's freedom and power to choose the ends he really favours' (Schumacher 1974:36), even if that choice is to enjoy paid work, because work is subject to the forces of productivity:

...modern technology has deprived man of the kind of work that he enjoys most, creative, useful work with hands and brains, and given him plenty of work of a fragmented kind, most of which he does not enjoy at all...we might do well to take stock and reconsider our goals (Schumacher 1974:10).

Several writers have noted the intransigence of these attitudes and have identified that a more sustainable approach requires social structural and cultural change at multiple levels to assure personal, family, community and wider social resilience and well-being (Bagger et al 2008; Costea et al 2008; Gambles et al 2006; Sennett 1998; 2006; Williams 2004 to name but a few). In a society where time is money, there is no time to care for others or the self, to enjoy participation or craft and creativity inside or outside of the paid work domain and there is no time to simply be. These kinds of activity are not valued because the time and energy used to participate in them is not paid for in a productive or economically profitable sense. These activities are, as Gorz (1980: 80-81) clearly describes:

...unrelated to any economic goal which are an end in themselves: communication, giving, creating and aesthetic enjoyment, the production and reproduction of life, tenderness, the realisation of physical, sensuous and intellectual capacities, the creation of non-commodity use-values (shared goods or services) that could not be produced as commodities because of their unprofitability – in short, the whole range of activities that make up the fabric of existence and therefore occupy a primordial rather than a subordinate place.

It is participation in obligatory and non-obligatory *chosen* activities that gives us meaning in everyday life and a sense of well-being or a sense of self as in balance with the social and natural worlds we live in. Yet it is having the life space and the time and energy reserves to expend in this way that is lacking in present models of work-life balance *because* we focus on productivity and profit, often to the exclusion of everything else.

The primacy and symbolic capital of paid work is a reflection of the drive for productivity and financial and economic strength in modern capitalism. As human time and energy is the resource used to gain success, so that time and energy

has become compressed and pressured to achieve more outcomes with less expense. In terms of the human resource, success is measured on getting the most out of the employee and using their time and energy resources in the most economically viable way. For the employee this causes a sense of time and energy pressures and stress. Personal choices have to be made in how life activities are prioritised in order to meet a cycle of ever increasing demands in the workplace. The intensification of work in the modern workplace, coupled with individuals absorbing the 'busyness' of everyday life as a measure of being a useful, or productive part of society, means that far too much time and energy is spent on paid work. As this is done without reciprocal replenishment of necessary time and energy to assure participation in personally meaningful, family, community, or the wider social and natural environments, so resilience and well-being is eroded, diminishing the positive experiences we can have in everyday life. It is this pattern in the existing model of work-life imbalance that has to change if a different kind of life balance is to be realised. This, I postulate, should be a more integrated one, reflecting a use of time and energy across multiple life domains, with space for meaningful participation in activities of choice, for relationships with others, for caregiving and for aesthetic needs, including the time to think, reflect and just be present in both social and natural worlds.

9.4. Finding time for paid work and the social and natural worlds

It seems that in the present UK labour markets, and on a wider global scale, paid work is the *ideal activity* and that any compromises to achieve a life balance that reduces the time and energy given to paid work is difficult to accomplish. Paid work wants it all, and has the power, social and symbolic capital to command it. Those who cannot give everything to paid work will always be second best to those that can, whether working in full-time or part-time capacities. Consequently we strive to work and become unwittingly complicit to achieve socially constructed ideals. In a labour market based on a model of the adult worker, capitalism, individualism and responsabilisation, for those who have other commitments outside of paid work, the battle begins.

Conflicts with the home domains are paramount because these are the second, most prioritised activity for those with domestic responsibilities, partners, and children or elderly relatives to care for. For these individuals, there is little or no time or energy left to participate in other life activities that could enhance a state

of well-being, such as leisure, self-care, rest or participation in the wider social or natural environment.

In common with Warren's (2004) findings, individuals in this study with children, whether working full-time or part-time, seemed more constrained in accessing leisure pursuits, interests and self-care activities than people without children. Participants in Aslan healthcare appeared to have more cultural and structural limitations in terms of flexibility in their organization than those in Merlin social services, further eroding the possibilities to access and participate in life domains other than paid work. But, it was notable that all participants, whatever their hours of work or personal responsibility burdens, felt pressured by paid work and constrained in their other life activities by the *intensity* of the participation required in the paid work domain. These kinds of forces left the employee bereft of time and energy to participate meaningfully in other life activities, to think, plan, reflect or just to be present in the world, leading to exhaustion and ill-health. Resistance by the workers toward these ways of being were notably limited by fears of reprisals from those in more powerful positions, and there was a sense of compliance and acceptance in the primacy of paid work and its overuse of human time and energy. It seems that in contemporary UK life, everything has meaning in terms of paid work: caregiving, relationships, family values and personal, family, social and environmental well-being are secondary to the ultimate goals of participation in paid work and growth. This, it would seem likely is common practice on a much wider global stage and is a challenging trend in terms of work-life balance, well-being and the professional notion of occupational balance.

At a political level, whilst government drivers by New Labour have extolled the virtues of work-life balance, they have in reality, promoted and maintained the prioritisation of paid work and growth as a measure of success without consideration of the consequences on an individual's health and well-being, or that of their families, communities and societies. Recent drivers by the Coalition government appear to have continued this intrinsically work-biased ideal. Their initial manifesto purported that they would extend flexible working to all employees in dialogue with employers. However, pressures from businesses have prevented this being implemented, reducing the plans to a mere extension of the right to request flexible working for parents with children under 16 to under 18, and resulting in the government abandoning its plans (The Guardian 2011a,b). By identifying that good parenting matters to a healthy society (Paterson 2011), the Coalition have proposed that parents carry out the following

daily tasks with children each day: read to their child for 15 minutes; play with their child on the floor for 10 minutes; talk with their child for 20 minutes with the television off; adopt positive attitudes towards their child and praise them frequently. Finally, but not least, parents are asked to give their child a nutritious diet to aid development (The Telegraph 4th August 2011). In essence these five steps ask us to spend 45 minutes with our children in a meaningful way each day. To me, this kind of timed focus on family, merely propagates the vision of parents trying to find the time to maintain family relationships and values which, theoretically at least, underpin a caring and supportive environment to maintain health and well-being for all. As the workplace drives the employee to be responsible for his or her own work-life balance through managing their lack of ability to be at work, irrespective of family values and well-being, so the Government identifies the parent as responsible for the time spent with children, albeit the fact there is no time left after paid work to do so. This brings us back to the problem of how parents can care for children successfully and provide loving homes if they are exhausted, overworked or time starved.

Rifkin (1987:1) believes that how we structure and spend social time is a measure of how we identify our moral and ethical order:

Time is our window on the world. With time we create, order and shape the kind of world we live in...Every culture has its unique set of temporal fingerprints. To know people is to know the time values they live by.

In present practice, debates suggest that our use of time is imbalanced, biased toward paid work. Hochschild (2008:89) has noted that being busy is the 'opiate of the masses', and decries how time at home has become regimented to accommodate the ultimate priority of paid work, devastating family relationships. Gergen (2000:175) talks about the loss of close and meaningful friendships because people are always 'in motion' and have no time to invest in each other. Adam (2003) talks of how the demands of social time have alienated us from the natural cycles and how that can erode well-being. If this is not enough, Costea et al (2008) identify that in modern labour markets paid work is becoming less secure, focussed on individualism and the responsabilisation of the worker. Undoubtedly, the people in this study felt vulnerable and experienced a culture of fear in the workplace. There was a hidden message that those who were not prepared to give their all to paid work, who were considered to be time pressed and energy poor in terms of their unilateral devotion to paid work, were not good enough and consequently not worthy of value in the workplace. This creates a

deeper sense of instability and fear about the loss of paid work and facilitates further work-life or occupational imbalance rather than addressing it.

