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Research question or topic:
"Flexible working in healthcare: 1. Who gains from the benefits, and how? E.g. different staff or groups and any information about Return on Investment   2. How can flexible working support the inclusion, equality and diversity agenda?"
Name of person/ team requesting search: Digital Readiness Programme
Completed by: HEE Knowledge Management Team
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Please acknowledge this work in any resulting paper or presentation as: Literature Search: Flexible working in healthcare. Katie Nicholas. (9 September 2020). UK: Health Education England Knowledge Management Team

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This material may have been compiled in response to a specific question within a given context. Results may not be generalisable or replicable.

This material may be based on rapid and pragmatic evidence reviews or evaluations, and as such, may not be systematic. Some evidence may have been overlooked, and more evidence may have been published since.

Search comments

Flexible working and the NHS

As outlined in the request the general benefits of flexible working are established and have been documented in previous business cases:

- Flexible working in the NHS – the case for action: how designing role flexibly will the NHS find and keep talented staff (Timewise)
- Flexible working: the business case (CIPD)
- Flexible working conditions and their effect on employee health and wellbeing 17th February 2010, Cochrane Library for Systematic Reviews
- NHS Terms and Conditions of Service Handbook (Section 33.10 Employers should develop policies on flexible working)

Most recently flexible working was highlighted as part of the NHS People Plan for 2020/21:

"To become a modern and model employer, we must build on the flexible working changes that are emerging through COVID-19. This is crucial for retaining the talent that we have across the NHS. Between 2011 and 2018 more than 56,000 people left NHS employment citing work-life balance as the reason. We cannot afford to lose any more of our people." (pp. 19-21)

Additionally, I found lots of case studies from the NHS detailing successful implementations of various flexible working initiatives and opportunities such as self-rostering and annualised rosters. There were lots of published articles on various aspects of flexible working, so I have arranged them by theme in the results list below. They are organised by types of flexible working being discussed, for example part-time working in medicine or self-rostering, and by the impacts of flexible working on different staff groups and people, for example employees with disabilities, families, women, general practitioners or nurses (for a full list see the table of contents).

Equality, diversity and inclusion

Organisations such as CIPD, Timewise and the Equality and Human Rights Commission have written about the link between flexible working and the diversity and inclusion agenda. I also found several journal articles discussing the topic - mainly focused on gender equality and flexible working.

"One valuable tool in improving workplace equality and creating inclusive cultures is flexible working. It can help parents return to work, reduce the gender pay gap,

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help people with fluctuating health conditions stay in work and help carers to balance their work and caring responsibilities." (2019, CIPD)

A full list of results is available below (for a full list of themes see table of contents).

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Flexible working and the NHS

We are the NHS: People Plan for 2020/21 – action for us all July 2020, NHS

See pp. 19-21 We work flexibly: To become a modern and model employer, we must build on the flexible working changes that are emerging through COVID-19. This is crucial for retaining the talent that we have across the NHS. Between 2011 and 2018 more than 56,000 people left NHS employment citing work-life balance as the reason. We cannot afford to lose any more of our people.

See also NHS to focus on flexible working and staff wellbeing 30th July 2020, Personnel Today

How to embed flexible working for nurses 3rd August 2020, NHS Employers

Read our guide to embedding flexible working for nurses which signposts to the latest research and thinking concerning flexible working, highlights what nurses look for in a flexible role, and identifies a number of key enablers to successfully embedding a culture of flexible working.

Saying goodbye to outdated shift scheduling will avoid NHS burnout 3rd July 2020, Personnel Today

Another pandemic could be about to hit the NHS – staff burnout. Dr Anas Nader explains how embracing flexible working practices and modernising shift scheduling would ease the burden on stretched healthcare workers. At long last, the UK is emerging from its lockdown hibernation. Within our hospitals, doctors' surgeries and clinics, a sense of collective pride hangs in the air, like that among warriors returning victorious from battle.

NHS Employers welcomes proposals for promoting flexible working for fathers 20th March 2018, NHS Employers

In response to the Women & Equalities Committee's Fathers in the Workplace Inquiry report, Danny Mortimer, the chief executive of NHS Employers, said: "It is imperative that we help employees have a greater work-life balance at all stages of their careers – especially around parenthood, with all of its pressures, challenges, and unmissable moments.

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NHS Terms and Conditions of Service Handbook

Section 33: Balancing work and personal life

33.10 Employers should develop policies on flexible working which, as far as is practicable, should include:

- part-time working, where a person works to a pattern and number of hours by mutual agreement;
- job sharing, where two or more people share the responsibilities of one or more fulltime job(s), dividing the hours, duties and pay between them;
- flexi-time, where employees can choose their own start and finish time around fixed core hours;
- annual hours contracts, where people work a specific number of hours each year, with the hours being unevenly distributed throughout the year.
- flexible rostering, using periods of work of differing lengths within an agreed overall period;
- compressed hours, where employees work their total number of agreed hours over fewer working days for example compressing a five day working week into four days
- term-time working, where people work during the school term but not during school holidays;
- school-time contracts;
- tele-working, where people work from home for all or part of their hours with a computer or telecommunication link to their organisation;
- voluntary reduced working time, where people work reduced hours by agreement at a reduced salary;
- fixed work patterns where, by agreement, days off can be irregular to enable, for example, separated parents to have access to their children and flexible rostering;
- flexible retirement depending on the pension scheme of the individual staff member.
- varieties of shift patterns that enable the service to balance its need as well as allow staff to have a work life balance.

Interim People Plan June 2019, NHS

"As part of this workforce programme, we will introduce more flexible entry routes and career pathways, supported by competency-based development frameworks and more responsive education, training and leadership. We will explore new versatile roles that allow the scientific

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and diagnostic expertise of healthcare scientists to be deployed in primary and community services."

Different generations want different things from their working lives. Many people joining the NHS today are aware they will be working for longer than the generation before them and may decide to take breaks from NHS employment. We need to encourage second and third careers within the NHS, offering diverse and flexible opportunities and careers. We will significantly increase flexible working through a combination of technology and a change in people practices, to give people greater choice over their working patterns, help them achieve a better work-life balance, and help the NHS remain an attractive career choice. We will need to advertise more roles as flexible (for example, less than full time, term time only, job shares) and, where possible, enable home working to bring our employment offer into line with other sectors. As we develop an increasingly multidisciplinary and adaptive workforce who can deliver care flexibly across primary, community and acute care, we will also need to remove practical barriers to movement of staff between organisations. Over the next five years we will support every NHS employer to streamline their induction and onboarding processes to reduce duplication and to recognise previous training and skills 'passported' from previous employers. In addition, all trusts will seek to develop tech-enabled in-house staff banks, to create greater opportunities for employees to work flexibly. All trusts will also be expected to establish collaborative staff banks with other local trusts, increasing the potential number of shifts visible to those working flexibly.

Case studies

Maximising flexible workforce opportunities 17th July 2020, Derby Community Health Services NHS FT

Line managers and staff in the speech and language therapy service at Derby Community Health Services NHS Foundation Trust have worked together to develop a flexible working approach, which is reducing agency spend and improving the lives of staff. Learn more about how the team has worked collaboratively to implement new flexible ways of working, the benefits and the challenges.

Flexible working using annualised rosters for shifts and leave 30th May 2018, West Midlands Ambulance Service NHS FT

West Midlands Ambulance Service NHS Foundation Trust (WMAS) has committed to providing flexible opportunities which allow staff to balance their professional and home life commitments. The trust recognised that traditional shift work patterns did not suit the needs of their workforce and wanted to make a change. It has subsequently used a variety of flexible working

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arrangements including annualised hours to help them overcome the workforce issues around flexible working.

[Yeovil District Hospital NHS Foundation Trust – promoting flexible working and staff development](#) November 2018, Yeovil District Hospital NHS FT

This case study explores how a focus on flexible working and staff development helped a trust improve their staff retention.

Yeovil District Hospital NHS Foundation Trust had the highest staff turnover in the south of England, with an average for registered nursing and midwifery staff of 22.8% in March 2017, according to [Model Hospital](#) data. This case study addresses how the trust recognised the importance of flexibility and development in improving their staff retention, highlighting:

how developing a 'transfer window' policy can allow staff to change ward and department while being supported by the trust

- how developing pre-emptive measures such as 'itchy feet conversations' can prevent staff leaving

how managers are key to retention and need to recognise their responsibilities for creating an environment that staff enjoy working in.

[Improving joy at work – electronic self-rostering](#) 28th November 2019, Royal Free London NHS FT

After realising the highest areas of turnover for nurses and midwives was the intensive care units, Royal Free London NHS Foundation Trust began a project to reduce turnover by improving joy at work. Creating successful, satisfying and sustainable careers in Emergency Departments 7th November 2019, Royal College of Emergency Medicine

The Royal College of Emergency Medicine has produced guidance to help organisations engage and retain their emergency department (ED) workforce in an energised, positive and productive way ahead of winter. These guides discuss flexible ways of working and good rota designs for EDs, health and wellbeing, and how to engage those working in Eds. These guides should be used in conjunction with wider strategies to improve care and processes for patients in the ED — such as having clear escalation protocols, reducing unnecessary delays for patients and minimising the use of inappropriate physical spaces in the ED.

[Annualised hour rotas for emergency department doctors](#) Brighton and Sussex University Hospitals NHS Trust

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Brighton and Sussex University Hospitals NHS Trust found a key challenge in tackling emergency department doctors' low levels of satisfaction, high rates of burnout and high turnover was because of the way shifts were organised.

[Nursing development programme by the South London mental health and community partnership](#) 1st August 2019, NHS Improvement

The South London mental health and community partnership is comprised of Oxleas NHS Foundation Trust, South London and Maudsley NHS Foundation Trust, and South West London and St George's Mental Health NHS Trust.

[Optimising e-rostering software functionality](#) Southport and Ormskirk Hospital NHS Trust

Southport and Ormskirk Hospital NHS Trust optimised their e-rostering software to tackle multiple nursing workforce challenges. Through solutions such as data cleansing of e-roster templates, increasing software functionality and more effective training and meetings, the trust was able to improve staff availability and demonstrate better use of bank staff to fill shifts, among other achievements.

[Improving e-rostering practice](#) 10th June 2019 West Hertfordshire Hospitals NHS Trust

West Hertforshire Hospitals NHS Trust investigated its e-rostering data to productivity, workforce deployment and ward-to-board visibility and worked with us to find improvement opportunities.

[Optimising e-rostering systems](#) 10th June 2019, King's College Hospital NHS Foundation Trust

King's College Hospital NHS Foundation Trust optimised their e-rostering systems to solve a range of issues facing their nursing workforce. The changes resulted in a tighter grip on the use of temporary staffing — particularly during holiday periods, and wards had higher e-roster approval rates, among other achievements.

