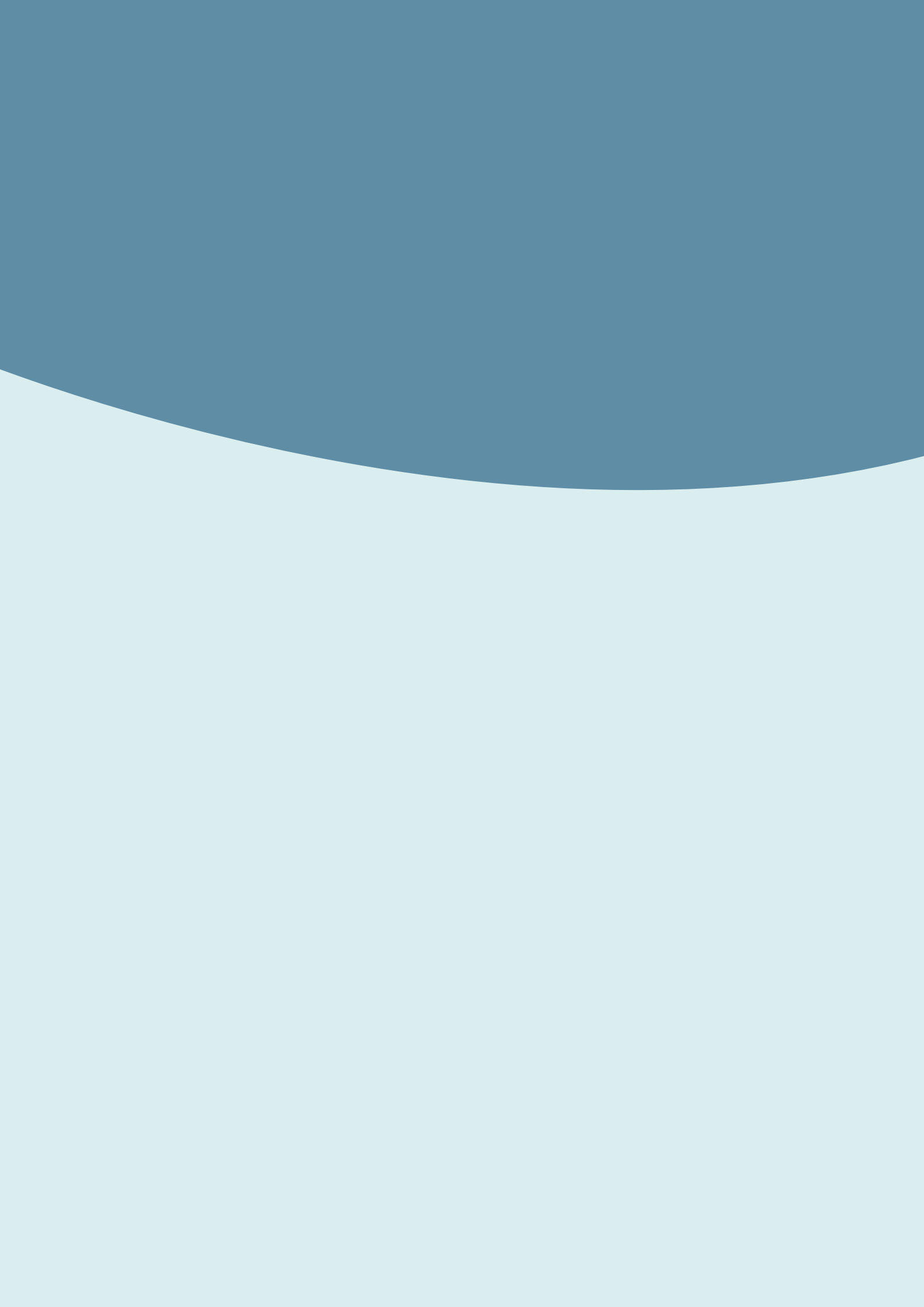




Work-Life Balance

Balancing Work-Life and Operations in the Elderly care,
Home care and Maternity care

K.H.T. (Kirsten) Kupper
Enschede, January 28, 2010

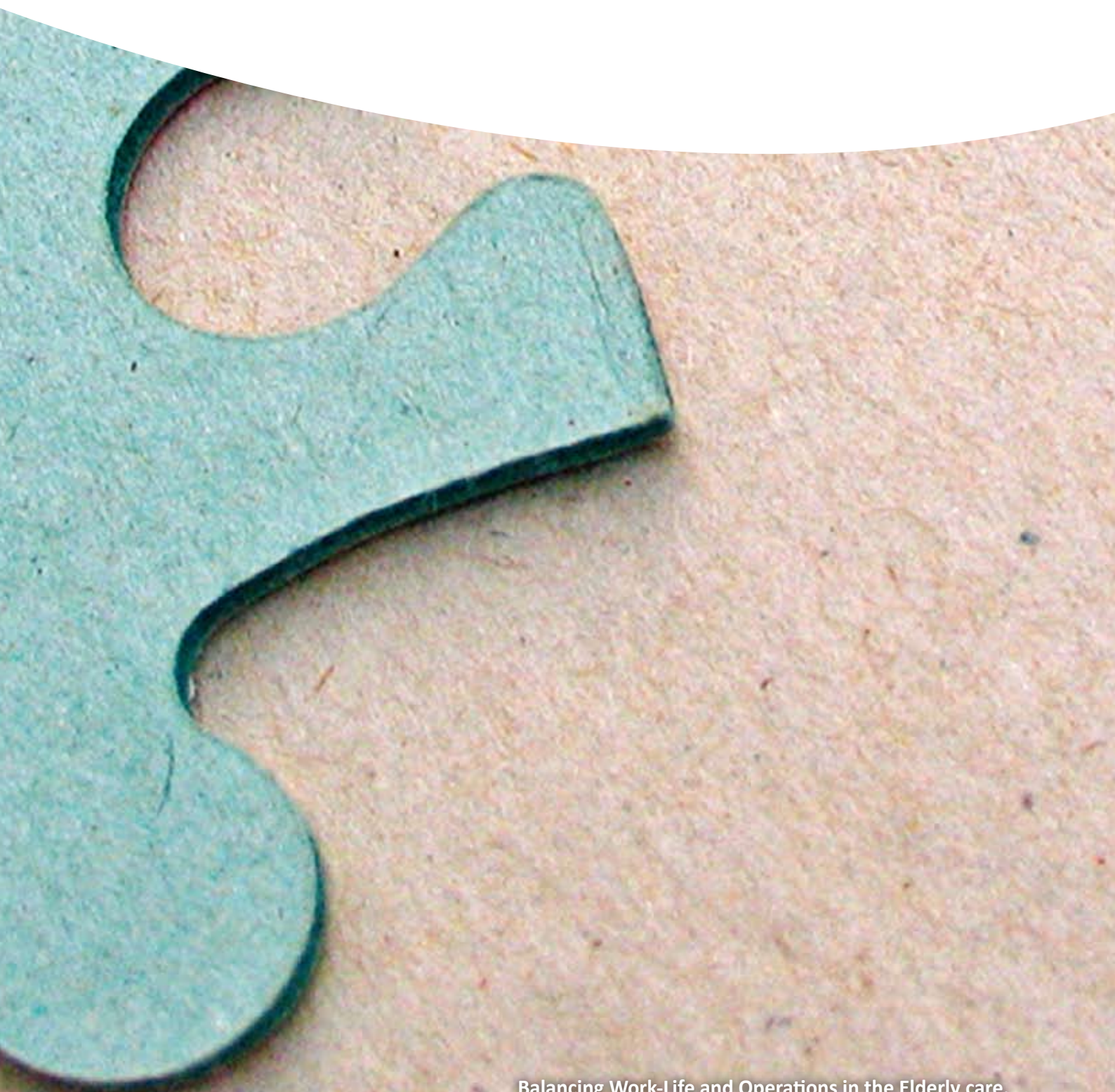


STUDENT

Kirsten Kupper
Master Business Administration
Track Human Resource Management
University of Twente

SUPERVISORS

Dr. Ir. J. de Leede & Prof. Dr. J.C. Looise
Faculty Management & Governance
Department Operations, Organization and Human Resources
University of Twente



PREFACE

This thesis presents the results of my master thesis research. In this thesis I report about balancing work-life and operations within the Elderly care, Home care and Maternity care sectors (EHM sectors). The Collective Labour Agreement (CAO) 2008-2010 of the EHM sectors contains an agreement about the execution of a research into (new) arrangements of employment contracts and working hours in which the needs of both operational management and the employees are taken into account. This research is conducted on behalf of the social partners of the EHM sectors represented by umbrella organization ActiZ, within nine case study organizations.

Finishing this thesis was probably one of the most challenging projects I have ever experienced, and which would not have been possible without the help and support of some people.

First of all, I would like to thank my supervisors Dr. Ir. J. de Leede and Prof. Dr. J.C. Looise for helping and coaching me during the research. And also Bo van Westerop, Erik-Jan Vlietman and Lennart Homan for the good and pleasant cooperation, and sharing thoughts during this research. They all provided me with great support, which results in a thesis I am proud of to present.

Second, I would like to thank the case study organizations for allowing us to perform the research, and their employees to provide useful information during the interviews.

Finally, I would like to thank my partner and parents for the continual support and trust, which stimulated me to gain my master degree. They provided a platform where I could express my frustrations, but also my triumphs.

Kirsten Kupper
Enschede, January 15, 2010

6	MANAGEMENT SUMMERY
10	1 INTRODUCTION
11	1.1 Background
13	1.2 Changes in the Law
	1.2.1 General Law for Special Healthcare (AWBZ)
14	1.2.2 Social Support Act (WMO)
15	1.2.3 Maternity Care
16	1.3 Relevance of the Research
	1.4 Structure of the Thesis
18	2 THEORETICAL FRAMEWORK
19	2.1 Work-Life Balance
	2.1.1 Definition
20	2.1.2 Results
22	2.1.3 Causes
24	2.2 HRM Practices
	2.2.1 Definition
	2.2.2 Results
	2.2.3 Causes
25	2.3 Organizational Characteristics and Policies
	2.3.1 Definition
	2.3.2 Results
26	2.3.3 Causes
27	2.4 Environment
	2.5 Conceptual Model
28	2.6 Research Question and Propositions
30	3 RESEARCH METHODOLOGY
31	3.1 Research Approach
32	3.2 Data Collection
33	3.3 Data Analysis
34	3.4 Operationalization

36	4 RESULTS
37	4.1 DrieGasthuizenGroep Arnhem
39	4.2 RSZK de Kempen Bladel
40	4.3 Axion Continu Utrecht
42	4.4 ZuidOostZorg Drachten
43	4.5 Warande Zeist
45	4.6 Laurens Rotterdam
46	4.7 Beweging 3.0 Amersfoort
47	4.8 Careyn Kraamzorg Rijswijk
49	4.9 The Provinciale Kraamzorg Goes
50	4.10 Overview of Findings per Variable
56	5 CROSS CASE ANALYSIS
57	5.1 Propositions
	5.1.1 Proposition 1
61	5.1.2 Proposition 2
62	5.1.3 Proposition 3
63	5.1.4 Proposition 4
64	5.1.5 Proposition 5
66	6 CONCLUSIONS AND RECOMMENDATIONS
67	6.1 Conclusions
72	6.2 Recommendations
73	6.3 Limitations and Directions for Future Research

References

Appendix A: AWBZ-Process Flowchart [based on 1.2]

Appendix B: PGB-Process Flowchart [based on 1.2]

Appendix C: Telephonic Interview Protocol

**MANAGEMENT
SUMMARY**

Some striking characteristics of the elderly care, home care and maternity care are: the majority of the employees is female, 63% of the employees experience heavy mental work (Prismant, 2008) and 56% experienced emotionally demanding work (Prismant), most employees also have care responsibilities (resulting in role conflict between work-life), there is a 24 hours schedule (except for the home care) and almost all employment contracts are part time. In addition the labour market is tight (especially on level three).



The main question of this research is: *“How are Work-Life Balance (WLB) and personal well-being experienced within the Elderly care, Home care and Maternity care (EHM sectors) and how are they affected by organizational operations, and how can organizational policies and practices be improved to reach a better balance between operational and employee needs?”*. The research has a multiple case study approach; the nature of this multiple case study is descriptive. The research is also partly explorative, because necessary information must be obtained to answer the main question and the propositions. This research was conducted within nine case study organizations.

We found in our cases, no specific WLB and personal well-being policies, the small-scaled care concept is growing (small-scaled teams), employees and organizations experience scarce bottlenecks of the current CAO.

CONCLUSIONS OF THE STUDY

- WLB is defined as: “the absence of conflict between work and non work, roles, and demands” in this case study.
 - o Issues that negatively influence the WLB of the care employees are: the physical and mental pressure of the work, the unpredictable schedules and irregular working hours, the short term on which they receive their schedule and the three days of guard duty.
 - o Positive influences on the WLB are self rostering (within a small team) and a good team spirit.
- Within the two home care organizations the employees feel less/ no pressure of work. Within the five elderly care organizations the employees also feel (high) pressure of work, predominantly mental strains. And within the two maternity care organizations the employees feel the highest pressure of work (both physical and mental).
- There are no case study organizations that have policies specified on WLB that are actively applied. (AxionContinu has some policies that could help employees to improve the WLB; in practice they are not applied).
- The (innovative) small-scaled care concepts within the elderly care and also the home care are increasing the last years.
 - o A positive effect is that small-scaled care increasingly is associated with self rostering. Self rostering gives the employees more choice and control about their working hours; the employees feel positive effects on their WLB (less role conflict).
 - o A negative effect is that the small-scaled care concept reduces the personal well-being (more physical and mental problems); employees that work small-scaled experience a comparative pressure of work as to employees of the maternity care.

- Based on the segments appointed by Reiter (2007), each segment has differing values driving their WLB need. The segments are based on the employees' marital status, care responsibilities, and their primary focus and interests and the corresponding values driving their WLB need. For example, employees with dependent children and care responsibilities need more predictable schedules and regular working hours.
- For organizations that support the WLB of the employees, there are clear benefits: reduced stress levels and absenteeism, and increases in productivity (Rose et al, 2007).

RECOMMENDATIONS OF THE STUDY

- The organizations of the EHM sectors should focus on WLB policies; by investigating what their employees' values are that drive their WLB needs. Focus on the different segments of the employees is needed; each employee has her/ his own values when balancing work-life. The overview of Reiter is based on seven segments with differing values driving their WLB need, the segments are: (A) people with dependent children who are primarily focused on their caring responsibilities, (B) people with dependent children who want to pursue a career, (C) people with younger families who are not principally responsible for childcare, (D) those separated, divorced, or who have blended families, (E) older men and women who still have a valuable contribution they wish to make, (F) individuals who have other caring responsibilities, and (G) people who have interests in a field outside of work that places demands.
- Also these policies could help the organizations to present themselves as an attractive employer on the tight labour market. Because of the national characteristics of this problem, I could imagine that all the organizations within the EHM sectors (or the general care sector) work together on a national campaign. Within this campaign they can portray themselves as an attractive sector on the labour market in which, even in times of crisis, organizations can offer jobs with job security.
- Probably within organizations where employee's work in large teams, the team leaders could create small teams that use self rostering, these small teams are then responsible for a fixed number of shifts per week.
- From the employees' perspective, the employees must play a more active role in their WLB; they should ask themselves whether the managers (team leader or planner) has enough knowledge about their requirements and personal wishes on their working hours schedule.

Organizations within the EHM sectors should focus on the different segments of their employees, in order to ensure that their employees have a better WLB. Each employee fits within one of the seven segments of Reiter, each segment has its own values that drive the WLB needs. By offering each segment an appropriate program, the organizations should find a balance between the need of the segments and what is needed for the organization to serve their clients.

For example, employees with dependent children that have care responsibilities need more predictable schedules and regular working hours, in order to ensure that they have childcare etcetera. Older employees that do not have care responsibilities need greater vacation periods or reduced number of days worked per week. Solidarity between the different segments should arise, because the appropriate program facilitates each

employee in their own WLB needs. From the organizational perspective, segmentation could be positive; organizations could not give all employees the same flexibility or greater vacation periods in order to serve their clients.

Implementing this segmentation and offering employees more choice and control about the days/ hours they work, requires flexibility and adaptability from the organizations. The organizations should adapt and supplement current policies and practices. With the growing deficit on an already tight labour market, organizations must respond on the growing participation of woman. The need for WLB policies and practices comes no longer only from the employees; the current labour market contributes to this also.

Self rostering positively influences the employees WLB. By rostering within a (small) team they feel that they have more choice and control about their working hours/ days; it is also seen as a type of teambuilding. Employees that work within a small team mostly have a good team spirit and show solidarity with each other. This solidarity is necessary to succeed the implementation of the segmentation and the appropriate programs to facilitate WLB.

Management should communicate their organization's family-friendliness in such a way that all employees feel they have equal access to alternative working time provisions (appropriate programs) (Rose et al). Employees dare to play a more active role in their WLB, knowing that there will be no adverse consequences for their career advancement by doing so.

1 INTRODUCTION

This introduction chapter starts with the background of the research in section 1.1; in section 1.2 I will discuss the recent changes in law (January, 2009) for the Elderly care, Home care and Maternity care; furthermore in section 1.3 the relevance of the research and finally in section 1.4 the structure of the thesis.

1.1 BACKGROUND

Within the EHM sectors employment contracts and working hours are frequently discussed topics. The case study organizations have provided us a broad view about employment contracts and working hours; they have also obtained insight in how they deal with the problems around these topics during the interviews with staff members of the planning department, care managers, region managers/ location managers and team leaders. The interviews with the care employees of the organizations, accentuate that WLB and personal well-being can be added to these two frequently discussed topics.

The Collective Labour Agreement (CAO) 2008-2010 of the EHM (VVT en Kraamzorg) contains an agreement about the execution of a research into (new) arrangements of employment contracts and working hours in which the needs of both operational management and the employees are taken into account. This research will be conducted on behalf of the social partners of the VVT (SOVVT), represented by umbrella organization ActiZ. Since January 1st, 2008 the EHM organizations share one combined CAO. Because of differences between these sectors, the SOVVT prefers insights and possibilities about employment contracts and working hours within these different sectors.

This research should provide insight and possibilities in: how do care organizations deal with the issue with regard to the balance between employees and operations management concerning the arrangement of working hours? How do the different care organizations make this balance measurable? (Should this be done collectively by labour unions or contrarily, between employer and employee at an individual level? What are the differences between the different sectors (for example intra- and extramural care)? What is the influence of organizational care concepts on the arrangement of employment contracts and working hours? How do the care organizations deal with possible conflicting interests between client and employee? How do care organizations design their human capacity planning? What is the influence of the labour market on this issue regarding employment contracts and working hours? Do organizations draw up policies concerning this aspect in regard to human resource policies?

The central question in this research is: *“What are the possibilities in the elderly care, home care and maternity care sectors (EHM sectors) to deal with the balance between operations management and employee interest regarding employment contracts and working hours in a social (innovative) manner, with attractive organizations within the EHM sectors for both current and new employees as a result?”*

The nature of the research approach is qualitative, with the provision of an inventory regarding employment contracts and working hours as the main purpose. Is there a relationship between human resource planning/ workforce scheduling and care concepts, labour flexibility and the Work-Life Balance (WLB) of employees? The following research model has been formulated:

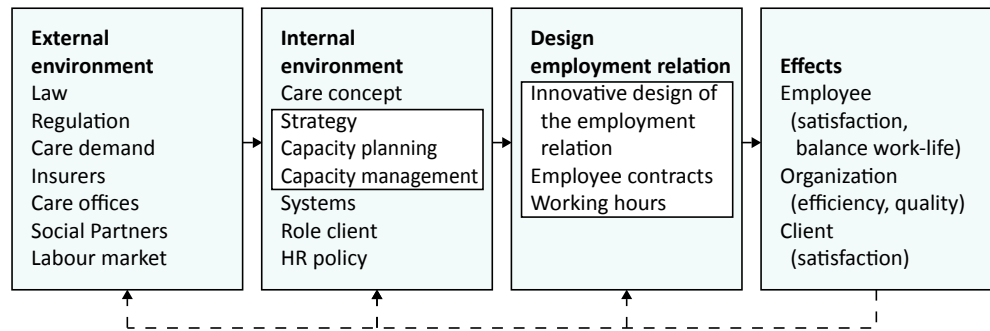


Figure 1: Research Model

This research must provide insight and possibilities regarding the whole sector as represented by umbrella organization ActiZ. Because of this, the research will distinguish between the different sectors, whenever is necessary:

- a) V&V intramural;
- b) Extramural home care;
- c) Maternity care;
- d) Combinations of the mentioned forms above (integrated healthcare suppliers).

The research as described above will be conducted in cooperation with 3 other graduate students. To cover the most important aspects of the main topic, all 4 students will conduct a specific research:

- 1 Human Resources Planning and Workforce Scheduling;
- 2 Labour Flexibility;
- 3 Healthcare Innovation and Concepts in Care;
- 4 Balancing Work-Life and Operations in the Elderly care, Home care and Maternity care.

The results of these 4 theme-specific studies will be analyzed and combined into a final report. This report will be distributed to ActiZ and the SOVVT, and will be subject for the upcoming collective labour agreement negotiations. Parallel to this research, the Dutch institute for labour issues (IVA) will conduct a study concerning employee experience within the EHM sectors. Their research is executed by both an online questionnaire for planners as well as an online questionnaire for employees. In addition, IVA also implements a qualitative case study research within five organizations. Because of the different goals, both researches will complement each other.

The purpose of the research conducted in this thesis is about balancing work-life and operations in the elderly care, home care and maternity care. This thesis provides specific insight and possibilities within these subjects; related to some research variables, these variables are in congruent with the research model, figure 1.