9.5. A different vision of work-life balance

To summarise, it seems that the values we hold in the present notion of work-life balance creates imbalance at multiple levels. We need to restructure our concepts of how to spend time from one focussed on paid work based on productivity and growth, to one incorporating the time to spend on activities that are meaningful and of personal interest; time to spend in relationships, not only with family and our communities, but with significant others inside and outside of paid work; time to build on our love and belonging needs; time to meet aesthetic needs; time to spend in reflection and to find a meaningful sense of self and time to locate ourselves in the natural rhythms of life and the planet on which we live. This suggests much in common with Wilcock's (1999a) notion of doing, being and becoming extolled in the occupational therapy literature and reflects the need for that profession to re-establish its seemingly lost focus on the notion of 'time, rhythm [and] activity' being the 'beacon lights of the philosophy' of occupational therapy (Franklin 1922:422).

The findings have illustrated that organizational cultures do influence work-life balance for employees in the workplace: work-life balance policies were implemented with the business case in mind; performance indicators and organizational outcomes were predominant; decisions about work-life balance were at the discretion of the manager of the organization concerned and the rulings they made were maintained through fears of recrimination and custom and practice in terms of the busyness of work; workloads were managed externally to the individual and there were low levels of self-control over work-life balance experienced by participants from both settings. These cultures did not signify a necessity to focus on the individual employee and a lack of power and control over workloads and/or time was reported as causal to work-based strain, work-life imbalance and ill-being, if not ill-health. How organizations utilise the human resources of time and energy is therefore a key factor in how work-life, and one could suggest, occupational balance and health, are experienced by the individual. But this cannot be tackled in isolation. Situated in capitalism, with its notion of production, profit and individual participation with 'zero drag' (Hochschild 2000:xxiv), paid work is placed as the principle domain for active participation by

individual workers. This means that paid work has stronger pulls or gravitas than other life domains, creating work-life imbalance. I have illustrated that the co-produced nature of work-life balance requires it to be viewed in a more integrated way, reflecting an unbiased use of time and energy across multiple life domains: space for meaningful participation in activities of choice; for relationships with others; for caregiving; for time to think, reflect and just be present in the world. This includes participation in the natural environment from which we have become removed and isolated in present social structures, and in terms of work-life and occupational balance, is an argument lacking in the present literature.

Finding a work-life balance is about creating a rhythm that services all purposes in everyday life and achieving a subjective sense of happiness or contentment with the resultant pattern of work-life balance. This requires sufficient autonomy and choice to meet personal needs and wants in terms of obligatory and non-obligatory activities, as well as satisfying relationships and finding a sense of self and personal, family, community and social well-being in harmony with the natural environment. In a sense one could suggest that work-life balance is an interconnected synergy of all life domains and activities that happen in everyday life; whether they be obligatory, non-obligatory, paid, non-paid, social, individual, classified as work, leisure, rest, relaxation, caregiving, active or reflective pastimes. Work-life balance is about 'being' in the world as a meaningful and purposive part of a wider ecology of life balance, and achieving a sense of personal, family, community, social and environmental well-being. But the level and depth of structural, cultural and agentic change necessary to achieve this would require a revolution in terms of human consciousness and being in the world: a move from capitalism in its present political, economic and global form, taken for granted concepts of social time and the power of the markets, who have developed an overwhelming presence in modern everyday life. All these socially constructed forces have steered us from what is most important in life; human health and well-being at individual, family, community and social levels and a sense of being active and present in both social and natural worlds. Yet it is these domains that we continue to focus on and participate in the least in present social structures based on modern, global market capitalism.

Chapter Ten

Conclusions and Recommendations

The aim of this research was to explore the influence of organizational workplace cultures on the work-life balance of its employees. It specifically studied occupational therapists working in the NHS and social services in the UK, but the results would apply to paid workers in a variety of workplace settings.

This chapter provides a summary of the research and an overview of the key findings. It discusses the contributions it makes to our understanding of work-life balance and considers the limitations of the study. Following this it will suggest some possible areas for further investigation and finally conclude the thesis.

10.1. Summary of the research

The findings have evidenced that workplace cultures not only acted upon the individual employee's work-life balance, but actually shaped and created a lived experience of work-life *imbalance* through inequitable power politics and the drivers for productivity, intensification, flexibilisation and the excessive or greedy use of human time and energy as resources in the workplace. This created conflicts between participation in paid work and other life domains, some of which created ethical and moral dilemmas between caring for others and participation in paid work. The study identified a strong relationship between work-life imbalance and stress and ill-health, and posited that a lack of participation in other life domains outside of paid work eroded well-being in families, communities and wider society.

Cultural differences between the organizations of Aslan healthcare and Merlin social services illustrated that where temporal flexibility was in place, work-life balance was facilitated, but also that the benefits of this could be lost through a lack of control and autonomy by employees over workloads, workplace pressures, the organizational implementation and practice of applying work-life balance policies and relationships with significant others in the workplace, which specifically affected feelings about work and took up psychological space inside and outside of the paid work domain. Employees' resistance to policies and practices in the workplace that created work-life imbalance were limited by the existence of cultures of fear in terms of losing professional credibility and value in

the workplace, opportunities for promotion or ultimately, of losing one's job. In terms of workplace cultures this meant that neither Aslan healthcare or Merlin social services, albeit the positive rhetoric of their written policies, were employee-centred or situationist in their approach to work-life balance. Ultimately both focussed on productivity and organizational outcomes as opposed to the well-being of the individual employee.

The findings support other studies which identify a link between the absence of spending purposive time and energy in forward thinking, planning and reflecting on life in productive and meaningful ways and work-life imbalance. Individuals described a sense of immediacy and lived in a sense of constant busyness, where the next daily task had to be completed at speed, and where there was no space to think or plan in the long-term for the future. There was also a notable absence in all the accounts given of using time or energy for participation in the natural environment. Yet both these activities are associated with human well-being, with the former providing opportunities to be mindful and present in the moment, as well as planning for the future, and the latter preventing an alienation or disconnection from the natural world, which reportedly can lead to stress and ill-health (Dickens 2004).

The study postulates that work-life balance and imbalance is a co-produced phenomenon. It is not a single entity but a complex and interconnected one, with multidimensional forces working together as a synergy to create something more than its separate parts. These multiple forces include the social attitudes and values ascribed to paid work, as opposed to caring, home commitments, leisure, community or social activities; subjectivities and salient identities; the total responsibilities carried by individuals; the balance between obligatory and non-obligatory activities; the commodification and use of the employee's resources of time and energy in capitalism; the responsabilisation of the worker in terms of participation in paid work and I posit, in managing work-life balance, and the drive for intensification and productivity over employee well-being. These forces working in synergy create an implicit *imbalance* between achieving fiscal growth and productivity as measures of social worth and value, and those of individual, family, community and social well-being.

These findings would suggest that a move from a model of work-life balance valuing paid work over family and caring to one based on more egalitarian principles, which includes offering personal choice and values caring, relationships, family, community and personal well-being over money and growth,

could be an effective tool of change in workplace cultures. But as a consequence of the notion of an interconnected, co-production of work-life balance, this study suggests that organizational cultural change would not be effective if considered in isolation. Rather it would require a coordinated change in wider structures including the entrenched principles of capitalism; the idealism of paid work in modern market economies; the gendered division of labour and attitudes to caring, family, community and social well-being; the responsabilisation of the worker in terms of paid work and work-life balance; the complicities of the taken for granted attitudes toward paid work and busyness by individual agents in everyday life and a more integrated approach to the balance of daily activities. This necessitates a fundamental shift in human consciousness and ways of doing and being in everyday activity, as well as in the values, attitudes and expectations of the workplace in terms of power, control, work pressures and the implementation of work-life balance policies and practice. It requires the development of a model of work-life balance that understands and applies not only a more egalitarian and employee-centred approach, but accepts the interconnected nature of work-life balance, and values the outcomes of achieving work-life balance in terms of human well-being, sustainability and resilience. In the present labour market based on the principles of capitalism and global economies this would entail radical readjustment at multiple levels of significance. This is likely to be challenging in the contemporary fiscal crisis.

10.2. Key contributions of the study

In order to identify key contributions clearly and succinctly, I have incorporated the discussion into six key points.