[Implementing new e-rostering software](#) 10th June 2019, Gloucestershire Hospitals NHS Foundation Trust –10th June 2019

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Gloucestershire Hospitals NHS Foundation Trust implemented new e-rostering software to maximise availability of both permanent and temporary staff by capturing all staff deployment on one e-rostering system.

[Implementing e-rostering software](#) 10th June 2019, Basildon and Thurrock University Hospitals NHS Foundation Trust

Basildon and Thurrock University Hospital NHS Foundation Trust implemented e-rostering software to support workforce deployment and reduce temporary staffing.

 [Flexible working guide](#) 30th January 2019, Essex Partnership University NHS Foundation Trust

This guide produced by Essex Partnership University NHS Foundation Trust provides a detailed look into the trust's approach to flexible working, outlining the many advantages for the individual and the employer.

[How Royal Free London became the first Timewise Accredited NHS Trust](#) Timewise

Our five-step programme took the Trust from understanding their current approach to creating a flexible action plan. Here's what they learned. Journal articles

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Employee and employer benefits

[Flexible working could improve retention](#) May 2019, British Journal of Nursing *Athens log in required**

Sam Foster, Chief Nurse, Oxford University Hospitals, suggests that redesigning job roles and fostering a flexible work culture would offer staff a better work-life balance and reduce NHS staff turnover.

[Flexible working is good for staff and patient care](#) June 2018, British Journal of Nursing *Athens log in required**

As health and social care secretary Jeremy Hunt highlighted in his keynote address at the Chief Nursing Officer's conference earlier this year, there is a growing need and desire among nurses to have flexibility and more control over their working lives and to be able to plan their personal lives around their shifts to achieve that ever elusive work-life balance. Flexible working offers one solution to the challenge of our time-poor lives. Who wouldn't want to be have the option of choosing their own working patterns to leave time for carer responsibilities and commitments, as well as hobbies and interests? Flexible working can also support the building of a broad

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portfolio of experience, increasing knowledge and skills, and contribute to enhancing career progression and potential. With the introduction of the nursing associate role and apprenticeship routes into nursing there is even more opportunity to follow a career path that leads from care support worker to registered nurse. Working flexibly throughout that journey is an option taken by many, who can continue to earn while completing their studies

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[How job sharing helps employers](#) 2012, Nursing Times *Athens log in required**

- Employ two people with different strengths so they complement and compensate each other
- Ensure the postholders get on and can work as a team – they will have to talk and maybe share time at work
- Put communications systems in place so they can share information
- Be clear that they must be flexible in their approach to their hours
- Understand that you must develop each job sharer individually and give them their own goals and projects

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[Flexible working and happiness in the NHS](#) 2011, Employee Relations

Purpose: This paper aims to explore the influence of flexible working on employee happiness and attitude, and the role of this within a high performance work system (HPWS). Design/methodology/approach: A case study of flexible working within an NHS Acute Trust is presented. A qualitative study is undertaken based on 43 employee interviews across a range of directorates within the Trust. Findings: Employees perceive that flexible working makes them "happy" and that there are attitudinal/behavioural links between this happiness, discretionary behaviour and a number of performance outcomes. Research limitations/implications: This paper presents a single case study with a relatively small sample which uses an inductive approach based on emergent data; it explores one element of a HPWS rather than an entire employment system. Respondents were volunteers, which raises the possibility of sample bias. Practical implications: There may be a need for organisations to focus more on employee happiness to encourage performance. HR practitioners could reflect on the impact of HR practices on happiness and which features of a job role are likely to promote happiness. Originality/value: This paper contributes a much-needed employee perspective on the effect of HR practices, specifically that of flexible working, and explores the neglected employee attitude of happiness.

[Flexible working conditions and their effect on employee health and wellbeing](#) 17th February 2010, Cochrane Library of Systematic Reviews

Plan language summary: Flexible working arrangements, such as flexitime and teleworking, are becoming more common in industrialised countries but the impacts of such flexibility on employee health and wellbeing are largely unknown. This review examined the health and wellbeing effects of flexible working arrangements which favour the worker as well as those

dictated by the employer (for example, fixed-term contracts or mandatory overtime). Ten controlled before and after studies were found which evaluated the effects of six different types of flexible working arrangement on employee health and wellbeing: self-scheduling (n = 4); flextime (n = 1); overtime (n = 1); gradual retirement (n = 2); involuntary part-time (n = 1) and fixed-term contract (n = 1). Self-scheduling of shift interventions and employee controlled partial/early retirement were found to improve health (including systolic blood pressure and heart rate; tiredness; mental health, sleep duration, sleep quality and alertness; and self-rated health status) and/or wellbeing (co-workers' social support and sense of community) and no ill health effects were observed. The studies of overtime working, flexitime and fixed-term contracts found no significant effects on physical, mental or general health or on any of the wellbeing outcomes examined. Importantly, however, the study on overtime failed to provide detailed information on either the amount or duration of overtime worked, so it is therefore difficult to draw any conclusions regarding the effects of overtime on workers' health and wellbeing. **Overall, these findings seem to indicate that flexibility in working patterns which gives the worker more choice or control is likely to have positive effects on health and wellbeing. However, given the small number of studies included in the review and their methodological limitations, caution should be applied to this conclusion.** Well-designed studies are therefore needed to further explain the relationship between flexible working and health and wellbeing.

Cost benefit

[Flexibility of working hours in the 24-hour society](#) 2006, La Medicine del lavoro *Abstract only* *

The 24-hour Society undergoes an ineluctable process towards a social organisation where time constraints are no more restricting human life. The borders between working and social times are no more fixed and rigidly determined, and the value of working time changes according to the different economic and social effects you may consider. Shift and night work, irregular and flexible working hours, together with new technologies, are the milestone of this epochal passage. What are the advantages and disadvantages for the individual, the companies, and the society? What is the cost/benefit ratio in terms of health and social well-being? Coping properly with this process means avoiding a passive acceptance of it with consequent maladjustments at both individual and social level, but adopting effective preventive and compensative strategies aimed at building up a more sustainable society. Flexible working times now appear to be one of the best ways to cope with the demands of the modern life, but there are different points of view about labour and temporal 'flexibility" between employers and employees. For the former it means a prompt adaptation to market demands and technological innovations; for the latter it is a way to improve working and social life, by decreasing work constraints and increasing control and autonomy. Although it can be easily speculated that individual-based 'flexibility' should improve health and well-being, and especially satisfaction, whereas company-based flexibility" might interfere negatively, the effective consequences on health and well-being have still to be analysed properly.

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Types of flexible working

Self-rostering

[Self-rostering can improve work-life balance and staff retention in the NHS](#) March 2018, British Journal of Nursing *Athens log in required**

Renee Barrett, Staff Nurse, ITU, Great Ormond Street Hospital NHS Trust, renee.barrett@gosh.nhs.uk , and Annie Holme, Lecturer, King's College London, look at how e-rostering can benefit health organisations and staff. The move from the traditional paper roster and implementation of an electronic roster, known as e-rostering or ESR across the NHS, has helped nursing managers to produce more effective rosters that incorporate the flexible working requests of staff, while meeting organisational needs (Drake, 2014a; Shepherd, 2006).

[Self-rostering and psychosocial work factors - a mixed methods intervention study](#) March 2015, Applied Ergonomics *Abstract only**

This study aims at 1) examining the effect of self-rostering on emotional demands, quantitative demands, work pace, influence, social community at work, social support from leaders and colleagues, job satisfaction, and negative acts, 2) examining whether this effect was mediated through increased influence on the scheduling of working hours, and interpreting the results in light of the different implementation processes that emerged in the study and by including qualitative data. We conducted a 12 months follow-up, quasi-experimental study of self-rostering among 28 workplaces out of which 14 served as reference workplaces. We also interviewed 26 employees and 14 managers about their expectations of introducing self-rostering. In the present study implementation of self-rostering had a positive effect on job demands and the social environment of the workplace, especially if the intervention does not comprise drastic changes of the organisation of the employees' work and private life.

[Work-life balance among shift workers: results from an intervention study about self-rostering](#) April 2014, International archives of occupational and environmental health *Athens log in required**

PURPOSEThe aims of the study were to explore the effects of the implementation of IT-based tools for planning of rosters among shift workers on work-family-related outcomes and to interpret the results in light of the different implementation processes.METHODSA quasi-experimental intervention study was conducted with 12-month follow-up at 14 intervention and 14 reference worksites in Denmark. Workplaces planning to introduce IT-supported self-rostering were recruited, and three different kinds of interventions were implemented. Intervention A and B aimed at increasing workers satisfaction and well-being, while intervention C was designed to optimize the personnel resources. Questionnaire data were collected from 840 employees at baseline and 784 at follow-up. Process evaluation encompassed interviews with about 25 employees and 15 managers at baseline and follow-up. Work-family-related outcomes were work-life conflicts, work-life facilitation, marital conflicts and time with children.RESULTSAn overall decline in work-family conflicts and increase in work-family facilitation were found in the total intervention group. More specifically, in group B, work-family

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conflicts and marital conflicts decreased while work-family facilitation increased. In group C, work-family conflicts increased while work-family facilitation and time spend with children decreased, and no significant changes were observed in the reference group and in group A.CONCLUSIONAn overall positive effect of the implementation of self-rostering was found on the balance between work and private life. However, results from the process evaluation suggested that the organizational aim with the intervention was crucial for the effect.

[Implementation of self-rostering (the PRIO-project): effects on working hours, recovery, and health](#) July 2012, Scandinavian Journal of Work, Environment and Health

OBJECTIVESThe aim of this study was to (i) investigate the consequences of self-rostering for working hours, recovery, and health, and (ii) elucidate the mechanisms through which recovery and health are affected.METHODSTwenty eight workplaces were allocated to either an intervention or reference group. Intervention A encompassed the possibility to specify preferences for starting time and length of shift down to 15 minutes intervals. Interventions B and C included the opportunity to choose between a number of predefined duties. Questionnaires (N=840) on recovery and health and objective workplace reports of working hours (N=718) were obtained at baseline and 12 months later. Theinteraction term between intervention and time was tested in mixed models and multinomial logistic regression models.RESULTSThe odds ratio (OR) of having short [OR 4.8, 95 % confidence interval (95% CI) 1.9-12.3] and long (OR 4.8, 95% CI 2.9-8.0) shifts increased in intervention A. Somatic symptoms (β= -0.10, 95% CI -0.19- -0.02) and mental distress (β= -0.13, 95% CI -0.23- -0.03) decreased, and sleep (β= 1.7, 95% CI 0.04-0.30) improved in intervention B, and need for recovery was reduced in interventions A (β= -0.17, 95% CI -0.29- -0.04) and B (β= -0.17, 95% CI -0.27- -0.07). There were no effects on recovery and health in intervention C, and overall, there were no detrimental effects on recovery or health. The benefits of the intervention were not related to changes in working hours and did not differ by gender, age, family type, degree of employment, or working hour arrangements.CONCLUSIONSAfter implementation of self-rostering, employees changed shift length and timing but did not compromise most recommendations for acceptable shift work schedules. Positive consequences of self-rostering for recovery and health were observed, particularly in intervention B where worktime control increased but less extensively than intervention A. The effect could not be statistically explained by changes in actual working hours.

