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Editorial: Gender & Wellbeing at Work

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Wellbeing at work is a changeable and contested term (Hone, Schofield, Jarden, 2015). However, it has often focussed on attributes of individuals at work rather than incorporating the work environment, the role of the regulatory environment or other external influences affecting employee wellbeing (Ravenswood, 2011). The focus of individual wellbeing and mental health has identified factors such as positive work relationships (Roche, Haar, & Luthans, 2014), meaning in life and social relationships (Diener et al., 2010) and trust in leadership (Roche et al., 2014) as well as individuals' 'resilience'. Measures of employee wellbeing have included fatigue, job-induced stress, job satisfaction and work-life balance (Macky & Boxall, 2008).

Fewer studies have connected individual attributes with the context within which employee wellbeing takes place (Baptiste, 2008). However, some have included aspects of the work environment, such as supportive management (Gilbreath, & Benson, 2004; Hone et al., 2015; Wood & de Menezes, 2011), and supportive colleagues (Hone et al., 2015) and physical factors such as green spaces (Lottrup, Grahn, & Stigsdotter, 2013). The organisation of work can also be crucial with workload and deadlines impacting on people's wellbeing and ability to gain adequate sleep (Moen, Kelly, Tranby, & Huang, 2011), and their ability to detach from work.

The wellbeing literature has focussed more on individual traits and abilities than on organisational context, yet it could be said for the purpose of improved performance, rather than with the aim of improving employee wellbeing (Guest, 2017). What Guest's assertion implies is that the wellbeing research, based in HRM and psychology fields, has lacked a *critical* approach that incorporates not only individual traits but the socio-political and organisational context of their wellbeing.

Guest (2017) proposes a new analytical framework, drawing on the quality of work life literature in employment relations that includes consideration of engaging work, organisational support and employee voice, and a good work environment. Of significance to this special issue, Guest (2017) includes equal opportunities as a key aspect of a good work environment. Such a framework may appear surprising or challenging to a body of literature that has had an individual and/or performance focus, however, the context of the workplace and employment relationship is a foundation of employment relations scholarship. Employment relations wellbeing research has often focussed on employee control (or lack of it) and voice in the workplace. Control over work and its flexibility has indeed been found to be key in employee wellbeing (Wood & de Menezes, 2011). This voice or control extends to organisational policies, for example, how patterns of work are decided, the predictability or unpredictability of work commitments, and the timing of work (Wooden, Warren, & Drago, 2009). It is often

the collective process in which these decisions are made that makes the difference in how employees view the policies (Bailyn, 2011).

Overall, this research (and a large component of ER research in general) often fails to take a gendered analysis of employee wellbeing at work. The one key area that broadly relates to gender and wellbeing has centred upon work-life balance (Gröpel & Kuhl, 2009) and the burden of care work that women still carry: women spend more time on domestic work and childcare tasks than men (Walsh, 2013). Attempts to reconcile domestic and care work with paid work can backfire for women who may 'choose' occupations that are more flexible (such as within the medical professions – Walsh, 2013), and women may be judged more harshly than their male counterparts and seen as less committed to their jobs when they ask for flexible work (Allen, 2005). Recent work emphasises the concept of wellbeing in relation to family demands and their impact on work, with manager support directly influencing the otherwise negative impact (Achour, Ahmad, Nor, & Yusoff, 2017). Some attention has been given to the context within which we consider wellbeing, for example, amongst North American Indian women which finds that the rural context and its attendant socioeconomic factors, as well as community and organisational support are crucial for the experience of work-life balance (Christiansen, Gadhoke, Pardilla & Gittelsohn, 2017). Further 'non-Western' perspectives of employee wellbeing in relation to work-life balance are also emerging, providing welcome critiques of the models used by Western researchers (e.g. Ahour et al., 2017).