First, this study has specifically illustrated that occupational therapists do *not* have a work-life or in professional terms, occupational balance in their everyday lives. This is a valuable finding in terms of the philosophy, values and knowledge base of the profession, which, paradoxically, proposes occupational balance as a means of achieving well-being, yet evidences no ability to find this state in their own everyday lives. An intriguing theme in the study has been the challenges experienced by occupational therapists in terms of their sense of professional identity and value in the workplace and how this influenced their work-life or occupational *imbalance* and I will return to these professional issues in 10.4.2.

The study has also identified that health and social services create and maintain organizational cultures which support work-life *imbalance* and employ exploitative and coercive means to use human resources in the workplace. These organizations overtly and covertly valued and promoted full-time workers over part-time, albeit the 'feminised' nature of the workplaces. By utilising cultures that were controlling of employee workloads, these organizations took too much time and energy from the individual worker, whether working full-time or part-time hours, and depleted the resources necessary to participate in other life activities outside of the paid work domain. There was little, if any evidence that either health or social services settings provided a tool to help with managing excessive workloads, and the individual was made to feel responsible for his or her own experience of work-life balance. In this way these organizations actually created work-life *imbalance* and promoted employee stress and ill-health. This suggests that where organizations control work-life balance and prioritise productivity over worker well-being, so this influences not only employee health, but the resilience and sustainability of families, communities and society because individuals are prevented from meaningful interaction in these domains.

Second, findings have identified that employees feared challenging organizational decisions because of possible repercussions, and illustrated that where such cultures exist, so employee resistance to patterns of work-life imbalance is eroded, and the organizational status quo maintained. Productivity was promoted and the power differentials between employer and employee created a win-lose scenario where employees traded-off certain life activities to meet the demands of the paid workplace.

Third, relationships at work were influential in how participants felt about work and this spilled over in other life domains outside of work. This evidences the importance of not only paid work taking up the physical, but also the psychological space that people required for use to achieve a meaningful work-life balance.

Fourth, the study postulates a link between Costea et al's (2008) notion of 'soft capitalism' (see 9.3.2), or the responsabilisation of the paid worker, and suggests that this extends in present workplace cultures to encompass the individual worker as *the* responsible agent for his or her own construction of work-life balance. This cultural message relieves the organization of any real responsibility to meet individual employee needs in terms of work-life balance.

Fifth, the study has identified that work-life balance is co-produced by the interactions of all its many parts. It is a product of the organizational control of work-life balance; the taken for granted busyness of life - Hochschild's (2008:89) 'opiate of the masses'; the value and symbolic capital of paid work; the drive for productivity and growth over family, caring and individual well-being; the gendered division of labour; the socially defined priorities assigned to obligatory activities; the complex multidimensionality of life activities; the total responsibility burdens people carry; the relationships with significant others and the individual's personal choice and salience in life activities. The study posits that all these separate forces work as a synergy to co-produce the lived experience of work-life balance and must be viewed as interconnected and not as separate entities in their action on work-life balance.

Understanding work-life balance in this more complex and holistic way theorises that whilst workplace cultures do have to change to accommodate an employee-centred or situationist perspective of work-life balance, wider social structures and individual agents also have to change at *multiple levels of significance*, if that change is to be effective and work-life balance is to be valued as a tool to achieve human health and well-being. This would suggest that achieving a more sustainable and resilient model of work-life balance requires a shift in human consciousness, in organizational cultures and in social global structures *in synergy* to accommodate, value and to co-produce a new vision of work-life balance that places the value of people over money and social sustainability, resilience and well-being over growth.

Finally, this study has identified not only the *absence* of spending time and energy in the activities of thinking, planning, reflecting and of participation in the social world in a self-directed or purposeful way, as noted by other studies, but also those which support any meaningful interaction with the natural environment. This finding postulates a possible relationship between the complex, interconnected social structures of work-life balance and the natural world in which all human activity is embedded. This is an intriguing thought, one that is worthy of further investigation.

Whilst these findings are notable in terms of the profession of occupational therapy in both professional practice and everyday life, and to the health and social services workplaces studied, I would suggest they have relevance to a far wider audience in terms of the nature of workplace cultures and the lived experience of work-life balance in modern market economies.

10.3. Limitations of the study

The study intentionally sampled one professional group called occupational therapists because these were considered experts in work-life or occupational balance. As the occupational therapy profession is predominantly female and, by tradition, work mainly in the national health or social services settings, so the choices in terms of workplace cultures were limited and equitability in terms of gender constrained. As described in chapter 1, only two organizations were accessed; both located in the public sector and both in one geographical area of the UK. This does pose the question of how work-life balance might have been experienced differently if more distinct types of organizations or professions had been sampled and larger numbers employed.

As previously discussed IPA accounts privilege the individual and focus on elucidating experience and meaning, so offer a different perspective from approaches which tend to use larger sample numbers in order to substantiate theory (Barbour 2007). IPA actively advocates homogeneity in the sample because this supports an in-depth analysis of experience and facilitates the study of convergence and divergence in accounts (Smith et al 2009). It adopts a deep and interpretative level of analysis which arguably goes beyond standard thematic analysis by requiring the researcher to uncover meaning above the immediately apparent content, whilst also maintaining close attention to the participants words: 'What is important is that the interpretation was inspired by, and arose from, attending to the participant's words, rather than being imported from outside' (Smith et al 2009:90). In this sense IPA, commanded the use of a smaller sample and offered me a focus on depth of analysis and individualised experience and meaning, which other methods may not have advocated or facilitated (Barbour 2007; Wertz 2011). A grounded theory approach for example, would have focussed on emergent theory (Wimpenny & Gass 2000); an ethnography on cultures (Rapport 2000) and discourse or narrative analysis on the role, structure or meaning of language (Biggerstaff & Thompson 2008; Daiute & Lightfoot 2004). These methods would have changed the focus of the study from the individualised experience and meaning, and consequently, lost the purpose (Wertz 2011). Whilst it is of no doubt a larger sample would have increased quantity, this would have challenged the depth and richness of the data gained. The homogenous nature of the group, and the small number, coupled with the nuances and differences of the localised settings, did facilitate an in-

depth exploration of the influence of workplace cultures on the lived experience and meaning of work-life balance for occupational therapists.

As noted in 4.1.1, a second reported limitation of IPA is the challenge of generalisability. Yet the findings from this study do seem relevant to a wider audience in terms of how we live our lives, as well as illuminating the experiences and meaning of work-life balance in everyday life. Caldwell (2008) and Reid et al (2005) maintain that whilst broad generalisations may not be possible from studies using IPA, commonalities across accounts and 'analytical commentary' (Pringle et al 2011:21) can lead to useful insights with wider implications. By working iteratively with the data, so IPA actually encouraged an appreciation of the embedded nature of the participants' accounts. This facilitated an emphasis on the importance of the wider context, which is essential for providing a framework for understanding and sense making: meaning is essentially a part of, and is contextualised by the sociocultural environment. Through the use of IPA and its interpretive nature, the meaning of work-life balance has unfolded from participants' accounts and a complex and interconnected nature to this phenomenon has been identified, which reaches far beyond the organizational cultures and the individual occupational therapist into the wider world of paid work and everyday, contemporary life. It has also raised pertinent points in terms of the notion of occupational balance and identified striking issues in the context of professional identity and the lived experience of paid work for occupational therapists.

Smith et al (2009) conclude that the effectiveness of any IPA study should be judged by the light it sheds in a broader context and that if the written account is rich and transparent enough, and sufficiently related to current literature, then the reader should be able to assess and evaluate transferability.

I would suggest the findings in this study clearly evidence the relevance of the experiences of this particular group to a far wider audience and sheds valuable light into the meaning of not only work-life but occupational balance. Consequently I maintain the methods were effective.