[Developing a successful self-rostering shift system](#) 2003, Nursing Standard *Athens log in required**

Three wards of different sizes and with a mixture of full-time and part-time staff, qualified and unqualified, took part in a self-rostering trial lasting a total of six months. The results showed a high satisfaction rate among staff, with 82 per cent saying they were usually able to organise a work and home life balance compared to 38 per cent before the trial. In addition baseline sickness, and figures on the use of bank and agency staff, were taken for the preceding three months and repeated at six and 16 months after self-rostering was adopted. Two years later,

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staff on those wards are continuing with self-rostering and the concept has now been extended to other areas in the trust.

Team-based self-rostering July 2001, British Journal of Perioperative Nursing *Abstract only**

In this article in the Improving Working Lives series, Lesley Fudge follows up on the discussion of self-rostering begun by Judith Tanner and Gloria Bailey in the May issue of the *BJPN.* This article looks at team-based self-rostering, identifying the benefits, the pitfalls, its implementation and some of the key questions arising from the concept.

Part-time working in medicine

Flexible working: all trainees will be able to work less than full time by 2022 March 2020, BMJ (Clinical Research ed.) *Athens log in required**

Trainees in England will no longer need to meet specific criteria to be able to work less than full time (LTFT), the BMA has announced. The agreement between the BMA, Health Education England, and NHS Employers means trainees across all medical specialties will be able to work LTFT on the basis of personal choice by the end of 2022.

Academic career and part-time working in medicine: a cross sectional study 2013, Swiss Medical Weekly

UNLABELLEDThe aim of this exploratory survey was to assess predictors for an academic career in a population of physicians working full time (FT) or part time (PT) in the north-western part of Switzerland. We also asked for individual attitudes, influences and motivations towards PT work.METHODSIn a cross-sectional study, resident and senior physicians were asked via hyperlink to complete an anonymous 91-item questionnaire. The completed questionnaires were collected anonymously online.RESULTSOverall, 389 of 1104 (35%) questionnaires were returned for analysis. Of the respondents, 68.1% worked FT and 31.9% PT. More women than men (57.5% vs 42.5%) responded to the questionnaire and more women than men (68.2% vs 31.8%) were working as residents. Of the FT physicians, 88.9% favoured a work reduction to 60.0-90.0%; 82.9% FT and 97.0% PT physicians considered the introduction of PT work opportunities in their hospital as reasonable. A higher academic score was reached by men (mean 3.69, SD 3.39) than by women (mean 2.22, SD 2.77). Among senior physicians, PT work had a significant influence on the academic score. The possibility to do research, followed by male gender, were the two most significant factors positively influencing an academic career.CONCLUSIONThe possibility to perform research remains the most important predictor for a successful academic career. Working PT diminishes the chance of academic success.

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[Flexible working arrangements in prevocational training: implications for the delivery of safe and effective health care](#) March 2010, Australian Health Review *Athens log in required**

Flexible working arrangements, either in the form of part-time employment or job-sharing, are increasingly being explored as potential solutions to individual employment needs by junior medical officers (JMOs). Common reasons for undertaking parttime work include childbearing, carer responsibilities, and allowing time for study. Many flexible working arrangements in prevocational training are already in place. Pioneering examples of successful prevocational flexible workplace experiences have occurred at Nambour, Canberra and Tamworth Base Hospitals.2 Various forums, including the AMA's Work Life Flexibility Project3 and The Flexible Working Project,2 have been conducted in recent years. In New South Wales, the NSW Institute of Medical Education and Training (IMET) supports flexible work arrangements in prevocational training and this is reflected in its annual publication for prevocational trainees.4 Although potential job-share applicants are strongly encouraged to find partners before application, IMET is able to assist in matching potential partners if required. Applications require approval by the NSW Medical Board, and final approval is only given after consultation with individual hospitals and IMET, usually only for medical or compassionate grounds. Nevertheless, although job-sharing may have initially been instituted in order to promote workplace equal opportunity, there is increasing temptation among JMOs to consider jobsharing or part-time work as a means of facilitating additional employment in the lucrative locum market. This may lead to unintended adverse effects on health care delivery, team dynamics and workforce relations in the years to come.

[Part-time working: full-time professionalism](#) December 2009, Clinical Medicine

This one-day conference brought together around 100 doctors from a wide range of specialties and at different stages of their careers to examine areas that are of increasing importance to the profession as a whole. Information gathered and imparted to institutions such as the postgraduate deaneries, royal colleges and specialist societies will add to the impetus for cultural and organisational changes so that the real potential of doctors working less than full time is not lost to the economy, NHS or patients.

[Views of UK medical graduates about flexible and part-time working in medicine: a qualitative study](#) May 2000, Medical Education *Athens log in required**

OBJECTIVESTo report on the views of doctors about flexible and part-time working in medicine.DESIGNAs part of ongoing studies of doctors' careers, postal questionnaires were sent in 1995 and 1996 to all doctors who qualified from UK medical schools in 1977, 1988 and 1993. Structured questions about recipients' careers were accompanied by a form which invited free-text comment. Comments about flexible and part-time working were extracted for analysis.SUBJECTSAll respondents who commented on flexible and part-time working.RESULTSMost doctors who commented believed there were insufficient opportunities to meet demand. They also commonly commented that there was not enough information about flexible training opportunities. Some men, as well as women, expressed a wish to work part-

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time. The most frequently cited reasons for part-time working were to balance career with family responsibilities, and to reduce work-related stress. Cited disadvantages of part-time working were mainly financial and included the problems of paying for childcare and professional subscriptions when on a reduced income. Some respondents perceived negative attitudes towards doctors in part-time jobs.DISCUSSIONIt is well-recognised that more flexible medical career structures are needed so that doctors can vary their time commitment according to their needs at particular stages in their lives. Until recently, needs have not been adequately met. Changes in arrangements for flexible training accompanying the implementation of the specialist registrar grade may have begun to alleviate some of the problems, but others, such as negative attitudes towards part-time work, may take time to change.

Non-standard work schedules

[Working 9-to-5? A review of research on nonstandard work schedules](#) April 2020, Journal of Organisational Behaviour

Summary Increasingly, organizations around the world need employees to work weekends and during hours that fall outside of a traditional 9-to-5, Monday through Friday, schedule. At the same time, in recent years, employees have sought more flexible working arrangements that result in longer work shifts that occur on fewer days each week. Although nonstandard work schedules have important organizational implications, much of this research has occurred outside of the management literature. Further, within the management literature, there has been little attempt to review and integrate the findings of prior studies of nonstandard work schedules. In this paper, we review research that has investigated nonstandard work shifts and how they affect work-related outcomes (e.g., job behavior and job attitudes), health-related outcomes (e.g., physiological, behavioral, and psychological consequences), and personal/family-related outcomes (e.g., work–family conflict, divorce, and parent–child relations). Following our review, we identify avenues for future investigations, with a particular emphasis on methodological improvements and research that would facilitate the development of integrated conceptual models that more fully consider the implications of work schedules in the context of other important areas of organizational scholarship.

[Flexible working arrangements in healthcare: a comparison between managers of shift workers and 9-to-5 employees](#) August 2014, The Journal of Nursing Administration *Abstract only**

OBJECTIVEThis study examined healthcare managers' perceptions of flexible working arrangements and implementation barriers.BACKGROUNDWork-life conflict can lead to negative health implications, but flexible working arrangements can help manage this conflict. Little research has examined its implementation in 24/7/365 healthcare organizations or within groups of employees working 9 AM to 5 PM (9-5) versus shift-work hours.METHODSQuestionnaires regarding perceptions to, benefits of, and barriers against flexible working arrangements were administered to managers of 9-5 workers and shift workers in an Atlantic Canadian healthcare organization.RESULTSFew differences in perceptions and benefits of flexible working arrangements were found between management groups. However, results indicate that the interaction with patients and/or the immediacy of tasks being performed are barriers for shift-work managers.CONCLUSIONSThe nature of healthcare presents barriers

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for managers implementing flexible working arrangements, which differ only based on whether the job is physical (shift work) versus desk related (9-5 work).

Remote working

[The challenges and experiences of psychotherapists working remotely during the coronavirus pandemic](#) June 2020, Counselling and Psychotherapy Research

The experiences and challenges of psychotherapists working remotely during the coronavirus pandemic were explored using a mixed-methods approach. An online survey completed by 335 psychotherapists produced both quantitative and qualitative data with the latter being subject to a reflexive thematic analysis. Large numbers of therapists were using video-link platforms and the telephone to conduct client sessions. A majority of therapists felt challenged by remote working, with reduced interpersonal cues, feelings of isolation and fatigue, and technical issues frequently cited concerns. At the same time, most therapists considered that remote working had been effective and that clients were comfortable with the process. Two-thirds of therapists indicated that remote working would now become core business for them. The great majority of therapists thought that remote working skills should be part of formal therapy trainings.

[Remote working in research: An increasing usage of flexible work arrangements can improve productivity and creativity](#) January 2019, EMBO reports

Remote working—or flexible working arrangements—is becoming increasingly popular in scientific research, driven by both social trends and advances in technology. The major benefits—the ability to continue careers while starting families or avoiding the upheaval of moving for a temporary position—often outweigh disadvantages, such as the lack of face-to-face encounters around a laboratory or meetings. There are also unanticipated advantages, such as increased creativity resulting from an improved work–life balance, which has spurred not just scientific research, but also other professions to adopt flexible working. According to a survey by telecoms group Vodafone, 75% of companies worldwide have now introduced such policies, and of those 83% reported improved productivity (https://www.vodafone.com/content/index/media/vodafone-group-releases/2016/flexible-working-survey.html). The trend for flexible work arrangements is being driven not just by technical advances, but also cultural changes as workers themselves demand greater flexibility. The trend for flexible work arrangements is being driven not just by technical advances, but also cultural changes as workers themselves demand greater flexibility. A recent survey of nearly 10,000 people working in Australia, Canada, France, Germany, the Netherlands, Scandinavia, Spain, the UK and USA by Fuze, a provider of communications services in Boston, USA, found that 89% think that flexible working should become normal, and 54% would move jobs to obtain a better work/life balance (https://www.fuze.com/future-of-work). Research from the CIPD (Chartered Institute of Personnel and Development) spanning five leading European countries corroborated anecdotal reports of improved productivity through flexible working and also indicated longer-term health benefits through reduced stress.