However, while this research is essential, conflating women's work roles with care for children, risks perpetuating gender stereotypes of women as successful workers, and women's role in society. Research has only just begun to recognise, for example, the role of wages in women's wellbeing in relation to work-life balance and the work environment (Lips, 2016; Ravenswood & Harris, 2016). Research needs to move beyond what is essentially surface level analysis of the issues for wellbeing at work in relation to gender, and to consider *why* women might have lower wellbeing in relation not only to their family demands, but also in relation to how we organise work in our societies and their experience at work. A notable contribution in this area is Sojo, Wood and Genat's (2016) study on women's negative experiences (sexual violence, harassment and discrimination) at the workplace and its effect on women, specifically investigating the power relationships that are behind these experiences.

This Special Issue highlights research in New Zealand, Australia and South East Asia. Comparable with our call for papers for this issue, narrow definitions of wellbeing have been shattered, and the interactions between individuals, work and society are investigated in more detail in each article. The issue begins with an article that challenges our concept of careers, older workers and wellbeing. The first article by Myers and Douglas examines older women's re-entry into work in New Zealand after having spent time on a self-initiated expatriation travelling and working overseas. Although these women returned energised and enthusiastic for new work and career opportunities, they faced discrimination and disadvantage based on their age. While highlighting negative stereotypes and the reality of discrimination against older women in New Zealand, this article argues for a more holistic view of wellbeing at work which includes not only meaningful work, but also a consideration of the role of career paths and earnings in reckonings of wellbeing. It urges both academics and practitioners to consider the reciprocal nature between employee and organisational wellbeing.

Pringle, Davies, Giddings and McGregor also consider the role of earnings in wellbeing for women in engineering and care occupations. Continuing a more complex view of wellbeing, the authors connect the individual (micro), organisational (meso) and social/economic (macro) levels of wellbeing and show how the relationships between these levels impact on women. This article situates itself within the context of the gender pay gap in New Zealand, and challenges the positivistic, quantitative views of wellbeing that have persisted in psychology and industrial relations based research, with a call to contest a recent shift in IR research to more managerial perspectives, rather than exploring underlying power relationships.

From here, we move to Australia where Corr, Dixon and Burgess discuss wellbeing of managers, business owners and providers in the low-paid, high pressure industry of early childhood education. This provides a different perspective by focussing on the competing time pressures of women between their managerial responsibilities and their own personal childcare commitments. Part of the Work, Time, and Health project, this highlights how the complexity of regulatory requirements in early childhood education, as well as increasing skills shortages, adds to the demands on managers. It seems that managers prioritise the needs of others, in their professional and personal lives, over their own health. The flexibility afforded these managers and business owners because of their positions did not always have a positive effect on their health behaviours because of the long and varied hours in the industry.

Still located in Australia, Werth, then, examines the nexus between paid and unpaid work in her study of women working with chronic illness. In particular, in a context in which 'wellbeing' is an assumed prerequisite for work and deviance from that expectation is viewed negatively, Werth examines the influence of support in the personal environment upon women's opportunity to succeed in the labour market. For those suffering chronic illness, paid work also involves the emotional work of 'passing', covering up the effect of the illness, and the emotional work of disclosure of chronic illness. This is especially so for diseases that are misunderstood to be 'fixed' if an individual makes the appropriate lifestyle choices, such as auto-immune diseases. Because of the expectations of wellbeing, there is a dearth of research on workers with chronic illness. Werth argues that within an increasing focus on individual resilience, the definition of wellbeing should include 'understanding and accommodations in social and work environments'.

Incorporating the social and work environments in our considerations of wellbeing is also argued by Pio and Singh in their study and article of acid abuse victims in South Asia. This research brings and introduces a different perspective to the Western/developed country concepts of wellbeing to this Issue, by examining wellbeing through the context of social enterprises that aim to improve the wellbeing of acid violence survivors. The employer in this enterprise and their survivor-volunteer employee had contrasting views, with the survivor's views of wellbeing being tainted by social stigma surrounding acid attacks and disability – similar in some ways to Werth's argument that 'wellbeing' or its presumption can be negative for women with chronic illness. This tension between perceptions of wellbeing resulted in a negative impact on both employer and employee. Pio and Singh argue that wellbeing can be achieved in similar circumstances through the organisation of structures that acknowledge all perspectives, encouraging mutual respect despite differing status and positions.