10.4. Areas for further study

This section is organised into two parts. First I consider the recommendations relevant in terms of work-life balance. I then move on to discuss the issues

pertinent to the profession of occupational therapy. In the context of the latter, it is worth noting that this study did not set out to critique or understand the profession or its philosophy of 'occupational balance', but rather to use this group as a source of expert knowledge in that field and to explore how members experienced organizational cultural influences on work-life balance. However, there were some emergent themes that were notable in terms of the profession's identity and its knowledge base in occupational balance, which are extremely pertinent. These will be discussed here.

10.4.1. The understanding of work-life balance

This study has posited work-life balance is an interconnected and co-produced phenomenon. Viewing work-life balance from this perspective has suggested several areas for further study.

First, it is of interest to consider if an organization's culture change to a more egalitarian model of work-life balance could be supported more pragmatically by viewing work-life balance as an interconnected phenomenon rather than in its separate parts. If this is so, then what this would mean for the present model of labour market participation and modern capitalism in the UK and that of the wider global economy is a relevant discursive point.

Second, as recent studies suggest that unhappiness, stress and depression is increasing in the UK, it is worth considering how present models of work-life *imbalance* are contributing to this, and to question how time and energy use can be planned and organized in a less stressful and personally meaningful way in contemporary life. This includes valuing the use of time and energy not only for paid work, but also for caregiving, family/domestic tasks and much wider participation in community and personally meaningful activities in both the social and natural worlds.

Third, it is of interest to understand how and why participation in a wider range of diverse life activities is actually beneficial to work-life balance and well-being and to question whether this is an effective tool for human resilience and sustainability.

Finally, it is of interest to consider whether or not there is any positive relationship between participation in the natural environment and achieving a sense of human well-being and work-life balance in everyday life, as this study proposes. This

idea is particularly intriguing in terms of not just achieving human sustainability and resilience, but also that of the planet. For example, if humans spend more time and energy in and on the natural environment, would this challenge our alienation and disconnection from it and engender a greater respect and caring for it, as well as enhancing human work-life balance and well-being? Both these issues are interesting thoughts for future research.

10.4.2. *The profession of occupational therapy*

I accessed this professional group because they identify a knowledge base or belief in life or 'occupational' balance. As a second professional group was not sampled, it was difficult to ascertain whether or not the knowledge base this group held in occupational balance did influence how they lived or experienced their work-life balance in any way, but a theoretical link between occupational and work-life balance was evidenced and respondents described a strong theme of imbalance in their everyday lives. In the majority of cases participants noted paid work as the cause of their imbalance, but accepted this as a natural state. Wilcock (1999a:5) has suggested that occupational balance is achieved through spending time in 'doing' activities, in being 'true to ourselves [and] to our individual capacities', and having the time and space to grow and sustain a self-actualised state. Whilst this resonates with similar ideas of personal choice and subjectivity in work-life balance discourse (e.g. Grote & Raeder 2009; Thompson & Bunderson 2001), the occupational therapy literature does not appear to address the notion of spending too much time and energy in the active 'doing' of paid work as a plausible barrier to achieving occupational balance. This study suggests that occupational therapists have to think beyond the boundaries of occupational balance promulgated in the existing literature and extend it, to accommodate a vision that actually challenges the taken for granted hegemony of paid work and embraces, as the work-life thesis must, the co-produced nature of balance. The study posits that occupational therapists must, as Fearing (2001:214) has also suggested, 'not only recognize and value the skill of maintaining balance, our own and that of our clients', but value 'how we will live it' (see 3.7).

Juxtaposed with the findings of imbalance experienced by the occupational therapists in this study, I can suggest that the profession would benefit from identifying and exploring the complexity of the interrelationships that exist

between paid work, other notionally assigned obligatory activities and the 'non-obligatory' activities in life in order to question, pragmatically, the notion of choice in terms of participation in meaningful activities to achieve well-being. By their own admission occupational therapists cannot choose how they spend their time and energy. How then can their service users succeed where they cannot? Asking these kinds of questions could enhance the concept of occupational balance and situate it within the wider social structures of paid work and capitalism, as well as supporting the need for personal choice and meaning in activities. By analysing and challenging their own work-life (or occupational) balance, occupational therapists could facilitate not only a greater understanding of their own lifestyle balance, but identify how the present patterns of paid work and capitalism influence the achievement of occupational balance for service users. Such studies would begin to provide an empirical source of research to underpin the philosophical beliefs and theories purported by the profession in terms of occupational balance. This could enhance the identity and credibility of the profession and support the validity of its knowledge base and social closure, which in turn, would strengthen its position in the workplace and wider sociocultural environment. However, what this study has identified is that if this is to be a reality, then occupational therapy is challenged not only to think differently about occupational balance, but also to consider how its professional power and autonomy can be developed and the images held by significant others in its 'metaphorical mirror' (Atkinson & Housley 2003:7) re-structured into an image that is valued by others and reflects how occupational therapy has accomplished being and becoming a profession.

10.5. To conclude

Work-life balance has shown itself to be a complex phenomenon influenced by far more than the organizational cultures I set out to explore. This study has highlighted the value of viewing work-life balance as complex and interconnected whole, rather than in its separated parts. It has multiple dimensions at social, organizational, individual, cultural and structural levels. It is intertwined with, and is a product of politics, human and financial resources, economics, demographics and individual, family, community, social values, structures and cultures. In its present form capitalism's model of paid work and labour participation is omnivorous in terms of human time and energy, and uses those resources

irrespective of what is necessary to participate in all other life domains. This erodes the sustainability and resilience of human health and well-being at multiple levels of significance.

Yet paid work is but one part of life and, however important or valued that might be, by the individual or social structures in which it is suspended, it is only one activity in a myriad of other activities in which people need to participate to achieve a sense of well-being in everyday life. It is time to situate work-life balance in a wider context, and see its present form as a corrosive force in personal, family, community and wider social but also fundamentally, and less considered, global and planetary well-being. It is time to see work-life balance as complex and interconnected whole, as a tool of human sustainability and resilience and a part of a wider ecology of life balance.

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Appendices

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Appendix 1: Participant Information Sheet

Study Title: The influence of organizational workplace cultures on employee work-life balance

Introduction

You are being invited to take part in a research study. Before you decide it is important for you to understand the purpose of the study and what it will involve. Please take time to read the following information and discuss it with others if you wish. Please do not hesitate to ask if there is anything you are not clear on or if you require any other information. Take time to consider whether or not you want to take part. Please note that I am looking for participants who are Qualified Occupational Therapists, who have worked for a minimum of 6 months in health and/or social care environments.

What is the purpose of the study?

The study sets out to consider how work cultures affect your everyday life balance. You will be asked to explore your individual experience of work-life balance in health and social care cultures.

Do I have to take part?

It is important that you note that your participation is optional and it is up to you to whether or not you take part. If you do decide to take part you will be asked to sign a consent form, which you will keep along with this information sheet. If you do decide to take part you are still free to withdraw at any time and do not have to give a reason.

What will happen if I take part?

If you chose to take part, you should contact the researcher as noted below. We will make a convenient time to meet for the interview and can discuss any concerns or questions you may have. When we meet we will review the process, discuss and ensure informed consent and sign the consent form. It is important that you understand the interview will be taped and later transcribed and that no-one, except the researcher and transcriber, will hear the tape. I will collect key personal data (name, title, hours of work, place of work, responsibilities etc.) but this information will at no point be shared with others and will not be kept on a computer i.e. all personal data will be kept confidential.

What do I have to do?

Be prepared to take part in an individual interview session with the researcher at a maximum of 2 hours in duration. The interview will be planned at a convenient time for you.

Be open to sharing your experiences of work-life balance, work culture and occupational balance not just in relation to your present job but also from past experiences in health and social care settings. This may include discussion around life and work changes you feel are relevant to the topic of work-life balance.

What are the possible disadvantages and risks of taking part?

You may find the interviews cause you some inconvenience (e.g. timing, disruption to day). It is possible that you may find that you make changes to your routine or thinking as a result of undertaking the research. This will be your choice but change can sometimes have unexpected consequences.

What are the possible benefits and advantages of taking part?

You may find that your understanding of work-life balance grows. Participation in the research will be beneficial for continuous professional development and your portfolio. The research will be published and add to the professional body of knowledge in work-life balance and occupational therapy. You will therefore be involved in a process of development of the profession (although your input will be anonymised at all times).