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[Can district nurses work better from home?](#) August 2013, Nursing Standard *Athens log in required**

Remote working may be an effective model, suggests Ruth Cameron.

[Remote working: a survey of attitudes to eHealth of doctors and nurses in rural general practices in the United Kingdom](#) 2005, Family Practice

BACKGROUND: Health professionals in rural primary care could gain more from eHealth initiatives than their urban counterparts, yet little is known about eHealth in geographically isolated areas of the UK. OBJECTIVE: To elicit current use of, and attitudes towards eHealth of professionals in primary care in remote areas of Scotland. METHODS: In 2002, a questionnaire was sent to all general practitioners (n = 154) in Scotland's 82 inducement practices, and to 67 nurses. Outcome measures included reported experience of computer use; access to, and experience of eHealth and quality of that experience; views of the potential usefulness of eHealth and perceived barriers to the uptake of eHealth. RESULTS: Response rate was 87 per cent. Ninety-five per cent of respondents had used either the Internet or email. The proportions of respondents who reported access to ISDN line, scanner, digital camera, and videoconferencing unit were 71 per cent, 48 per cent, 40 per cent and 36 per cent, respectively. Use of eHealth was lower among nurses than GPs. Aspects of experience that were rated positively were 'clinical usefulness', 'functioning of equipment' and 'ease of use of equipment' (76 per cent, 74 per cent, and 74 per cent, respectively). The most important barriers were 'lack of suitable training' (55 per cent), 'high cost of buying telemedicine equipment' (54 per cent), and 'increase in GP/nurse workload' (43 per cent). Professionals were concerned about the impact of tele-consulting on patient privacy and on the consultation itself. CONCLUSIONS: Although primary healthcare professionals recognise the general benefits of eHealth, uptake is low. By acknowledging barriers to the uptake of eHealth in geographically isolated settings, broader policies on its implementation in primary care may be informed. 24 refs. 5 tables + 1 appendix

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Impacts on different groups

Employees with disabilities

[Flexibility and visibility: an examination of the narratives of Norwegian people with disabilities about working part-time](#) February 2020, Alter *Abstract only**

Among the disabled workforce, many are engaged in part-time work. However, research regarding the relationship between disability and part-time work has only partially elucidated how people with disabilities who are in receipt of partial or graded disability pensions perceive and handle the combination of part-time work with their [pension payments](#). This article addresses the narrated strategies employed by people with disabilities in managing part-time employment, drawing on interview data from 10 Norwegian citizens who worked part-time in addition to receiving a graded disability pension. The findings illustrate that flexibility and visibility are specific strategies that our informants implement when health issues and reduced working hours result in weakened connections to the workplace. The article demonstrates how the discourses around paid employment facilitate these strategies. By providing insight into

people's narrated experiences of engaging in part-time work with disabilities, the article offers significant recommendations into the conditions necessary for people with disabilities to remain employed while also in receipt of graded disability pensions.

[Agile working – exploring the potential of your bed as a working space for those who have a disability](#) May 2018, The Ahead Journal

This article was finally captured today on my iPad mini using the notes function whilst in bed. It has been bubbling away for a while and almost been captured a couple of times but fear of repercussions / scorn / ridicule had been the barrier that has prevented me from expressing these thoughts in the written form. Somehow once written down, for me they have a scary permanency that conversation, presentations, speaking events, vlogs don't have. It's like the written word can be used against me whereas the spoken can't. I think it is also to do with the effort I have to use to write something down and the lack of confidence in my ability to write in the 'right way'. It is also to do with the content. It's personal yet something I talk about with students and clients and promote on social media every day.

[Job satisfaction of employees with disabilities: The role of perceived structural flexibility](#) 2015, Human Resource Management *Abstract only**

With this article we contribute to the inclusion of employees with disabilities in the workplace. Based on Stone and Colella's (1996) model of factors affecting the treatment of employees with disabilities in organizations, we concentrate on the investigation of job satisfaction as a focal affective response. Besides examining job satisfaction differences between employees with and without disabilities, we focus on perceived flexibility as an organizational boundary condition, arguing for its influence on the job satisfaction of employees with disabilities. We introduce perceived centralization and formalization, representing different indicators of flexibility, as moderators of the disability–job satisfaction relationship. Regression analysis using data from 110 small and medium-sized companies with 4,141 employees reveals that employees with disabilities are less satisfied than their colleagues without disabilities in highly centralized environments. As predicted, a decentralized organizational context relates to higher job satisfaction levels for all employees, but especially for those having a disability. Contrary to our hypothesis, perceived formalization does not significantly influence the relationship between having a disability and job satisfaction. However, our results clearly indicate the need for companies and especially human resource departments to better adapt to the needs of people with disabilities by creating flexible working environments.

[An empirical analysis on the incidence of part-time work among women with disabilities](#) 1st October 2007, Disability and Rehabilitation *Abstract only**

Purpose. To analyse the determinants of part-time employment and examine the impact of having a disability on the probability of working part-time. Our dataset allows us to take into account the heterogeneity within the disabled collective and identify the incidence of part-time

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work, for example, by type of disability and compare the results obtained. Method. Using data from the ad hoc module on disability of the Spanish Labour Force Survey 2002 (which contains detailed information on key characteristics of disabled population), we used a bivariate probit model to estimate the probability of disabled women working part-time and of being employed. Results. The results show that disabled women have a higher probability of working part-time as compared to non-disabled women, especially those with progressive illnesses, digestive and stomach disorders and chest or breathing problems. In addition, there is a positive relationship between longer disability durations and levels of part-time employment. Conclusions. Part-time employment can be used as a means to increase the levels of employment of disabled women, especially for those who face important barriers and difficulties as they try to enter into the labour market (e.g., those with epilepsy, mental, emotional conditions and other progressive illnesses or having long-term disabilities).

[Is part-time work a good or bad opportunity for people with disabilities? A European analysis](#)
December 2007, Disability and rehabilitation *Abstract only**

PURPOSEThe purpose of this article is to analyse the incidence of part-time employment among people with disabilities within a European context. Particular attention is paid to the type of part-time employment (voluntary vs. involuntary) and the levels of job satisfaction that people with disabilities report.METHODUsing data from the European Community Household Panel for the period 1995-2001, we estimate part-time rates, preferences and levels of job satisfaction for people with and without disabilities for 13 European countries.RESULTSThe results show that a higher number of people with disabilities work part-time, compared to non-disabled workers. This is mainly due to disabled part-time workers having a much higher preference for part-time working than people without disability. This finding is corroborated when we analyse the levels of job satisfaction for disabled part-time workers.CONCLUSIONSPart-time employment becomes a relevant instrument for policy makers and employers to improve the social inclusion, income and labour conditions of the people with disabilities because it allows these people to achieve a much better balance between their personal and health needs and working life.

Families and couples
[Fathering and flexible working arrangements: A systematic interdisciplinary review](#) March 2020, Journal of Family Theory and Review

Much of the existing literature and research in the area of fathers' flexible work has been disciplinary specific, resulting in a fragmented understanding of the topic. The objective of this systematic review is to overcome some of the limitations of the existing body of literature by adopting an interdisciplinary approach and exploring the dominant themes in the literature across disciplines surrounding flexible working arrangements, including parental leave, for fathers. The content of 121 articles from the years 2008–2019 was analyzed using thematic synthesis to identify recurring themes, which resulted in the development of four top-level themes—gender norms and ideals, a failure of policy, incompatible workplace norms and expectations, and social class and flexibility—and a primary theme, the invisible and stigmatized

father in the workplace. The findings suggest that men's caring responsibilities need to become more visible in the workplace via changes to practice and policy.

[Flexible time – but is the time owned? Family friendly and family unfriendly work arrangements, occupational gender composition and wages: a test of the mother-friendly job hypothesis in Sweden](#) December 2019, Community, work and family *Abstract only**

The relationship between gender, working conditions, occupational gender composition and wages is investigated to test the support for the mother-friendly job hypothesis in the family-friendly welfare state of Sweden. The Swedish level-of-living survey (LNU2010) is used to measure two dimensions of working conditions: flexibility and time-consuming work. The findings do not support the notion that women's work is more family-friendly as neither women in general nor mothers have more flexibility than men. Furthermore, femaledominated occupations have, in comparison with other occupations, less flexible work arrangements. Instead, gender-integrated occupations have the most flexible work arrangement. Time-consuming work is also most common in gender integrated occupations. Flexibility and timeconsuming work largely go hand in hand and are both positively associated with wages and also more common in the service class. Finally, women are not economically compensated for their job characteristics in the same extent as men, especially not for their time-consuming work which partially account for the gender wage gap. Taken together the findings counters the notion that the remaining gender wage gap largely is due to women avoiding time consuming work or choosing flexibility. Instead it seems like women are compensated less regardless of their job characteristics.

[Fathers and the workplace](#) 20th March 2018, House of Commons Women and Equalities Committee

See p. 27 "The right to request flexible working"

[Women's employment patterns after childbirth and the perceived access to and use of flexitime and teleworking](#) January 2018, Human Relations

This article sets out to investigate how flexitime and teleworking can help women maintain their careers after childbirth. Despite the increased number of women in the labour market in the UK, many significantly reduce their working hours or leave the labour market altogether after childbirth. Based on border and boundary management theories, we expect flexitime and teleworking can help mothers stay employed and maintain their working hours. We explore the UK case, where the right to request flexible working has been expanded quickly as a way to address work–life balance issues. The dataset used is Understanding Society (2009–2014), a large household panel survey with data on flexible work. We find some suggestive evidence that flexible working can help women stay in employment after the birth of their first child. More evidence is found that mothers using flexitime and with access to teleworking are less likely to reduce their working hours after childbirth. This contributes to our understanding of flexible working not only as a tool for work–life balance, but also as a tool to enhance and maintain

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individuals' work capacities in periods of increased family demands. This has major implications for supporting mothers' careers and enhancing gender equality in the labour market.