1.2 CHANGES IN THE LAW

1.2.1 GENERAL LAW FOR SPECIAL HEALTHCARE (AWBZ)

From January 1st, 2009 the general law for special healthcare (AWBZ) has changed. The AWBZ (public insurance) covers serious health risks, which are not covered by the standard health insurance. The Dutch Social Economic Council (SER) has published a report of recommendation concerning the AWBZ, as requested by the State Secretary on behalf of the Dutch cabinet. The reason for the resulting change is twofold: the finance of the care arising from this law became too expensive and clients should have the opportunity to organize their health support by themselves, if they are able to do so. In the past situation, care organizations collected income based on capacity or number of patients. This institution-oriented structure was purely based on quantity, independent of the actual degree of care a client received. Also, too many clients received AWBZ financed treatment on an undeserved basis, as gathered by the Dutch Government [1.1]. The Dutch Government stated that the AWBZ is only available for people with moderate or serious limitations who accordingly need health support for a long time, often lifelong. Particularly, the AWBZ is intended for care claims based on one of the following seven grounds: a somatic, psycho-geriatrics or psychic disease or limitation, a mental, physical or sensory handicap or a psychosocial problem, is intended for the elderly, the disabled and chronic psychiatric patients [1.2]. A clearer definition of AWBZ claims should prevent the supply of special healthcare on an undeserved basis [1.2]. Other reasons for the change of the AWBZ law (besides offering clients the opportunity to organize their health support on their own) were to consolidate their position, provide them with more options, and more control related to healthcare. Independent client assessment, a market mechanism within the healthcare by admittance of new health suppliers, and cancellation of historically developed work and task areas were introduced to achieve the desired outcomes.

THE AWBZ PROCESS

For the implementation of independent client assessment, an official body (Centrum Indicatiestelling Zorg (CIZ)) is established to indicate if a client needs care, which specific kind of care and the level of care (indicatiebesluit). The Ministry of Health, Welfare and Sport (VWS) impose the used standards. CIZ could provide healthcare with (intramural care) or without accommodation (extramural care). In both cases clients were allotted one or some care functions (zorgfuncties) that contain AWBZ functions and their total quantity expressed in hours (hours or parts of the day per week concerning healthcare without accommodation). In addition, a period (temporary or permanent) is also defined regarding healthcare without accommodation. Standard values (normbedragen) are linked with these care functions resulting in a client-based indicated budget. Since July 1st, 2007, Zorg Zwaarte Paketten (ZZP's) are provided as client-based budgets in case of requests for healthcare with accommodation in cure and care organizations. These ZZP's are formulated in table 1.

If a client-based indicated budget is allocated by the CIZ, the client requests for these specific care functions in kind at the regional care office (Zorgkantoor). These care offices represent all the health insurers within the specific region, but are affiliated to one (often the largest) health insurer within the region. The care office negotiates about agreements with the healthcare suppliers within a region on behalf of all the health insurers. These negotiations are executed within determined boundaries (contracteerruimte) and the agreements have duration of one year. The boundaries are determined by the National Health Authority (NZa) on a national basis and allocated to the regional care offices (32 in total). A client is entitled to request for healthcare from a healthcare supplier located in a region other than the region of his/her domicile. The only requirement implies that the regional care office must have set up an agreement with the healthcare supplier preferred by the client. For both, healthcare with or without accommodation, a preferred healthcare provider could be suggested by the CIZ. Predominantly the request will be granted and the specific healthcare supplier will provide the healthcare.

Zorgzwaartepakketten (ZZP's) within care organizations

Package 1:	Sheltered housing with some guidance
Package 2:	Sheltered housing with guidance and care
Package 3:	Sheltered housing with guidance and intensive care
Package 4:	Sheltered housing with dementia care
Package 5:	Protected housing with intensive dementia care
Package 6:	Protected housing with intensive care and cure
Package 7:	Protected housing with very intensive care with emphasis on accompaniment
Package 8:	Protected housing with very intensive care with emphasis on care/cure
Package 9:	Stay with recovery-oriented cure and care
Package 10:	Protected stay with intensive palliative-terminal care

Table 1: ZZP's within care organizations (intramural care) [1.2]

When a suitable healthcare supplier is found, the care office sends the client-based indication to the supplier. This will act as the contract between the healthcare supplier and the client. Accordingly, the healthcare supplier contacts the client and the specific care can be provided. Meanwhile, the healthcare supplier contacts the central administration office (Centraal Administratie Kantoor (CAK)) for the calculation of the clients' obligatory financial contribution. For this calculation the CAK retrieves the client's income from the tax authority (Belastingdienst). CAK charges this contribution from the client. The care office instructs the CAK to transfer AWBZ money to the healthcare supplier, based on the negotiated agreements. The CAK acquires this money from the organization for health insurance (CVZ), which acquires the money from the tax authorities. Finally, CAK transfers the AWBZ public money to the healthcare supplier. This process is summarized in a flowchart [Appendix A]. AWBZ care can also be obtained as a personal budget: finance supplied in advance (PersoonsGebonden Budget, PGB) [1.2]. The PGB process is summarized in a flowchart [Appendix B].

HOME CARE (AWBZ)

Concerning healthcare without accommodation, the contract obligation of the regional care office (contracteerplicht) has been removed from the AWBZ since August 31, 2004. As a result, the regional care offices created a jointly formulated contract policy: providers of healthcare without accommodation are rated both on exclusion criteria as well as evaluation criteria since 2006. Generally, regional care offices use public tender procedures to purchase this specific kind of healthcare. Within these tender procedures, appointments are made about quality and price of healthcare, which are supervised by the concerned regional care office. The resulting contracts between regional care offices and suppliers of healthcare without accommodation could be valid for one to several years and these suppliers are only allowed to charge the time they directly spend at a client's home. Because of this, the client- based indicated budget of the CIZ is expressed in a hourly rate.

1.2.2 SOCIAL SUPPORT ACT (WMO)

Since January 1st, 2007, some AWBZ regulations were transferred to another law: the Social Support Act (Wet Maatschappelijke Ondersteuning (WMO)). These regulations concern facilities for the disabled, the well-being law, household care, social care, addiction policy, and the fight against domestic violence [1.1]. The aim of the WMO is to support people to reside autonomously and to participate in society as long as possible. It contains a legal duty for municipalities to provide facilities related to social support, based on their responsibility to support their residents.

Within a general framework consisting of constraints and procedural requirements as stated by the central government, municipalities are free to draw up their WMO policy. This policy is based on nine performance criteria (prestatievelden) and municipalities are required to write an evaluation report every four years. The provision of social support must be executed as much as possible by third parties, as subscribed by the WMO. Municipalities purchase their social support activities based on European public tender procedures. These contracts are valid for several years. Clients demand for WMO support directly by the municipality within their residence (WMO loket). The allocation of a client-based indicated budget is, like the AWBZ, executed by the CIZ. Based on this budget, the tendered WMO suppliers provide the allocated level of care.

1.2.3 MATERNITY CARE

In addition to the AWBZ and WMO financed healthcare, maternity care, midwifery by midwives and the usual assistance by general practitioners (partusassistentie) are compensated by the standard package of essential healthcare of the basic health insurance (basisverzekering). The basic health insurance is obligatory for all citizens of the Netherlands.

In September 2005, a national indication protocol for maternity care was prepared (Landelijk IndicatieProtocol kraamzorg, LIP). This protocol provides the basis for the cooperation between maternity care agencies, midwives and healthcare insurers and contains a scheme with respect to the content of the usual birth assistance by general practitioners (partusassistentie). As stated by the LIP, the independent client assessment is implemented at two moments in time: during the pregnancy (first assessment) and in case of changes during the childbed (the second or further assessment). A pregnant client could directly enroll at a specific maternity care supplier or could submit a request for (a specific) maternity care at their healthcare insurer. In the latter case, the healthcare insurer allocates the request to a related maternity care supplier. This could be done by using an auction instrument, by which maternity care suppliers can bid discounts on the statutory maximum rates for maternity care as stated by NZa within the Healthcare Development Act (Wet Marktontwikkeling Gezondheidszorg, WMG). In both cases, a client's request for a specific maternity care supplier will be accepted in most cases.

Generally, the first assessment is implemented by a care adviser of a maternity care agency within the seventh or eighth month of the pregnancy. Based on this assessment a number of maternity care hours will be allocated to the client: 49 hours within the first eight days after the delivery provided as a basis or 24 hours within this period as a minimum, as stated by the LIP. Within these hours, the hours used for usual birth assistance by general practitioners (partusassistentie) are not included. Additionally, a client could differ from the standard number of maternity care hours as stated in the LIP by purchasing extra hours from the maternity care provider or by demanding maternity care different from the usual maternity care working hours. These optional requests should be funded privately.

The second assessment is implemented directly after the delivery by a midwife or an independent operating physician, and a third assessment is implemented during the third day after the delivery. Based on this assessment, the initial number of maternity care hours could be changed.

As stated above, maternity care agencies are financed based on the charged number of standard maternity care hours to the healthcare insurer and based on the extra hours they provide. In addition to this, the first assessment during the pregnancy and an enrolment fee are directly charged to the client and a connection fee for birth assistance by general practitioners and the actual hours spent regarding this task are also charged to the healthcare insurer.

1.3 RELEVANCE OF THE RESEARCH

Companies pay huge attention to their key financials: sales, margin, throughput, operational costs and so forth. However an asset that also drives corporate performance and which is often overlooked in tough times is people (Haddon, 2009). The last thirty years have been marked by dramatic increases in women's participation in the workforce, population aging, increases in single-parent families, and increases in financial and job insecurity, and these factors have contributed to mounting tensions between work and non work lives (Johnson et al (2001), in Rose et al, 2007). Also the EHM sectors have tough times by the current tight labour market, the aging of the employees and population, and also they have to respond on the recent changes in law (January 1, 2009). Particularly in the current tight labour market within the EHM sectors the employees are the organizations most important capital.

WLB is a European policy priority; it is the subject of both European and national initiatives to increase the awareness and take-up of employment policies and practices that benefit business and help employees enjoy a better balance between work-life. The general framework for family-friendly policies at European level was outlined in the European Commission's "Work Program for 2000 and the strategic objectives 2000-2005". One of the central priorities in the document was to reform the European social model and to bring more and better employment (Rose et al (2007)). Organizations need to understand how employees experience their WLB, and how they (could) influence the WLB of the employees. They have to find a balance between organizational operations and the employees' WLB.

1.4 STRUCTURE OF THE THESIS

In chapter 2 a theoretical background of WLB, individual characteristics and personal well-being, HRM practices, organizational characteristics and policies, and the environment will be presented as the results of the literature review, also the research model of Beer et al (1984), the conceptual model of this thesis, and the research question and propositions are described in this chapter. Chapter 3 describes the methodology: the research approach, data collection, analyzing case study evidence, and the operationalization of the model. Chapter 4 provides insight in the results of the case study research per organization and per resource variable. Chapter 5 shows the cross case analysis based upon the propositions made in chapter 2. Chapter 6 presents conclusions, recommendations, and the limitations and directions for future research of this research.



2 THEORETICAL FRAMEWORK

In this chapter a theoretical framework will be presented. In section 2.1 the definition and the importance of WLB and personal well-being will be given. Subsequently the proposed variables of interest will be discussed: 2.2 HRM practices, 2.3 organizational characteristics & policies, and 2.4 the environment. In section 2.5, based on the previous sections a conceptual model will be presented. In section 2.6 the research question and propositions will be formulated with respect to the proposed variables of interest and the conceptual model.

2.1 WORK-LIFE BALANCE

According to Van der Lippe (2007) balancing work with family life has become one of the most important issues for families nowadays. With both spouses having paid jobs, difficulties arise as to who is responsible for the domestic and caring duties at home. Also organizations seem to demand an increasing willingness to be available permanently of employees. A rise of time demands has occurred in the family as well as in the workplace (Epstein 2004, in Van der Lippe). Duxbury et al (2001) argue that we all have a number of roles that we hold throughout life. Work-life conflict occurs when time and energy demands imposed by our many roles become incompatible with one another; participation in one role is made increasingly difficult by participation in another. The research of Rose et al (2007), examined different life stages in relation to WLB, on the whole they suggest work-family conflict remains fairly stable through young and early midlife (students and young adults) and declines across later midlife (parenthood and mid career) and later adulthood (older adults).

2.1.1 DEFINITION

By reviewing the literature in this area, it is important to first identify what WLB is and what is involved. The article of Reiter (2007) categorizes definitions of WLB; the literature is discussing a lot about WLB, and the definitions of WLB are many and varied. Reiter discussed that each WLB definition has a value perspective that determines what factors will be seen as relevant to achieving balance.

Three authors quoted in the article of Reiter are Kofodimos (1993), Clark (2000), and Greenblatt (2002). Kofodimos defines WLB as: *"Finding the allocation of time and energy that fits your values and needs, making conscious choices about how to structure your life and integrating inner needs and outer demands and involves honoring and living by your deepest personal qualities, values, and goals"*. A more open definition on WLB preferred by Clark: *"Balance is satisfaction and good functioning at work and at home, with a minimum of imbalance"*. Greenblatt provided a similar definition on WLB as Clark, describing WLB as: *"Acceptable levels of conflict between work and non work demands"*. The overall thought is that different people will balance their home and work lives in different ways depending on what they value and their personal circumstances (personal well-being). On the basis of these definitions and reviewing literature in this area, WLB will be defined as: *"the absence of conflict between work and non work, roles, and demands" in this research.*

2.1.2 RESULTS

Research shows that, men are influenced more by workplace characteristics and woman more by household characteristics. Also the presence of young children, time spent on domestic and paid work and existing household rules explain feelings of time pressure. In the USA 62% of the working force reports at least some conflict in balancing work, personal life, and family life, about 30% do not have enough time to fulfill all obligations, and about 25% feel burned-out or stressed by work (Jacobs et al 2004, in Van der Lippe). In Europe, 28% of employees report stress and 22% general fatigue. These percentages are higher for those working irregular hours or doing shift work (Boisard 2003, in Van der Lippe) as worked in the EHM sectors. A conclusion of the research of Van der Lippe is that household characteristics have a more straightforward effect: less flexible circumstances, such as the presence of young children, will increase time pressure. Workplace characteristics have mixed effects, both more and less flexible circumstances, such as autonomy and deadlines, create more time pressure. According to Rose et al, having childcare responsibility has also been found to be associated with higher levels of family-work conflict.

Barling et al (1997), in Rose et al suggest that changes in the nature of jobs and organizations, as well as social changes in family structure, have rendered much of the WLB evidence base outdated, also Ackers (2003) in Rose et al further suggest that progress in family-friendly policies throughout Europe is uneven, and traditional family policies based upon the traditional male breadwinner model have not contributed to WLB. The male breadwinner is still widely adopted by men, and as such, woman are finding that they get less support in the family domain as they would like from their partners (Rose et al). Maxwell et al (2004) mentioned that gender at work is central to WLB, mothers, especially with children under the age of 13 years; tend to experience more conflict in achieving WLB than fathers. Mothers see their primarily role as a mother and their secondary role as an employee, spending more time than they would like at work there is likely to be heightened conflict. The article explains that there is an argument therefore that the greater participation of woman in work, combined with the growing complexity of families, encourages the development of WLB in organization.

By adopting the WLB definitions suggested by Kofodimos, Clark, and Greenblatt in Reiter, the article gives different notions of WLB for different “segments of the market”. By segments of the market the author is focusing on people in different life stages. Table 2 shows the various segments and the various values driving the WLB need.

Segments with differing values driving their WLB need		
	Segment	Propriate program to facilitate WLB
A.	People with dependent children who are primarily focused on their caring responsibilities.	Flex time, part-time, work from home where the programs will offer the flexibility to respond to caring demands when necessary.
B.	People with dependent children who want to pursue a career while managing childcareresponsibilities.	New-concept part-time work (Hill, Martinson, Ferris, & Zenger Baker, 2004). May involve more focused work role (perhaps limited to a particular field of expertise (a) in which they can feel satisfied that they are excelling and can develop their capability. On-site childcare may be useful or a company-coordinated nanny service.

C.	People with younger families who are not principally responsible for childcare but want to make sure that they are an integral part of their children's lives.	Flexibility to take time off to participate in children's events without negative consequences at work and being home for dinner or dropping children at school depending on what is important to that family.
D.	Those separated, divorced, or who have blended families who have varying demands on their time and emotional resources.	Flexibility to respond to needs of family when they arise and making up for this downtime when family needs are not prevalent.
E.	Older men and women who still have a valuable contribution they wish to make while integrating more leisure activities into their lives.	More focused work role (perhaps limited to a particular field of expertise) in which they can feel satisfied that they are excelling and can develop their capability. Reduced number of working weeks per year to allow for greater vacation periods or reduced number of days worked per week.
F.	Individuals who have other caring responsibilities such as an ill relative, disabled child, or aging parents.	Flexibility to respond to needs of family when they arise and making up for this downtime when family needs are not prevalent.
G.	People who have interests in a field outside of work that places demands on their resources, for example, sporting.	Flexibility of work times such that they may work a shorter working day but "log on" again in the evening to provide a full-time equivalent deliverable.

(a) *In Japan, companies are encouraging older workers to stay at work by offering focused work that they enjoy.*

Table 2: Source: Reiter (2007)

There are clear benefits to organizations associated with employees having good WLB, such as: reduced stress levels and absenteeism, and improved productivity, therefore employers should be promoting higher quality WLB (Rose et al). These organizational benefits of employee WLB may fuel the drivers that encourage organizations consider WLB policies and practices. On the individual level potential benefits include less imbalance for working mothers and careers (Carlson et al 1995, in Maxwell et al), more quality time with dependents (Hogarth et al 2001, in Maxwell et al), maximization of employees' control over their lives (Sims 1994, in Maxwell et al), and 'happier staff' (Hogarth et al, in Maxwell et al). Motivation and commitment as a result of improved WLB (Chartered Institute of Personnel and Development (CIPD survey, 2000)).

The research of Haddon (2009) about WLB and business performance, within 11 sectors (including the pharmaceutical/ medical sector), shows us that over half of all companies studied are thinking about their employees' WLB and how to help them improve it. Even 44% of the smallest corporations (1 till 49 employees) are concerned with this issue and it rises to 56% among the largest corporations (500 + employees). The large companies in particular believe a better balance will genuinely impact on staff well-being, frame of mind and positivity. This may not be the only determinant of morale, but it will help reduce absenteeism, improve productivity and therefore bottom line performance.

In addition, work to family studies are characterized by two main limitations. First, research has focused almost exclusively on the negative impact of work on the home situation. Second, work-family researchers have not based their hypotheses about negative work-home interference on strong conceptual frameworks (Bakker et al, 2004).

2.1.3 CAUSES

Statistics of in the Netherlands indicate that 52% of the women have paid jobs. For instance, in the Netherlands approximately 60% of the (married) couples have two incomes (Geurts et al 2003). A survey conducted among a representative sample of the European work force revealed that a growing number of workers (from 35% in 1991 to 42% in 1996), particularly in the Netherlands (from 47% in 1991 to 58% in 1996), reported working at high speed 'most of the time' (Paoli (1997) in Geurts et al). Research by Galinsky (1993) in Geurts et al showed that a substantial proportion of employed parents (i.e., 40%) experienced problems or conflict in combining work and family demands. Empirical research has consistently shown that work demands are far more likely to interfere with domestic obligations than the other way around (Burke et al (1999) in Geurts et al). There is no distinction in gender in these researches; in the EHM sectors the work force is mostly female. Because these statistics are from 1996 and the trend was increasing, I assume that nowadays there are more women having paid jobs, and that more employed parents experience problems or conflict in combining work and family demand. Research of Prismatic (2008) shows us that in 2007 more than 1.2 million employees in the Netherlands were working within the care sectors. This is 14% of all workers in our country, a substantial percentage of these workers are female.

Personal well-being Within this research there is no distinct between Work-Home Interference (WHI) and WLB. Nor between work-family conflict, role conflict and imbalance, they all indicate that work and family life could interference/ conflict/ or imbalance with each other.

Defenition The WLB that employee's experience is an employee outcome in this research. WLB is also one of the variables that influence the overall employees' personal well-being inside and outside the organization. For example, if employees feel imbalance in balancing their work-life, they experience lesser extent of their personal well-being.

Results Tausig et al (2001) refer to Mirowsky et al (1989) who estimate that employees with greater personal control enhance their personal well-being, and employees who experience a high level of personal well-being perceive that they have greater control over their environment.

Galinsky et al (1993) in Bakker et al did research that indicates a considerable proportion of employed parents (i.e., 40%) experiences problems in combining work and family demand, often referred to as work-to-family conflict or negative WHI. Research of Geurts et al shows that WHI influences the personal well-being as shown in the conceptual model of Geurts et al (figure 2). WHI plays an important role in mediating the impact of workload on workers' personal well-being (Geurts et al).

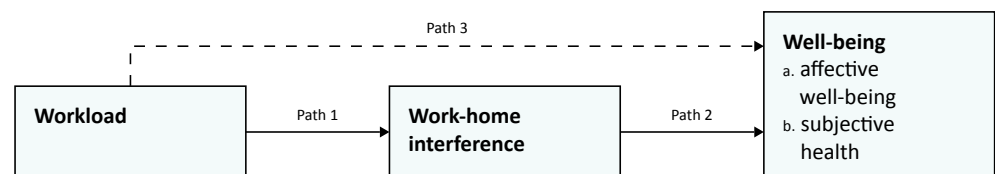


Figure 2: Conceptual model of Geurts et al 2003

The model assumes that WHI plays a full mediating role in the relationship between workload and two indicators of personal well-being, that is (a) affective well-being, merely reflecting feelings and moods (e.g., feeling depressed), and (b) subjective health, reflecting health complaints (e.g., dizziness, pain in the chest or heart area, fatigue, and backache). The research showed that in two of the three samples the WHI played not a full but a partial mediating role. This indicates that workload was both indirectly (through WHI) and directly associated with work-related negative effects. Hereby, negative effect was likely to be an acute and direct response to workload that partly developed independent of WHI. Depressive mood and health complaints, on the other hand, might have reflected more chronic indicators of personal well-being that were likely the result of a long-term process in which WHI (and thus recovery during non work hours) played a significant role. This research is focusing on negative effects of work to home conflict, and not on the other way around.

