Abstract:

This paper examines work and family schedules in couple families where one partner is a nurse. We present a brief background of contemporary employment conditions for nurses and a description of the study. We examine family schedules, gender and care, and the times these families decide are important to share, using the framework of the ‘family time economy’ which considers the allocation, management and administration of time within family groups. We consider how families protect time that is important to them. Nurses have opportunities for employment flexibility and this allows the negotiation of family time; at the same time, family schedules are extremely complex and precise in order that nurses can take advantage of this flexibility. Nursing schedules often necessitate partner involvement in the management of care and the study revealed complicated family negotiations around care, and opportunities for changes in the care burden. Yet, traditional views about maternal care significantly shaped care and work patterns and how family time was used.

Keywords: family time, employment, women’s work, nursing

Theme: Families and new social relationships

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Introduction

This paper examines work and family schedules in nursing couple families with at least one child under 12. We focus on family experiences of work and care, drawing data from twenty couple interviews conducted throughout Victoria. We present a brief background of contemporary employment conditions for nurses and a description of the study. We examine family schedules, gender and care, and the times these families decide are important to share, using the framework of the ‘family time economy’ (Maher et al, 2008) to examine family strategies for the allocation, management and administration of time within the family. Nurses have opportunities for employment flexibility and this allows the negotiation of family time; at the same time, family schedules are extremely complex and precise in order that nurses can take advantage of this flexibility. Nursing schedules often necessitate partner involvement in the management of care and the study revealed complicated family negotiations around care, traditional views about maternal care and opportunities for changes in the care burden.

Background

Nurses are a vital and unique workforce in Australia with some important distinctive characteristics. Nursing is a 24 hour profession managed through shift work. 44% of the Australian nursing workforce work part time (ABS, 2005). Approximately 90% are female which makes nursing a highly sex segregated workforce. Currently across most Australian states there are severe shortages identified in the nursing workforce with predictions that this situation will worsen over time; this has been identified as a national priority for higher education (DEST, 2004). Key changes have been in the
average age of the nursing workforce and the average numbers of hours worked (Shah & Burke, 2001, Table 1); fewer nurses are working standard full time hours (between 35-44 hours per week).

The predominantly female nursing workforce is often related to the caring nature of nursing work, which includes direct hands-on care as well as emotional care (Bullock & Waugh, 2004). This shapes perceptions of nursing as an occupation that is fitted to women and the employment statistics cited above confirm that women predominate in nursing. The organisation of nursing work into shifts is also a factor that has been identified as assisting women’s maintenance of labour market attachment in conjunction with other life aspirations, such as motherhood. This has also underpinned assumptions about the ‘family-friendly’ nature of nursing, although studies confirm that progression in nursing is gendered with ratios of male nurses significantly higher in management and senior positions (Bullock & Waugh 2004; Brown & Jones 2004). Recent studies and accounts of nursing in Australia have drawn attention to changing work experiences for nurses due to healthcare restructures (Stanton et al, 2003; Bartram et al, 2004). These studies have generally reflected work intensification, staffing shortages, and changes to hospital practice as impacting on nurse recruitment, retention and job satisfaction.

These intersecting factors and contemporary changes to the conditions of nursing work make nurses and their families an interesting and significant group to explore the intersection of work and care.
Study Design and Methodology

This paper reports on a part of a larger study where twenty couples where one partner was a nurse and ten couples where one partner was a builder were interviewed between April 2007 and March 2008. The key aims of the study were to examine how families managed the intersections of work and care in two gender segregated industries, where demand is currently high. We were interested in family experiences of paid labour (hours worked and flexibility available), domestic labour, transport (especially dropping and picking up children from school/kinder/childcare), other forms of social support (including social networks) and decisions about prioritising activities and managing time. We wanted to examine the mesh between paid work and caring work for each family to gain a nuanced picture of different family strategies employed to manage time.

Semi-structured couple interviews were chosen in order that couples were able to describe the key impacts of work/family intersections in their own terms. The decision to interview couples was taken as we were interested in exploring how work/family decisions were negotiated and couple interviews offered an important opportunity to explore and observe negotiations with the participants. Chait et al (2008) suggest the importance of the couple as the ‘unit of analysis’ (2008: 400) in order to understand time and time pressures for shift workers. Valentine (1999) argues that ‘the dynamics of joint interviews can encourage spontaneous further discussion, providing richer, more detailed and validated accounts than those generated by interviews with individuals’ (1999: 68). This strategy proved to be worthwhile in this study, as couple participants were able to flesh out each other’s answers and talk
through the discussions around work and family life. Rich data was generated as each partner reflected on, and corrected and extended, aspects of the work/family time story being revealed.