Gender, flexibility stigma and the perceived negative consequences of flexible working in the uk
November 2018, Social Indicators Research

This study examines the prevalence and the gender differences in the perceptions and experiences of flexibility stigma—i.e., the belief that workers who use flexible working arrangements for care purposes are less productive and less committed to the workplace. This is done by using the 4th wave of the Work-Life Balance Survey conducted in 2011 in the UK. The results show that 35% of all workers agree to the statement that those who work flexibly generate more work for others, and 32% believe that those who work flexibly have lower chances for promotion. Although at first glance, men are more likely to agree to both, once other factors are controlled for, women especially mothers are more likely to agree to the latter statement. Similarly, men are more likely to say they experienced negative outcomes due to co-workers working flexibly, while again mothers are more likely to say they experienced negative career consequences due to their own flexible working. The use of working time reducing arrangements, such as part-time, is a major reason why people experience negative career outcomes, and can partially explain why mothers are more likely to suffer from such outcomes when working flexibly. However, this relationship could be reverse, namely, the stigma towards part-time workers may be due to negative perceptions society hold towards mothers' commitment to work and their productivity. In sum, this paper shows that flexibility stigma is gendered, in that men are more likely to discriminate against flexible workers, while women, especially mothers, are more likely to suffer from such discrimination.

Flexible working in the UK and its impact on couples' time coordination 2017, Review of economics of the household

The ability to combine work with quality time together as a family is at the heart of the concept of work-life balance. Using previously unexploited data on couples' work schedules we investigate the effect of flexible working on couples' coordination of their daily work schedules in the UK. We consider three distinct dimensions of flexible working: flexibility of daily start and finish times (flexitime), flexibility of work times over the year (annualized hours), and generalized control of working hours. We show that having flexitime at work increases a couple's amount of coordination of their daily work schedules by a half to 1 h, which is double the margin of adjustment enjoyed by couples with no flexitime. The impact is driven by couples with children. In contrast to flexitime, the other two forms of flexible working do not seem to increase synchronous time. Our results suggest that having flexitime plays an important role in relaxing the work scheduling constraints faced by families with young children, and that effective flexible working time arrangements are those that increase the worker's and not the employer's flexibility.

[Swedish fathers choosing part-time work](#) March 2017, Community, work and family

In Sweden, both parents have a legal right to reduce their working hours to 30 hours per week. Quantitative analysis of 20,000 Swedish parents with children aged between 2 and 7, however, shows mothers to be 14 times more likely to work part time than fathers. Gender imbalance in parents' part-time employment is thus even more pronounced than in their parental leave take-up, at least in Sweden. An analysis of 14 in-depth interviews with Swedish fathers who have chosen parental part-time work reveals that part-time work represents for them a way to reconcile their separate identities as professionals and as involved fathers. Nevertheless, this study revealed that certain difficulties of a more structural nature complicated this solution for these men; these issues included, in the first place, a strong full-time norm prevailing in male-dominated workplaces, and traditional ideals of masculinity centred on men's breadwinning role. Furthermore, ideals of gender equality and involved fatherhood also showed themselves as having an impact, enabling new masculine positions for part-time working fathers to emerge.

[Changing perceptions on flexible working is the way](#) June 2016, Nursing Standard *Abstract only**

Research from Bradford University has shone new light on the dilemma of how nurses struggle to reconcile professional duties and family commitments, suggesting that some of the resistance to making the career more accessible for women with young children is coming from other female nurses.

[Flexible working, work–family conflict, and maternal gatekeeping: The daily experiences of dual-earner couples](#) December 2015, Journal of Occupational

This study explores the impact of flexible working on the daily experiences of work–family conflict for dual-earner couples with child dependants. In exploring these daily experiences, the occurrence of maternal gatekeeping behaviours, and the relationship between flexible working and such behaviours is investigated. We draw on episodic and longitudinal data from qualitative diaries kept for a 1-month period by both members of 24 couples (48 participants) as well as from introductory and subsequent in-depth qualitative interviews with the couples, both together and apart. We report an evidence suggesting that work–family conflicts are experienced and resolved differently, depending on whether it is the male or the female who works flexibly within dual-earner couples. This link between flexible working and gender is demonstrated to have an important impact on maternal gatekeeping behaviours, which are highlighted as playing a crucial role in such daily experiences and how they are resolved. Practitioner points: 1. Traditional gender norms still play a role in parents' decisions to work flexibly and workers who opt for non-traditional routes may feel stigmatized. 2. HR departments and employers need to promote the legitimacy of male access to flexible working and work–life balance policies, so these are not perceived as opportunities for mothers alone. 3. Greater father take-up of work–life balance initiatives that offer more opportunities for involvement in childcare should be encouraged. 4. Employers should offer a variety of flexible working arrangements to provide employees with desirable and healthy resolution options when faced with incidents of work–family conflict.

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[Exploring the paradox: Experiences of flexible working arrangements and work-family conflict among managerial fathers in Sweden](#) November 2007, Community, work and family *Abstract only**

This paper explores work-to-family conflict among 77 managerial fathers in Sweden by focusing on flexible working arrangements. Sweden provides a unique setting for the study of fathers' work-to-family conflict as it has a 30-year-old social policy tradition of promoting gender equality in the workplace and in the home. Our results show that managerial fathers experience high levels of work-to-family conflict, despite high access to flexible working arrangements. Using a border theory perspective, hierarchical regression analysis shows the importance of gender egalitarianism in the family (taking responsibility for children and being in a dual earner family), as well as flexible working arrangements (satisfaction with job flexibility and access to flexleave) in explaining work-to-family conflict for managerial fathers. Organizational time demands (time pressure at work and average work hours) and use of flextime were less important. Our results imply that gender egalitarian managerial fathers with access to flexleave have a win-win situation. They experience less work-to-family conflict and set a good example for their employees.

[Part-time work and job sharing in health care: is the NHS a family-friendly employer?](#) 2003, Journal of Health Organization and Management *Athens log in required**

This paper examines the nature and level of flexible employment in the National Health Service (NHS) by investigating the extent to which part-time work and job sharing arrangements are used in the provision and delivery of health care. It attempts to analyse the reasons for an increasing number of part-timers and a very limited number of job sharers in the NHS and to explain the advantages and disadvantages of each pattern of employment. Data collected through the use of questionnaires and interviews from 55 NHS trusts reveal that the use of part-time work is a tradition that seems to fit well with the cost-saving measures imposed on the management of the service but at the same time it has led to increasing employee dissatisfaction, and that job sharing arrangements are suitable for many NHS employees since the majority of them are women with a desire to combine family commitments with career prospects but a very limited number of employees have had the opportunity to job share. Therefore it is concluded that to attract and retain the quality of staff needed to ensure high performance standards in the provision and delivery of health care the NHS should accept the diversity that exists within its workforce and take a more proactive approach to promoting a variety of flexible working practices and family-friendly policies.

Older workers

[Making it easier for older nurses to stay](#) November 2017, Nursing Standard

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Flexible working in healthcare

The article explores difficulties facing older nurses in Great Britain, as well as strategies for encouraging them to work past their retirement. Challenges experienced by older nurses include working 13-hour shifts and musculoskeletal problems caused by the demands of their job. Providing flexible working hours may help prevent burnout in older nurses and ensure their retention.

[Nurses aged over 50 and their perceptions of flexible working](#) April 2016, Journal of Nursing Management *Athens log in required**

AIMTo explore the experiences and needs of older nurses in relation to flexible working and the barriers and facilitators to implementation within workplaces.BACKGROUNDAn ageing nursing workforce and anticipated nursing workforce shortages require effective approaches to workforce retention.METHODA mixed method approach (focus group and individual interviews) with nurses aged over 50 (n = 46) combined with analysis of district health board (DHB) flexible working policies.RESULTSParticipants had a good understanding of flexible working and recognised the importance of balancing their own needs with those of their organisation. Participants had legitimate reasons for making requests and became frustrated when turned down. They recommended job sharing, shorter shifts, no night shift and greater recognition of their work to improve retention. There was discrepancy between organisational policy (where this existed) and implementation.CONCLUSIONOrganisations should review flexible working policies, ensuring these are understood and implemented at the unit level. Training of nurse managers is recommended.IMPLICATIONS FOR NURSING MANAGEMENTNurse managers must recognise the individual needs of nurses, be cognisant of workplace policies regarding flexible working, ensure these are implemented consistently and make the effort to recognise the work of older nurses.

[Flexible working after retirement can help older workers adjust](#) 26th May 2009, Nursing Times

NHS Professionals offers nurses the opportunity to keep practising after retiring and helps the NHS retain their key skills, reports Jo Carlowe. Finishing work abruptly on reaching retirement age can be a difficult adjustment to make, both mentally and financially.

Carers

[Employers need to commit to flexible working for carers, says report](#) August 2013, BMJ *Athens log in required**

Government agencies and businesses in the United Kingdom should implement new measures to give carers greater support to remain in work, a new report has concluded. The Supporting Working Carers report, produced by the government, major employers, and charity organisation Carers UK, found that many carers struggle to combine work and care. It called for a range of actions to bolster support, including a renewed commitment from employers to actively promote flexible working within their own organisations and to other businesses.1 The report, which collected evidence from more than 200 employers, urged businesses to adapt their policies and

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procedures to deal with the UKs growing care responsibilities, and advised local authorities to develop care markets locally to encourage a greater range of flexible and affordable support services to help carers stay in work. It said that improved support for carers could save taxpayers £1.3bn (€1.5bn; $2bn) a year by increasing productivity, improving staff retention, and reducing episodes of sick leave and absenteeism.

Women

COVID-19 and the female health and care workforce 24th August 2020, NHS Confederation

Since the survey was carried out, the NHS People Plan for 2020/21 and People Promise have been published. The NHS People Plan includes numerous ambitions with regard to wellbeing, flexible working and other measures, and the findings of this survey hammer home the need to make sure organisations are properly equipped to take those measures forward. It is reassuring to see that there is agreement at the highest levels on the importance of issues like adequate PPE fitting and training, and safety at work, whether at home or in a healthcare setting. The important thing now is that these ambitions are fulfilled, with full and unadulterated support from the centre. […] NHS staff are predominantly female (77 per cent) but neither the plan nor the promise makes direct reference to that. Therefore, it is absolutely imperative the concerns laid out in this report are given due consideration as the government sets the agenda for the health and care workforce going forward. Key to this will be making sure more women are able to progress to senior roles across the NHS, so that leaders and key decision makers across the service reflect the diversity of the workforce. Recommendations: The concerns highlighted must be taken seriously by all. We acknowledge many employers have already taken steps and continue to do so. The HCWLN makes the following recommendations: Requests to work flexible/reduced hours should always be accommodated unless there are exceptional reasons why this is not possible.