In experiencing work we can make a split per sector, the research of Prismatic shows us ratings of employees from the elderly care and home care over 2000, 2003, 2005, and 2007. These ratings indicate the work experience of the care employees. Components for measuring work experience are: pressure of work, work autonomy, job evaluation, and the feeling to be appreciated by the team leader. Generally the care employees feel positive about work; but there are differences in valuation between various sectors. Notable is that the employees from the home care sector are more satisfied in experiencing work than the employees of the elderly care through the years. Compared to the average of the general care sector, elderly care has a low score and the home care a higher score over the years. In this research no link was found between age and the perception of work, and between worked hours per week and the perception of work. Most important factors that influence the (negative) perception of work face the organizational aspects, and informing employees about the policies of the organization. If organizations ensure that things like staffing and terms of employment at issue, they have staff with a positive perception of work.

Causes According to Duxbury et al there are three types of work-life conflict: (1) role overload, having too much to do, (2) work to family interference, where work gets in the way of family, and (3) family to work interference, where family demands (such as a child or elder care) get in the way of work. According to their findings, all three types of work-life conflict have increased in the 1990's. They call the 1990's the decade of change, suggesting that a greater proportion of workers are experiencing greater challenges in balancing their role of employee, parent, spouse, eldercare giver etcetera. Workers have become more stressed, physical and mental health has declined, and so has satisfaction with life. Employee attitude towards their job and employers has also changed over the decade, less commitment to their employer and more likely to be absent from work due to illness/bad health. Workers also are devoting a greater amount of time to work at the office and often extending their workday by bringing work home.

The Care and Welfare, Social Services, Provision of Services, Youth Services and Childcare sectors have a number of different labour conditions in their work environment, compared with other sectors. Especially the mental load is much heavier in the care sectors than in other sectors. According to the research of Prismatic, 63% of the care employees experience heavy mental work, and 56% experienced emotionally demanding work. After the construction sector, the care sectors have the second place when it comes to physical demanding work.

2.2 HRM PRACTICES

According to Beer et al, HRM involves all management decisions and actions that affect the nature of the relationship between the organization and employees – its human resources. Without either a central philosophy or a strategic view, HRM is likely to remain a set of independent activities, each guided by its own practice tradition.

2.2.1 DEFINITION Beer et al mentioned that HRM practices applied in organizations (such as: attract, select, promote, reward, motivate, utilize, develop and keep and/or dismiss employees) mostly are consistent with business requirements, employee needs, and standards of fairness. This research is focusing on the HRM practices concerning employee contracts and working hours.

2.2.2 RESULTS Osterman (1995) in Maxwell et al (2004) suggests that the adoption of WLB policies and practices often represents a response to employee request for flexible work. Rose et al enumerate a number of factors that have been found to be associated with improved WLB such a perception of an organizational culture supportive of WLB, flexibility in working hours place and times, and autonomy at work. Tausig et al summarize research results, that suggest that working alternative hours increases the time bind or unbinds time depends to some extent on the voluntary or involuntary nature of such scheduling. When alternate scheduling is voluntary and employee have choice or control over the hours or days they work, they experience less work-life imbalance. But when the scheduling is involuntary and the employee has no choice as to time or days worked, working outside the standard shift may add to the imbalance of work-life demands.

The impact on personal well-being, according to research of Rose et al, suggests that conflict between work and family roles are associated with negative effects on job satisfaction, staff turnover and absenteeism, performance, and stress levels. There is also evidence to suggest that providing greater flexibility at work can reduce conflict, and in turn, potentially reduce these negative consequences. The evidence also suggests that flexible working initiatives can be beneficial for many individuals, helping them to reduce work-family conflict, but that people need to feel that they can make use of the initiatives without adversely affecting their career advancement. Also the fact that employees can have choice and control in their working hours and not only express their meaning, makes a lot of difference in how employees experience their WLB. As mentioned before, the more influence the employee has on his/her working schedule, the better they experience their WLB.

In order to employment contracts, the book of Boxall et al (2008) refers to a research about job facet priorities of British workers (Source: adapted from Rose). The research yielded the following results. When given the choice between 5 criteria (the actual work, job security, pay, using initiative, and good relations with managers) people voted job security with 25% as a first and 18% as their second choice as the most important job facet.

2.2.3 CAUSES Maxwell et al, discuss the effects of HRM policies and practices on the WLB of the employee; the WLB is caused by a number of aspects as follows: how long people work (flexibility in the number of hours worked); when people work (flexibility in the arrangement of hours); where people work (flexibility in the place of work); developing people through training so that they can manage the balance better; providing back-up support; and breaks from work. Because most clients in the EHM sectors need uninterrupted care, the employee has to be flexible in: how long they work, when they work, in some cases where they work, they have to provide themselves as back-up, and sometimes they have to deal with breaks from work.

2.3 POLICIES AND ORGANIZATIONAL CHARACTERISTICS

According Delery et al (1996), the basic premise underlying Strategic Human Resource Management (SHRM) is that organizations adopting a particular strategy require HRM practices that are different from those required by organizations adopting alternative strategies.

2.3.1 DEFINITION

Strategic Human Resource Management (SHRM) draws on three dominant modes of theorizing: universalistic, configurational, and contingency perspectives. Some authors adopted the universalistic perspective, this perspective argued about a ‘best practices’ approach to SHRM. They posit that some HRM practices are always better than other and all organizations should adopt this ‘best practices’. A second group of authors argue about the configurational perspective, in order to be effective, an organization must develop an HRM system that achieves both horizontal and vertical fit. A third group of researchers has adopted a contingency perspective; they argue that, in order to be effective, an organization’s HRM policies must be consistent with other aspects of the organization. In contingency perspective, the relationship between the use of specific employment practices and organizational performance is posited to be contingent on an organization’s strategy. Jackson et al (1989), in Delery et al (1998) say that the behavioral perspective implies that successful implementation of business strategy relies heavily on the employee’s behavior. The use of HRM practices in the organization can reward and control employee behavior.

2.3.2 RESULTS

Beer et al (1984) adopt the contingency perspective shown in their map of the HRM territory (figure 3). They say that HRM involves all management activities that affect the nature of the relation between organization and employees. Also all the HRM activities must achieve both horizontal and vertical fit in the organization like the configurational perspective, and the HRM practices should be the “best practices” for an organization (the universalistic perspective). The model of Beer et al illustrates the circularity of Beer’s broad HRM territory and shows us alongside the stakeholder interests and situational factors: HRM policy choices, HRM outcomes and long-term consequences.

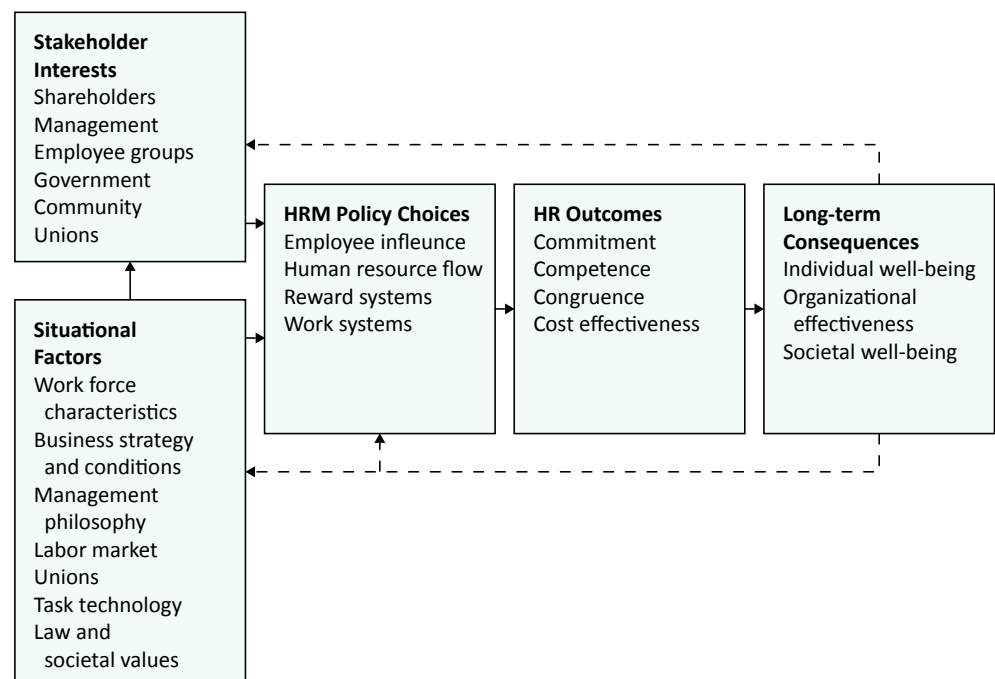


Figure 3: Map of the HRM Territory, Beer et al (1984)

According to Beer et al, the HRM strategy must be in line with the business strategy of the organization. By developing an organization's HRM strategy, also the general managers must help develop HRM policies and practices, to be consistent with other policies and practices of the organization. All policies and practices within an organization must fit (horizontal and vertical fit), underpin and complete each other (consistent with other aspects of the organization). In thinking of HRM policies and practices, the general manager plays an important role in balancing and rebalancing the multiple interests served by the company.

In this research three organizational characteristics are important: organizations size, sector, and the care concept. The first two characteristics are numbers, which will be provided by the case study organizations. The third characteristic, care concept needs an explanation. Care concepts are in development nowadays, there is a transformation process from supply driven care to demand orientated care. Another nowadays aspect of care concepts, related to the theme of this thesis, is small-scaled care versus large scaled care, as shown in table 4.

Physical layout	Processes & Functions
Large scaled	
<ul style="list-style-type: none"> • Large departments (more than 20 clients), • Large rooms, more than 1 client per room. 	<ul style="list-style-type: none"> • More specialist care possible, • More function differentiation: employees are specialist, in a small task.
Small-scaled	
<ul style="list-style-type: none"> • Small departments or small-scaled livings (7 till 10 clients). 	<ul style="list-style-type: none"> • Delivering generic care, • Less function differentiation, employees are generalists, • Specialists on demand.

Table 4: Source: de Leede et al (2009), Aspects of care concepts

2.3.3 CAUSES

Each of the case study organizations is operating on basis of its own policies and practices, and develops its own understandings in the business strategy. Mostly the business strategy results in the HRM strategy, this HRM strategy will explain the HRM policies and practices within the organizations. These HRM policies and practices are also dependent of the CAO, legislation, agreements between unions and the umbrella organization ActiZ, and the current labour market.

According to Beer et al, an organization's HRM policies and practices must fit with its strategy in its competitive environment and with the immediate business conditions that it faces. In practice, the match between HRM policies and practices and business strategy is often poor, two reasons for this misfit are: (1) managers often develop business plans and make capital investments without adequate regard to the human resources needed to support those plans, (2) the HRM function often develops activities and programs that are not relevant to line management's needs. Ideally, the business strategy should influence the HRM strategies that lead to HRM policies that in turn result in HRM practices. HRM strategies also depend on the organizations' size, sector and care concept.

2.4 ENVIRONMENT

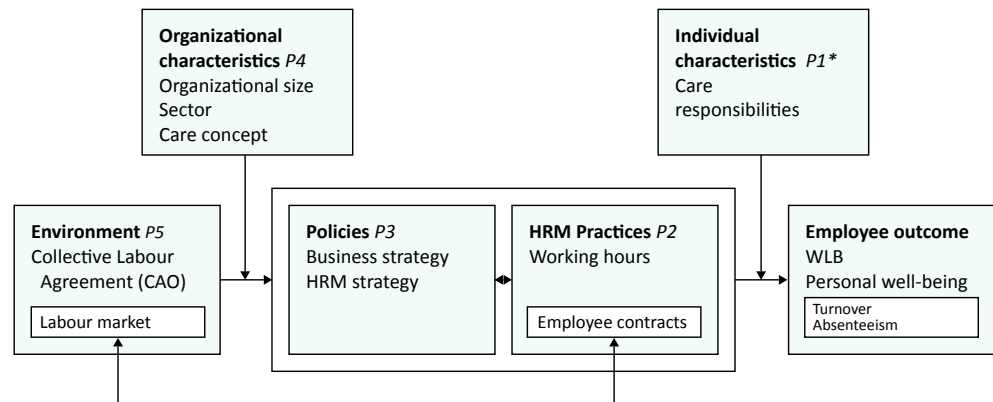
Discussing the external environment in this research, the focus is on the CAO and the (tight) labour market of the EHM sectors. The current CAO of the EHM sectors is a combined labour agreement (January 1, 2008).

The labour market (concerning the social service sector) is an important factor related to the supply of appropriate personnel. According to the Netherlands Bureau for Economic Policy Analysis (CPB, from: Prismant) the increase in supply of labour will be small until 2011. This will result in a shortage of labour between 7.000 and 11.000 employees within cure and care organizations in 2012. The shortage within the home care organizations is expected to be between 0 and 4700 employees, dependent on the applied scenario (Prismant).

On the long term the 'Sociaal Cultureel Planbureau' (SCP, 2008) expects a decrease of 29% in the number of uses of collectively financed care from 2005 until 2030. On the short term there are large regional differences in the expected labour supply. In the period of 2006-2016 there would be an expansion of workforce of 5% or more in Haaglanden, IJssel-Vecht Amsterdam, Utrecht and Flevoland, but for Limburg and 't Gooi there would be a decline of 4% or more for that period (Prismant).

2.5 CONCEPTUAL MODEL

On the basis of the broad information of the research model (figure 1), the conceptual model of Geurts et al (figure 2), the HRM territory of Beer et al (figure 3) and the literature review, I have developed a conceptual model. Central in this model is the idea that WLB and personal well-being, are affected by: individual characteristics (caring responsibility), HRM practices (working hours and employee contracts), policies (business strategy and HRM strategy), organizational characteristics (organization size, sector, and care concept), and the environment (CAO and labour market).



* P1 is proposition 1; P2 is proposition 2, etcetera.

Figure 4: Conceptual Model

2.6 RESEARCH QUESTION AND PROPOSITIONS

The purpose of this thesis is to obtain insights within the nine case study organizations, about: employee outcome, individual characteristics, HRM practices, policies and organizational characteristics, and the environment. On the basis of the literature review and the conceptual model the research question and propositions are formulated. The research question and the propositions will be answered guiding the research variables of the conceptual model (figure 4).

RESEARCH QUESTION

“How are WLB and personal well-being experienced within the EHM sectors and how are they affected by organizational operations, and how can organizational policies and practices be improved to reach a better balance between operational and employee needs?”

PROPOSITIONS

This first proposition (consisting of part A until G) shows the relation between the variables employee outcome and individual characteristics of the conceptual model (figure 4).

“Care employees need flexibility in balancing work and non work, roles and demands, depending of their segment associated with differing values driving their WLB need”.

- A. *People with dependent children who are primarily focused on their caring responsibilities, need: flex time, part-time, work from home where the programs will offer the flexibility to respond to caring demands when necessary in balancing work and non work, roles, and demands.*
- B. *People with dependent children who want to pursue a career while managing childcare responsibilities, need: new-concept part-time work, may involve more focused work role (perhaps limited to a particular field of expertise) in which they can feel satisfied that they are excelling and can develop their capability. On-site childcare may be useful or a company-coordinated nanny service.*
- C. *People with younger families who are not principally responsible for childcare but want to make sure that they are an integral part of their children's lives, need: flexibility to take time off to participate in children's events without negative consequences at work and being home for dinner or dropping children at school depending on what is important to that family.*
- D. *Those separated, divorced, or who have blended families who have varying demands on their time and emotional resources, need: flexibility to respond to needs of family when they arise and making up for this downtime when family needs are not prevalent.*
- E. *Older men and women who still have a valuable contribution they wish to make while integrating more leisure activities into their lives, need: more focused work role (perhaps limited to a particular field of expertise) in which they can feel satisfied that they are excelling and can develop their capability. Reduced number of working weeks per year to allow for greater vacation periods or reduced number of days worked per week.*
- F. *Individuals who have other caring responsibilities such as an ill relative, disabled child, or aging parents, need: flexibility to respond to needs of family when they arise and making up for this down time when family needs are not prevalent.*

G. *People, who have interests in a field outside of work that places demands on their resources, for example sporting, need: flexibility of work times such that they may work a shorter working day but “log on” again in the evening to provide a full-time equivalent deliverable.*

This second proposition shows the relation between the research variables employee outcome and HRM practices.

“If employees have more choice or control over the hours and/ or days they work, they feel a better WLB, because of a less experienced conflict between work-life”.

This third proposition shows the relation between the research variables: employee outcome, HRM practices and policies and organizational characteristics.

“Employees of large corporations within this case study have a better WLB than employees of the small and medium sized corporations”.

This fourth proposition shows the differences in employee outcome per sector.

“Employees who work in the home care sector are more satisfied about their job than employees in the elderly care sector because of: lower pressure of work, more work autonomy, more job evaluation and the feeling to be appreciated by the team leader”.

The fifth proposition shows the relations the variables employee outcome, and HRM practices and the environment.

“Organizations feel that there is a tight labour market within the EHM sectors and the tightness on the labour market will grow the coming years”.

3 RESEARCH METHODOLOGY

This chapter consists of the methodology of this case study. Section 3.1 describes the research approach and in section 3.2 the research data collection will be presented. The way the data is analyzed and used, will be presented in section 3.3. The research operationalization will be described in section 3.4.



3.1 RESEARCH APPROACH

The case study method allows investigators to retain the holistic and meaningful characteristics of real life events, such as: individual life cycles, small group behavior, organizational, and managerial processes (Yin 2009). In the book, the definition of case study as a research method is given: *“The essence of a case study, the central tendency among all types of case study, is that it tries to illuminate a decision or set of decisions: why they were taken, how they were implemented, and with what result”* (Schramm 1971, in Yin).

For this case study, we chose a multiple case study research approach. A multiple case study research is often implemented and relevant for research when the formulated central research question seeks to explain some present circumstance, like for instance how or why some social phenomenon works (Yin). The research approach we use is a holistic, multiple-case, case study method. This method is preferred because contemporary events are examined within several organizations and the relevant behaviors of those events cannot be manipulated (Yin). The nature of this multiple case study is descriptive. The main purpose of descriptive research, also known as statistical research, is to describe data and characteristics about a population or phenomenon that is the subject of the case study. Descriptive research is often used to answer questions such as who, what, where, when and how. One of the major characteristics of descriptive research is the fact that data description is factual, accurate and systematic, but in most cases this type of research cannot describe what caused a situation. Therefore, this type of research cannot be used to create a causal relationship.

The research is also partly explorative, because necessary information must be obtained to answer the research question and the propositions. A case study’s research design consists of five main components: (1) the case study’s research question, (2) propositions, (3) unit(s) of analysis, (4) the logic linking the data to the propositions, and (5) the criteria for interpreting the findings (Yin). These components will be used to describe how the case study method is applied within this research. The research question and propositions were formulated in section 2.6. Within this research, the nine case study organizations are the units of analysis and therefore the ‘cases’ need to be studied. The fourth and fifth components are the logic linking the data to the propositions and the criteria for interpreting the findings. The nine different case study organizations are the straightness of the case study research; the results (chapter 4) will give a broad view within the EHM sectors. The cross case analysis (chapter 5) of the case study research is logic linking the data to the propositions and gives criteria for interpreting the findings.

3.2 DATA COLLECTION

To attract suitable cases for the research, umbrella organization ActiZ has provided us with a list of 50 to 60 member organizations within the EHM sectors. We mapped out these organizations by using a questionnaire combined with a telephone interview [appendix C] and by visiting the websites of these organizations in order to familiarize ourselves with them. Based on the direct approach of a telephone call, some organizations stated directly not to be willing to cooperate with the research. Other organizations participated to the telephonic interview to provide background information for the total research but refused to participate in further case specific research.

On the basis of the organizational information from the telephonic interview we analyzed the organizations to qualify them as appropriate or inappropriate for further case study research. Out of these interviews nine organizations were selected to participate as the units of analysis in this research:

1. DrieGasthuizenGroep from Arnhem;
2. RSZK from Bladel;
3. AxionContinu from Utrecht;
4. ZuidOostZorg from Drachten;
5. Warande from Zeist;
6. Laurens from Rotterdam;
7. Beweging 3.0 from Amersfoort;
8. Careyn Kraamzorg from Rijswijk;
9. The Provinciale Kraamzorg from Goes.

The most important selection criteria were:

- Size of the organizations (full time equivalent (fte));
- Sector in which the organization operates (elderly care, home care or maternity care);
- The region in which the organization operates (urban or rural).

After the selection of the multiple case study organizations, data needed to be collected. As discussed by Yin, case study evidence can come from many sources: documentation, archival records, interviews, direct observation, participant-observation, and physical artifacts. Within this research, we decided to collect evidence by using interviews as a primary technique. By using interviews, different persons were interviewed for a short period of time: staff members of the planning department, care managers, region managers/ location managers, team leaders, care employees, and members of the work council. The interview questions were open-ended and assumed a conversational manner, but were guided by an interview protocol covering the themes within the research. According to Merton et al (1990), in Yin, this type of interview is indicated as a focused interview. According to Yin, a reasonable research approach is to corroborate interview data with information from other sources. Because of this, the interview data is supplemented with documentation and archival records. Documentation, for example, consists of the CAO and organizational specific policy documents. Also, articles appearing in the mass media were used and information from the website of the ministry of Health, Welfare and Sport. Also, reports from The Dutch Social Economic Council (SER) concerning this theme were consulted.

Because of the multiple cases and the number of interviews within each organization, we answered to the first data collection principle of Yin: use multiple sources of evidence.