One aspect of gender and wellbeing at work that still requires considerable research, especially given indicative mental health statistics, is that of the wellbeing of gender diverse people (Thoroughgood, Sawyer, & Webster, in press). Although this Special Issue does not address that, it is a subject that we would like to see given greater attention from employment relations and HRM academics. Notwithstanding this gap, this Special Issue does provide a much needed focus on the multi-faceted experience and concept of wellbeing for women. In doing so, it highlights the importance of in-depth critical qualitative research to reveal the socio-political relationships that influence and affect the wellbeing of women at work across three regions. In contrast to much of the previous work in wellbeing, this Special Issue strengthens the call for a more comprehensive definition of wellbeing that considers, not only the individual, but also their identity or position within their career, profession and society. It brings to our attention the complex relationship between how women are treated at work, including their remuneration, the social status of their work and their wellbeing. As editors of this Special Issue, we would propose a new definition of employee wellbeing: "employee wellbeing is the holistic outcome of individual identity, the work environment and the socio-political context that constrains and informs an individual's opportunity to thrive at their workplace and in the community".

Acknowledgements

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Older women: employment and wellbeing in later life

"Age is opportunity no less,
Than youth itself in another dress,
And as the evening twilight fades away,
The sky is filled with stars, invisible by day."

(Henry Wadsworth Longfellow)

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Abstract

This article explores the older worker discourse on wellbeing and work by highlighting the labour market re-entry and work experiences of a small group of older women who returned to New Zealand 'rejuvenated' after completing self-initiated expatriation (SIE), a period of extended travel and work overseas. The women explored a diverse range of organisational employment options and despite their intention to engage in appropriate and meaningful work pathways, their experiences were marred by discrimination, disadvantage and disappointment. However the participants, buoyed by the freedom, challenges and learnings derived from their recent SIE, were no longer prepared to compromise their personal wellbeing by engaging in unsatisfactory work roles and looked to alternative avenues, outside formal organisational work to preserve their sense of wellbeing. This research contributes to the older worker and wellbeing discourses by encouraging employers and other stakeholders to embrace a broad range of 'older' employee pathways, in a spirit of employer–employee reciprocity that support and enhance individual and organisational wellbeing.

Key words: age, diversity, discrimination, gender, older women workers, positive ageing, SIE, wellbeing

Introduction

Older women are confronted on a daily basis with mixed messages around success and wellbeing. Women are exhorted to be sassy at 60 (Street-Porter, 2008) and to age with attitude and elegance (Clifton, 2008). Elsewhere in the media, older women are depicted in more traditional caring roles "The Club Sandwich Generation. In their 60s, they're winding down at work. At home, they're taking care of their parents – and their grandchildren" (Hannan, 2011: 12). Allied to this manifold ageing discourse, is the public discussion around older workers from an economic perspective. Older workers, labelled variously as the "grey-haired workforce" and "grey matters at work" (Charman, 2015), are seen as carrying responsibility for future national economic success. The Ministry of Social Development (MSD) (2011) suggested that boomers

> need to work longer and spend their full potential for the Government to afford their support payments. It predicts boomers could contribute billions to the economy – we just have to take advantage of its potential (p. 13).

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Although labour market participation rates for older women in New Zealand are increasing (Callister, 2014), there is limited knowledge on their later life employment experiences (Myers, 2011). Do these protracted years of work enable women to develop, consolidate and enhance their individual sense of wellbeing and purpose, or do they reaffirm and extend a gendered life-course of workplace discrimination and social and economic disadvantage? (Loretto & Vickerstaff, 2015).