What happens when the research stops?

When the research stops, personal information e.g. your name, title, work hours and place of work etc. will be destroyed.

Will my taking part be kept confidential?

If you consent to take part in the study, your data will be anonymised. All personal data will be kept in a safe and private location and will only be available to the researcher. All reference to place of work and personal details will be removed and/or replaced with pseudonyms.

What will happen to the results of the research study?

The findings from the research will be published in peer reviewed journals such as British Journal of Occupational Therapy, Journal of Occupational Science and Qualitative Health Research. All personal data will be destroyed including the audiotapes. However, anonymised transcripts will be kept for further study.

Who has reviewed the study?

Cardiff University, the Research and Development department and the Local Research and Ethics Committee have reviewed the study protocol. Regular updates on progress will be submitted.

Contact for further information

If you wish to take part in the study or you would like any further information please contact Teena Clouston on [Telephone no] (there is a message service if I'm unavailable) or email [] Alternatively fill in the attached proforma and return to Teena Clouston, Senior Lecturer, School of Healthcare Studies, Department of Occupational Therapy, Ty Dewi Sant, Cardiff University, Heath Park, Cardiff. An SAE has been provided for your convenience. Thank you for taking the time to read this.

Appendix 2: Consent Form

Centre number: 01
Study number: 11

Consent Form

Title of Project: The influence of organizational workplace cultures on employee work-life balance

Name of Researcher:

Please initial box

1. I confirm that I have read and understood the information sheet dated [XXX] (version 1) for the above study and have had the opportunity to ask questions.
2. I understand that my participation is voluntary and that I am free to withdraw at any time, without giving any reason and without any redress.
3. I understand that any part of the research can be published in any form or presented at conferences.
4. I understand that my personal information will be kept confidential and that all data will be anonymised.
5. I agree to take part in the above study.

Name of participant

Date

Signature

Name of Researcher

Date

Signature

Appendix 3: Interview Guide

I've asked if I could interview you to talk about work-life balance. I wonder if we could start by....

Work position, role and history

How long have you been qualified (as an occupational therapist)?

Tell me a little about where you've worked and how long you've worked

How long have you worked in this present position?

What about your pattern of work (your work hours). How has that changed over time?

Personal details, family commitments

What are your family commitments? Children/partners/caring responsibilities.

What's an average sort of day?

Do you have any interests outside of work? How has that changed over time?

Understanding of work-life balance

What does work-life balance mean to you?

Do you feel you achieve it in your personal life?

How do you feel the organizational work culture has influenced your work-life balance?

Can you think of examples where the organizational work culture has facilitated your work-life balance?

Can you think of examples where the organizational work culture has constrained your work-life balance?

If you were to tell people about the organizational culture of health and/or social care, what would you say?

Do you feel you achieve your potential at work?

Closure

In situ-clarification and summary

To summarise then we've discussed your experiences of work-life balance and it seems that.....

Appendix 4: Table 4.1. Participant Profiles and Settings

Aslan Healthcare

Occupational Therapist	Setting & base	Area of work	Grade	Gender	Age	Hrs of work	Caring responsibilities	Interests
0201/ Lowri	Aslan healthcare; hospital	Physical rehab; inpatients	Managerial; some clinical: Grade 8/ Strategic lead	F	41-50	FT-36hrs	Partner; parents	Likes socialising gym; pub but no time
0202/ Haf	Aslan healthcare; hospital	Physical rehab inpatients	Managerial; some clinical: Head II/ Grade 7	F	41-50	FT-36hrs	Partner; 2 children teenage	Work; Family
0203/ Carys	Aslan healthcare; various	Rotational various settings	Clinical: Basic grade/ Grade 5	F	21-30	FT-36hrs	Partner; no children	Socialising Gym
0204/ Jamie	Aslan healthcare; community	Physical rehab; community	Clinical; specialist: Senior I/ Grade 7	M	21-30	FT-36hrs	Relationship; no children	Socialising
0205/ Aisha	Aslan healthcare- , community	Mental health; community	Clinical; experienced: Senior I/ Grade 6	F	31-40	PT-18hrs 3 days	Partner; 3 children preschool and school age	Work before children, now they are priority
0206/ Owen	Aslan healthcare- various	Rotational various settings	Clinical: Basic grade/ Grade 5	M	41-50	FT-36hrs	Partner; no children	Art; Socialising Family
0207/ Arial	Aslan healthcare, hospital	Acute physical; inpatients	Clinical: Senior II/ Grade 6	F	31-40	PT-28 hrs.5 days	Partner; 2 teenage children; parents	Children; Family; Theatre; Shopping
0208/ Saffi	Aslan healthcare, hospital	Physical rehab; inpatients	Clinical/ some managerial: Head III/ Grade 7	F	41-50	FT – 36 hrs.	Partner; 2 teenage children; parents	Family; Socialising
0209/ Huw	Aslan healthcare, various	Rotational – various settings	Clinical: Senior II/ Grade 6	M	31-40	FT - 36 hrs.	Partner; no children	DIY
02010 / River	Aslan healthcare community	Physical community	Clinical; experienced: Senior I/ Grade 6	F	21-30	PT-18 hrs.3 days	Partner; 1 child pre-school	Caring for child; partner; Work
02011/ Misha	Aslan healthcare hospital/ community	Physical rehab; intermediate care;	Clinical; some managerial: Head III/ Grade 7	F	51-60	FT-36 hrs.	Partner; grown family	Family, Work, Socialising
02012/ Amber	Aslan healthcare hospital	Physical; rehab; inpatients	Clinical; experienced: Senior I/ Grade 6	F	31-40	PT-32hrs	Partner; 1 child primary school age	Caring for child; Family; Swimming but no time
02013/ Maya	Aslan healthcare hospital	Physical rehab; outpatients	Clinical; experienced: Senior I/ Grade 6	F	41-50	PT-27 hrs.	Partner; 2 teenage children; parents	Caring for older relatives; children; Family; Yoga; Cycling
02014/ Morgan*	Aslan healthcare hospital	Physical rehab; outpatients	Clinical; some managerial: Senior I/	M	31-40	FT - 36 hrs.	Partner; 1 pre-school child	Work, Family; Socialising

			Grade 7					
02015/ Jac	Aslan healthcare hospital/ community	Mental health; hospital	Clinical: Senior II/ Grade 6	M	21-30	FT - 36 hrs.	No family responsibilities	Rugby; Pub; Socialising
02016/ Rhys	Aslan healthcare hospital/ community	Mental health; hospital	Clinical; some managerial: Senior I/ Grade 6	M	41-50	FT - 36 hrs.	Partner; no children	Work, Family; Socialising
02017/Dylan	Aslan healthcare community	Mental health; community	Clinical; experienced: Senior I/ Grade 6	M	31-40	FT - 36 hrs.	Partner; 2 primary school age children	Work, Family; Socialising
02018/Tal*	Aslan healthcare community	Mental health; community	Clinical; specialist: Head IV/ Grade 7	M	41-50	PT-33 hrs.	Partner; no children	Walking; Swimming Reading; Music
Total								
18 participants	Aslan healthcare	Various: See appendix 5	Various: see appendix 5	8M 10F		6PT 12FT		

* *Union representatives/stewards*

Appendix 5: Tables 4.2 - Summary of Areas of Work, Grades and Bands - Aslan Healthcare

a) Areas of work

Areas of work	Study participants
2 in acute physical	Arial, Lowri
2 in rehabilitation outpatients	Maya, Morgan
3 in rehabilitation inpatients (different locales)	Amber, Haf, Saffi
3 in community physical (different locales)	Jamie, Misha, River
3 in rotational posts (different locales)	Carys, Huw, Owen
2 in mental health inpatients	Jac, Rhys
3 in mental health community (different locales)	Aisha, Dylan, Tal
Total	18

b) Whitley grades and allocated banding under agenda for change: The traditional 8 grades are synthesized into 4 bands providing a flatter structure and hierarchy