Initially couples were asked a small number of demographic questions (age, employment of other partner, age of children). They were then invited to talk about employment and family life, changes to work schedules over the past several years, how domestic labour was assigned and key areas of pressure around family life and time linked to employment. This paper reports on the family time experiences of the twenty ‘nursing families’; focusing specifically on intersections with paid working time. In the twenty nursing couples, three were also partnered with nurses, which presented an additional opportunity to reflect on the intersection of nursing and family time.

Data analysis used a grounded theory methodology (Corbin & Strauss, 1990) and using the NVivo program. Initially transcripts were read by the whole research team to develop general themes; categories focused on caring and work intersections, changes to work schedules over time and the management of care between partners were identified. Interview data were then coded in these categories. Transcripts were then re-read and validated against categories. The following paper focuses on three interconnecting themes: the ‘taylorisation’ of time around work schedules, gender and care patterns, and the importance and diversity of family time. We approached these themes using the ‘family time economy’ approach (Maher et al, 2008), where decisions about the allocation of work time and care time are understood in the context of finite family time, which must be managed.
“Tayloring” time at home and at work

We’re always trying to chase time... And it’s one of those time management things that you do it at work and you’ve got to try and do it at home and sometimes at home it gets left behind. (Male Partner working in trade working reduced hours, Female Nurse, 2 children)

In her study of nurses, Morehead argues ‘the few hours... before and after work ... are governed by commodified time. In this sense, the time culture of employment relations permeates home life’ (Morehead 2001: 363). This study revealed that the time culture of nursing permeated more aspects of home life than those few hours. Southerton (2003, 2006) has argued that the patterns of work intensification and sequencing have been transferred from the public to the private sphere, with consequent experiences of fragmentation and time stress in households. This has been termed the ‘taylorisation’ of time. This is an important insight in examining the work/family intersections in nursing families, since nursing work has changed considerably over the last several decades. The contemporaneous restructures of the healthcare system and nursing as a profession (Stanton et al, 2003; Bartram et al, 2004, Dockery 2004) have resulted in work intensification, higher nurse patient ratios and potentially lesser time for the ‘socially meaningful work … of care’ (Bullock & Morales 2004) that is central to nursing. Significant support for Southerton’s proposition can be found in the intense array of scheduled activities that shape the family lives detailed in the study and the sequences set up to manage these activities. In the interviews, descriptions of a typical week generated long complex sequences of events, where transitions between work, home, schools, forms of care, involvement of
other family members and friends were detailed and negotiated. This is one simple example, since only two partners and one child are involved.

Female Nurse (FN): Well if I'm on an early shift I'm up first, but now and then the Mark gets up for Simon at about - - -

Self-employed Partner (P) : Quarter to eight.

FN: Yeah quarter to eight. Gets him off to school and then he goes off and does his work and I come back about six.

P: I get back for Simon about quarter to four.

Q: **So you pick him up at school?**

FN: Well there's a bus that brings him back from school so I meet him back here.

Q: **And in the morning do you have to take him too?**

P: No there's a bus that takes him as well. As soon as he leaves, I leave. I just make sure I get back just for when he gets home.

FN: And if I'm on a leadership to one of the days, we do the opposite. P will go out first and then I have to get Simon off to school and then go to work. So it all balances up.

…

Q: **So are there any after school activities that Simon needs to get to?**

P: He just started in the akeido … one of the martial arts.

FN: Yeah he's started that.

P: That’s on Tuesday and a Saturday isn't it?

FN: Yes and he's [going] to cubs and that. So some nights he does that.

P: And he does cricket on a Saturday.

*(Male Partner working reduced hours in trade, Female Nurse, one child)*
These truncated exchanges around shifting schedules of work and moving care and domestic responsibilities were characteristic of most of the interviews. Many families operated using fifteen minute time slots involving transport schedules, hours of available care and opportunities for variation linked to employment.