The COVID-19 pandemic has increased the care burden of women and families May 2020, Sustainability: Science, Practice and Policy

While women were already doing most of the world's unpaid care work prior to the onset of the COVID-19 pandemic, emerging research suggests that the crisis and its subsequent shutdown response have resulted in a dramatic increase in this burden. It is likely that the negative impacts for women and families will last for years without proactive interventions. What we commonly refer to as "the economy" would not function without the (often unrecognized) foundation of work provided by the "care economy": the reproduction of everyday life through cooking, raising children, and so forth. The paid economy has slowed not only because people are physically not allowed into workplaces, but also because many families currently need to raise and educate their children without institutional support, which is reducing remunerated working hours and increasing stress. It has long been recognized that gross domestic product ignores the care economy and heterodox economists have promoted alternative economic systems that could value care work and facilitate a fairer sharing of domestic labor while promoting environmental and economic sustainability. This policy brief builds on recent work on

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the care economy to explore implications of the COVID-19 pandemic and opportunities for addressing the burden of unpaid care work.

[Women in radiology: why is the pipeline still leaking and how can we plug it?](#) June 2020, Acta Radiologica

Today, >50% of medical students are women. This proportion, however, dramatically decreases throughout the higher levels of academia, a phenomenon described as the "leaky pipeline." This gender disparity is particularly pronounced in academic radiology, mirrored by a significant lack of women in editorial board positions, key authorship positions, and conference keynote lectures. The scientific invisibility is not only a key hurdle facing women in radiology, the lack of female role models and mentors in this context might also negatively affect career choices of young female radiologists thereby further widen the existing gender gap. In this article, the origins of the "leaky pipeline," the reasons for women's choice or rejection of careers in academic medicine, as well as solutions as to how the continued loss of a large part of the talent pool can be prevented, are discussed. Active monitoring and intervention are needed to identify problems, plan targeted actions, and evaluate their efficacy. Among those are measures that address a lack of support in the workplace, specific mentoring needs of women, flexible working hours and opportunities to align work and family, financial constraints, and support for returners after career breaks. Cooperative steps of politics and universities need to be taken that ensure a sustainable way forward to enable many talented women in radiology to achieve their full potential.

[Do part time women doctors make a positive contribution to the NHS?](#) February 2015, BMJ
Athens log in required*

Jean Yong and colleagues discuss the development of part time working for women doctors and the results of a survey of the working patterns of those who have trained part time in paediatrics

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[Job sharing for women pharmacists in](#) academia November 2009, American Journal of Pharmaceutical Education

The pharmacist shortage, increasing numbers of female pharmacy graduates, more pharmacy schools requiring faculty members, and a lower percentage of female faculty in academia are reasons to develop unique arrangements for female academic pharmacists who wish to work part-time. Job sharing is an example of a flexible alternative work arrangement that can be successful for academic pharmacists who wish to continue in a part-time capacity. Such partnerships have worked for other professionals but have not been widely adopted in pharmacy academia. Job sharing can benefit the employer through retention of experienced employees who collectively offer a wider range of skills than a single employee. Benefits to the employee include balanced work and family lives with the ability to maintain their knowledge and skills by remaining in the workforce. We discuss the additional benefits of job-sharing as

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well as our experience in a non-tenure track job-sharing position at the University of Tennessee College of Pharmacy.

General practitioners

[Pitfalls and pleasures of pick-and-mix careers: portfolio working and whole-person medicine in general practice](#) December 2019, The British Journal of General Practice

Pick-and-mix or 'portfolio' careers are increasingly popular in general practice and are a dominant strand of recruitment initiatives in the UK and Canada. Portfolio careers are frequently framed as GPs adopting roles outside of and in addition to general practice, for example, working in clinics or other organisations, offering subspecialist care. 'Portfolio GPs' are generally employed on a short-term or sessional contract basis, in contrast to 'partnership' or salaried employment models. Advertising 'variety' for new GPs appears sensible given worldwide workforce shortages and the promise of work–life balance from adaptable work hours. When asked about career intentions, medical students expressing interest in family medicine frequently add the caveat 'GP *with* a special interest'. Graduates are attracted to developing expertise in subspecialties and working in different contexts. Yet, in supporting career flexibility, we may in fact diminish the breadth of thinking as the cornerstone of general practice expertise and increase the vulnerability of GP careers. In this article, the authors reflect on the untoward clinical and educational consequences of 'pick-and-mix general practice' as a potentially counter-productive message capable of eroding the complex nature of general practice work.

[General practitioner non-principals benefit from flexible working](#) 2005, Journal of Health Organisation and Management *Athens log in required**

PURPOSEThe purpose of this study is to explore non-principals' working patterns and attitudes to work.DESIGN/METHODOLOGY/APPROACHThe article is based on data provided by a questionnaire survey. Findings - Gender division was apparent among the non-principals. Males were more likely to work full-time, because their spouses modified their working hours.RESEARCH LIMITATIONS/IMPLICATIONSIt was impossible to identify all non-principals in Scotland or to compare responders and non-responders, due to the lack of official data. Hence, the results might not be representative.PRACTICAL IMPLICATIONSMore flexible posts would enable GPs to more easily combine paid work with family commitments. It is anticipated that the new GP contract should deliver this.ORIGINALITY/VALUEThis was the first time a study of all non-principals in Scotland had been attempted. The findings provide a more comprehensive picture of GPs in Scotland and provide valuable information for policymakers.

Nurses

[Full time or part time? Working time preferences among registered nurses](#) May 2020, Norwegian Journal of Clinical Nursing

Background: The shortage of registered nurses suggests that there is a need for part time nurses to work full time. Also, earlier research shows that part-time working practices impact negatively on the quality of the service provided by registered nurses. Objective: To shed light

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on the factors that inéuence the full-time equivalent percentages worked by registered nurses, and to gain an insight into what factors may motivate part time staç to increase their full-time equivalent percentage. Method: Cross-sectional survey with an explorative design. Questionnaire survey among a sample of registered nurses employed by municipal and privately run institutions in a large urban municipality in Norway. Results: A total of 206 registered nurses responded to the survey (45 per cent). Leisure time, parenting and a healthy ènancial situation were the most important reasons for choosing to work part time, and unsociable working hours was the most important barrier to a higher full-time equivalent percentage among part-time staç. Adjustments made by the employer would inéuence one group of part-time nurses, whereas another group was less inclined to be inéuenced by such measures. The 'family considerations' factor was inversely related to full-time work in that respondents were more inclined to reject full- time jobs. Sociable working hours and professional challenges provide motivation for part-time workers to increase their full-time equivalent percentage. Conclusion: Job content, family considerations and contextual circumstances inéuence the full-time equivalents worked by registered nurses. For those who work part time, professional challenges and sociable working hours are factors that may motivate a change to a higher full-time equivalent percentage.

[To investigate the concerns and benefits of job sharing a community based Clinical Nurse Consultant role](#) March 2013, Australian Journal of Advanced Nursing *Athens log in required**

The article focuses on the concerns and benefits of sharing the Clinical Nurse Consultant (CNC) Youth Health team role. Established in 1986 in New South Wales, Australia, CNC has several focus points, including leadership, clinical practice and research. The authors discovered two main concerns raised in the study they conducted on CNC, which includes communication and compatibility. Increased skills and shared resources were found to be the advantages presented by CNC Youth Health.

[Flexible working and the contribution of nurses in mid-life to the workforce: a qualitative study](#)
April 2010, International Journal of Nursing Studies *Abstract only**

BACKGROUNDWith the changing demographic profile of the nursing workforce, retaining the skill and experience of nurses in mid-life is very important. Work-life balance is a concept that is gaining increasing prominence in today's society. However, little is known about older nurses' experience of family friendly policies and flexible working.OBJECTIVESThis study explored the organisational, professional and personal factors that influence perceptions of commitment and participation in the workforce for nurses working in mid-life (aged 45 and over).DESIGNA qualitative study using a range of methods including biographical methods, semi-structured face-to-face interviews, focus groups and telephone interviews. Data were analysed using constant comparative method.SETTINGSA large inner city acute teaching hospital and an inner city mental health and social care trust providing both community and inpatient health and social care.PARTICIPANTS34 nurses and 3 health care assistants participated in individual interviews, 10 nurses participated in two focus groups and 17 managers participated in individual telephone interviews.RESULTSFour themes emerged: the nature of nursing poses a

challenge to the implementation of flexible working, differences in perceptions of the availability of flexible working, ward managers have a crucial role in the implementation of flexible working policies and the implementation of flexible working may be creating an inflexible workforce.CONCLUSIONSThe findings suggest that there are limits to the implementation of flexible working for nurses. In some areas there is evidence that the implementation of flexible working may be producing an inflexible workforce as older nurses are required to compensate for the flexible working patterns of their colleagues. Ward managers have a key role in the implementation of family friendly policies and require support to fulfil this role. There is a need for creative solutions to address implementation of flexible working for all nurses to ensure that workforce policy addresses the need to retain nurses in the workforce in a fair and equitable way.

[Why flexible working is an active career choice within the NHS](#) 2009, Nursing Times *Abstract only**

More nurses are choosing to work flexibly nowadays, for professional as well as personal reasons, says Ingrid Torjesen.

[Can job sharing work for nurse managers?](#) February 2006, Australian Health Review

Addressing employer reluctance to employ nurse managers in a job-sharing capacity, the aim of this paper is to explore job sharing among nurse managers. The literature highlighted potential fragmentation of leadership, breakdown of communication and higher costs as issues, with the retention of experienced highly motivated managers identified as an advantage. A staff survey explored whether the job-sharing arrangement trialled in a day surgery setting by two nurse managers was successful compared with similar roles held by full-time managers. This paper suggests that nurse managers can successfully job share. Overall, this paper recommends that employers consider a job-sharing arrangement when they wish to retain experienced nurse managers, and highlights aspects that can enhance a successful outcome.