Study participant pseudonyms	Whitley grades (from high to low)	No of study participants	Allocated agenda for change band equivalents
Lowri	Strategic lead	1	Grade 8
Haf	Head II *	1	Grade 7
Misha, Saffi	Head III *	2	Grade 7
Tal	Head IV *	1	Grade 7
Jamie, Morgan	Senior I *	2	Grade 7
Aisha, Amber, Dylan, Maya, Rhys, River	Senior I **	6	Grade 6
Arial, Huw, Jac	Senior II **	3	Grade 6
Carys, Owen	Basic grade	2	Grade 5
Total	8 grades	18	4 bands

- Grade compression – Senior I and Heads into grade 7
- ** Grade compression – Senior I and Senior II

Appendix 6: Table 4.3 - Participant Profiles and Settings

Merlin Social Services

Occupational Therapist	Setting & base	Area of work (specialism)	Grade	Gender	Age	Hrs of work	Caring/family responsibility	Interests
0101/ Mhari	Local Authority -Merlin Social Services	Adult services Community	Community OT	F	31-40	PT-28hrs	Partner; 2 teenage children	Wants to go to gym & socialise but no time
0102/ Jazz	Local Authority -Merlin Social Services	Adult services Community	Community OT	F	31-40	PT-18.5hr 3 days	Partner; 1 child infant school; parents	Gardening Church
0103/ Rhiannon	Local Authority -Merlin Social Services	Adult services Community	Community OT	F	21-30	PT-30hrs 4 days	Partner; 1 child primary school	Reading; Shopping; Family
0104/ Sian	Local Authority -Merlin Social Services	Adult services Community	Community OT	F	21-30	FT-37hrs	Partner; parents; no children	Socialising Visits family at weekend
0105/ Seren	Local Authority -Merlin Social Services	Adult services Community	Manager/ Senior practitioner	F	31-40	FT-37hrs	Partner	Wants to have WLB but no time
0106/ Catrin	Local Authority -Merlin Social Services	Adult services Community	Community OT	F	41-50	PT-30hrs 4 days	Partner; 3 young adult children	Socialising Family
0107/ Anwen	Local Authority -Merlin Social Services	Adult services Community	Community OT	F	51-60	FT-37hrs	Partner; 2 adult children	Socialising Family; Church
0108/ Rosie	Local Authority -Merlin Social Services	Children's services Community	Community OT	F	41-50	FT-37hrs	Partner; no children	Socialising Family
0109/ Jenna	Local Authority -Merlin Social Services	Adult services Community	Community OT	F	51-60	PT-24hrs 4 days	Partner; three adult children; carer	Socialising Family; Shopping
01010/ Nia	Local authority -Merlin Social Services	Adult services Community	Community OT	F	41-50	PT-24hrs 4 days	5 children school age; single parent	Swimming Running; Socialising Family
01011/ Bron	Local authority -Merlin Social Services	Adult services Community	Manager/ Senior practitioner	F	41-50	FT-37hrs	Partner; parent; 2 adult children; carer	Has no time
Total								

11 participants	Merlin social services	10 adult services 1 children services	2 manager/ Senior practitioner 9 community OTs	11 F		6 PT 5 FT		
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See appendix 7 for more details

**Appendix 7: Table 4.4 - Summary of Areas of Work and
Grades - Merlin Social Services**

Areas of work	No.	Pseudonyms
Adult services	10	Anwen, Bron, Catrin, Jazz, Jenna, Mhari, Nia, Rhiannon, Seren, Sian
Children's services	1	Rosie
Grades (High to low)		
Senior Practitioner/Manager	2	Bron, Seren
Community practitioner/OT	9	Anwen, Catrin, Jazz, Jenna, Mhari, Nia, Rhiannon, Rosie, Sian
Total number	11	

Appendix 8: Reflections on the Research Process

a. Discrepancies in accounts given

Jamie described himself as someone who was not ambitious, yet also suggested that he was driven at work and needed guidance to reduce his penchant for overwork. He further described no pressures in paid work to take work home and later recounted a story of just such pressure and noted his sense of disquiet with this. I queried what did this mean for Jamie? Was he establishing a particular role? Was he unaware of the possible discrepancy? I questioned this and he answered as follows: *“It’s just when something is imposed on you from outside that you don’t necessarily have the option to deal with it”*. It seemed that for Jamie the discrepancy existed within; between the actual and ideal self i.e. what was possible to achieve and what he wanted or believed he wanted to achieve (see appendix 9).

b. Reflections on the interview process

Despite care and planning, two interviews were significantly disrupted by noise outside the booked rooms. This was unfortunate but could not be overcome. It was a matter of occurrence and circumstance as opposed to a poor choice of venue. For all interviews, signs were placed on the door requesting quietness. However, in the first instance, the interview room was next door to a room in which a noisy meeting was taking place. In the second, the interview room was adjacent to a thoroughfare in which an altercation took place. Because of limited space in both settings, rooms could not be changed at that time. In both circumstances it was the quality of the digital recording as opposed to the interview process itself that appeared most significantly affected.

I experienced little difficulty with the interviews and consider this to be, in part, my skills as an interviewer and my significant training in this field. But also, and most importantly, the way participants embraced the process and gave of their time and experience. This was key to the effectiveness and richness of the process and data collected. One interview however, was not as focussed as the others. Whilst some data was relevant I found the participant difficult to fully engage. It was impossible to ascertain whether this was a timing issue (it was a challenging day in the workplace for the participant), or whether the individual would have offered a similarly fractured dialogue at another time. None-the-less it was clear that, at this time, attention and concern was elsewhere. This is an example of how timing and participant focus is as essential as the researcher's in the interview dialogue.

There were examples of change in both participants and myself through the interview experience. Whilst I cannot doubt that some of these movements in thinking were meaningful, no-one, to my knowledge, left the interview setting in any way distressed or uncomfortable. I have placed some examples of changes in thinking about work-life with comments in appendix 9.)

c. Supervision and peer review

I have used to full advantage both supervision and peer review from individuals outside of health and social care work settings and the occupational therapy profession, to enhance the limited views that can occur through internalised ways of seeing and doing associated with researching the known. My views on the profession of occupational therapy, on paid work and work-life balance have been challenged. My views and perspectives have changed throughout the research process. These are hopefully clear in the thesis and briefly noted here.

d. Issues arising in terms of the personal bias in this study

In the early stages of the study, specifically in the literature gathering stage, my supervisors challenged my assumptions about the work settings. I wrote as someone who 'knew' (was familiar with) these work environments. I struggled with that for some time: I was unable to see how that experience was influencing my work because I reasoned I actually knew so little theoretically about the organizations how could I have assumptions? However, I realised that it was not my knowledge but my attitude that was the issue. There was an assumed understanding about the knowledge of others in my work that I had not recognised because of my natural attitude, my taken for granted approach. My supervisors saw what I could not because they were objectively engaging with my work.

During data collection and analysis my interview with Arial in particular, challenged my own preconceptions about work-life balance and work. That interview was a turning point for me in recognising my own assumptions and values about work-life balance. Arial challenged me to recognise and value the home-centred perspective and the value of themes that unfolded from her account offered a different lens with which to view all others. Arial's view of work was crucial to me recognising and challenging my own salience in the role of paid worker.

e. Issues arising in terms of the sample selection in this study

I used gatekeepers to access the participants and these were managers in the organizations. I was aware that this might feel coercive in terms of participation and could cause discomfort for the participants in terms of power politics and hierarchies in the workplace. I explained to all participants that there was no pressure to take part and assured them that whatever their decision, confidentiality and anonymity would be maintained at all times.

f. Reflections on the sample size

Data was very rich. I found the amount of data at times unwieldy and felt overwhelmed in terms of honouring participants' accounts by sharing the experiences. A smaller number of interviews would have satisfied the purpose of the work and perhaps lessened the load in terms of analysis without reducing the depth of understanding gleaned. However, the number and detail collected enabled a more credible interpretive process in the emergence of themes as I could check and cross check between interview transcripts in the analysis process i.e. this amount of interviews assisted in the iterative process. This assured greater credibility of the themes found.

g. Ethical issues arising from transcription

Anonymity and confidentiality emerged as an issue as transcription was carried out because whilst names could be changed the nature of in-depth interviews can reveal identifying information. As a small professional group the plausibility of recognition by others who took part in the study is possible. I have kept demographic details brief in an attempt to reduce this possibility.

h. Reflections on choices made

As the thesis has progressed I have felt very satisfied with my choices and feel this approach was appropriate in terms of the aim of the study.