This article explores the labour market re-entry and employment experiences of a small group of older women (50 plus) (MSD, 2013; OCG, 2013), who had left their established careers and lives for an extended period of time to undertake self-initiated expatriation (SIE). For a more in-depth discussion of the older worker age threshold please refer to Myers (2016). Firstly, we explore the demographic and labour market trends in the New Zealand workplace. This discussion is followed by a literature review that considers issues relevant to the employment and wellbeing of some older woman who have returned to New Zealand after an SIE. Next, the methodology is outlined, the research questions are clarified and the role of narrative in the process of data gathering, analysis and presentation of findings is discussed. Significant background information is presented and describes how the participants returned from SIE having experienced considerable career and personal development. This gives context to the following section which outlines the participants' unexpected and challenging labour market re-entry and work experiences. The paper concludes firstly with a discussion on how the participants responded to their post-SIE employment experiences and challenges while retaining their sense of purpose and general wellbeing; and secondly outlines implications for four key stakeholder groups: academics and researchers, older workers, employers, and industry and policy makers.

Older Women and Labour Market Participation: the New Zealand Context.

Population ageing has become the global term used to denote significant demographic transition issues (Dunstan & Thomson, 2006; EEO Trust, 2012a). In New Zealand, population ageing is occurring at a slightly slower rate than in Europe. Between 2004 and 2051, New Zealand's population is predicted to increase by one million people, and by 2051, 50 per cent of the population will be 46 years plus (Alpass & Mortimer, 2007) and 1.37 million will be classified as older (MSD, 2013). By 2061, it is predicted that the New Zealand female population will comprise three similarly sized groups: 15 to 39, 40 to 64 and 65 years plus (Callister, 2014).

Labour market participation rates for older women have increased from two per cent in the mid-1990s to 15 per cent in 2014, while older men's have increased from eight per cent to approximately 25 per cent (Callister, 2014). Using a threshold of 50 years for defining an older worker (McGregor, 2007; OCG, 2013), it is expected that older women's participation rates will continue to increase at a greater rate than older men's, partly due to women's longer life expectancy. Of note, though, is that while female participation rates have incrementally risen, especially in the older (50 plus years) age cohort, they still remain lower than older male participation rates, but are at the upper end of the OECD countries (Dunstan & Thomson, 2006; MSD, 2013; OECD, 2011).

There are also some factors unique to New Zealand that impact on these patterns. New Zealand's slower growing but rapidly ageing population raises issues, such as predictions of a labour shortage and a shortage of skilled labour, particularly in some of the industries and

professions where there is a high median age (EEO Trust, 2008a). Additional contextual factors go some way to explaining the higher New Zealand labour market participation rates of older men and women when compared with other OECD nations. Public policy changes in superannuation increasing eligibility to 65 years (and recently 67 years) (Small, 2017), the removal of compulsory retirement and changes to the Human Rights Act 1993 outlawing age-based discrimination have encouraged continued workforce participation.

The decisions of women (and men) to continue to engage in paid work or not may, for some, be a function of financial necessity. Those in low paid work throughout their employment have not necessarily been able to save enough for retirement. Financial disadvantage is a significant aspect of what Loretto and Vickerstaff (2013; 2015) identify as a gendered life-course. The intractable gender pay gap, currently 12 per cent (Ministry for Women, 2016), means that women earn less than men, both on a weekly basis and also as an accumulation over the working life span (Harris, 2017). Child rearing and other caring roles are also significant career interrupters for women. The Kiwisaver scheme, a voluntary work-based retirement savings scheme introduced in 2009, should benefit those entering into the scheme as new entrants to the workforce, but for those aged 50 and over, it is likely the rewards of the Kiwisaver scheme may fall short of the necessary funds needed to secure a comfortable retirement. This is particularly relevant given that women save, on average, 71 per cent of what men save for retirement (ANZ, 2015). For women, retirement has the prospect of being longer than that for men, as they retire younger on average and also live longer.