[Analysis of the relationship between nurse influences over flexible working and commitment to nursing](#) April 2002, Journal of Advanced Nursing *Abstract only**

BACKGROUNDThe paper explores the theoretical and practical bases of both commitment and control within the context of temporal aspects of flexible working in nursing.AIMThe aims of the paper are to examine the relationships between nurses' shift patterns, influence over shift pattern and realization of shift preference and commitment to nursing.METHODSData were collected through a postal questionnaire completed by 2987 British nurses employed in hospitals, care homes and hospices. Principal components analysis was used to identify common factors among responses to a series of 33 statements about working life. Data were analysed using ANOVA and multiple regression techniques.RESULTSPermanent night shift nurses reported lower levels of commitment to nursing. As predicted, influence over shift patterns and realization of preferred shift pattern were positively associated with commitment to nursing, although the relationship was weak. Positive perceptions of career development opportunities were a stronger predictor of commitment to nursing. Results are discussed in light

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of previous ethnographic research on nurses' shift patterns.CONCLUSIONThe opportunity to explore quantitatively the effects of shift-related decisions on commitment using a large sample is useful. While influence and shift type were predictors of commitment, the positive impact they were expected to have was smaller than expected. Similarly, the negative effects of not having influence or of working permanent night shifts were smaller than expected and the statistical significance of such small effects relies heavily on the large sample obtained. Other variables, particularly career development prospects, outweigh the influence of shift-related variables on commitment. The research gives a clear message to human resource managers involved with nurse management: so long as nurses have a strong perception of career development potential the otherwise negative influences of shift impact can be minimized

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Midwives

[Flexible working and work–life balance: Midwives' experiences and views](#) October 2015, Work, employment and society

This article presents midwives' views and experiences of flexible working and work–life balance. Both flexible working and work–life balance are important contemporary agendas within midwifery and can have both positive and negative consequences for midwives. Full-time midwives and those without caring commitments feel disadvantaged by flexible working and work–life balance policies as they have to fit when they work around part-time midwives and are increasingly expected to cover extra work. They feel their work–life balance is marginalized and this is fuelling discontent and resentment among midwives and leading to divisions between full- and part-time staff that reinforce flexibility stigma. Although flexible working and work–life balance are important for recruiting and retaining midwives they are part of the ongoing tensions and challenges for midwives and the midwifery profession.

Pharmacists

[Part-time and job-share careers among pharmacy practice faculty members](#) April 2014, American Journal of Pharmaceutical Education

Part-time and job-share policies may allow pharmacy practice faculty members to achieve work/life balance while pursuing their professional goals. Precedent for alternative work schedules within the health professions community can be found throughout the literature; however, little is known about part-time roles in academic pharmacy. The design and implementation of 3 different alternative faculty appointments are described and department chair and faculty perspectives are shared. Teaching, service, and scholarship responsibilities, as well as outcomes before and after changes in appointment, are described. Advantages and disadvantages, including advice for other colleges of pharmacy, are presented. Alternate appointments may be a key factor in retaining highly qualified faculty members who continue to bring their expertise to teaching, precepting, and scholarship within a college or school of pharmacy.

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[Does community pharmacy offer women family-friendly working conditions and equal opportunities? the accounts of female community pharmacists over the age of 30](#) March 2007, International Journal of Pharmacy Practice *Abstract only**

Objective: The sex mix of the pharmacy workforce has altered significantly over the last 60 years such that in 2005 54% of the practising pharmacy workforce was female. After the age of 30 years, part-time working is common and it is often assumed that pharmacy working attracts and suits women because it is flexible and family friendly. This paper aims to explore to what extent that is true. Setting(s): This study was based in the North West of England. Method(s): Face-to-face interviews (n=30) were conducted with women over the age of 30 years who worked as community pharmacists. The interview schedule was designed to explore: interviewees' motivation for choosing pharmacy; employment history; motivation for choosing a particular pattern of working; views of recent changes in pharmacy; and future career plans. Key Findings: In line with previous studies this sample of female community pharmacists adopted heterogenous work patterns, and personal and extrinsic structural factors were found to influence work patterns. Importantly, there was evidence of a lack of family-friendly practices, with antisocial hours, difficulties accommodating annual leave, and the restrictive legislative framework that necessitates that a pharmacist is always present in a store, all affecting work patterns. Conclusion(s): Our study, in contrast to other studies, suggests that for about half of the women interviewed, community pharmacy working was difficult to combine with family commitments. This finding has implications for employers and workforce planners because an increasing proportion of the community pharmacy workforce is female.

Equality, Diversity and Inclusion

[Flexible working: a step to creating more inclusive workplaces](#) 26th September 2019, CIPD

One valuable tool in improving workplace equality and creating inclusive cultures is flexible working. It can help parents return to work, reduce the gender pay gap, help people with fluctuating health conditions stay in work and help carers to balance their work and caring responsibilities.

[Inclusion and diversity: flexible working fixes](#) n.d., Timewise

What has flexible working got to do with inclusion and diversity? For some groups of people, the ability to work flexibly is critical. Many women, older workers, single parents and people with physical disabilities or mental health issues can only work if they can find a part-time or flexible role. As a result, they can end up stuck in low-paid jobs or unable to work at all.

[Flexible working: how to create and champion a flexible culture](#) n.d., Equality and Human Rights Commission

Why are we encouraging employers to offer flexible working practices? Flexible working options are attractive to many employees. Our research found that over two thirds of mothers (68%) made a request for at least one type of flexible working practice, with most being approved. However, over a third of the women who had their requests approved didn't request the flexibility they wanted because they thought it would be viewed negatively or wouldn't be approved, while over half said it led to negative consequences. To make businesses the best they can be for pregnant women and new mothers, we're encouraging more employers to be open and transparent about their flexible working options and to promote these during recruitment.

[Advice and support: Flexible and part-time working](#) Scope

If you're unable to work full-time because of your condition or impairment, then you can ask your employer for part-time or flexible working. This is true if you're working or if you're offered a job. If you're a new employee, make sure that you have a job offer in writing before you ask. A letter or an email is fine.

[Report pinpoints how to accelerate flexible working and gender diversity](#) 22nd May 20218, Personnel Today

A report published today sets out to "speed up culture change" acting as a blueprint for change and ensuring that the gender diversity agenda leads to real change in UK workplaces.

[The study](#), from flexible working specialist Timewise and Deloitte, lays out a five-point plan designed to help employers do away with outmoded working practices and secure progress in the wake of last month's focus on gender pay reporting. These are:

- Leaders must provoke cultural change – challenge the status quo
- Flexible working to be gender neutral – emphasise the value of male and female role models
- Design flexibility into the job – ask "why not" rather than "why"
- Influence the attitudes and actions of managers – provide the permission and tools to support a flexible workforce
- Collect the data – measure the success of flexible working

[Gender equality in the NHS](#) NHS Employers

Includes link to flexible working

Around one million women work for the NHS in England, making it one of the largest employers of women in the world. However, despite making up the majority of the NHS workforce, women are more likely than men to face structural constraints within the workplace, are paid less, are less likely to get promoted and less likely to be represented in senior roles within the NHS.

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Tackling social inequality n.d., Timewise

Flexible working is all about equality of opportunity. So there's a strong social case for helping people find and keep a quality flexible job with the chance to progress. There's a serious gap in the UK jobs market between the flexibility people need, and the roles which are available. And it's causing equally serious social and financial inequality. For many parents, carers, older workers or people with mental or physical health issues, full-time work just isn't an option. But the lack of flexible working opportunities, particular higher up the ladder, can leave them facing a stark choice: stay trapped in a low-paid flexible role, or don't work at all.

The real reasons behind the gender pay gap n.d., Timewise

The gender pay gap has been a regular staple of the news agenda in recent months, as companies have published their data and attempted to put a context around the fact that they have one. In some cases, they have even tried to explain the gap away, suggesting that it isn't so much a problem as a fact of life.

How working from home is levelling the playing field 22nd June 2020, Personnel Today

The lockdown has caused a major shift in organisational dynamics with the lack of an office-based central power promoting diversity and inclusion, argues Elva Ainsworth. Surprising things are happening for everyone in every area of life; for example, the massive increase in working from home, the advent of furloughing plus the sudden requirement to look after most schoolchildren at home. Three big changes with three different results. Various studies are showing that the proportion of the working population based at home has doubled to nearly 60% in the past few months and many organisations are 100% remote working for the first time.

Journal articles

Gender, flexibility stigma and the perceived negative consequences of flexible working in the UK 26th November 2018, Social Indicators Research *Abstract only**

This study examines the prevalence and the gender differences in the perceptions and experiences of flexibility stigma—i.e., the belief that workers who use flexible working arrangements for care purposes are less productive and less committed to the workplace. This is done by using the 4th wave of the Work-Life Balance Survey conducted in 2011 in the UK. The results show that 35% of all workers agree to the statement that those who work flexibly generate more work for others, and 32% believe that those who work flexibly have lower chances for promotion. Although at first glance, men are more likely to agree to both, once other factors are controlled for, women especially mothers are more likely to agree to the latter statement. Similarly, men are more likely to say they experienced negative outcomes due

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to co-workers working flexibly, while again mothers are more likely to say they experienced negative career consequences due to their own flexible working. The use of working time reducing arrangements, such as part-time, is a major reason why people experience negative career outcomes, and can partially explain why mothers are more likely to suffer from such outcomes when working flexibly. However, this relationship could be reverse, namely, the stigma towards part-time workers may be due to negative perceptions society hold towards mothers' commitment to work and their productivity. In sum, this paper shows that flexibility stigma is gendered, in that men are more likely to discriminate against flexible workers, while women, especially mothers, are more likely to suffer from such discrimination.

Flexible working, work–life balance, and gender equality: Introduction November 2018, Social Indicators Research

This special brings together innovative and multidisciplinary research (sociology, economics, and social work) using data from across Europe and the US to examine the potential flexible working has on the gender division of labour and workers' work–life balance. Despite numerous studies on the gendered outcomes of flexible working, it is limited in that the majority is based on qualitative studies based in the US. The papers of this special issue overcome some of the limitations by examining the importance of context, namely, family, organisational and country context, examining the intersection between gender and class, and finally examining the outcomes for different types of flexible working arrangements. The introduction to this special issue provides a review of the existing literature on the gendered outcomes of flexible working on work life balance and other work and family outcomes, before presenting the key findings of the articles of this special issue. The results of the studies show that gender matters in understanding the outcomes of flexible working, but also it matters differently in different contexts. The introduction further provides policy implications drawn from the conclusions of the studies and some thoughts for future studies to consider.