Appendix 9: Participants responses to the interview process

This highlights some changes in thinking that were evidenced by participants in the interview situation:

Respondents from Merlin Social services:

Jenna

Jenna evidenced a change of thinking in her view of the situation she believed was pertinent to her and other part-timers in her workplace. She seemed to have a sudden epiphany and clarity of thought about workplace assumptions made about 'being' a part-time worker:

I hadn't clarified that in my head until now around that. Yes. You're only a proper OT if you're a full-timer. So interesting. Yes. That's it, you know. I know now. And I know now that's sort of how it is.

She associated this notion of being a part-time worker with feeling devalued and injustice in the workplace:

It isn't there [the opportunity to do a particular role part-time] and I suspect it won't be there in the new structure. Not part-time. It will be there but not for part-timers I suspect. Which is about devaluing people really. And I hadn't really taken that on board before now. And I think it is about devaluing that if you're not full-time you're not really good enough that's... that's the message.

Jenna seemed genuinely angry about this emergent thought and to see her workplace differently as a consequence of it. Yet she did feel they were just and fair views. I did have some concerns about how she assimilated and dealt with these feelings following the interview.

Mhari

Mhari depicted her previous role of full-time mother as deleterious to her present situation as a part-time worker because little had changed at home in terms of responsibilities burdens to accommodate her return to work. She still carried all the responsibilities for the home and children because this was assumed to be her role:

I worked before we had kids but then you don't make as much mess do you? And he [husband] probably did do more then... We went shopping together and things like that. And when I had the kids I made a decision that I wasn't going back to work and the house and the children became my job. And his job was with the bank and then we kind of progressed from there. Now I'm back at work I still do the housework.

She illustrated a recognised need to change her home situation as a result of sharing her experiences of limited support in the home domain. For Mhari it was maintaining the expectations of mother and housewife whilst returning to work as well as dealing with work pressures that caused her stress and work-life imbalance. This was supported by a lack of support from her husband and children to take on more at home. She identified an intention to make an active change in this following the interview:

I think you've got to make a conscious effort that you have to do something about it. I think as a family we're gonna have to sit down and make an effort to do something about it.

Respondents from Aslan healthcare

Arial

Arial gave some suggestion that whilst she clearly preferred a home centred role, she was unsure about some of the personal choices she had made in terms of her work role as a consequence of this. She identified a strong cultural proclivity in the home domain to be a mother and wife. Her family unit promoted this way of being:

Well my husband is quite traditional [laugh]. He's not terribly supportive of me you know, of being a career woman, sort of being as active and out full-time. So you've got to make choices because there's probably a lot more I could have done if that'd been different.

She also described how her parents were very keen for her to work part-time and evidenced a strong cultural norm at home to be family centred and be a mother:

I found the...you know my parents are very supportive and they did look after the baby rather than she go to a child-minder and join a nursery. They just couldn't tolerate the idea of that. I think I just...To be honest now [laugh] I was lucky enough in that sense but I felt pressured to go part-time. They said you know "Oh! That's a really good idea". Part-time was an excellent idea, you know. And it was obviously much more like it.

Would, I pondered, she have thought differently if her cultural context at home at been different?

River

River explained that by carrying her various paid roles, she felt constrained and challenged particularly in terms of personal and leisure time, which negatively influenced her sense of well-being. She suggested during the interview that she felt that if this could be redressed it would benefit not only her but her whole family:

I think it's the escapism bit gets lost, isn't it, you know. That um...just being yourself and being and doing your own thing that gets lost because those commitments weigh down on you so much, you know? Occasionally I break free and do things. And I think 'Wow, you know, I am actually a different person' [laugh]. But um...yes definitely...to me work-life balance is really important. And, you know, I need...I do need for myself to think about how I could improve, the balance in my life. At the moment I'm a bit stuck to think how. But it's definitely worth spending time thinking about it and, you know, I'm happy thinking about it quite a lot as well. Not just to improve my quality of life but my husband and child's, you know, as well.

Maya

Maya talked about a dichotomy in her thoughts around being a mother, housewife and worker and the resultant compromise of her personal time:

It's funny I think I am quite happy with my lot at the moment really. But if I think about how much time I have for me, it's very little. But then I don't think I would have it any other way. I think the fact that I took seven years off to be a housewife and a mother and I like did everything in that time, it's very difficult. And when you go back to work you can't suddenly say 'I'm not doing that anymore I need time for me'...It's very difficult.

Like Mhari, the relinquishing of roles or activities in the home domain to accommodate the extra domain of paid work appeared challenging. To maintain the status quo in the family and her own sense of self as mother she compromised on her personal time in order to meet work and home commitments.

And the weekend my husband is a sort of person that must be out and doing something. So we often go out on a bike ride just the two of us now the kids are older. They don't join us. But we will go out and do that so we have a fair bit of pleasurable time and maybe I perhaps I should do a little bit more for me on the pleasurable side. But as I say it would probably make me more stressed if I realised there were things that needed to be done.

Jamie

In the early part of the interview, Jamie described himself as not an ambitious man at work:

But from a personal point of view, I have never really been really racked with ambition to climb on a ladder of success. And I get a lot more reward from the relationships and the people I work with, both colleagues and patients, rather than achieving, achieving, achieving something different, something new and better and bigger every year.

He talked about experiencing few workplace balance problems and suggested he could manage his workloads successfully and did not take work home unless he wanted to. But conversely he also gave examples of when this self-management had not been possible:

Managers were really supportive and helped but they couldn't actually do it [the work] because they weren't involved in the day-to-day running [of the service]. And the consequence was I spent more time probably taking work home then. I don't normally take work home but occasional I will take a bit of work home that I'm interested in doing and I think is important. It might take up the weekend but that [specific job] took up three to four weekends and all of the evenings. Come in early. Work late. And probably, well was, a very, very stressful thing to do. Occasionally, now say this weekend, I took the laptop home to do some work because I'm trying to write some competencies for using relaxation for the rest of the team to do. So I took it home to really work on that. Did a little bit but not...nothing major. And I don't really consider that to be a great hardship because I really want to do that and I'm really interested for my own learning. So I don't see that as a problem interfering with work-life balance. It tends to be stuff that was imposed on me with deadlines in a situation that couldn't really be avoided. So that's the main kinda way that I see work that affected me.

He later went on to describe how he was very motivated in work and needed boundaries to facilitate a good work-life balance and prevent him taking work home.

I think that's been helped by having a fairly clear IPR. I know what I am doing over the next year. I tend to have really high expectations of myself. I'm sure that most of the stuff that happens in the IPR is 'Now calm down ... you've only got a year [laugh]. You've got half an hour a week to do this stuff [laugh]. Let's be realistic in what we're gonna achieve. We're not going to revolutionise the [name of] Service whatever we do [laugh]. So let's look at what we're going to

work on for the year and what's realistic'. And that's really helpful. It stops you going absolutely loopy. I think probably if I had my way and do all the things I wanted to do that I'd take work home every night every week. But it [IPR] gives you a structure and focus...I think the IPR gives you permission to say, 'Okay if you do this you're achieving what you need to achieve and that's enough. That's quite enough'. So it's like a protectional frame to put around what your expectations are. If we don't have it then you're stuffed. That vagueness causes stress and makes you do more than what you need to.

Was I pondered, Jamie contradicting himself in his statements about his attitudes to paid work or was he pointing to something else? It is the last sentence that offers a plausible explanation for this. Jamie requires someone to say you've done 'enough'; this is an acceptable amount of work to do. Without that qualification from his managers (in the form of IPR i.e. Individual performance review) Jamie felt unable to decide for himself what was enough. He also was perhaps not as in control of workloads as he first suggested and was also quite driven to succeed.