There are many factors that influence extended labour market participation or withdrawal, including various stereotypes, discriminatory practices and financial circumstances (EEO Trust, 2006; 2008b) that impact on the decisions of older persons to continue to work or leave the workforce (Mountford, 2013). The current dominant discourse on the older worker is that employers will increasingly seek to employ older workers to address labour and skill shortages (CIPD, 2012). Yet in a joint EEO Trust and New Zealand Work Research Institute study on the ageing workforce, it is suggested that government policy makers are driving this discourse to a greater extent than business leaders and employers (McCleod & Bentley, 2015). In fact, employers often perceive the older worker in a negative light, thus reinforcing stereotypes of older workers as less productive and more expensive than younger workers (Taylor & Walker, 2003). In a New Zealand EEO report on older worker myths and realities (2012b), the author calls on employers and government to work together on this issue, pointing to the

> false assumptions and stereotypes about their performance…the most pernicious of these is that older workers cost more, are more prone to health problems, can't adapt to workplace changes and new technology, perform more poorly than younger workers, and represent a poor investment in training (p. 6).

Although there are arguments identifying older workers as valuable employees, it seems that, even when stereotypes are challenged (Maurer, Barbeite, Weiss & Lippstreu, 2008), some employers continue to have a negative view of older workers overall. Older workers are often the first to be targeted in organisation downsizing (Dorn & Souza-Posa, 2010), sometimes with the implicit approval of unions. In response to these discriminatory practices, the older worker may prefer to withdraw or retire rather than be made redundant (Loretto & White, 2006).

McGregor and Gray (2001) suggest that the true extent of discriminatory employment practices against older workers remains under-researched and not understood. Others go as far as to say that, when faced with the imperative of drawing on older workers, employers will not consider

them (Henkens, Remery & Schippers, 2008). In New Zealand, it has been suggested that increased labour market participation levels for older workers reflect employer expediency in a strong pre-GFC labour market rather than a fundamental change in employer attitude (Davy & Glasgow, 2006).

Literature

This section begins with an examination of literature on self-initiated expatriation (SIE) and then moves on to a brief review of the positive ageing and wellbeing literatures. This discussion provides a more positive counterpoint to the age and work discourse of the previous section which suggests that women experience considerable economic disadvantage over the life-course.

Self-initiated expatriation (SIE)

Overseas experience (OE) is a term unique to New Zealand. It is a period of self-driven and self-managed work and travel overseas during which younger people autonomously explore other cultures and countries (Inkson & Myers, 2003; Jokinen, Brewster & Suutari, 2008). Individuals who self-manage their expatriation as per OE have become an international field of research, with SIE being adopted as the most appropriate term for this phenomena by researchers (Inkson & Richardson, 2010).

Assigned expatriates (AE), employees of Multi National Enterprises (MNEs) who are sent abroad, have long been the focus of researchers in the field of International Careers and International Human Resource Management. This type of international work experience differs from the SIE experience and there is a growing body of literature focussing on the differentiation of these terms (Dorsch, Suutari & Brewster, 2013). However, expatriates who initiate their own international experience, (SIE) are still less understood (Andresen & Gustschin, 2013).

The extant literature on SIE draws on diverse populations but most research has centred on younger and midlife age groups, focussing on their SIE motivations and career outcomes. While the AE literature suggests that individuals are primarily driven by career motivations and achieve significant career development as an outcome of expatriation, the SIE literature points to significant personal drivers and high levels of personal and career development resulting from self-initiated expatriation.

Despite the increasing numbers of published articles on self-initiated expatriates (Doherty & Thorn, 2014), the field remains under-theorised, especially regarding intersections of age and gender (McNulty, Fisher & Vance, 2017; Myers, Inkson & Pringle, 2017).

Positive and successful ageing
The concept of productive or active ageing, that is, continued activity contributing to positive outcomes (Everard, Lach, Fisher & Baum, 2000), has become a significant discourse within the context of an ageing population. Positive ageing is grounded in social and economic policy literature (ibid), and although individual activity and productivity is part of this discourse, positive ageing denotes a macro policy perspective whereby government social and economic policy delivers successful outcomes at a societal as well as an individual level.