Openness to gender and work-term diversity among physicians in Japan: a study of alumni from a Japanese medical school 2016, Diversity and Equality in Health Care

The low number of female physicians in Japan is a significant diversity management issue. Policies such 'positive action' are needed to improve gender equality and eliminate gender barriers that form obstacles to female physicians who continue working as well as rearing children. This study investigated factors related to openness in implementing 'positive action' in healthcare organizations and in extending work-term appointments for child rearing among female physicians in Japan. A cross-sectional, self-administered questionnaire with 34 questions was distributed to 2,159 medical school alumni in 2011. Primary outcome measures were 'openness in implementing 'positive action' in academic hospitals' and in 'extending work-term appointments for child rearing'. Statistically significant relationships were identified using chisquare tests. A total of 453 responses were received: 51.7% females and 23.7% males approved to implement 'positive action'. Gender 147 Makiko Arima Introduction Diversity management is a process intended to create and maintain a positive work environment in which the similarities and differences of individuals are valued (Patrick and Kumar, 2012). Effective diversity management is recognized in contemporary human resource management as a key to

improving organizational performance, client service delivery and employee satisfaction (Victoria State Government, Australia, 2012). Many Japanese enterprises and local governments have started holding seminars on business skills and leadership such as the decision making process and how to become a motivational leader; they are implementing approaches to diversity management, such as introducing female promotion policies 'to set targets for the employment, and promotion to managerial positions of women', and flexible working systems, such as short work hours and work sharing. However, despite these advances, very few health organizations/hospitals in Japan have implemented any diversity management approaches; to date none has been listed among the enterprises included in the Japanese 'Diversity Management Selection 100' (Japanese Ministry of Economy, Trade and Industry, 2015). The low number of female physicians is a significant issue in clinical settings, including academic hospitals. In Japan, approximately 30% of students enrolled in medical schools are female but this percentage decreases by the time they finish training; female physicians account for only 19.7% (n=303268) of the medical workforce and this percentage decreases with age. Female physicians in their 30s make up approximately 30% of the medical workforce; those in their 40s, account for 20.4% and by their 50s and 60s only 13.0% and 9.7% respectively (Japanese Ministry of Health, Labour and Welfare, 2012). This situation has led to an underrepresentation of female physicians in senior positions and academic settings as well as an unbalanced gender distribution in clinical settings (Hancke et al. 2014). In many developed countries women still account for only a small percentage of those in prominent leadership positions in academia (Wietsma, 2014). An explanation given for the gender inequity in promotion is that women work fewer hours because of family obligations (Wietsma, 2014). The institutional and cultural structures of organizations/academic medicine affect gender inequity. Female physicians have reported that one of the causes of stress at work was the male-dominated society (Japan Medical Association Committee on Gender Equality, 2009). The women needed a 'gender-equal support system at workplace' to continue their career (Japan Medical Association Committee on Gender Equality, 2010). 'Positive action' is a term referring to the elimination of all forms of discrimination against women. It is defined as 'positive provision of the opportunities stipulated in the preceding item to either women or men within the necessary limits in order to redress gender disparities in terms of such opportunities.' (Cabinet Office, Government of Japan, 2011). Balancing family life and clinical practice is still challenging for Japanese female physicians. In a survey by the Japanese Medical Association Committee on Gender Equality (2009) 70% (n=2931) of female and male respondents reported that they had to forgo promising careers because of difficulties in raising children, balancing family life and a career. The proportion of Japanese physicians of both genders taking leave following childbirth is relatively low at 27.6% (n=2,978) (Japan Medical Association Committee on Gender Equality, 2010), and only 2.6% (n=4,286) of male physicians request paternity leave (Japan Medical Association Committee on Gender Equality, 2014). These findings indicate that, in clinical settings, the working environment does not support the physicians' need for a family life and leads to loss of expertise. In the Japanese clinical work system and in academic medicine, a work-term appointment is given to each physician at the beginning of their employment. This term is not usually extended, even for pregnancy, child rearing or care-giving for the elderly, although this is at the discretion of each health organization. Consequently, many Japanese female physicians have to either abandon their career development or give up on having children. If more organizations approved extensions of work-term appointments for family life it

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would help women to continue their careers as physicians and maintain work-life balance (WLB). Male physicians with children should be able to do the same. Research design Diversity management is a process intended to create and maintain a positive work environment, where similarities and differences between individuals are valued. Thus we assumed that maintaining job and WLB satisfaction may lead to creating awareness of workplace diversity. In clinical practice, where long working hours are common, improving WLB is a challenge. Previous studies have indicated that WLB has an impact on various workplace and personal outcomes in many having children, average weekly work hours, and satisfaction with work-life balance (WLB) were factors related to openness in implementing 'positive action'. Not having a specialist licence, specialty, dissatisfaction with their current position and satisfaction with their WLB were related to openness in extending workterm appointments for child rearing. Logistic regression analysis indicated that among female physicians with children, working 41-60 h/week and satisfied with their WLB, showed greater openness to implementing 'positive action' . Physicians with no specialist licence, those specialized in internal medicine and those unsatisfied with their current position showed greater openness to extending work-term appointments for child rearing. Female physicians urgently require reduced working hours and a WLB-friendly working environment. Flexible working hours with part-time options and work sharing could help to achieve a gender-equal workplace for female physicians with children. Improving awareness of gender-equality and extension of work-term appointments to accommodate family life will enhance female physicians' career development and improve work environments, gender equality and equal opportunity in the workplace.

[Managing diversity through flexible work arrangements: management perspectives](#) January 2014, Employee Relations Abstract only*

Purpose: The purpose of this paper is to evaluate the role flexible work arrangements (FWA) play in diversity policies, and the reasons for/barriers to their implementation. Design/methodology/approach: Based on qualitative case study research in four large multinational service companies. Primary data were collected through senior and line-manager interviews and questionnaires. Findings: The research shows FWA are an integral part of diversity implementation but organisational imperatives, particularly management concerns about client interaction, constrain the acceptance of FWA and therefore restrict their impact as a means to greater diversity. As FWA have different effects (being available "remotely" vs not being available) their acceptability is not inclusive, but dependent on job character and level. Research limitations/implications:Further research is needed on the difficulties of implementing FWA and, particularly, its impact on career progression. The prioritisation of business imperatives over social arguments, such as client needs and staff availability, with its impact on the acceptability of FWA and hence ultimate enhancement of diversity deserves more attention. Practical implications:This paper shows that company discourse with its unambiguous business focus highlights the shortcomings of relying upon FWA to bring about a changed climate for diversity. Originality/value: Importantly issues are explored which have not featured significantly in the literature to date, especially the role of clients/customers and differences in the effect of FWA as elements in managerial perspectives on the acceptability of FWA, which can act as constraints to its use for diversity enhancement.

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[Equal opportunities in medicine: workforce planning and flexible working symposium](#)v December 2011, The Journal of the Royal College of Physicians of Edinburgh

Accurate and effective workforce planning has always been difficult but recently there have been several new challenges. There has been an increased demand for flexible working patterns as well as a significant rise in the number of female doctors over the past ten years. Furthermore, the European Working Time Directive (EWTD) has had an adverse impact on fully staffed and therefore 'safe' rotas, training opportunities and patient safety, especially in the acute setting. This symposium explored the changing face and future needs of the National Health Service (NHS) workforce. The prospect of a predominantly female workforce of which a significant number work part-time was addressed. Ways to promote flexible working patterns while maintaining the integrity of training was discussed. Personal accounts illustrated how flexible training can be achieved and a more desirable work-life balance attained.

[Workforce planning and flexible working in the NHS of the](#) future December 2011, The Journal of the Royal College of Physicians of Edinburgh

There is an increasingly urgent need to review working patterns and future workforce planning now that women make up 42% of all doctors – 28% of hospital consultants and 47% of GPs.1 Within a few years, predicted to be between 2017 and 2022, the majority of the medical workforce will be female.2 Already in 2010 there were 46% more female foundation year one (F1) doctors than male.2 The age distribution of the current workforce has also altered significantly, with the recent rise in output from medical schools, with many of today's workforce yet to start their families.Thus, in future, even traditionally male-dominated intensive hospital specialities with unpredictable out-of-hours work will have to adapt to ensure they can attract and retain enough of the future predominantly female workforce to maintain their out-of-hours cover at a safe and sustainable level in European Working Time Directive (EWTD) compliant rotas.

[Flexible working: policies are supportive but culture and finances are not](#) November 2007, Postgraduate Medical Journal

It was widely assumed that the "feminisation" of medicine would increase demand for flexible working practices.1Nearly 70% of medical students are female and by 2012 male doctors will be outnumbered. However, since 2004 the number of UK flexible trainees has remained consistent at 2000 and places on the flexible careers scheme (FCS) have disappeared. We now have a situation where there is an inverse correlation between the number of women entering medicine and flexible working. It all started so promisingly 6 years ago when the National Health Service (NHS)Plan was launched, pledging its support for more flexible working patterns.23This was followed by the Improving Working Lives standard in which NHS Employers com-mitted to a host of policies and practices designed to help staff maintain a healthy balance between their work and outsidecommitments.4As if to underline its significance to the future of workforce

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planning, the Improving Working Lives standard was one of seven key work are as identified by NHS Employers where real progress was predicted in the next 5 years.

[Discourses of Work-Life Balance: Negotiating 'Genderblind' Terms in Organizations](#) March 2005, Gender, work and organisation

This article examines current debates about gender equality, work-life balance and flexible working. We contrast policymakers' and organizational discourses of flexible working and work-life balance with managers' and employees' talk about these issues within their organizations. We show how, despite the increasingly gender-neutral language of the official discourses, in the data studied participants consistently reformulate the debates around gendered explanations and assumptions. For example, a 'generic female parent is constructed in relation to work-life balance and flexible working yet participants routinely maintain that gender makes no difference within their organization. We consider the effects of these accounts; specifically the effect on those who take up flexible working, and the perceived backlash against policies viewed as favouring women or parents. We argue that the location of work-life balance and flexibility debates within a gender-neutral context can in practice result in maintaining or encouraging gendered practices within organizations. Implications of this for organizations, for policymakers and for feminist researchers are discussed.

Appendix

Sources and Databases Searched

Google, NHS Evidence, the Cochrane Library of Systematic Reviews, NHS Employers, Timewise, Personnel Today and Harvard Business Review were searched. Healthcare Databases Advanced Search (HDAS) was used to search the following databases: Medline; CINAHL; BNI; EMBASE; HMIC and PsycINFO. Google scholar was used to citation match and find further relevant papers.

Search Strategies

Key words included: "flexible working"; "part-time working"; "job-sharing"; "flexi-time"; "annual hours contract"; "compressed hours"; "remote working"; "team rostering"; "self-rostering"; "portfolio working"; "annualised flexibility"; "return on investment"; "cost benefit"; equality; diversity; inclusion

Google "flexible working" site: nhs 25/8/20 | flexible working AND (inclusion OR equality OR diversity) 8/9/20 | equality AND diversity AND inclusion site: timewise.co.uk 8/9/20 | "flexible working" AND equality OR diversity OR inclusion site: personneltoday.com 8/9/20

NHS Evidence Flexible working 20/8/20

Cochrane Library "flexible working" 25/8/20

Searching the literature retrieved the information provided. We recommend checking the relevance and critically appraising the information contained within when applying to your own decisions, as we cannot accept responsibility for actions taken based on it. Every effort has been made to ensure that the information supplied is accurate, current and complete, however for various reasons it may not represent the entire body of information available.

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