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Flexible working and work-life balance: Midwives' experiences and views.

Julie Prowse and Peter Prowse

Both flexible working and work-life balance (WLB) are important issues for the midwifery profession and can have both positive and negative consequences for midwives working in the National Health Service. This study examined midwives' views and experiences of flexible working, work-life balance and the implications for the midwifery profession.

Background

Arguably, WLB discourses range from policies aimed at promoting family friendly practices and increasing gender equality to measures designed to foster a WLB by controlling when, where and how employees work (Eikhof, et al., 2007). In contrast critics of WLB policies argue that it allows employers to appear employee friendly while meeting business needs and not necessarily ensuring employees achieve a WLB (Roberts, 2007; Wise, et al., 2007). Hence WLB initiatives may result in tensions and have contradictory effects as some employees benefit while others are disadvantaged and this challenges the premise that WLB is to the mutual benefit of all.

One of the problems associated with WLB is a so-called 'flexibility stigma', a term that describes employers' (often full-time, male) and employees' negative views and treatment of co-workers who want flexible work arrangements (Cech and Blair-Loy, 2014:105; Putnam et al., 2014). Flexibility stigma can result in the marginalisation of (often part-time, female) employees, who are regarded as less committed to their job. The midwifery profession provides an interesting context for

exploring these issues. The majority of midwives are female and labour trends indicate there has been a significant change in the ratios between full-time and part-time midwives, with the majority of midwives (53 per cent) now working part-time (Midwifery 2020, 2010:24).

Methods

The study was conducted in a large NHS maternity unit. A multi-method approach was used to explore midwives' views and experiences of work and included a questionnaire and 48 interviews (see Prowse and Prowse, 2008). Twenty-one midwives agreed to be interviewed. In addition, all the University midwifery lecturers were invited to participate in the research as they worked in both midwifery education and the maternity unit where the fieldwork took place. The majority of midwifery lecturers agreed to be interviewed (N=20). A strategic viewpoint was gained by interviewing four senior respondents working in midwifery education and policy, three national representatives from the Royal College of Midwives and one regional union officer who covered the maternity unit.

The semi-structured interviews were taped and covered issues such as, the advantages and disadvantages of flexible working and midwives' views and experiences of flexible working and WLB. The interviews were analysed and the data thematically coded and five key themes identified.

Findings

The advantages of flexible working and WLB

All the respondents identified a number of advantages with flexible working and WLB and cited these as strategies used to recruit and retain midwives, enable midwives to accommodate caring responsibilities, continue working and to have more control over their working lives. The problems encountered with flexible working and WLB included midwives not always receiving their shifts in sufficient time or having them changed which made it difficult to organise child care. Therefore, some midwives had started to request their shifts and this caused resentment among staff without caring commitments as they were left with limited choice about the shifts they worked.

Balancing different needs

One of the difficulties discussed with offering flexible working and WLB was balancing the number of midwives working full-time and part-time to ensure the maternity unit was covered, while at the same time trying to meet the individual needs of midwives. Midwives recognised that to attract and retain midwives it was important to offer different forms of working and noted it was important, *'to get the balance and number of staff right'*. They acknowledged the contradictions with what they were saying but felt this was due to the tension between providing flexible working and the reality of delivering a twenty four hour maternity service. In practice *'balancing needs'* is proving difficult due to ongoing midwifery shortages and the increase in midwives wanting flexible working (Midwifery 2020, 2010). A key paradox identified by the study is that midwives, particularly part-timers, wanted flexible

working but also needed predictability and to know when they were working in order to manage their caring commitments.

'Midwives' they've a job to do'

Midwives' attitudes to flexible working and WLB were also influenced by their beliefs about what is expected of a 'professional midwife'. Tensions existed between part-time midwives who wanted a WLB and managers and full-time midwives who believed that to be a professional, midwives had to be committed to the profession and put the needs of the woman and maternity service first (McDonald, et al., 2009). These views resulted in some full-time midwives describing part-time staff as, *'not being committed to their work', 'just doing their job' or 'letting colleagues down'*. These perceptions reinforced flexibility stigma and co-worker resentment and failed to recognise the fact that the majority of midwives do not wish or are unable to work full-time.

Full-time midwives' resentment of flexible working and WLB initiatives

All the respondents expressed some concern that flexible working and WLB was fragmenting midwifery and fuelling resentment between midwives. Full-time midwives or those without caring commitments felt disadvantaged and marginalised as they had to cover the unpopular shifts or organise when they worked around part-time staff and described this as *'picking up all the dog ends'*. Increasingly it was full-time midwives were not experiencing a WLB and the consequences of this were outlined by a full-time midwife: *'I think the people that haven't got families or choose to work full-time feel that they are propping the whole service up'*.

'The exception, but now the norm'

Midwives discussed that flexible working had compromised their WLB and led to increased work pressures. Arguably by being flexible and accommodating staff shortages and sickness, midwives had gradually taken on more work and rather than it being *'the exception this was now the norm'*. Midwives continued to 'give that extra bit' to provide the care required and this resulted in work intensification (Prowse and Prowse, 2008). Furthermore flexible working encroached on midwives lives as the boundaries between home and work were blurred, particularly as they were often phoned at home about work related issues. A midwife argued, *'it's very hard, because it's expected, because you have got the title 'midwife', we are expected not to be a person or have a life'*.

Work intensification further polarised midwives as full-timers and those without caring responsibilities felt they had to take on more work and part-timers were seen as less committed as they were not as willing to volunteer or undertake additional shifts. The paradox is that both groups are undoubtedly committed to caring for women, but in practice part-time midwives are unable to do any extra work due to the trade-off between work and home (Perrons, 1999).

Conclusion

The study highlights some of the issues and tensions with flexible working and WLB. The research found that an important finding for the flexibility stigma debate is that it is full-time midwives, rather than part-timers, who feel disadvantaged and marginalised by flexible working and WLB policies and are prevented from having a WLB (McDonald et al., 2009; Cech and Blair-Loy, 2014). This is fuelling discontent

and resentment among midwives and leading to divisions between full and part-time staff that reinforce flexibility stigma.

A major challenge for the midwifery profession is to provide and support flexible working and a WLB for all midwives and manage the concerns of full-time midwives. Arguably if these tensions are not addressed the historical supportive, nurturing relationship that exists between midwives maybe compromised and the divisions between midwives and within the profession will intensify (Curtis et al., 2006).

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