For all families, children’s activities (sport, art classes, and music lessons) were a key part of family schedules and required considerable time management to achieve. All of the school age children here had extra-curricular activities that required meant additional travel and coordination involving both partners in most cases, and often other parents too. There was a significant degree of precision required in family schedules and the potential variability and tension in these arrangements was reflected in changing employment configurations that occurred in all family stories. Overall, eight of the nurses worked full time (two of these were male); twelve worked part time and two were currently not doing any nursing (one was on maternity leave). All reported employment movements from full time to part time, permanent to casual, clinical to administrative in response to family needs. A significant number of women had moved to casual shifts to enhance family flexibility.

It was a big decision to give up my long service leave and holiday pay, sick leave and all that to go casual but at that time we knew something had to give because it wasn't working with the kids and me. (Female Nurse part time, Male Partner in trade, three children)

While most families felt nursing had allowed for reasonable work/family integration, Morehead (2003) found that these negotiations about employment required significant work by women to achieve and argued this labour needs to be included in women’s
work. Achieving these outcomes at home also required constant negotiation around time everyday and more generally across the life course. This need to schedule and negotiate had implications for the division of care work within each family.

The shifting gender of care work

‘We were completely interchangeable’ (Female Nurse); ‘our domestic skills were pretty interchangeable’ (Her Male Nurse Partner, 2 children).

Accounts of working hours, family care and domestic labour in Australia reveal complex and contradictory findings with increases in women’s time in paid employment but broad stability in patterns of domestic work especially related to parenting care (Baxter et al 2008). Women continue to carry the burden of care (Baxter et al 2007). In most of the nursing families, choices over part time work and interrupted career trajectories meant that this pattern was also found (with only two male partners – one a nurse – actively reducing work for family reasons); mothers were carrying particular responsibility for family care. Eleven of the female nurses expressed some commitment to a traditional account of mothering as being present and being the primary carer.

‘I suppose because I’m the Mum … I see it as my job … if the kids are sick’ (Female Nurse part time, Male Partner employed full time, three children).

[Too much childcare] stops me being a mum to my kids (Female Nurse part time, Male Partner employed full time, two children).
Even in circumstances where care and domestic labour were more evenly shared, families made specific compromises around tasks that required maternal attention.

*FN:* I would get up at 5.30 and then the girls get up. The two younger ones will wake up when I go back upstairs to get dressed at a quarter past six and they get up and I do their hair so they’re often sitting down here and dressed in their school uniforms sometimes because they want their hair done and I’ll often just do Clara’s hair; she’ll just sit up in bed and I’ll do it and then she’ll go back to bed.

*P:* My quality of hair styling isn’t as good as Jocelyn’s … it was a big thing getting the hair done (*Female Nurse part time night shifts, Male Partner full time flexible work, three children*).

But the complexity of nursing work meant that gender roles did shift and change in response to work needs. Of the seventeen couples with a female nurse, all but four male partners had significant involvement in daily domestic management. The different shifts made this a necessity; an obvious example was providing breakfast or dinner which was often a shared and moveable activity between mothers and fathers. While there was discussion of different dinner styles and different household cleaning standards, most fathers did this family work and knew where children were and what they needed. On occasion, weekend work allowed special opportunities for fathers and children.

‘I really miss having Dad time’ (*8 year old to mother who nursed on Saturdays and then stopped*).
This finding points to the structure of nursing work as reshaping gender roles, since the need to manage women’s flexible work schedules required the movement of some care across gender boundaries. While the impact of maternal presence has been identified as crucial in maintaining maternal responsibility for care (Boyd-Reid, 2002) and it was evident in how these families managed time, there was strong commitment to shared family time which also shaped decisions about work and care.

Making family time

‘It’s all those little things that happen in families’ (Female Nurse not working, Male Nurse employed full time, five children)

In each of the interviews, family time was important and changes to shifts and working patterns often reflected commitment to family time. In Sullivan’s (2005) examination of nurses’ experiences of agency work, the importance of time autonomy was critical in the nurses’ higher level of job satisfaction. This is reflected in the different time sets that emerge as important in these nursing families and the ways in which work schedules were shifted and changed to reflect valued time in families. In each of these family schedules, different times were identified as vital for different families; nursing work schedules were shifted and changed to ensure the maintenance of these specific family times. While some argued that ‘nurses’ shiftwork is the worst in the world’ (Male partner full time, female nurse not working, two children), the majority found nursing allowed for flexible family time; how they used that flexibility varied significantly from family to family. As suggested in much family/work literature, weekends were important (see Bittman, 2005) with a focus in all families
on ensuring at least one day together. For nurses however, weekends simultaneously represent the opportunity to earn more money and this meant a variable approach to weekend work.