According to Yin, the use of multiple sources of evidence in case studies allows an investigator to address a broader range of historical and behavioral issues. Also findings and conclusions are likely to be more convincing and accurate if it is based on several different sources of information, by creating a case study database we fulfilled the second data collection principle. Because of this, all the involved students can review the organizational information directly and are not be limited to the written case study reports. The third principle is to maintain a chain of evidence, which increases the reliability of the information in the case studies. Yin described that there should be an external observer who must be able to trace steps in either direction. Within this case study Dr. Ir. Jan de Leede and Drs. Stefan Wasser served as external observers. In Addition, Prof. Dr. J.C. Looise occurs as second supervisor to supervise the theoretical content of the theses. By using these three data collection principles properly, construct validity and reliability of the case study evidence should be guaranteed (Yin).

3.3 DATA ANALYSIS

Yin states that data analysis consists of examining; categorizing, tabulating, testing, or otherwise recombining evidence to draw empirically based conclusions. Case study evidence analyzing is especially difficult because the techniques still have not been well defined. Yin discussed in his book the need for an analytic strategy. In our multiple case study research, we adopted the general strategy from the book, namely: relying on theoretical propositions. This strategy is most preferred by Yin and should be a tool that may turn out to be extremely useful. This strategy follows the theoretical propositions that lead in a case study. I will search for prove within the nine case study organizations that underpin the theoretical propositions.

The theoretical framework of chapter 2 is based on scientific literature (articles and books). This theoretical framework consists of literature about the main topic of this multiple case study (WLB) and is focusing on: employee outcome, individual characteristics, HRM practices, policies and organizational, and the environment. Within this theoretical framework the propositions are made (section 2.6) relying on the theory. I will discuss the findings of the theoretical and practical research, and compare the theoretical data with the practical data of the interviews within the nine case study organizations. The data of the interviews are the practical experiences of the care employees that will be used to discuss the propositions.

According to the conceptual model, the environment, the organizational characteristics and policies, HRM practices, and individual characteristics could directly and indirectly influence the employee outcome. Within the theoretical and practical data there will be searched for prove that these research variables influence the WLB of the employees. By finding a starting point to 'play' with the data, a set of analytic manipulations has been comprehensively described and summarized by Miles et al (1994), in Yin. For this multiple case study research I will start by collecting practical data of each case study organizations and making a matrix within chapter 4, this makes comparing of the data from different case study organizations possible. Also to discuss the propositions, I will analyze the theoretical and practical data both in chapter 5.

3.4 OPERATIONALIZATION

Operationalization: “the process of developing operational definitions, or specifying the exact operations involved in measuring a variable” (Babbie, 2007).

In this multiple case study, the research variables from the conceptual model are: employee outcome (WLB, personal well-being, turnover, and absenteeism), individual characteristics (caring responsibility), organizational characteristics (size, sector, and care concept), HRM practices (working hours and employee contracts), policies (business strategy and HRM strategy), and the environment (CAO and labour market). Before I could discuss the research variables from the conceptual model (section 2.5), the research questions and propositions were formulated (section 2.6).

“How are WLB and personal well-being experienced within the EHM sectors and how are they affected by organizational operations, and how can these policies and practices be improved to reach a better balance between operational and employee needs?”

Variables	Definition
Employee outcome	
<ul style="list-style-type: none"> • WLB • Personal well-being • Turnover • Absenteeism 	<ul style="list-style-type: none"> • The absence of conflict between work and non work, roles, and demands. • The employees’ personal well-being inside and outside the organization. • The percentage turnover within the organizations in 2008. • The percentage absenteeism within the organization in 2008.
Individual characteristics	
<ul style="list-style-type: none"> • Care responsibilities 	<ul style="list-style-type: none"> • In order to know to what extent individual characteristics of the care employees (having care responsibilities) influence their WLB. If possible in accordance with the seven segments of Reiter.
HRM practices	
<ul style="list-style-type: none"> • Working hours • Employee contracts 	<ul style="list-style-type: none"> • The shifts employees work, and how they influence their working hours. • The type (fixed, temporary, min/max etcetera) employee contracts.
Policies	
<ul style="list-style-type: none"> • Business strategy • HRM strategy 	<ul style="list-style-type: none"> • The description of the organizations’ business strategy. • The description of the organizations’ HRM strategy.
Organizational characteristics	
<ul style="list-style-type: none"> • Size • Sector • Care concept 	<ul style="list-style-type: none"> • The size of the organization in numbers of employees. • Elderly care, home care, or maternity care. • The care concept of the organization, do they focus on small-scaled care versus large scaled care?
Environment	
<ul style="list-style-type: none"> • CAO • Labour market 	<ul style="list-style-type: none"> • The Collective Labour Agreement (CAO) 2008-2010 of the EHM sectors. • How will the (tight) labour market develop, and how do the organizations deal with this situation.

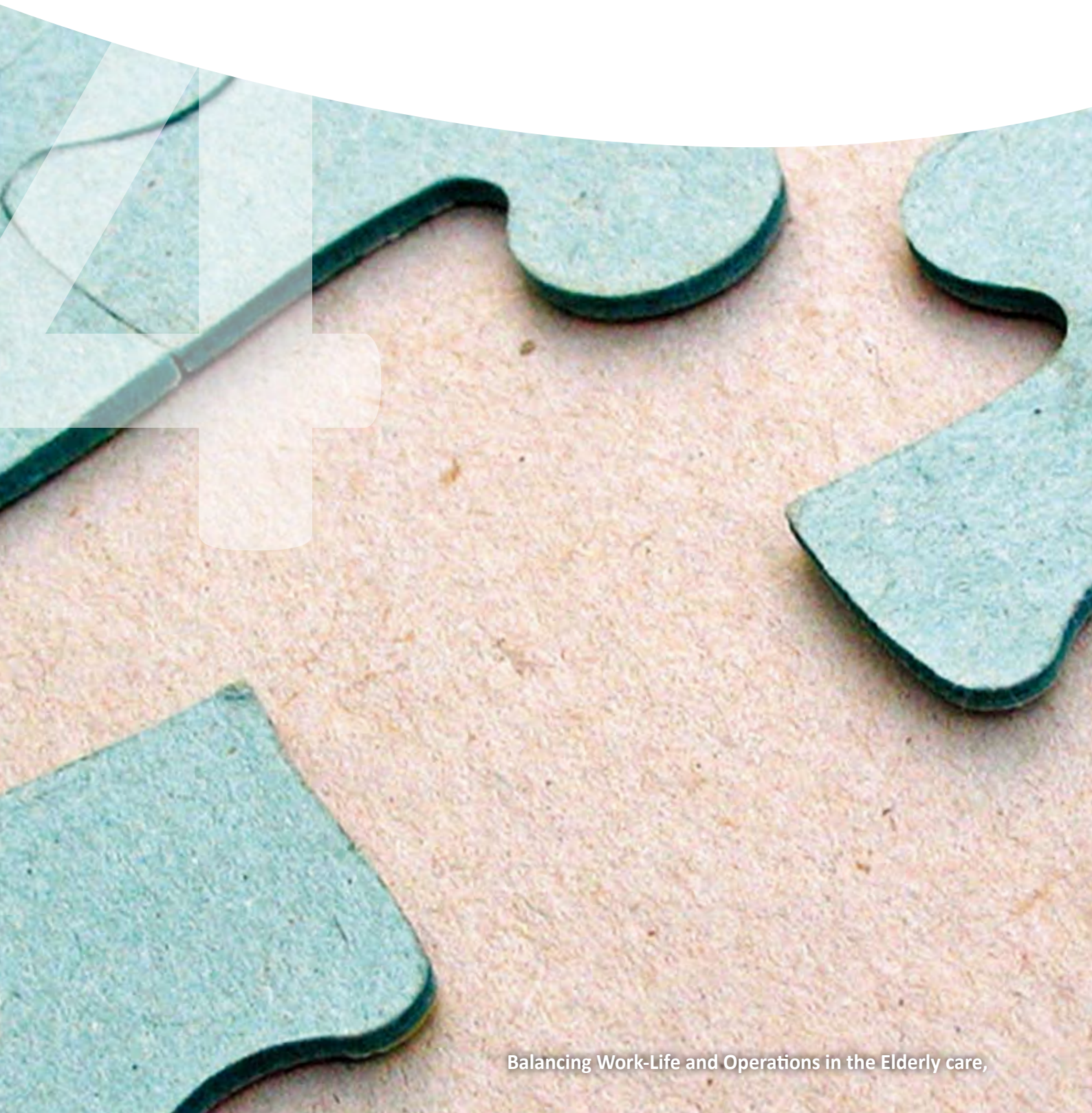
Table 4: Operationalization of the research variables

EMPLOYEE OUTCOME	<p>To determine how employees feel about their WLB and personal well-being, we have interviewed care employees (N 23) of the nine case study organizations. The employees were asked how they experience balancing their work and family life. Apart from care the employees, also the HR managers and the team leaders were interviewed about: in how the organizational policies and practices influence the care employees' WLB, and how they help balancing WLB. Also the view of region/ location manager and members of the work council about WLB is made transparent.</p> <p>As to determine the organizations' turnover, official documents of the organizations were reviewed (requested by the HR manager). During the interviews with the HR managers the inflow and outflow of the organizations were questioned as well.</p> <p>The percentage of absenteeism within the organizations is registered in the official documents, and also brought up during telephone interviews with (predominately) the HR manager (as a first contact with the organization).</p>
INDIVIDUAL CHARACTERISTICS	<p>In order to know to what extent individual characteristics of the care employees (having care responsibilities) influence their WLB, this data was required.</p>
HRM PRACTICES	<p>Within the field of HRM practices explicitness is required about the working hours and employee contracts within the organizations. If employees have more flexibility in their job (working hours), employees feel on the individual level potential benefits including less imbalance for working mothers and careers (Carlson et al, in Maxwell et al), more quality time with dependents (Hogarth et al, in Maxwell et al), maximization of employees' control over their lives (Sims, in Maxwell et al), and 'happier staff' (Hogarth et al, in Maxwell et al). The region/ location managers were asked how their organization deals with HRM practices. Besides, both employees and team leaders were asked if they want more flexibility in their schedules.</p>
POLICIES	<p>As to understand the organizational business and HRM strategy, official documents were conducted that indicated how the organizations prefer to work.</p>
ORGANIZATIONAL CHARACTERISTICS	<p>In order to determine the organizational size, sector and care concept, the official documents and the websites of the case study organizations supplied information. Also during the (telephone) interviews some questions about these characteristics have been asked.</p>
ENVIRONMENT	<p>We have asked all employees who were interviewed explicitly to inform us about the bottlenecks of the current CAO 2008-2010 of the EHM sectors, and if they have additions for the new CAO. During each interview this topic was discussed.</p> <p>In the research of Prismant (Arbeid in zorg en welzijn 2008) information about the (tight) labour market is found. This research indicates how the labour market within the care sector will develop the next few years. The careful approach of the organizations on the labour market is of importance as well. We have also investigated the tight labour market by means of studying the descriptions given by the region/ location manager, HR manager, and team leaders. We also asked how the case study organizations respond on the tightness of the labour market, by asking the region/ location manager how they recruit, train and develop (new) employees. Besides, also the team leaders were asked how they support their employees in their personal development.</p>

4 RESULTS

This chapter will discuss the results of the multiple case studies per organization.

Discussed in section 4.1 the DrieGasthuizenGroep, in section 4.2 RZSK de kempen, in section 4.3 AxionContinu, in section 4.4 ZuidOostZorg, in section 4.5 Warande, in section 4.6 Laurens, in section 4.7 Beweging 3.0, in section 4.8 Careyn Kraamzorg, and in section 4.9 the Provinciale Kraamzorg. Section 4.10 will give a summary of findings per variable.



4.1

DRIEGASTHUIZENGROEP ARNHEM

Over the past few years the DrieGasthuizenGroep (DGG) has grown and has originated from a variety of residential care centers and nursing homes in the region of Arnhem; they have six locations in that area. The employees of the DGG work in the elderly care (V&V); the total organization consists in 2008 out of 311 fte (about 550 employees). The average DGG employee is 42 years old. The organizations care concept indicates that they want to change the traditional organization (large scaled living) in a small-scaled living organization.

For this thesis I received the annual plan of 2009 from the DGG, and the development of the HRM 2006 – 2009.

EMPLOYEE OUTCOME

At DGG employees feel high pressure of work; sometimes they suffer from physical and mental symptoms. Reasons are: the many recent changes within the organization, a high percentage of outflow, the shortage of level three employees and the short time that they have per client. An employee told that they often do not have time for breaks during their work. Quote employee: *"If I want to finish my work, I am going through during my breaks. It comes from my passion for the work and the responsibility I feel for the clients"*.

Within the organization there is a generation gap between 'younger' and 'older' employees. The 'older' employees have noticed disadvantageous behavior in their 'younger' colleagues; they see behavioral displacement in their 'younger' co-workers. For example in how they handle and behave in relation to their clients. Quote employee: *"I worry the quality of work of the younger employees, most of them fail"*. Also there are differences in atmosphere between different departments.

Within the HRM policy of DGG nothing is mentioned about the WLB of the employees, but for the employees this is an 'issue'. Only if employees explicitly stress their WLB, the team leader will focus on that. HRM practices mentioned by the employees are that they feel supported in their personal development; they have in-house training and appreciate this possibility.

About the turnover within DGG only the outflow of 2008 is presented. DGG must act with a high percentage of employees that leave the organization, which was 19.3% over 2008. Also the manager PO&O indicates that this percentage is high; reasons of employees to leave the organization are diverse. Also DGG is not an attractive employer for young starters and singles, because they do not provide full time employee contracts.

The absenteeism of 2008 was 5.6%; the national average in this sector in 2008 was around 5%. So the absenteeism of DGG was little above the national average in that year. The trend of the organization of the last years was also around the 5.6%. Particularly high is the percentage of short absenteeism.

INDIVIDUAL
CHARACTERISTICS

During the interviews at the DGG the care employees did not mention anything about having caring responsibility or children, and in what way these responsibilities are related to work to life conflict.

HRM PRACTICES

According to their working hours the employees have the possibility of one hard requirement; in addition the organization requires full flexibility of the employees. The largest employee contracts are maximum 80% of full time; most of the contracts are for 24 or 28 hours per week. The manager care indicates that working 36 hours per week in the care sectors is too arduous, and it will risk a higher outflow and absenteeism. Preferred by the manager PO&O are small fixed formations of employees and a bigger flex pool of standby employees. DGG rarely works with temporary employees and freelancers.

The internal communication within the whole organization is a bottleneck; often there are new HRM provisions and activities that are not well communicated top-down. A reason may be the rapid implementation of these provisions and activities, which do not allow team leaders to fully inform the whole organization in time. That is why some care employees feel that they are not taken seriously.

POLICIES AND
ORGANIZATIONAL
CHARACTERISTICS

DGG has four strategic goals for the upcoming years: (1) small scale devolution, and diversification of supply from a district orientated approach, (2) linking housing, welfare, and care in innovative outpatient concepts, including the design of the required second supply line, (3) the rise of the specialist elderly care, for delivering short and long care. The care services should be small-scale orientated if possible; and large-scale orientated when necessary, (4) and developing DGG further to be a flexible and modern care supplier for elderly people.

In the HRM field the DGG has a program for the medium term, taking into account: training and development (also training on the job), competence development, job restructuring, flexibility and mobility of the care employees, and leadership and management. The DGG considers training and development of care employees as an investment in the quality of their services, and also as an instrument to support the care employees by professionalization of their own occupation.

ENVIRONMENT

Discussing the CAO the staff of the DGG argues about the annual leave hours (verlofmandje), which is, due to its complexity difficult to understand for both employer and employees. Also older employees have more annual leave hours than younger, which could make older employees less attractive for employers.

According to the labour market in the vicinity of Arnhem the labour market for a care employee is tight; filling the vacancies is difficult particularly due to a shortage of level three care employees. The DGG has an agreement with the local ROC for internships (BeroepsOpleidende Leerweg (BOL)) and apprenticeship training (BeroepsBegeleidende Leerweg (BBL)). This apprenticeship training will train students within employment till level three and four.

4.2

RSZK DE KEMPEN BLADEL

The most recent merger of RSZK de Kempen (RSZK) was in 2001. The organization is located below the imaginary line 'Tilburg – Eindhoven'; they have twelve locations in that area. The employees of RSZK provide elderly care and home care (VVT); the total organization has in 2008, 667 fte (about 1200 employees). The average age of the employees is 43 years old. The organizations care concept indicates that they concentrate on small-scaled living, and increasingly offer large scaled living.

For this thesis there was hardly any documents and information about the HRM policies provided.

EMPLOYEE OUTCOME

RSZK started a pilot self rostering, the employee's schedule their working hours together, and the employees are enthusiastic about this pilot. In the policy of the organization is added that self rostering is offered. Quote employee: *"Within each house of the small-scaled living there is a computer where the schedule can be seen and scheduled (self rostering)"*.

Within the small-scaled teams (5 – 7 employees) the employees work most of the time individual. The teams also make their own working schedules (self rostering); one of the team members is scheduling for the whole team, and knows the hard requirement and the wishes of each other team member. The teams for the small-scaled living clients have working hours of 7 – 8 hours per shift without breaks; they cannot leave the small-scaled 'livings'. These long days without breaks give employees high mental pressure during their shift. Quote employee: *"I have therapeutic breaks and pause with my clients, so I never have some time for myself during my shifts"*.

I have no information about the turnover (inflow and outflow) within the organization. The absenteeism in 2008 was 5.3% and the last years this percentage is decreasing. The absenteeism percentage is on the national average in the sector, which was around the 5% in 2008.

INDIVIDUAL CHARACTERISTICS

During the interviews we spoke a mother of two little children (under the age of 10). This employee is the main caregiver in the family and bears responsibility in the caring duties at home, also because of her contact hours (60% of fte). Quote: *"work-life blend together most weeks and mostly my children put at a disadvantage in this situation, I also foresee problems if my oldest son starts his swimming lessons"*. Another care employee, without children in her household, told: *"there are plenty opportunities for leaving hours and having vacation, also because of my personal situation; I am very flexible in my availability"*.

HRM PRACTICES

As for the working hours the employees have the possibility of one hard requirement; employees may also have some personal wishes. At RSZK some small-scaled teams use self rostering to make their schedule.

RSZK does not provide (new) employees full time contracts; the reason is that with (too many) full time contracts there is too much immobility in the working schedules. They now have more employees with a full time contract (36 hours per week) than is efficient. New employees receive a part time min/ max contract, to create more flexibility for the organization. They prefer more part time contracts for flexibility within the schedule. This is not attractive for new employees, especially for young starters and singles on the labour market.

POLICIES AND ORGANIZATIONAL CHARACTERISTICS

RSZK is focusing in their business strategy 2008 on: continuity (survival), securing, generating sales and increasing resilience, and effectively improve and grow (not to merge, but by acquire a larger market share) of the organization.

The concepts of the strategic HRM policy are: clarity, certainty, safety, and an open work environment. Also the development, motivation, and training of their employees are mentioned; employees are the key capital of the organization. Employees should take responsibility and should communicate as soon as they are not able not keep up with specific processes anymore or if they have reached their limit of flexibility. They should also be stimulated in exerting influence on the organizations policies.

ENVIRONMENT

Discussing the CAO the employees of the RSZK they argue about the annual leave hours, which is, due to its complexity difficult to understand for both employer and employees. Also the employees mentioned the 'arrangement working weekend', according to the CAO agreement they have worked a weekend when they start on Sunday evening a night shift (definition weekend shifts).

RSZK has a tight labour market in the area from which to attract personnel, as well as an increasing age amongst their care employees. In order to tackle these problems, RSZK demands more flexibility of their (new) employees.

4.3

AXIONCONTINU
UTRECHT

AxionContinu in the area of Utrecht and Lekstroom exists since 2006; in that area they have eleven residential/ care facilities and some service apartments. The employees of AxionContinu provide elderly care and home care (VVT) by 1.700 clients; the organization has a total of 1066 fte. The organizations care concept indicates that they have a small-scaled living project for demented elderly; they also offer large scaled living.

From AxionContinu the received documents are about: working for AxionContinu, the HRM policies 2007, and the strategy of the organization.

EMPLOYEE OUTCOME

AxionContinu shows remarkable differences in experiencing WLB per department, depending on the absenteeism and atmosphere on the departments. The WLB and personal well-being of the employees of the department with the absenteeism of 30% is in imbalance, they feel extreme pressure of work. They feel responsible for their clients and have unhealthy working hours/ schedules due to the absenteeism of their colleagues. While working that much overtime, they feel that it is difficult to relax in private time. Quote employee: *"The team collaboration is missing, stand in for a sick colleague is often difficult"*. The employees of another department (with an absenteeism of 3.74%) do not feel that extreme pressure of work; they do not have to work that much overtime for their colleagues. They also feel less negative effect on their WLB, nevertheless within both teams work-life blend together (work-life imbalance).

According to the regional manager, for a better WLB the employees should work in the flex pool of the organization. The flex pool guarantees working hours, but employees cannot influence on which department or in which team they work.

Regarding to the turnover within AxionContinu is known that the average outflow number is 23% per year, which is the highest number within this research. By asking the employees to the atmosphere in their department, the answers of the respondents were very different from the employees of the two different departments. The average absenteeism within the organization is 5.7%, the last years the absenteeism percentage is decreasing.

During the interviews, within different departments of Huis aan de Vecht, the absenteeism percentage has a large deviation. The different departments that are interviewed have a large discrepancy with regard to percentages of absenteeism; they have an absenteeism percentage from 3.71% and 30%. So there are, on the subject of absenteeism, large internal differences. The manager PO&O stated that each team leader has his or her own policy concerning absenteeism within his or her department. Also the manager PO&O says that the large internal differences are due to the differences of capacity between the team leaders.

The employees of the department with the lowest absenteeism (3.71%) were much more satisfied in general, for example about the atmosphere on within their team and also in their relations with their colleagues. The employees of the department with the absenteeism about the 30% feel a more negative atmosphere, in relation to their colleagues, department, and also the organization. Because the employees feel responsible to their clients, they fill up the hours left vacant due to absenteeism, which results in more pressure of work.