Jac

Jac who you will recall, like Jamie, felt he had no conflicts between paid work and life, described frustration at work from psychological/relationship causes. Two burning issues were related to poor relationships, communication and attitudes between and from other staff in the workplace, and in his view, a lack of value and professional identity/role for occupational therapy. In the examples below he identified marked dissatisfaction in his workplace experience as a result of these experiences and beliefs. Albeit his clear description of no physical work-life imbalance he certainly evidenced a lot of psychological worry about paid work:

And we [OT] were running the day hospital. And between the nursing staff and the OT and physio staff there was absolutely no communication. We didn't know who people were. One woman...we didn't know she was dead...She was dead for a week and I didn't know. And all right, you can say it's my fault for not going to find out. But, you know, the nursing staff should've passed that sort of information on. But that's the kind of thing I'd change: This communication between different professions and between in-patient staff and community staff. Even community OTs, I don't think we have that link. That's the big thing I'd change.

This, he noted, did affect his work-life balance in a negative way by populating his thoughts outside of paid work and straining his in-work persona and relationships:

So we used to get pulled in to do a lot of recreational groups and which is not a good use of OTs time. Don't been to be arrogant, but we've got to many skills to be doing that all the time. So you know we're really aware 'ere that we've got a big danger of that happening and we're not gonna get pulled into it too much coz I think that's what the ward would like us to be doing. To be entertaining. And yeh...I do think about it outa work if I'm honest because it just pisses me off.

Appendix 10: Table 4.5 – List of themes - Participant 0105

Conflict between time at work and time for everything else causes pressure and stress

Imbalance through time at work

Flexibility facilitates work-life balance

Managers facilitate or constrain work-life balance

Work-life balance is difficult to implement organizationally

Work cultures influence attitudes to work-life balance

The work ethic influences work-life balance

Pressures on workloads influences work-life balance

Waiting list culture influences work-life balance

Social work culture dominates and causes stress

Trust & support in the workplace facilitates well-being and work-life balance

Feeling valued professionally in the workplace facilitates well-being and work-life balance

Congruence of individual values on work-life balance with work culture facilitates well-being and work-life balance

Control over flexible working to meet personal wants and needs in work-life balance facilitates well-being and work-life balance

**Appendix 11: Table 4.6 - Clustered Themes - Participant
0105**

Conflict between time at work and time for everything else causes pressure & stress in life

- Time and energy spent at work causes pressure and stress
- Conflict between time at work and time for everything else
- Imbalance through time at work (Time is limited for all activity outside of paid work by time spent at work)
- Pressure at work causes psychological stress
- Social attitudes to work limit time available for any activities outside of paid work.

Organizational structures and cultures influence work-life balance

- Temporal flexibility facilitates work-life balance
- Managers can facilitate or constrain work-life balance
- Work-life balance is difficult to implement organizationally because of work pressures
- Work cultures influence attitudes at work to work-life balance
- Waiting list cultures create pressure
- Social work culture creates low self-esteem, pressure and stress
- Relationships with significant others at work influences work-life balance
- Trust and support at work facilitates work-life balance
- Feeling valued in the workplace facilitates satisfaction & work-life balance.

Salient identity, personal choice and control over work-life balance influences work-life balance (pressure & stress)

- Congruence between individual values on work-life balance with work culture facilitates well-being
- Control over flexible working to meet personal needs in work-life balance facilitates well-being.

Appendix 12: Table 4.7 - Working Table of Key Themes

1. Work-life balance is a conflict between time and energy influenced by stress *and pressure and the use of time and energy spent in either paid work or life domains*:
 - Experiences of stress/pressure in one domain influence the other
 - Use of time and energy in one domain takes from the other
 - Life domains are interdependent and connected
 - Paid work is dominant and creates imbalance.
2. Social-political-cultural attitudes to work influence work-life balance:
 - Social and symbolic capital (value) of paid work influences work-life balance and prioritises it as the most valued identity
 - Work ethic drives people to work and constrains work-life balance
 - Capitalism and global markets drive performance in the workplace
3. Organizational work structures and cultures influence work-life balance
 - Positioning at work provides power to control and organize work and work-life balance
 - Positioning and power at work influence control and organization of work and satisfaction at work
 - Waiting list/performance cultures create pressure and stress
 - Discharge/performance cultures create pressure and stress
 - Professional hierarchies create pressure and stress
 - Managers implement and can constrain or facilitate work-life balance
 - Flexibility at work constrains or facilitates work-life balance.
4. Workplaces are emotional arenas: relationships with significant others at work constrain or facilitate work-life balance
 - Personal relationships influence satisfaction and work-life balance (which creates worry outside of work)
 - A valued professional identity by others facilitates satisfaction in paid work and work-life balance
 - Feelings at work influence personal stress and well-being.
5. Sense of self; gender and socially ascribed roles/identities influence work-life balance
 - Roles of mother, father, caregiver, unpaid domestic work influence work-life balance
 - Complexity of roles and activities carried influences work-life balance
 - Significant others in life domains influence work-life balance.
6. Sense of self; self-identity, preferences and choice in work-life balance influence work-life balance
 - Self-identity, how see/value self influences attitudes to work-life balance
 - Significant others/social structures/identities influence self-identity/ies and work-life balance
 - Participation in activities ascribed with personal meaning increases satisfaction in work-life balance and well-being
 - Congruence between preference and choice in activities and experience of work-life balance facilitates satisfaction.
7. Work-life balance is interconnected and co-produced.
8. Absence of any reflective, thinking planning time. No or very little reference to community participation. No time spent in natural environment.

Appendix 13: Table 4.8 - Final Table of Key Themes

1. Attitudes, work-life balance policies, flexibility and responsibilities in terms of work-life balance in the workplace cultures, individual agency and wider social structures influence work-life balance at covert and overt levels.
2. The total responsibilities individuals carry in the obligatory or necessary (usually paid and non-paid work) domains are a potent force in work-life balance. These are not adequately considered in workplace cultures creating moral and ethical dilemmas.
3. Workplace cultures of power and performance, individual agency and wider social structures create and drive work-life imbalance, ill-being, pressure and stress by establishing paid work and performativity as the activity 'par excellence', designing the boundaries and controlling the permeability between paid work and home or other life activities, and reducing employee power, autonomy and control over paid work and work-life balance. Acceptance of how things are and fear of reprisals or ostracism constrains employees striving for positive change.
4. Relationships in the workplace create and sustain patterns of work-life imbalance through reflecting the workplace customs and practice including driving the pace of work, the pressure of work and defining the patterns and expectations of work-life balance.
5. Present models of paid work and labour participation in the market economy of modern capitalism create a modus operandi of work-life imbalance. This erodes psychological and physical well-being at multiple levels of significance, including personal, family, community and wider social levels by reducing meaningful participation in these fields.
6. Time and energy to think, feel, plan and just to be present in the social and natural worlds is lacking in the present nature of work-life imbalance. This is further eroding work-life balance and well-being at multiple levels of significance.
7. Work-life balance is a co-produced, interconnected phenomenon drawing on social structures, values and attitudes, organizational cultures, political discourse, complexity of life activities and individual agency. It is synergic in nature i.e. it something more than its separate parts.

Appendix 14: Table 5.1 - Planned Career Grade Scheme

Title	Grade/Starting point	Post qualifying experience
Occupational therapy manager	SP44 SP43 SP42 SP41	10 years post qualifying experience + management qualification
Specialist community occupational therapist	SP41 SP40 SP39 SP38	5 years post qualifying experience, specialist experience/qualification
Senior community occupational therapist Level four ----- Level three	SP40 SP39 SP38 -----career bar SP37 SP36 SP35	----- interview Min 4 years experience
Community occupational therapist Level two ----- Level one	-----career bar SP34 SP33 -----career bar SP32 SP 31 SP 30	-----interview 3 years PQ experience Newly qualified with 2 year experience Newly qualified with 1 year experience Newly qualified