Productive ageing literature argues that social, economic and employment policy must provide a more inclusive framework (Sonnet, Olsen, & Manfredi, 2014) that supports the wellbeing of the older citizen or older worker (Davy & Glasgow, 2006). While the discourse of positive ageing argues that older people may choose the way in which they contribute, the positive ageing strategy has been critiqued in that it overemphasises work, extended careers and economic growth at the expense of other lifestyles in later life. Positive ageing has also been questioned in that much of the emphasis has been on reforming or delaying pension ages, therefore, delaying retirement (Phillipson, 2013). There has been limited policy action in other areas, especially at employer and organisational levels to improve the quality of work (Bentley et al., 2014). These areas were identified as important to encourage older workers to stay or return to the workforce (Sonnet et al., 2014).

Wellbeing

The literature of personal meaning is underpinned by a general acceptance that achieving wellbeing is more than just striving to achieve contentment or happiness. The literature on human potential and wellbeing encompasses two main streams. The hedonic approach considers happiness as an outcome of the pursuit of pleasure while the eudaimonic approach considers wellbeing in terms of the degrees of self-realisation and meaning that one derives from life (Ryan & Deci, 2001; Ryff & Singer, 2006). In the latter approach, self-fulfilment is perceived as leading to authentic happiness, which in turn enables one to grow and flourish (Haybron, 2008; Laceulle & Baars, 2014).

Understanding what people feel is most meaningful in their lives has been conceptualised in a range of wellbeing studies. For example, Mackay, Prendergast, Jarden and Schofield (2015) draw on a scale of 10 items to assess individual levels of wellbeing. In a paper on younger men and their wellbeing, Rasmussen and Hannam (2013) point to young men's inadequate educational experiences and their high levels of suicide, incarceration, workplace accidents and sickness as markers of low levels of wellbeing. Thus defining or identifying the features of wellbeing is a broad church with researchers focussing on a range of concepts including balance (Dodge, Daly, Huyton & Sanders, 2012), resilience (McCann et al., 2013) and trust (Baptiste, 2008).

Other models of individual wellbeing consider the relevance of the experiences and challenges associated with life transitions. DeVogler and Ebersole (1980) theorise eight sources of meaning, Fiske and Chiriboga's research (1991) identifies seven life goals and a range of studies suggest that there are several levels of meaning, the highest of which is abstract and transcending self-interest (Brandstätter, Baumann, Borisio, & Fegg, 2012). Studies on wellbeing (Kim & Moen, 2002) explore the values and sources of meaning in life for older people and suggest that older women (and men) have a strong need to search for independence, strength and autonomy.

Further to the interest in wellbeing at the individual level, there is an increasing interest in wellbeing in an organisational setting, where the notion of wellbeing is captured within performance models and often linked to an individual's performance measures, such as productivity, retention and satisfaction (Baptiste, 2008) and organisational factors, such as management support, workload, flexibility and physical environmental factors (Ravenswood, Harris & Wrapson, 2017). Recent research on wellbeing and work (Mackay et al., 2015) suggests that workers over 60 experience greater levels of wellbeing than those under 30 and attribute this to higher income levels, home ownership and job security. However, the increasing prevalence of insecure and precarious work as well as underemployment across all

age groups may well undermine the conditions that foster the wellbeing of employees ultimately leading to employees being less engaged and productive in their organisational roles.

A Gendered Perspective

It is argued that gender has been neglected in wellbeing, employment and retirement studies for older people (Ravenswood et al., 2016; Loretto & Vickerstaff, 2013; Schultz & Wang, 2011), and what research there is, is compromised by benchmarking women's employment and retirement patterns to those of men (Myers, 2016; Wong & Hardy, 2009) and privileging labour market participation over other ways of being in later life. Post, Schneer, Reitman and Ogilvie, (2013) suggest that there are three theoretical frameworks to consider when examining older women's decision to continue or leave paid work "the relational emphasis in women's careers, women's caregiving roles, and structural and economic constraints that diminish women's earnings" (p. 92).