According to the research of AxionContinu among their employees, the research shows us that AxionContinu scores very low on atmosphere in general. Also within the departments the relation between different generations is difficult. The 'older' employees have noticed disadvantageous behavior by their 'younger' colleagues; they see behavioral displacement by their 'younger' co-workers. For example in how they handle and behave in relation to their clients.

INDIVIDUAL CHARACTERISTICS

Within AxionContinu there are large differences between departments, as shown above. A single woman we spoke with did feel here caring responsibility is at work, she did not have caring responsibility at home. For this reason and because of the high absenteeism on here department, mostly she works more than 36 hours per week. Another employee we spoke has a son of nine years old; she mostly works afternoon shifts, then her husband takes the caring responsibility for the son. Mostly she works one day shift per week, during school of her son. This employee indicates that the afternoon shifts are not popular among her colleagues, this in benefit of her wish to work afternoon shifts.

HRM PRACTICES

As for the working hours the employees have the possibility of one hard requirement; it is easy to exchange working hours with colleagues. Most employee contracts within AxionContinu are 24 hours per week. AxionContinu offers (new) employees 24 hours per week contracts because these are flexible to schedule.

According to the regional manager they should decrease the number of full time contracts, to increase the flexibility within the organization. About 25% of the employee contracts are on temporary basis.

POLICIES AND ORGANIZATIONAL CHARACTERISTICS

The business strategy of AxionContinu is all about the clients and the employees. AxionContinu provides care that leads to satisfied clients, and offers employees a wonderful job with appreciation combined within a financially healthy organization.

Regarding to the HRM strategy of AxionContinu the organization creates stability and continuity in the workforce through: recruit, maintain, and optimally deployed employees.

ENVIRONMENT At AxionContinu the employees also have difficulties understanding the annual leave hours, which is due to its complexity difficult to understand. The planning department also founds art. 5.5.3 complex and difficult to understand, it is about irregularity surcharge. And also the salary is unattractive for new employees.

As a result of a labour market analysis in 2007, AxionContinu started a campaign to carry out that they were an attractive employer. Within this organization a shortage on the labour market is not specifically mentioned. It is said that level three employees are hard to find. AxionContinu has about 150 ROC internships every year (BOL), and 75 apprenticeship trainings (BBL). This apprenticeship training will train students within employment on level three.

4.4

ZUIDOOSTZORG DRACHTEN

ZuidOostZorg (ZOZ) is a care organization which has changed drastically in recent years a new director with new ideas was appointed, the organization is located in the South-East of Friesland (in the vicinity of Drachten); they have eleven locations in that area. The employees of ZOZ provide elderly care (V&V); the total fte of the organization is 840, which are about 1680 employees. The average age of the employees is 45 years old. The organizations care concept is focusing on small-scaled living and to offer elderly care in the atmosphere of a hotel.

For this thesis documentation about the results of the employee satisfaction survey, the annual plan 2008, and data of the inflow and outflow of the employees were provided.

EMPLOYEE OUTCOME

The small-scaled teams do not have breaks during their working hour, which gives them mental pressure. The employees are during their shifts continuously responsible for their clients. Quote employee: *"Because the mix of high (ZZP 5 and 6) indications of the clients I find it difficult to free up time for breaks or a quiet moment"*.

Within this department the employees feel pressure on their WLB because they are dissatisfied about the short term on which they receive their schedules (mental pressure); they would also prefer a basic schedule of four weeks; which should make it possible to separate work-life better. Also they expect a better balance between work-life. Quote employee: *"We should receive the working schedules three months beforehand, but that is never done. The sooner the working schedule established, the sooner we can fit the private appointments"*.

The employees feel a good atmosphere within the organization. The internal communication between employees within the team and employees of other teams is good; the employees who were interviewed reported also a good atmosphere and harmony within their department.

Considering the turnover within the organization in 2008, the inflow was 234 employees, which stands for 54.41 fte. The outflow in 2008 was 240 employees, which stands for 75.08 fte. The absenteeism of 2008 was 6.47% for the whole organization.

INDIVIDUAL CHARACTERISTICS

During the interviews at ZOZ the care employees did not mention anything about having caring responsibility or children, and in what way these responsibilities are related to work to life conflict.

HRM PRACTICES As for the working hours the employees have the possibility of one hard requirement; it is easy to exchange working hours with colleagues, swapping is fairly common within this department. According to the employees this can be attributed to the short notice on which they receive their working schedules. At ZOZ some small-scaled teams use self rostering to make their schedule.

Within ZOZ they do not renew temporary employee contracts, because of the surplus of level three employees. For the future they prefer more min/ max contracts for more flexibility in their work force. 90% of the employees have a fixed contract, and 10% of the employees have a temporary contract.

POLICIES AND ORGANIZATIONAL CHARACTERISTICS The business strategy for 2008 examines the following: remaining an interesting player on different markets: client market, product market, labour market, capital market, and the insurance market, this in full service for the clients to connect with the organization, employees, products, and services.

Regarding the HRM strategy of 2008 there is no documentation. They informed us that it is a translation of the business strategy of 2008. Both, the business strategy and the HRM strategy are in line with each other.

ENVIRONMENT At ZOZ the employees also have difficulties understanding the annual leave hours.

With regard to the local labour market ZOZ has a surplus of level three employees, and a shortage of level two employees. This results in the fact that they have overqualified employees on level three, to do the job of level two employees.

4.5

WARANDE ZEIST

Warande is a care organization that focuses on small-scale living and the hotel-based approach for the future. The organization is located in the region of Utrecht (Bilthoven, Zeist and Houten); they have five locations in that area. The employees of Warande provide elderly care and home care (VVT); the total of fte of the organization is 515, which are 740 employees. The organizations care concept is focusing on the elderly care hotel concept; they do not already offer this concept.

The documentation obtained for this research: strategy plan Warande 2009 – 2011, project plan HRM development, policies and strategy, annual plan 2008.

EMPLOYEE OUTCOME The employees feel that they have to schedule their private life around their working schedule, because of the unpredictable schedules and irregular working hours. Quote employee: *“Nowadays I have to plan my private life around the working schedule; I previously planned my working schedule around my private life”*. According to a team leader, work always prevails over private/ family life, quote team leader: *“If employees cannot balance work-life; they have to choose to work in a flex pool. In the flex pool employees do not have a fixed department to work for, but have more flexibility and more voice in their working hours”*.

Within the departments of the employees spoke with there is a good team spirit is felt within the teams. The employees say that it could be that this is felt because they have a good relation with their colleagues.

With regards to the turnover within the organization in 2008 the inflow was 247 employees, which stands for 82.39 fte. The outflow in 2008 was 213 employees. which stands for 76.45 fte. The absenteeism of 2008 was 6.05% for the whole organization. This trend has decreased, over the last few years but currently is, as of 2009, on the rise again.

INDIVIDUAL
CHARACTERISTICS

During the interviews at Warande the care employees did not mention anything about having caring responsibility or children, and in what way these responsibilities are related to work to life conflict.

HRM PRACTICES

As to the working hours the employees have the possibility of one hard requirement; employees may also have some personal wishes, mostly based on a fixed wish list or verbal agreements, it is easy to exchange working hours with colleagues.

As for the employee contracts a location manager argues the ideal situation, which should be a basis of full time contracts (low costs for work transfers between employees), and a flexible shell of part time contracts. The planning department is still searching for an ideal contract mix.

POLICIES AND
ORGANIZATIONAL
CHARACTERISTICS

The business strategy of 2008 is partly focusing on the longer term: Warande wants to provide care for elderly on the basis of a higher education and hospitality, in which the emphasis is on the clients: quality of life, food, and activities. And also they want to invest in the opportunity to provide private services for their clients, alongside the AWBZ services.

The HRM strategy of 2008 is focusing on: an attractive working environment for their (new) employees, and to educate their employees, to improve the communication and register appointments they make. Also they are looking for more options to work with volunteers and so-called "mantelzorgers". (Mantelzorgers are family, friends, acquaintances, and neighbor's etcetera of the clients who contribute to Warande as a care organization).

ENVIRONMENT

The planning department of Warande often experiences that it is difficult to include students in the schedule by the standard hours. Considering the balance between compulsory days of schooling and days off, that are regulated by labour rights (CAO). This makes it next to impossible to cater for sufficient hours in the working schedule of students. Also the employees complain about the missing irregularity surcharge, which was included in earlier CAO's. Another problem they face is the changed 55+ arrangements for the 55+ employees. These employees do not have to work the night shifts, most 55+ employees agree with this arrangement. Especially in small teams (like the technical department and the hospice) the younger employees have to work many night shifts, they expect this problem will grow each year due to the fact that the average age of the employees is rising.

According to the labour market Warande has a problem to recruit level three employees, so during holiday of their employees they recruit Polish employees. For the future they do not exclude that they will work with Polish employees during the year. Also they have an aging workforce, while demand increases.

4.6

LAURENS ROTTERDAM

Laurens (and Zorg Compas) merge administrative since 1 July 2008 (the legal merger will follow 1 January 2010); they have 33 locations in the area of Rotterdam. The employees of Laurens and Zorg Compas provide elderly care and home care (VVT); the total fte of the organization is 2410.2, which are 3431 employees. The average age of the employees is between the 40 and 45 years of age. This research is focusing on the home care departments of Laurens. The care concept indicates that Laurens is focusing on: small-scaled living, the elderly care hotel approximation, extramural care, and care pathways.

From Laurens (and Zorg Compas) the annual plan of 2008 is received; for this thesis it features information about both of the organizations separately, and describes the rules within the organizations, and the quality with respect to the employees including the HRM policy and the quality of the work.

EMPLOYEE OUTCOME

The personal well-being is positive within Laurens. The employees feel no pressure of work and do not suffer from physical and mental symptoms. They feel no imbalance in their work-life; they feel no tension between work and home due to the changing schedules. The night shifts are outsourced by an external organization (Flexcompany).

The atmosphere within the department is described as good and there is an interaction within the team. Employees sympathize with each other and will help each other if necessary.

With regard to the turnover within the organization in 2008, the inflow was 896 employees, which stands for 313.09 fte. The outflow in 2008 was 458 employees, which stands for 197.61 fte. The absenteeism of 2008 was 7.52% for the whole organization. This number has decreasing over the last few years.

INDIVIDUAL CHARACTERISTICS

The employees we spoke at Laurens both had children that were teenagers (over the age of 13). Both did not mention any imbalance between work and home. They work flexible hours and could fit work and home with each other, they did not feel any imbalance at all. The partners of both employees work full time, the employees we spoke with work 24 and 32 hours per week.

HRM PRACTICES

As for the working hours the employees have the possibility of one hard requirement; employees may also have some personal wishes, it is easy to exchange working hours with colleagues. Their working schedule is regarded as pleasant. This can be attributed to the team leader's creativity for making the schedule. In addition, if employees have a contract of 20 hours per week, they work an average of 20 hours per week (each time for a half year). This can also result in a situation in which an employee works 5 hours in one week and 35 in the other week, as long as the average is 20 hours per week, calculated over half a year. At Laurens some small-scaled teams use self rostering to make their schedule.

Offering fulltime contracts is not attractive for the organization; it is difficult to schedule full time contracts of employees. Most employees have contracts of 20 per week on a fixed basis. The contractual maximum is 32 hour per week. Laurens also has employees with min / max contracts and 0-hours contracts.

POLICIES AND ORGANIZATIONAL CHARACTERISTICS

The business strategy 2008 is based on their clients; they offer clients an independent and meaningful life, with the human touch of skilled employees and appropriate housing facilities and services.

Based on performance indicators they want to improve their personal policy, the HRM strategy of 2008 is based on the employees of the organizations, and consists of human indicators: reduce absenteeism (a maximum absenteeism of 6.5%) and outflow (maximum of 10%) of employees. For 2009 the accent is on increasing the satisfaction of the employees.

ENVIRONMENT At Laurens the employees have difficulty to understand the annual leave hours, they calculated that they now have fewer days off.

According to the labour market Laurens has no shortage of employees in the home care department. The employees of the team prefer more flexibility in working hours and hope to employ a number of level three employees on the basis of a 0-hours contract. For serving the demand of their immigrant clients, they have an immigrant's policy to recruit more immigrant employees. Most elderly immigrants prefer care employees from the same home country.

4.7

BEWEGING 3.0 AMERSFOORT

Beweging 3.0 is a new care organization, which is the result of a merger between care group Laak & Eindhoven, and care organization Amant. They work in the region Eemland (also: Amersfoort, Baarn, Barneveld, Leusden, Nijkerk, Soest, and Woudenberg); they have 21 locations in that area. The employees of Beweging 3.0 deliver elderly care and home care (VVT); the total fte of the organization is about 2050. The average age of the employees is around the 41 years old. The organizations care concept indicates that they deliver extramural care and work in teams per district. They have a small-scaled team (nine employees) for a certain district since a couple of months.

For this thesis the annual plan 2008 from Beweging 3.0 and the data about the inflow and outflow from the organization were received.

EMPLOYEE OUTCOME The employees feel no pressure of work and do not suffer from physical and mental symptoms. There is an ergo coach who advises the employees of Beweging 3.0 how to reduce heavy lifting and provides them with other ergonomic advice. Within the small-scaled team, the 'client guide' that makes the planning also takes into account the private life of the employees, quote: *"I plan ahead, and I allow the employees to self roster on basis of their wishes"*.

In the large team the employees often visit and care many different clients. Some clients complain about the lack of a personal approach, which results in more mental strain for the employees. They feel no imbalance in their WLB; they can combine their private life with their work well. The employees of the two teams (team of 9 and team of +/- 50 employees) of Beweging 3.0 have good team spirit and interact well within the teams. Quote employee: *"The employees of my team have fun with one another and works fine together"*.

With regard to the turnover within the organization in 2008 the inflow was 59 employees, which stands for 33.38 fte. The outflow in 2008 was 87 employees, which stands for 36.98 fte. The absenteeism of 2008 was around 7% for the whole organization in the first half-year of 2009, which is relatively high.

INDIVIDUAL CHARACTERISTICS	The care employee we have spoken at Beweging 3.0 was care responsible of her daughter of 9 months. She does not feel any imbalances that negatively influence her work to life balance. She has made clear commitments with Beweging 3.0 and works only on Friday, Saturday, Sunday and Monday. In the weekend her husband has the caring responsibility for their daughter, and on Friday and Monday she has a (family member) babysitter.
HRM PRACTICES	<p>As for the working hours the employees have the possibility of one hard requirement; employees may also have some personal wishes, it is easy to change working hours with colleagues. In the annual leave hours there are plenty days off for most employees; mostly they exchange their shifts en do not take days off.</p> <p>Regarding the employee contracts, Beweging 3.0 wants to increase the opportunity to offer more full time contracts (despite the fact that they are not flexible). Most new contracts are 20 hours per week nowadays; most ideal is a min/ max contract of 16 – 20 hours per week for the organization. They also offer 0- hours contracts for flex pool employees. An employee pointed out that the wages of Beweging 3.0 are on a lower scale than the wages of employees of Buurtzorg (direct competitor). 80% of the employees have a permanent position, and 20% a temporary contract.</p>
POLICIES AND ORGANIZATIONAL CHARACTERISTICS	<p>In the business strategy 2008 the organization mentions that they distinguish themselves by means of being a modern organization with modern management that also focuses on high quality of new life and care concepts. The focus for the future is on working in small self-managing teams, e.g. due to this small scaled approach; people feel more responsible and call in sick less frequently.</p> <p>In their HRM policy the focus is on recruiting and retaining employees by characterizing themselves as the best employer. They have an academy to give their employees more opportunities to train and develop themselves.</p>
ENVIRONMENT	<p>At Beweging 3.0 the policy advisor HR mentioned the difficulty to understand the annual leave hours, although not all the employees think alike.</p> <p>In Amersfoort there is a tight labour market and a shortage of level three employees. Beweging 3.0 has an agreement together with the local ROC for internships (160 BOL students per year) and apprenticeship training (80 – 90 BBL students per year). This apprenticeship training will train students within employment on level two and three. Beweging 3.0 has quite a few vacancies, but not many new employees present themselves for work (probably because of the low salary scale of Beweging 3.0).</p>

4.8

CAREYN KRAAMZORG RIJSWIJK

Careyn Kraamzorg (Careyn) is part of the Careyn concern since 2002, the organization is located in Breda, Rijswijk, and Vlaardingen; they have one location in each area. The employees of Careyn provide 7.000 treatments of maternity care per year; the total of employees of the organization is 350, which stands for 240 fte. The average age of the employees is 45 years. The organizations care concept indicates that they prefer home birth and now are focusing on the opening of their birth center (maternity suites in hospitals).

For this thesis the annual plan 2008, the inflow and outflow data of 2008 – 2009, the commitment protocol, and a document about good employer and employee relations were received.

EMPLOYEE OUTCOME	<p>The employees feel high pressure on their WLB (physical and mental pressure), because of the guard duty and the unpredictable schedules and irregular working hours. The physical symptoms are a result of the unpredictable schedules and irregular working hours. Quote employee: <i>“Within the maternity care employees need to have a ‘big care heart’, otherwise you do not do this work”</i>. Mental symptoms sometimes occur from the frustration of the three days guard duty.</p> <p>People’s careers and private lives become indistinguishably linked together as a result of constantly changing working schedules, especially during the three days guard duty. In the project “Binnen regio Zuid” the employee’s WLB has increased, quote employee: <i>“It is relaxed working; because after finishing a shift at a client, I no longer need to call the planning department for a new client, and I am actually free”</i>. Careyn has started this project as a marketing tool and financially it is not profitable.</p> <p>Employees experience individual work nevertheless there is a good atmosphere between the employees, team leaders, and the planning department. Considering the turnover 2008, the outflow was +/- 10%. The absenteeism was 7.46% in 2008.</p>
INDIVIDUAL CHARACTERISTICS	<p>During the interviews at Careyn the care employees did not mention anything about having caring responsibility or children, and in what way these responsibilities are related to work to life conflict.</p> <p>A member of the work council tells us that having a job in the maternity care and having (any) caring responsibility for young children is almost impossible.</p>
HRM PRACTICES	<p>As for the working hours the employees have the possibility of one hard requirement, and the planning department takes into account personal wishes in relation to allergies, travel distance, or pets at the client’s house etcetera.</p> <p>Maximum employee contracts are of 89% of full time. The organization is not able to schedule contracts larger than 89%, because the maternity hour’s clients have (24 – 59 hours). This is often not attractive for new employees, especially for young starters and singles on the labour market. Careyn has lots of variation in hours of permanent contracts, which offers flexibility. Careyn also has employees on basis of a 0-hours contract, and contracts with other organizations to concerted lending capacity (only at high need).</p>
POLICIES AND ORGANIZATIONAL CHARACTERISTICS	<p>Within the organizations’ business strategy 2008 there are three main values for employer and employee, namely: concernedness, reliability, and accessibility.</p> <p>Regarding the HRM business strategy 2008 there are six main indicators: inflow, employability, reward, health and welfare, development and competences, and outflow.</p>
ENVIRONMENT	<p>In the maternity care the employees complain about the three days guard duty. These three days are too long and have a negative influence on the personal life of the employees (WLB). At the age of 55 employees do not automatically work less but Careyn reconsiders these cases individually.</p> <p>In Rijswijk there is a tight labour market of level three employees in the maternity sector. In the past, Careyn has had a client stop, because they have a shortage of level three employees.</p>

4.9

THE PROVINCIALE KRAAMZORG GOES

The Provinciale Kraamzorg is located throughout Zeeland. The organization provides 100.000 hours of maternity care a year; the organization has a total of 90 fte, which are 150 employees. The average age of the employees is 45 years.

For this thesis the annual plan of 2008, the quarterly statements of 2009 concerning absenteeism and the costs of that absenteeism were received.

EMPLOYEE OUTCOME

The employees feel high pressure on their WLB (physical and mental pressure), because of the guard duty and the unpredictable schedules and irregular working hours. This pressure of work may sometimes results in physical or mental symptoms. Quote employee: *“Maternity care is difficult to reconcile with private life (and children). Especially at quite moments after three day guard duty followed by another three days guard duty, which is really pressuring on my WLB”*. Employees experience individual work nevertheless there is a good atmosphere between the employees, team leaders, and the planning department.

With regard to the turnover 2008, the outflow was 8.7%. Which is low compared to national numbers. The absenteeism was 5.3% in 2008, which was also low compared to the national numbers (that was in 2008 7.13%).

INDIVIDUAL CHARACTERISTICS

During the interviews by the Provinciale Kraamzorg the care employees did not mention anything about having caring responsibility or children, and in what way these responsibilities are related to work to life conflict.

One ‘older’ maternity care employee could imagine that working in the maternity care and having caring responsibility for young children is not possible. Particularly through the three days guard duty and the flexibility that is needed in childcare, these childcare flexibility is not possible within the professional childcare organizations. So the maternity care employees with young children are mostly dependent of their partner or family members for childcare.

HRM PRACTICES

As for the working hours the employees have the possibility of one hard requirement, and the planning department takes into account personal wishes in relation to allergies, travel distance, or pets at the client’s house etcetera. The OR indicates that they have too little influence on their working schedules, also work transfer and travel time is not compensated. During working hours the maternity employees do not have breaks.

Full time contracts are limited because the difficulties in scheduling, they offer new employees mostly part time min/ max contracts. The maximum contract is a 70 – 90% min/ max contract, which is often not attractive for new employees, especially for young starters and singles on the labour market. Some employees which prefer/ need to work full time have a second job.

POLICIES AND ORGANIZATIONAL CHARACTERISTICS

The goal of the business strategy 2008 is an early detection and prevention of problems of mother and newborn child, and catering for the best suitable care for the new child.

The HRM strategy 2008 is based on recruiting new employees to meet the demand. The number of maternity employees should be extended by the introduction of: min/ max contract of 70 -90%, recruiting new employees, training of returners (short trainings), and extending hours of part time contracts.