‘We don’t plan anything Sundays’ (Female Nurse part time night shifts, Male Partner engineer, three children).

‘Working long 12 hours shifts … on a weekend would give me more money and more time’ (Female Nurse part time night shifts, Male Partner full time, shared custody one child).

Sunday: a day of rest, a day of ironing (Female Nurse part time night shifts, Male Partner full time flexible work, three children).

‘That’s family time on the weekend’ (Female Nurse full time, Male Partner full time flexible work, two children).

Nightshifts similarly were rejected by some as awful, and used by others to achieve balance in work and care.

‘I’ve organised in the past to work either nights or weekends … so one of us will definitely be home’. (Female Nurse part time night shifts, Male Partner engineer, 2 children)

P: You were doing night shift then.

FN: Nightshifts were the best choice … because they were ten hour shifts (Female Nurse full time, Male Partner shift worker, two children)
Family holidays were particularly a focus for these couples, with this time being seen as important for family health and connection. The absence of family holidays created stress and was relatively rare; most families created time for breaks, often using casual nursing work as a mechanism to preserve opportunities for family holidays.

‘We think holidays are very important … because you get time to have some perspective and to enjoy and have fun together’ (Female Nurse part time, Male Partner full time corporate, three children)

‘We rarely get a family holiday …. We’ve got some nice things; we just don’t have any time’ (Female Nurse part time, Male Partner full time, two children).

There were two contrasting elements that emerged in these ‘family time economies’. There was often significant emphasis on children’s time with parents and children’s need for free time. The complex scheduling appeared to generate a lot of desire for unscheduled time for children.

‘I think it’s really unfair on them to have an hour of childcare in the morning followed by school and the childcare in the afternoon’ (Female Nurse part time night shifts, Male Partner engineer, 2 children).

‘Give them a start in life where they’re not rushed off to childcare at 7am’ (Female Nurse part time, Male Partner with long hours, two children).
‘Time with your kids is precious’ (Female Nurse not currently working, Male Partner with long hours, two children).

While these comments were linked to maternal presence, it also appeared in couples with shared care patterns.

[I want to make sure the] children don’t miss out. (Female Nurse full time, Male Partner Nurse full time, 2 children)

This finding sits in some contradiction to the commitment to extra-curricular activities for children that was so prevalent in these families; it suggests that parents now understand good experiences of childhood as involving significant amounts of structured extra-curricular activity. But couple time was much harder to find for these participants and seemed less of a priority. One couple reported on cinema tickets that had waited at least twelve months for use; another indicated they had previously gone out to dinner once a week, but had stopped because they fought too much about the pressures of daily life when they did. The following comment appeared to reflect the view of many of the couples in the study.

‘Our time together … was coming last’ (Male Partner shift worker, Female Nurse full time, two children).

This finding suggests that one of the areas open for negotiation for many couples was adult time; children’s access to and experience of family time was the highest priority and resulted in more renegotiations of work and care patterns.
Conclusion

‘Nursing has meant we’ve had the flexibility to have a very happy and productive family life’ *(Male Nurse, Female Nurse Partner, two children).*

‘The beast that is nursing’ *(Male Partner full time, Female Nurse full time, one child).*

Nurses present a unique group in considering the combinations of work and care, as their professional employment is marked by many of the same characteristics as family care (hands-on care and emotional labour) and conditions of employment have been seen to allow for engagement in family life. Achieving work-family integration for these families demanded consistent attention to working conditions which lead to precise family schedules and a desire to achieve unscheduled time for children. The opportunities for flexibility did allow most couples in this study to maintain dual attachment to the workforce and did result in some movement of care labour between partners, since changing shifts necessarily demanded both partners be involved in domestic labour and negotiation. But there was persistent articulation of the primacy of maternal care in most families; perhaps tellingly only one of three couples with two nurses had re-organized working life to facilitate women’s work. The ‘family time economies’ revealed here emphasis on maximising parent-child time and women’s flexibility meant they changed employment when work engendered too much conflict with family patterns. It is an area for further exploration for us that the flexibility of nursing work in some ways embeds maternal care in family patterns as well as unsettling it.
References


Figure 1. Hours worked by Nursing Workers, Australia, 1987 and 2001

Source: Shah & Burke, DEST 2001