ZOZ	The small-scaled teams work shifts without breaks: mental pressure. The teams schedule themselves (self rostering). Some feel dissatisfaction about the term they receive their schedules; the sooner they receive their schedules the better their WLB. Good harmony and internal communication.	Inflow 2008: 234 employees (54.41 fte), Outflow 2008: 240 employees (75.08 fte). Absenteeism: 6.47%.
WARANDE	Employees feel pressure of work. They schedule private life around their work; they have unpredictable schedules irregular working hours. If employee cannot balance their WLB, they have to choose for the flex pool (according to a team leader). Good team spirit and interaction within the department.	Inflow 2008: 247 employees (82.39 fte), Outflow 2008: 213 employees (76.45 fte). Absenteeism: 6.05%, trend: decreasing, recent (end of 2009) increasing.
LAURENS	No pressure of work, private life must be scheduled around work, goes well together; they work no night shifts (outsourced). Good team spirit and interaction within the team, most employees thinking along with each, and use partly self rostering.	Inflow 2008: 896 employees (313.09 fte), Outflow 2008: 458 employees (197.61 fte). Absenteeism: 7.5%, trend: decreasing.
BEWEGING 3.0	No pressure of work (intern ergo coach). By the large team the clients see lots of changing faces, some clients complain by the employees, which give them accidental pressure of work. Some employees have fixed working days. Good team spirit and interaction within the teams.	Inflow 2008: 59 employees (33.38 fte), Outflow 2008: 87 employees (36.98 fte). Absenteeism: +/- 7% the first half year of 2009.
CAREYN KRAAMZORG	Pressure of work, particularly through the unpredictable schedules and irregular working hours (sometimes this result in physical and metal symptoms). Imbalance in work-life, especially during the guard duty. During the marketing project "Binnen regio Zuid" the WLB was much better. Individualistic work, good atmosphere between employees, team leaders and planning department.	Outflow 2008: +/- 10%. Absenteeism: 7.46%.
THE PROVINCIALE KRAAMZORG	Pressure of work, particularly through the unpredictable schedules and irregular working hours. The WLB pressure is high; the job is difficult to combine with private life (and children). The guard duty is frustrating and pressures on the private life. Individualistic work, good atmosphere between: employees, team leaders and the planning department.	Outflow 2008: 8.7%. Absenteeism: 5.3%.

HRM Practices

Working Hours

Employee Contracts

DGG	Possibility of one hard requirement; in addition the organization requires full flexibility of the employees.	Maximum contracts are 80% of fte, most contracts are 24 – 28 hours per week.
RSZK	Possibility of one hard requirement; employees may have some personal wishes.	Offer new employees part time min/ max contracts.
AXIONCONTINU	Possibility of one hard requirement; it is easy to exchange working hours with colleagues.	Offer new employees part time contracts (24 hours per week).
ZOZ	Possibility of one hard requirement; it is easy to exchange working hours with colleagues.	No renew of temporary contracts, they prefer more min/ max contracts.
WARANDE	Possibility of one hard requirement; employees may have some personal wishes, mostly based on a fixed wish list or verbal agreement; it is easy to exchange working hours with colleagues.	Ideal should be a basis of full time contracts, and a flexible shell of part time contracts (location manager).
LAURENS	Possibility of one hard requirement; employees may have some personal wishes; it is easy to exchange working hours with colleagues.	Offer no full time contracts, (maximum contract is 32 hours per week), and most employees have a contact of 20 per week.
BEWEGING 3.0	Possibility of one hard requirement; employees may have some personal wishes; it is easy to change working hours with colleagues.	Increasing of full time contracts, but ideal is a part time min/ max contract of 16 – 24 hours per week.
CAREYN KRAAMZORG	Possibility of one hard requirement, the planning department takes into account personal wishes in relation to allergies, travel distance, or pets at the client's house.	Maximum contracts are 89% of full time.
THE PROVINCIALE KRAAMZORG	Possibility of one hard requirement, the planning department takes into account personal wishes in relation to allergies, travel distance, or pets at the client's house.	Full time contracts are limited; they offer new employees part time, min/ max contracts.

Policies and Organizational Characteristics

	Sector	Business Strategy 2008	HRM Strategy 2008
DGG ARNHEM (311 FTE)	Elderly care	(1) Devolution, (2) innovative outpatient concepts, (3) specialist elderly care, (4) flexible and modern care supplier.	Training and (competence) development, job restructuring, flexibility and mobility of care employees.
RSZK BLADEL (667 FTE)	Elderly care	Continuity, securing, generating sales and building resilience, effectively improve and grow (not by mergers).	Clarity, certainty, safety, an open work environment. Also developing, motivation, training of their employees.
AXIONCONTINU UTRECHT (1066 FTE)	Elderly care	Care that leads to satisfied clients, offer employees a wonderful job with appreciation, in a financially healthy company.	Create stability and continuity in the workforce: recruit, maintain, and optimal deploy employees.
ZOZ DRACHTEN (840 FTE)	Elderly care	Remaining an interesting player on different markets (client-, product-, labour-, capital-, and insurance market), in full service for the client.	No documents available.
WARANDE ZEIST (515 FTE)	Elderly care	Care for elderly by highly skilled employees. The emphasis on the clients: quality of life, food, and activities. Invest in private services (alongside AWBZ).	Attractive work environment for employees, educate employee, improve communication, more cooperation with volunteers.
LAURENS ROTTERDAM (2410 FTE)	Home care	Offer clients an independent and meaningful life, with the human touch of skilled employees and appropriate housing facilities and services.	Human indicators of 2008: reduce absenteeism and outflow. IN 2009 the accent was on increasing employee satisfaction.
BEWEGING 3.0 AMERSFOORT (2050 FTE)	Home care	Distinguished by a modern organization with modern management, focus on the high quality of the care concept. Future focus on small, self-managing teams.	Recruiting and retaining employees by profile themselves as best employer, they have an academy to give employees more opportunities to train en develop.
CAREYN KRAAMZORG RIJSWIJK (240 FTE)	Maternity care	Main values for employees and employer: concernedness, reliability, and accessibility.	Main indicators: inflow, employability, rewards, health and welfare, development and competences, and outflow.
THE PROVINCIALE KRAAMZORG GOES (90 FTE)	Maternity care	Early detection and prevention of problems by mother and newborn child, and proper care of the newborn child.	Increase in hours of part time contracts, returners training, and recruit new employees (for 70 – 90% min/ max contracts).

Environment

CAO

Labour Market

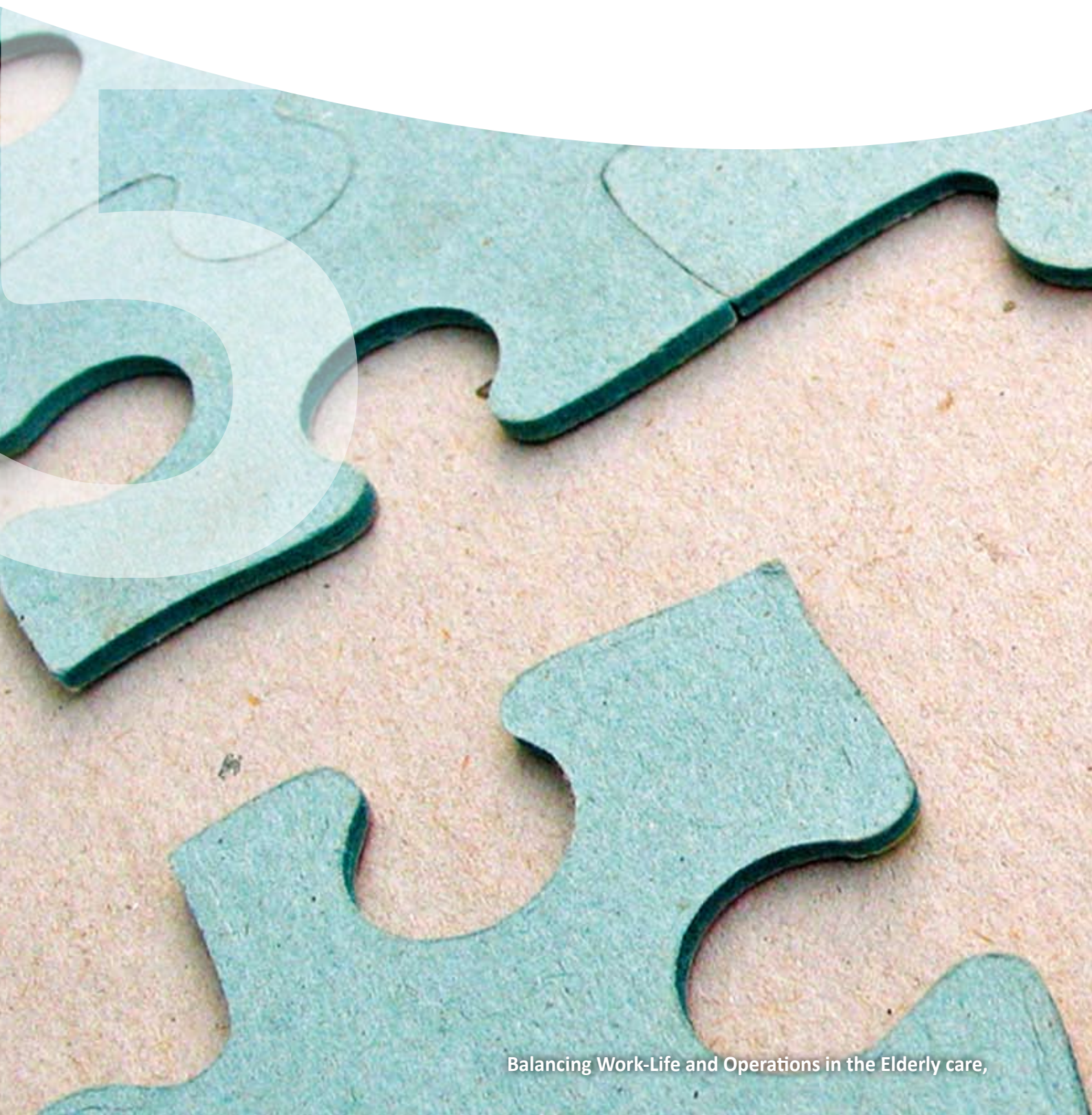
DGG	The annual leave hours.	Tight labour market and a shortage of level 3 employees.
RSZK	The annual leave hours and 'arrangement worked weekends'.	Tight labour market and aging among employees.
AXIONCONTINU	The annual leave hours and art. 5.5.3 difficult to understand.	Shortage on labour market not specifically mentioned, level 3 employees hard to find.
ZOZ	The annual leave hours.	Surplus of level 3 employees and a shortage of level 2 employees.
WARANDE	Changed 55+ arrangements, students (BOL) difficult to schedule (by standard hours) and the missing irregularity surcharge.	Tight labour market and a shortage of level 3 employees: recruits Polish employees.
LAURENS	The annual leave hours.	No shortage at the home care department, recruit immigrants by an immigrant's policy (for their immigrant clients).
BEWEGING 3.0	The annual leave hours.	Tight labour market and a shortage of level 3 employees.
CAREYN KRAAMZORG	Guard duty of 3 days and the changed 55+ arrangements.	Tight labour market and a shortage of level 3 employees, client stop.
THE PROVINCIALE KRAAMZORG	Guard duty of 3 days, changed 55+ arrangements and lack of CAO policy about plus and minus hours (- 20 until + 20).	Tight labour market, they started a short training program in collaboration with the local ROC.



5 CROSS CASE ANALYSIS

In this chapter the cross case analysis will be drawn based on the results of chapter 4.

In section 5.1 the propositions will be discussed by comparing the theory of the literature review and the data from the interviews in practice.



5.1 PROPOSITIONS

In chapter 2 some propositions are made based on the literature review and the conceptual model. I will discuss the propositions on the basis of the findings from the interviews, an explanation of these findings and a conclusion.

5.1.1
PROPOSITION 1 *“Care employees need flexibility in balancing work and non work, roles and demands, depending of their segment associated with differing values driving their WLB need”.*

For this case study we interviewed 23 care employees (N=23), I could classify 7 of these employees to the segments of Reiter discussed earlier in section 2.1.2. The interviews with the other 16 employees do not specifically give information about their segment and differing values driving their WLB need. I could not classify employees of the DGG, the Provinciale Kraamzorg, Careyn and ZOZ. From the other case study organizations I classified 7 employees to the segments: A (1 employee), B (1 employee), C (4 employees) and E (1 employee).

A. *“People with dependent children who are primarily focused on their caring responsibilities, need: flex time, part-time, work from home where the programs will offer the flexibility to respond to caring demands when necessary in balancing work and non work, roles, and demands”.*

At RSZK (elderly care) we spoke to an employee who works 60% of full time and has the caring responsibilities for her dependent children. She mostly works in the evening, so she can be at home for the children during the daytime. In the weekend she works a day shift every now and then. These working hours have not been incorporated in her employee contract but a verbal contract has been made. Her colleague of the small-scaled team (5 – 7 employees) who is responsible for scheduling (self rostering) tries to take her wishes into account. This results in the enlacement of her job and the rest of her spare time, in which her children often put at a disadvantage. She also foresees problems as soon as her oldest child will begin to attend swimming lessons in the near future. Her husband works fulltime on regular hours from Monday until Friday.

The problems that the employee experiences in her WLB, finds its basis in the unpredictable schedules and the irregular working hours. As soon as the oldest child will attend swimming lessons on a fixed day, it can occur that she cannot go there with her child because she has to work. On the moment when family and friends are not in a position to go to swimming lessons with her child, the child is put at a disadvantage. It is also impossible to get professional childcare on unpredictable and irregular working hours; at this moment she has the opportunity to arrange this with her family and friends.

The conclusion is that the employees in this segment indeed need flexibility when necessary to respond to caring demands of their dependent children (e.g. to go to weekly swimming lessons). There is a strong need for predictability in schedules and regular working hours in order to fulfill care responsibilities and having less role conflict. In practice the employee and the organization could make clear commitments about working days and shifts (morning, day, afternoon and night), to correspond with the working hours of the partners, or available hours of the professional childcare, family and friends.

B. *“People with dependent children who want to pursue a career while managing childcare responsibilities, need: new-concept part-time work, may involve more focused work role (perhaps limited to a particular field of expertise) in which they can feel satisfied that they are excelling and can develop their capability. On-site childcare may be useful or a company-coordinated nanny service”.*

At home care organization Beweging 3.0 we spoke to an employee who works 20 hours per week; her working days are fixed on Monday, Friday, Saturday, and Sunday. On other days she will not be scheduled in consultation with the planning department. By working on these fixed days, she has childcare for her baby on Friday's and Monday's. On Saturday and Sunday her husband is at home and he is responsible for the caring demand of the baby. The employee wants to be trained to become a nurse and to pursue a career while managing childcare responsibilities, although the training offer is poor within the organization.

Because this employee knows on which days she will be scheduled, she can easily separate work-life and does not feel an imbalance between both. The predictable working days of this employee make a good WLB/ give no role conflict. Because there is a poor budget for training employees within the organization, there was/ is no possibility for personal development (to become a nurse) in the recent four years.

We can conclude that the organization supports this employee in managing childcare responsibilities by offering working hours on fixed days. Within this working schedule the employee would gladly be trained to become a nurse, to develop her capabilities in professional area and to feel more satisfied with it. In practice Beweging 3.0 does not encourage employees to further develop themselves.

C. *“People with younger families who are not principally responsible for childcare but want to make sure that they are an integral part of their children's lives need: flexibility to take time off to participate in children's events without negative consequences at work and being home for dinner or dropping children at school depending on what is important to that family”.*

Within this segment we spoke to two employees of Laurens (home care), an employee of Warande (elderly care), and an employee of AxionContinu (elderly care). The employees of Laurens work respectively, 24 and 32 hour per week. Both share the caring responsibilities of their young children with their husband. The working hours are flexible and they work in small-scaled team (15 employees). All employees fill in on one form their desired schedule, in this way of self rostering colleagues have to collaborate to reach a complete schedule; it is also seen as a type of teambuilding. Both employees do not feel imbalance in balancing work-life, also the family members are satisfied. At Warande the unpredictable schedules and the irregular working hours sometimes give problems in balancing work-life, particularly at regulating childcare. An example is that at Warande there is a daycare institution present for employees and externals. A problem is that the working hours of

the employees are not compatible with the services offered by the daycare institution. The hours simply do not match. So a working shift can be from 8.00 till 14.00, but the first part of the day that will be charged by the daycare institution ends at 13.00, in this way two parts of the day will be charged. The employee of AxionContinu mostly works afternoon shifts; her husband is home in that time to take care for their child. These afternoon shifts are not popular with the department this employee works on, so her wishes usually match the schedule. She does not feel as though there is an imbalance in work-life. As for the maternity care, a member of the work council (Careyn) tells us that having a job in the maternity care and having (any) caring responsibility for young children is almost impossible.

Within the case study working in home care ensures the lowest imbalance between work-life (Laurens), probably because the night duties are outsourced to external organizations or an ambulant team. They only work with three shifts per 24 hours: day, afternoon and evening. Therefore in home care there are fewer shifts per 24 hours compared with the elderly care and home care. Taking this into consideration the employees already have less flexible working hours. Also these employees in home care work in small teams; as a result they have introduced self rostering within the small-scaled teams recently. Self rostering gives employees more control over their working schedule and has already been very popular under the employees. At Warande the 24 hours schedules have given an imbalance in work-life because of the unpredictable schedules and the irregular working hours. The incompatibility of childcare and working hours also creates an imbalance. The employee we have spoken at AxionContinu did not feel an imbalance; the explanation is that she preferred working shifts that colleagues would rather not have. At the maternity care problems arise particularly due to the three days guard duty and the need for full flexibility of daycare institutions, which is impossible. Also family members or babysitters that have the possibility to babysit seven days a week are difficult/ impossible to find.

The employees in this segment are not principally responsible for the care responsibilities of their children. They share this responsibility with their partner; because of that they are more flexible than the employees of segment A and B. In accordance with RSZK (segment A), self rostering is also a positive experience for the employees of Laurens. Nevertheless some the employees need more of a connection between work-life in order to fulfill their care responsibilities and having less role conflict. I could say that having dependent children and working flexible hours (not self-selected) may cause an imbalance between work-life. Despite the fewer amount of shifts per 24 hours, employees in home care have less of an imbalance compared to that of employees in the elderly care and maternity care within this case study. Organizations like Warande that offer professional childcare should ensure a better connection of professional childcare and working hours of their employees.

D. *“Those separated, divorced, or who have blended families who have varying demands on their time and emotional resources, need: flexibility to respond to needs of family when they arise and making up for this downtime when family needs are not prevalent”.*

We did not speak to employees of whom we knew that their personal situation was within this segment.

E. *“Older men and women who still have a valuable contribution they wish to make while integrating more leisure activities into their lives, need: more focused work role (perhaps limited to a particular field of expertise) in which they can feel satisfied that they are excelling and can develop their capability. Reduced number of working weeks per year to allow for greater vacation periods or reduced number of days worked per week”.*

Within this segment we spoke to an employee of RSZK (elderly care) from a small-scaled living team (5 – 7 employees), one member of the team is scheduling (self rostering) for the whole team and takes into account the requirements and wishes of the team. The employee we spoke to works two shifts of eight hours every week; she is flexible in her working days/ hours because she has no caring responsibilities. She is experiencing sufficient possibilities for leisure activities and leave.

When employees have no children in their household and also have no caring responsibilities for others, they are able to be flexible on the days and times they work. Therefore this employee experiences no imbalance between work-life. This employee is satisfied with her job and because she works two shifts of eight hours per week, she has plenty of time to do her domestic tasks and to visit family (grandchildren) and friends. She is quite glad that she, due to her flexible elaboration, never has problems when she requests for leave. Which are nearly always remunerated.

When employees have no care responsibilities inside or outside their household, they find it less of a problem to be flexible in working days and working hours. They have the possibility to plan the domestic tasks and private appointments around their work, without having imbalance between work-life. This positive attitude with respect to the organizations and colleagues generally ensures that requests for leave are remunerated, it also helps that there are fewer/no imbalances between work-life. This conclusion is based on an employee that works two shifts per week. It could be different when employees work less or more shifts; also it depends on the attitude of the employee with respect to his or her work and the organization.

F. *“Individuals who have other caring responsibilities such as an ill relative, disabled child, or aging parents, need: flexibility to respond to needs of family when they arise and making up for this downtime when family needs are not prevalent”.*

We did not speak to employees of whom we knew that their personal situation was within this segment.

G. *“People, who have interests in a field outside of work that places demands on their resources, for example sporting, need: flexibility of work times such that they may work a shorter working day but “log on” again in the evening to provide a full-time equivalent deliverable”.*

We did not speak to employees of whom we knew that their personal situation was within this segment.

5.1.2
PROPOSITION 2

“If employees have more choice or control over the hours and/ or days they work, they feel a better WLB, because of a less experienced conflict between work-life”.

Within all the organizations of this case study, the employees have the possibility of one hard requirement on their schedule; they have the possibility to block one day (part) per week for work. Schedules within the maternity care (The Provincial Kraamzorg and Careyn) are based on the possibility of one hard requirement and the planning department takes into account personal wishes in relation to allergies, travel distance, or pets at the client’s house etcetera. Although these personal wishes are not specified on hours and/ or days they work, they could influence the employees’ schedule. For example, if employees have a lot of personal wishes, the number of potential clients decreases. Within some other case study organizations, employees may also have some personal wishes, mostly based on a fixed wish list or verbal agreements. Those organizations are: RZSK, Warande, Laurens and Beweging 3.0. At AxionContinu and ZOZ employees only have one hard requirement on their working schedule; employees of these organizations say that it is easy to change shifts. The DGG indicates that they require full flexibility of the employees, besides the hard requirement the employees have. At RSZK, Laurens and ZOZ some small-scaled teams use self rostering to make their schedule.

Based on the findings the employees of RSZK, Warande, Laurens and Beweging 3.0 have most choice or control over the hours/ or days they work, which should give them a better WLB than the employees of the other case study organizations (except for the maternity care organizations within this explanation). A reason should be that they have choice and control over the hours and days they work. Within this case study the employees have the possibility of one hard requirement and also some personal wishes with respect to their schedule. This one hard requirement and the personal wishes give the majority of the employees a too much restricted choice and control concerning the hours and/or days they work. They still have unpredictable schedules and irregular working hours. The choice and control over the hours/ or days the employees work give too little guidance to positively influence the feeling of a better WLB for the employees. Also there is no distinction made in the number of hard requirements and the number of hours that employees work per week. For example, an employee who works 10 hours per week has the possibility to submit one hard requirement, just like an employee who 32 work hours. Thereby an employee, who works 10 hours per week, must be available for work 6 days per week depending of their care responsibilities that could result in an imbalance.

The possibility of one hard requirement on the schedule, possibly completed with personal wishes does not give a better feeling concerning the WLB of the employees. It gives a too much restricted choice and control to influence the WLB positively. Employees, who were more positive concerning their WLB and working hours, were the employees who work in small teams. These small teams frequently schedule (self rostering) in consultation with each other. Generally one of the team member’s schedules, employees know each other well and take each other’s wishes into account. Also self rostering gives a larger feeling of choice and control (grip) on the working hours/ days, which ensures less role conflict between work-life.

5.1.3
PROPOSITION 3

“Employees of large corporations within this case study have a better WLB than employees of the small and medium sized corporations”.

Within this case study there are no real small organizations. The medium sized organizations are: Careyn, Provinciale Kraamzorg, and DGG. (The medium sized organizations include the two maternity care organizations of this case study). The employees of the maternity care organizations feel high pressure on their WLB (physical and mental pressure), because of the guard duty and the unpredictable schedules and irregular working hours. At DGG employees feel pressure on their WLB, sometimes they suffer from physical and mental symptoms, because of the many recent changes within the organization, a high percentage of outflow, the shortage of level three employees and the short time that they have per client. The large organizations are the other 6 organizations, namely: RSZK, AxionContinu, ZOZ, Warande, Laurens, and Beweging 3.0. At RSZK and Laurens employees feel the positive effects of self rostering because of less role conflict between work-life a having more control over their working schedule. AxionContinu shows remarkable differences in experiencing WLB per department, depending on the absenteeism and atmosphere on the departments. At ZOZ employees feel pressure on the WLB due to the short term on which they receive their schedule (mental pressure), at Warande employees feel that they have to schedule their private life around their work because of the unpredictable schedules and irregular working hours. Employees of the home care organizations Laurens and Beweging 3.0 feel no pressure of work and do not suffer from physical and mental symptoms. Employees of both organizations feel a good team spirit and interaction within the teams.

Within the six large organizations the overall thought of the employees about their WLB is more positive than within the medium sized organizations. Within the medium sized organizations all employees who have contributed to the research feel a high pressure of work and sometimes they suffer from physical and mental symptoms. Within the large organizations some employees feel pressure of work, but generally these employees experienced a better WLB. An explanation is that within three of these organizations employees have the possibility of self rostering, which they experience as positive for their WLB. Also employees of the home care organizations have less role conflict between work-life (see also proposition 4). The employees of AxionContinu, Warande, and ZOZ experience more role conflict in work-life; each organization has its own reasons: high absenteeism on the department, unpredictable schedules and irregular working hours, and the short term on which they receive their schedule. Within the nine case study organizations we know that there are some organizations that work small-scaled, with employees that work in small-scaled teams. So within a large organization employees could feel that they work in a small organization, because of the (innovative) small-scaled care concept. This means that the size of the organization in this case is not determined for experiencing WLB. Examples of organizations, within this case study, that work (partly) small-scaled are: RSZK, ZOZ, and Beweging 3.0.

Not included in the findings and explanation of this proposition is the degree of small-scaled versus large scaled care concept within the case study organizations that could give a coloring. Also, an exception is for instance AxionContinu's employees. Within one department employees feel extreme pressure of work and within another department employee do not feel that same high pressure of work. The differences in this organization are created by the absenteeism differences between the departments we spoke to (3.74% and 30% absenteeism). Another striking point is that it might be no coincidence that the home care organizations (Beweging 3.0 and Laurens) within this research, which are both large organizations, scored better on WLB. Within the three medium-sized organizations the two maternity care organizations are included; by means of the earlier discussed propositions we know that the employees in the maternity care experience more role conflict between work-life.

5.1.4
PROPOSITION 4

“Employees who work in the home care sector are more satisfied about their job than employees in the elderly care sector because of: lower pressure of work, more work autonomy, more job evaluation and the feeling to be appreciated by the team leader”.

Laurens and Beweging 3.0 represent the home care employees in this case study. DGG, RSZK, AxionContinu, ZOZ, and Warande represent the elderly care employees. Referring to the information of the interviews within home care the employees of both organizations do not suffer from physical and mental symptoms, and have also no role conflict in their WLB. The absenteeism in these home care organizations is particularly 7.5% and +/- 7%. Within the elderly care the employees of all 5 organizations feel pressure of work; commonly they suffer from physical and mental symptoms, and also feel role conflict between work-life. The absenteeism of these organizations is respectively, 5.6%, 5.3%, 5.7%, 6.47% and 6.05%. The absenteeism in both sectors is different within this case study; the absenteeism in the elderly care has an average of 5.8% and in home care an average of 7.2%. The employees within the maternity care of Careyn and the Provinciale Kraamzorg feel also pressure of work and role conflict in their WLB; the absenteeism was particularly 7.46% and 5.3%, with an average of 6.38%.

In our cases the employees in the home care sector are more satisfied about their job than employees in the elderly care. An explanation may be that in the home care sector the night shifts are done by an external organization or by an ambulant team. In the elderly care and maternity care the employees are also responsible for the night shift. Because of this, these employees have more unpredictable schedules and irregular working hours.

In our home care organizations the employees work in two or three shifts per 24 hours, in our elderly care organizations the employees work in four or five shifts per 24 hours, and in our maternity care organizations the employees have (three days) guard duty in which they can be called upon for work any minute. Unfortunately, the impact of experiencing better work in our cases cannot be associated with positive effects on absenteeism. In this case study the opposite appears to be true, the negative effects (higher absenteeism) occur within the elderly care, but the highest absenteeism occurs within the home care sector. Apparently the absenteeism, within this case study, occurs due to other variables. I expect one variable can be that the employees in the elderly care not only feel responsible for the clients, but also for their colleagues however in home care employee's work tends to be more of an individual nature. In the elderly care the employees cooperate with colleagues and they know each other, this can ensure that employees call in sick less frequently. The same has been observed at employees who work in small-scale teams; the absenteeism within those teams is much lower than within large teams. This could be attributed to the responsibility employees feel for their direct colleagues.

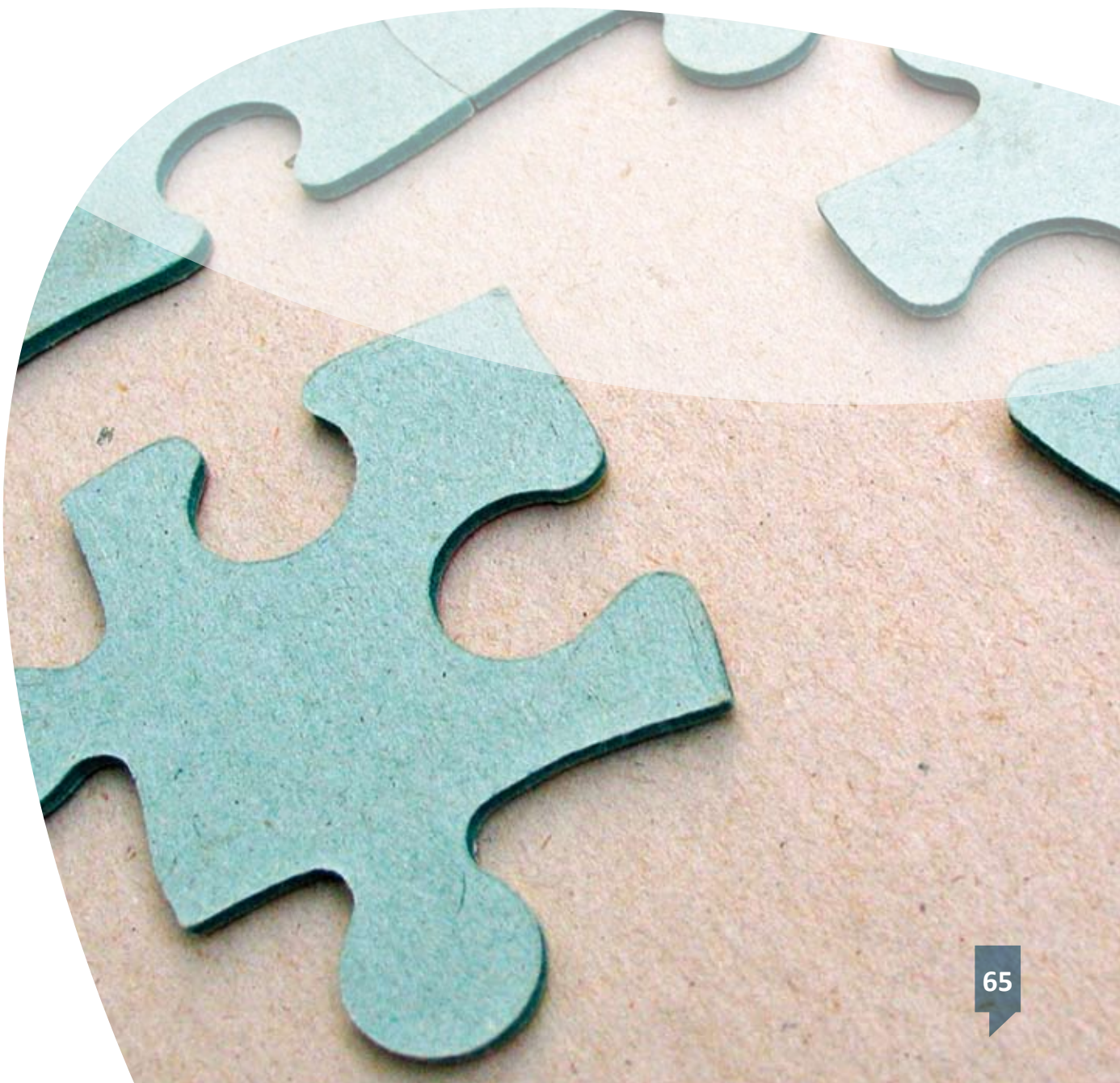
5.1.5
PROPOSITION 5

“Organizations feel that there is a tight labour market within the EHM sectors and the tightness on the labour market will grow the coming years”.

Referring to the labour market the overall conclusion for the EHM sectors is that there is a shortage of level three care employees. All case study organizations have their own manner of dealing with this shortage. For example, Warande is recruiting Polish students during holiday. For the future they do not exclude that they will recruit Polish students throughout the year. As a reaction on the tight labour market in their region, Careyn was the first maternity care provider that announced a client stop in a national newspaper last year. The Provinciale Kraamzorg started a short training program in collaboration with the local ROC, to ensure new trained maternity care employees for their organization. AxionContinu offers more fulltime contracts to attract new employees to their organization. Laurens did not mention a specific problem of a tight labour market. Laurens illustrates that there is no shortage in the home care department. Although the employees of the home care department indicate that they are eager to have more 0-hours contracts within their team, they prefer more flexibility in their working hours. Also their team leader encourages them to actively recruit new employees by distributing application forms in schools and sport clubs of their children. A major problem for Laurens (near Rotterdam) is the shortage of immigrant employees in the home care sector. Laurens is recruiting immigrants because of immigrant's policy made especially for their immigrant clients. (The research of Prismant stated that for young immigrants it is not likely to go to work in the EHM sectors, immigrants are likely to choose for the administrative and economic studies). Also AxionContinu from Utrecht did not notice a specific tight labour market in the elderly care and home care sectors.

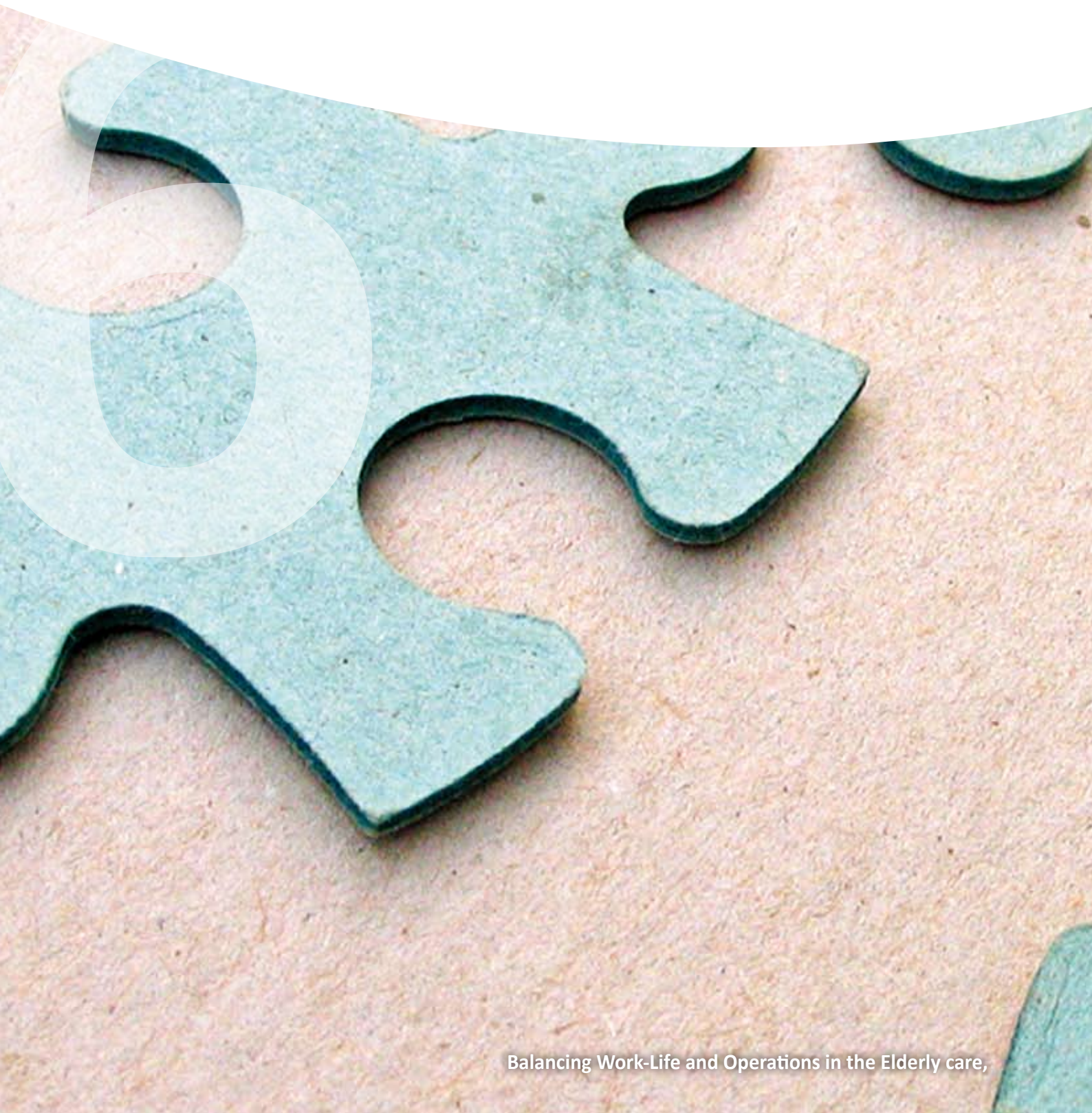
Some employees who are operative within the case study organizations experience on the daily basis the deficit on the labour market. Employees have indicated that during absenteeism of colleagues, there is hardly any replacement and that they frequently work more hours than their contracts demand. Because of the tight labour market the case study organizations have also started taking on new employees under the guise of: “rather something than nothing”. Especially those with more specific requirements with respect to employment contracts and working hours are likely to be contracted.

In a tight labour market it is important that organizations portray themselves as “good employers”. Because the WLB of the employee's points out how much imbalance they feel between work-life, this is a good measure to see if an employer really is a good employer. For the further it is important that the case study organizations draw a line concerning employment contracts and working hours for all employees for example per segment (as shown in section 5.1.1). Doing so they prevent that differences arise between their current employees and the employees commissioned in poor times on the labour market. It is also important to keep current employees satisfied, because possibly manpower will never grow.



6. CONCLUSIONS AND RECOMMENDATIONS

In this chapter conclusions and recommendations will be drawn based upon the theoretical framework, the practical data of the nine case study organizations and the cross case analysis. In section 6.1 the conclusions concerning the main question will be discussed and the recommendations will be presented in section 6.2. The limitations of this study and directions for future research are presented in section 6.3.



6.1 CONCLUSIONS

The main question of the case study research was: “How are WLB and personal well-being experienced within the EHM sectors and how are they affected by organizational operations, and how can organizational policies and practices be improved to reach a better balance between operational and employee needs?” In order to answer this research question, interviews were held within the nine case study organizations. The theoretical framework has ensured that a comparison could be made between the theoretical data concerning WLB and personal well-being, and the practical findings within the case study organizations.

To answer the main question of this research, it is subdivided into three parts; each part represents one or two research variables from the conceptual model. The remaining variable, environment, will also be explained at the end of this section.

- “How are WLB and personal well-being experienced within the EHM sectors?”
(employee outcome and individual characteristics)
- “How are they affected by organizational operations?”
(policies and organizational characteristics)
- “How can organizational policies and practices be improved to reach a better balance between operational and employee needs?”
(HRM practices)

Before coming to the conclusions as regards to the main question, some striking characteristics of the EHM sectors were given: the majority of the employees is female, 63% of the employees experience heavy mental work (Prismant, 2008) and 56% experienced emotionally demanding work (Prismant), most employees also have care responsibilities (resulting in role conflict between work-life), there is a 24 hours schedule (except for the home care), almost all employment contracts are part time, there are found in our cases no specific WLB and personal well-being policies, the small-scaled care concept is growing (small-scaled teams), employees and organizations experience scarce bottlenecks of the current CAO, and the labour market is tight (especially on level three).

EMPLOYEE OUTCOME
AND INDIVIDUAL
CHARACTERISTICS

The theoretical evidence indicates that more role conflict between work-life domains has negative outcomes for the WLB and personal well-being. Employees with more role conflict are likely to experience poorer personal well-being. It also suggests that work to life conflict is felt more by women than men. During the interviews the care employees told us that some issues negatively influence their WLB and personal well-being, such as: the physical and mental pressure of the work, the unpredictable schedules and irregular working hours, the short term on which they receive their schedule and the three days of guard duty. Because of these issues they feel work to life conflict. Positive influences on WLB and personal well-being are self rostering within a small team and a good team spirit. The care employees only mention the work to life conflict and not the life to work conflict. The life to work conflict is therefore excluded in this research. Based on the theoretical framework and practical findings within this case study, we could distinguish the employees of the case study organizations per sector (elderly care, home care and maternity care) and per segment (the seven segments of Reiter).

Firstly, we distinguish per sector, employees in different sectors experience their WLB and personal well-being on different ways. In our cases there are some interesting differences between the elderly care, home care and maternity care, well comparison the sectors. Within the two maternity care organizations of this case study, the employees feel the highest pressure of work (both physical and mental). Employees of both organizations mention the unpredictable schedules and irregular working hours in combination with the three days guard duty. All of this creates an imbalance in work-life and also creates role conflict with respect to their care responsibilities. Another characteristic of the sector is the individual work; employees always work independently and bear the responsibility for mother and child. Nevertheless all employees, whom we interviewed, experience a good atmosphere between employees, team leaders and the planning department.

Within the five elderly care organizations of this case study the employees also feel (high) pressure of work, predominantly mental strains. Most employees' mention the unpredictable schedules and irregular working hours, at ZOZ the employees also indicate the short term on which they receive their schedule. At Warande employees feel that they have to schedule their private life around their work. At AxionContinu there are large differences in experiencing WLB and personal well-being, this because of the differences in absenteeism and atmosphere on the departments, at DGG there also are differences in atmosphere per departments. The atmosphere at RSZK would be better in the small-scaled teams than the large teams. Employees of RSZK and ZOZ indicate that self rostering has a positive effect on their WLB. Employees feel more choice and control over the hours/ days they work, which gives them the opportunity to balance work-life in a better way. A bottleneck of the small scaled teams is the increased mental pressure of work, arising from not having breaks during shifts and the responsibility they bear for their clients.

Within the two home care organizations of this case study the employees feel less/ no pressure of work (both physical and mental). The most obvious reason is that within the home care, the night shifts were outsourced by external organizations or an ambulant team. At Laurens employees feel that they have to plan their private life around their work, although in work-life this causes no role conflict. At Laurens there also are small-scaled teams, the teams fill in one form and schedule together which accounts for teambuilding. Positive effects are that they feel choice and control over they days they work and feel a good team spirit with the result that employees have to collaborate during the scheduling. At Beweging 3.0 they work in large and small-scaled teams. An employee of the large scaled team has fixed working days, so she does not feel imbalance in work-life. The small team has started five months ago, only employees who can be flexible in their working

hours/ days operate within this team. Given the characteristics and the various factors that influence WLB and personal well-being within this case study, it could be in other organizations even so.

Secondly we distinguish per segment, based on the segments appointed by Reiter (2007). Each segment has differing values driving their WLB need. The segments are based on the employees' marital status, care responsibilities, and their primary focus and interests and the corresponding values driving their WLB need. Within this research there are no examples of employees for each segment. Four employees participate in segment C: people with young children who are not principally responsible for childcare but want to make sure that they are an integral part of their children's lives. A logical explanation is that employees that work unpredictable schedules and irregular hours have to share their care responsibilities for dependent children with their partner; otherwise they could not function within these EHM sectors. Within this segment, employees feel that self-rostering is a positive influence on their WLB. One employee is participating in segment A: people with dependent children who are primarily focused on their caring responsibilities, experienced more role conflict in work-life. Role conflict arises because she cannot share the care responsibilities for her children with her partner and she does not have choice and control on the working hours. The employee in segment B: People with dependent children who want to pursue a career while managing childcare responsibilities, does not feel role conflict between work-life. She works fixed working days (choice and control over the days she works) and can therefore manage her work-life (childcare responsibilities).

HRM PRACTICES

Osterman (1995) in Maxwell et al (2004) suggests that the adoption of WLB policies and practices often represents a response to employee request for flexible work. Improved WLB was found in organizations with an organizational culture supportive of the WLB, by flexibility in working hours, place and times, and autonomy at work (Rose et al, 2007). Within the EHM sectors employees have flexibility in working hours, place and times (especially in the home care and maternity care), and they predominantly work autonomously. The difference in comparison with the organizations mentioned in the theory is that the employees in the EHM sectors have no choice or control about these aspects that are supportive to WLB. These aspects contribute to the WLB for employees that work regular hours on a weekly basis. Within the EHM sectors organizations could be supportive to the WLB of the employees, by giving them more choice and control over the hours/ days they work.

All case study organizations give their employees the possibility of one hard requirement, on which they will not be scheduled; mostly this hard requirement can be completed by some personal wishes. Organizations were reluctant to include more agreements about working hours allowing more freedom and flexibility during scheduling. But for example, employees of segment A (people with dependent children who are primarily focused on their care responsibilities) need more influence on the unpredictable schedules and irregular working hours. Because of this less role conflict would arise between work-life.

For organizations that support the WLB of the employees, there are clear benefits, such as reduced stress levels and absenteeism, and increases in productivity, and therefore employers should be promoting higher quality WLB (Rose et al). Maxwell et al explain that the greater participation of women combined with the growing complexity of families, encourages (or asks for) the development of WLB in organizations.

POLICIES AND
ORGANIZATIONAL
CHARACTERISTICS

Within the nine case study organizations, there are no organizations that have policies specified on WLB and personal well-being that are actively applied. AxionContinu has some policies that could help employees to improve their WLB and personal well-being; in practice they are not applied.

The (innovative) small-scaled care concepts within the elderly care and also the home care are increasing the last years. In this case study some effects on the basis of WLB and personal well-being are found, these effects are based on three organizations that work (partly) small-scaled (RSZK, ZOZ and Beweging 3.0). From the organizational perspective, a positive effect of small-scaled care is that employees who work in small-scaled teams are absent less frequently. The case study organizations due this to the sense of responsibility employees feel for their clients and colleagues. From the employees' perspective, a positive effect is that small-scaled care increasingly is associated with self rostering. Self rostering gives the employees more choice and control about their working hours; the employees feel positive effects on their WLB (less role conflict).

Striking within this case study is that the small-scaled care concept reduces the personal well-being (more physical and mental problems), employees that work small-scaled experience a comparative pressure of work as to employees of the maternity care. Both, the employees of the small-scaled care and the maternity care encounter the highest pressure of work in this case study. The research of Geurts et al (2003) indicates that workload was both indirectly (through WHI) and directly associated with work-related negative effects on well-being (figure 2). A cause of the high pressure is the individual work. They feel responsible to their clients and do not have colleagues in the immediate vicinity; also they do not have breaks and are continually responsible for their client. The responsibility which is felt by the employees, and which is from organizations perspective positive is negative for the employees' perspective. Within the small-scaled care, employees work in small teams and have fewer workers to ensure that there is (enough) occupation. Within the small-scaled elderly care there has to be occupation 24 hours a day, which means that if employees are ill, they have to be flexible and available because they have only six till eight colleagues. Within the maternity care employees are liable of having guard duty for three days in which they can be called upon for work any minute.

ENVIRONMENT Regarding the CAO there are two bottlenecks appointed in all three sectors, namely: the annual leave hours and the changed 55+ arrangements. Another bottleneck is the guard duty of three days, for the maternity sector. Mentioned by only one case study organization are: the arrangement worked weekends, art 5.5.3 regarding to the planning, students (BOL) are be difficult to schedule considering the CAO regulations and the missing irregularity surcharge, and the lack of CAO policy about plus and minus hours (-20 until +20).

Referring to the labour market the overall conclusion for the EHM sectors is that there is a shortage of level three employees. All organizations have their own manner of dealing with this shortage, such as recruiting Polish students to work during the holiday or possibly throughout the year in the future, a client stop because they could not guarantee care for their new clients, starting a short training program in collaboration with a local ROC, recruiting immigrants for the immigrant clients, and offering more full time contracts, despite this going at the expense of the employee's flexibility in the working schedules.

For many employees with dependent children (and care responsibilities) the sector gives a good connection with the part time contracts. The demand for part time contracts from the care responsible parent does connect with the part time contracts offered by the organizations within the sector. Though these employees need choice and control over their working hours to balance work-life. Because of the part time contracts, the sectors are less interesting for recently graduated students and singles that live independently. Generally they cannot get a fulltime employment contract, as a result, it is difficult to live independently and pay for all the expenses.

6.2 RECOMMENDATIONS

Being able to meet the demands in the EHM sectors, they must find a connection with the current employees on the labour market. There is a growing participation of women, this combined with the growing complexity of families; organizations have to encourage the development of WLB policies. Employees have a great need for more choice and control over their working hours to improve their WLB. This case study shows that employees need choice and control over their working hours in order to fulfill care responsibilities and to have less role conflict. The organizations of the EHM sectors should focus on WLB policies, by investigating what their employees' values are, which drive their WLB needs.

Focus on the different segments of the employees is needed. The overview of Reiter, based on segments with differing values driving their WLB need, gives a good insight in the segments of employees and their values driving needs for balancing work-life. Each employee fits within one of the seven segments of Reiter, each segment has its own values that drive the WLB needs. Solidarity between the different segments should arise, because the appropriate program facilitates each employee in their own WLB needs. By offering each segment an appropriate program, the organizations should find a balance between the need of the segments and what is needed for the organizational to serve their clients.

Organizations need to do more than simply introduce WLB policies, they need to create a perception that all employees are eligible to use WLB policies, and that there will be no adverse consequences for their career advancement by doing so. Management must communicate their organization's family-friendliness in such a way that all employees feel that they have equal access to alternative working time provisions (Rose et al). Where WLB policies must translate in practice, the managers (team leaders and planners) make the operational decisions about the WLB of their employees. These people can be seen as the critical agents of WLB.

Also these policies could help the organizations to present themselves as an attractive employer on the tight labour market. Some of these case study organizations implement active policies in the struggle with the shortage of mainly level three care employees. Other organizations only mention the shortage on their local labour market, but they have no active policies to reduce the shortage. Organizations can learn from the approach of other organizations, they could inform each other about successful ways to recruit new level three care employees. But also, because of the national characteristics of this problem, I could imagine that all the organizations within the EHM sectors (or the general care sector) work together on a national campaign. Within this campaign they can portray themselves as an attractive sector on the labour market in which, even in times of crisis, organizations can offer jobs with job security.

Within the small-scaled living employees usually use self rostering. Within this research the employees that use self rostering are more positive about balancing work-life. Probably within organizations were employee's work in large teams, the team leaders could create small teams that use self rostering, these small teams are then responsible for a fixed number of shifts per week. Also the organizations must provide the working schedules in time to their employees. Employees feel more control over their WLB if they know which shifts they have to work in time.

From the employees' perspective, the employees must play a more active role in their WLB; they should ask themselves whether the managers (team leader or planner) has enough knowledge about their requirements and personal wishes on their working hours schedule. As mentioned earlier, the managers (team leaders and planners) are the critical agents in the employee's WLB. Possible communication failures may have direct negative effects on the care employees' WLB.

6.3 LIMITATIONS AND DIRECTIONS FOR FUTURE RESEARCH

Firstly, this multiple case study is developed within nine case study organizations, in cooperation with three students. As one of four researchers I did not have the possibility to gather information for all organizations by myself. Everything was coordinated by four students on documents, which could have caused some communication biases. One of the major possible biases in this research is how we interviewed the employees of the organizations; we all have our own interview techniques and interest within the research. Nevertheless by creating a case study database all the involved students can review the organizational information directly and are not be limited to the written case study reports; also we did most of the interviews in pairs and have rotated.

Secondly, generalization of the results toward all the EHM organizations is limited (no statistical generalization, only theoretical). This research was conducted only for nine case study organizations (within three sectors), which is not representative for all the organizations within the EHM sectors. The results of this research can be used to get a broad picture within the EHM sectors about the WLB and personal well-being of the care employees. This case study research was based on scientific evidence.

Thirdly, if the theoretical framework of chapter 2 was completed in an earlier phase (before interviewing), the table of Reiter (table 2) could have been a great guideline for interviewing employees of all seven segments. After interviewing too few data was collected about the personal situation of the employees, only of a small part of the 23 employees the segment was known. The explanation for this approach is the time pressure of the total research.

Based on this case study results and conclusions I suggest two directions for future research: self rostering in the EHM sectors, and the small-scaled care in relation to the pressure of work.

From the positive responses of the employees of all three organizations that applied self rostering, it is interesting how the EHM organizations can further extend this method of scheduling. Self rostering gives employees more choice and control, which is one of the most important aspects to ensure employees a better WLB and personal well-being within the sectors. It should be investigated how self rostering could be applied within the whole organization.

Also the small-scaled care is innovative within the sectors and future research to possible effects on the employees' well-being (pressure of work) would be relevant for the sectors. Many of the case study organizations are focusing on small scaled care and self-managing teams in their business strategy. It is important to investigate possible negative effects (on well-being) for the employees in an early stage.

REFERENCES

- [1.1] Internetsite min vws, geraadpleegd: 05/06/2009
- [1.2] Adviesaanvraag AWBZ 18 april 2008; Langdurige zorg verzekerd: ver de toekomst van de AWBZ (website SER 12-6-2009)
- [1.3] Internetsite Abvakabo FNV, geraadpleegd: 02/06/2009
- [1.4] Internetsite ActiZ, geraadpleegd: 02/06/2009

Beer M., Lawrence, P.R., Mills, D.Q., Spector, B. & Walton, R.E., *Managing Human Assets*. New York: The Free Press, 1984

Babbie, E., *The practice of Social Research*, 2007

Bakker, A.B., Geurts, S.A.E., *Toward a Dual-Process Model of Work-Home Interference*. *Work and Occupations*, Vol 31, No 3, Pages 345 – 366, Augustus 2004

Boxall, P., Purcell, J., Strategy and Human Resource Management. Palgrave Macmillan, second edition 2008

Collectieve Arbeidsovereenkomst voor de Verpleeg-, Verzorgingshuizen en Thuiszorg 2008-2010, Publicatie onder auspiciën van het Sociaal Overleg Verpleeg-, Verzorgingshuizen en Thuiszorg (SOVVT)

Delery, J.E., Doty, H.D., Modes of Theorizing in Strategic Human Resource Management: Tests of Universalistic, Contingency, and Configurational Performance Predictions. Academy of Management Journal, Vol 39, No 4, Pages 802 – 8035, 1996

Delery. J.E., Issues of Fit in Strategic Human Resource Management: Implications for Research. Human Resource Management Review, Vol 8 (3), Pages 289 – 309, 1998

Duxbury, L., Higgins, C., Work-Life Balance in the new Millennium: Where Are We? Where Do We Need to Go? Canadian Policy Research Networks Inc., 2001

Haddon, J., Wellbeing & Business Performance. Morgan Redwood, 2009

Geurts, S.A.E., Kompier, M.A.J., Roxburgh, S., Houtman, I.L.D., Does Work-Home Interference mediate the relationship between workload and well-being? Journal of Vocational Behavior Vol 63, Pages 532 – 559, 2003

Kwartel, A. van der, Velde, F. van der, Windt, W. van der, Arbeid in Zorg en Welzijn 2008. Prismant, Utrecht, December 2008.

Leede, J. de, Looise, J.C., Wasser, S., Plannen en Roosteren in de VVT: Naar een productieve balans tussen werkgevers en werknemers in arbeidsduur en werktijden. Onderzoek in opdracht van Sociaal Overleg VVT, 2009

Lippe, T. van der, Work, Employment & Society. Dutch workers and time pressure: household and workplace characteristics. BSA Publications Ltd, Vol 21 (4), Pages 693 – 711, 2007

Maxwell, G.A., McDougall, M., Work-Life Balance. Exploring the connections between levels of influence in the UK public sector. Public Management Review, 6:3 Pages 377 – 393, September 2004

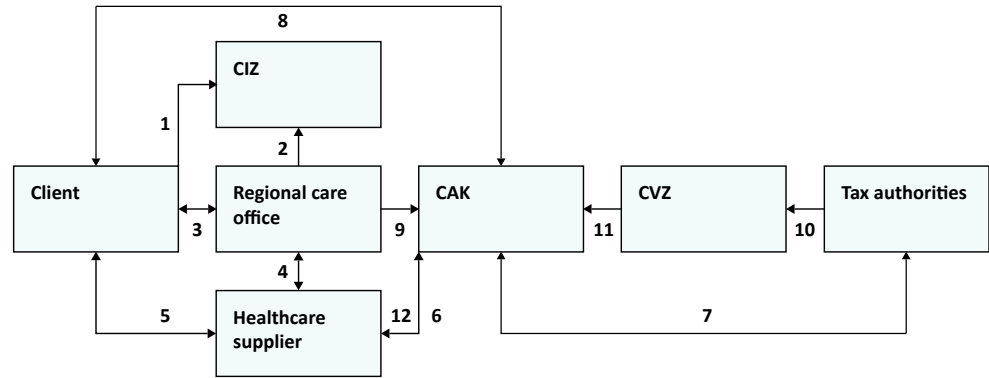
Reiter, N., Work Life Balance: What Do You Mean? The Ethical Ideology Underpinning Appropriate Application. Journal of Applied Behavioral Science, 43, 273, 2007

Rose, S., Hunt, T., Ayers, B., Adjust the Balance: Literature Review Life Cycles and Work Life Balance. Centre of health Psychology Staffordshire University Stoke on Trent, 2007.

Tausig, M., Fenwick, R., Unbinding time: Alternate Work Schedules And Work-Life Balance. Journal of Family and Economic Issues, Vol 22 (2), Summer 2001

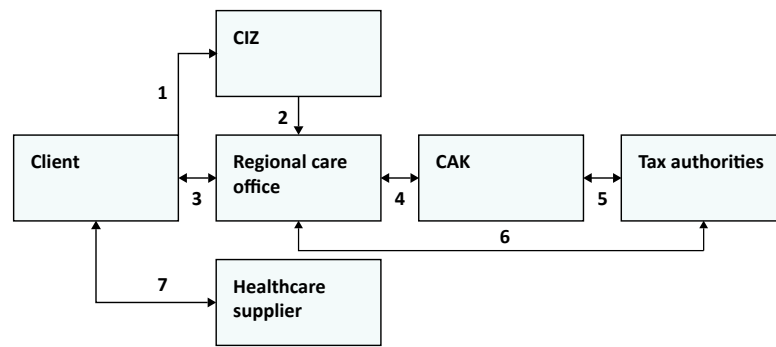
Yin, R. K., Case Study Research: Design and Methods, Sage Publications, Inc., fourth edition, 2009

APPENDIX A
 AWBZ-PROCESS
 FLOWCHART
 [BASED ON 1.2]



1. Client contacts CIZ for a client-based indicated budget.
2. If approved, CIZ draws up the indicated budget and sends it to the regional care office.
3. In consultation with the client the regional care office arranges a place at a suitable healthcare supplier.
4. The regional healthcare office sends the indicated budget to the specific healthcare supplier.
5. The healthcare supplier contacts the client and the specific care can be provided.
6. The healthcare supplier contacts the CAK for the calculation of the clients' obligatory financial contribution.
7. CAK retrieves the clients' income from the tax authorities.
8. CAK charges this contribution from the client.
9. The regional care office instructs the CAK to transfer AWBZ public money to the healthcare supplier, based on the negotiated agreements.
10. CVZ acquires the AWBZ public money from the tax authorities.
11. CAK acquires this money from the CVZ.
12. CAK transfers the AWBZ public money to the healthcare supplier.

APPENDIX B
PGB-PROCESS
FLOWCHART
[BASED ON 1.2]



1. Client contacts CIZ for an indication.
2. If approved, CIZ draws up the indication and sends it to the regional care office (with the clients' preference for a personal budget (PGB) as a notification).
3. The regional care office translates the indication to a (net) personal budget and transfers it to the client. After calculation of the clients' final obligatory financial contribution the client will be contacted for a possible settlement, back pay or requisitioning.
4. The regional care office contacts the CAK for the calculation of the clients' final obligatory financial contribution. The CAK links this calculation back to the regional care office.
5. CAK retrieves the clients' income from the tax authorities.
6. The regional care office provides the tax authorities information about spent PGB money of the PGB holder.
7. The client purchases and pays for healthcare by himself.

APPENDIX C

INTERVIEW PROTOCOL

Antwoordformulier Telefonische Enquête, Arbeidsduur en Werktijden VVT

1. INTRODUCTIE

Goedemorgen/middag, u spreekt met en ik ben student Bedrijfswetenschappen aan de Universiteit Twente. Zoals u wellicht weet, voeren wij in opdracht van sociale partners VVT een onderzoek uit naar de inrichting van de arbeidsduur en werktijden binnen de VVT-sector en de kraamzorg. Begin deze week is hier een e-mail over verzonden, waar in de twee doelen van dit onderzoek staan aangegeven: een 8-tal case studies voorafgegaan aan een belronde onder 40 instellingen (*dit gesprek*).

De resultaten en uitkomsten van dit onderzoek zullen ondermeer gebruikt worden voor de Cao-onderhandelingen van 2010. De opbouw van dit onderzoek zal ondermeer bestaan uit een multiple case study, bestaande uit 8 instellingen die fungeren als case. Wij willen graag weten hoe uw instelling omgaat met arbeidsduur en werktijden en ook of uw instelling bereid en geschikt is om als case study te fungeren. Komt dat op dit moment gelegen (*ongeveer 15 minuten*)?

Zo nee: Direct proberen een terugbelafpraak te maken.

Zo ja: Verdergaan met het stellen van de onderstaande vragen.

2. ALGEMENE VRAGEN

Binnen welke sector zijn uw werknemers werkzaam?
VVT of kraamzorg – enkelvoudig of samengesteld

Uit hoeveel fte's (totaal aantal) bestaat uw instelling?

Uit hoeveel fte's bestaat de door uw instelling verleende zorg (VVT of kraamzorg)?

Hoeveel medewerkers binnen het primaire proces werken er binnen uw instelling in de VVT of kraamzorg?

Wat is de gemiddelde leeftijd van het personeelsbestand van de medewerkers?

Wat is het ziekteverzuim voor de zorgverleners binnen uw instelling in 2008? ...%
Is de trend stijgend of dalend?

3. SPECIFIEKE VRAGEN ARBEIDSDUUR EN ARBEIDSTIJD

Wat is de gemiddelde arbeidsduur voor de zorgverleners binnen uw instelling?

Welke contractvormen komen er binnen de instelling voor? En in welke verhoudingen?
Onbepaalde tijd - bepaalde tijd - extern (niet in loondienst) - oproepkrachten - jaaruren contracten - min/ max contracten.

Kan de organisatie met dit soort contracten het werkaanbod aan?

Zijn er knelpunten?:

Overwerk - onregelmatige diensten - gebroken diensten - onregelmatige werktijden

Hoe wordt hier mee omgegaan binnen uw instelling?

4. PLANNING Zorgen deze medewerkers voor een juiste 'dekkingsgraad' (capaciteitsplanning) voor de te bieden zorg?

Hoe wordt er gepland: (centraal/decentraal, collectief of individueel)

Is er sprake van verstoringen in het rooster? (structureel of uitzonderlijk).

Indien ja: hoe worden deze opgelost?

Hoe ver van te voren staat het rooster vast? Is de medewerker er dan ook van op de hoogte?

Hebben medewerkers inspraak bij de totstandkoming van het rooster?

Is men op de hoogte van de voorkeur van de medewerkers?

Hoe gaat u instelling om met vakantietijd? Hoe ziet de planning er anders uit?

Zijn er recente ontwikkelingen betreft de planning van de medewerkers binnen uw instelling?

(Zorgconcepten, bedrijfsconcepten en/of technologie)

Zijn er zaken die u als bijzonder classificeert betreft de planning binnen uw instelling?

Is er een OR of een zeggenschap comité (actieve werkgroep) binnen uw instelling?

(Agendapunten, werkdruk)

5. ZORGCONCEPT Hoe is het takenpakket van uw medewerkers ingericht? Hebben ze kennisspecifieke taken of zijn er vooral algemene taken die door uw medewerkers verricht worden? (Takenpakket van de zorgmedewerker, worden ze vooral ingezet als *specialist* of als *generalist*)

Hoe worden taken onder de medewerkers verdeeld?

(Individueel/ teamverband, Generalist/ specialist)

Zijn er gegevens bekend over uw cliënttevredenheid? (wat is de trend?)

Zijn er in uw visie mogelijke aanpassingen van arbeidsvoorwaarden die de kwaliteit van de arbeid kunnen stimuleren? ...

6. AFRONDEN Bij dezen wil ik u hartelijk bedanken voor uw tijd en moeite. Aan de hand van de verkregen informatie uit de belronde zullen wij een korte reportage maken over alle 40 benaderde instellingen. Op basis van deze informatie zullen een 8-tal instellingen als case geselecteerd worden, dit in samenspraak met de sociale partners. Bent u bereid om met uw instellingen als case te fungeren? Tevens zou ik graag de zorgmanager of zorgdirecteur van uw instelling willen benaderen (*naam - functie - nummer, indien het gesprek positief verloopt*).