Loretto and Vickerstaff (2013) posit that in later life "retirement may mean very different things for women and for men" (p. 65), and in their most recent article they continue to emphasise that gender and age are "underexplored" and "under-theorized" (Loretto & Vickerstaff, 2015: 14; Harris, 2017). As increasing numbers of older women delay retirement due to low rates of savings and continue labour market participation as well as working in their domestic roles and other unpaid work, they are likely to experience greater work–life imbalance, disadvantage and diminished levels of wellbeing (Moen, 1996).

Methodology

Narrative

The increase in narrative over the past 30 years is extensively documented in social science literature (Denzin & Lincoln, 2011a) as well as across many other disciplines (Cole & Knowles, 2001). Narrative researchers have focussed on varied methodological approaches and the terms they attribute to these studies of people's lives are wide ranging. The life story is one of these approaches and the process of gathering life stories in this research was based on the following understanding. The life story empowers the teller. It is not intended to be a precise account of a life and to document historical truth, but to establish the teller's own 'story', and in this sense, the life story is considered 'trustworthy' rather than 'truthful' and 'transferable in some respects' but not 'generalisable' (Denzin & Lincoln, 2011b) As a research methodology, the life story, sometimes referred to as 'big' stories, is respectful of the viewpoint of the participant and gives visibility to stories and insights often not previously understood.

The concept of 'small' stories is also relevant in this article. Researchers using the small story method believe it captures unprompted instances and happenings as individuals live out their lives (Bamberg, 2006). The small story (Potter & Hepburn, 2005) draws on both spoken and written language and it is argued that small stories enable the everyday social interactions and experiences to be explored, resulting in a closer and better understanding of how individuals make meaning of their lives (Georgakopoulou, 2006).

As a research methodology, the life story creates a link across the continua of narrative methodologies. In the context of this article, we acknowledge the life story as the methodology adopted to gather the data, but also point to the small story as a way of exploring specific issues and experiences within the 'big' life story. Our position on big and small stories in this research

article is that both are relevant and complementary (Freeman, 2006) as they involve varying degrees of reflection to elicit narrative meaning (Andrews, Squire & Tamboukou, 2008). Thus, we draw on big stories as an overarching framework, and focus on small stories as a way to explore specific issues and incidents and also to illustrate these findings.

Sample and research process

The ages of the participants ranged from 50 to 62 at the time of their SIE departure. Time spent away on SIE ranged from three months to 10 years and just over half the participants were domiciled in English-speaking countries.

Before SIE, participants were employed in a range of professional and non-professional occupations (see Table 1 below).

Table 1. Participant Occupations Before and During Self-Initiated Expatriation (Australian and New Zealand Standard Classification of Occupations – ANZSCO)

	Before SIE	During SIE
Managers	4	3
Professionals	8	5
Technicians and trades workers	2	2
Community and personal service workers	2	8½
Clerical and administration workers	3	½
Sales workers	2	–
Machine operators and drivers	–	–
Labourers	–	–
Residual workers	–	–
Other (one unemployed, one student)		2

Eighteen out of 21 participants elected to work in a different role while on SIE. Seven out of the 21 participants found employment during their SIE that was in the same classification as their pre-SIE ANZSCO category. Only three of these seven stayed within their existing occupations of teaching, nursing and legal services.

On their return to New Zealand (post-SIE):
- three participants did not seek work in New Zealand due to illness, age (72 on return) or returning overseas to live on a long term basis
- eighteen participants sought appropriate or meaningful paid organisational employment

Participants in this research related their life stories via a semi-structured in-depth interview with open-ended questions. Data gathering involved a pilot of five interviews and a full study involving 21 participants. To recruit participants for the full study, selection and snowballing processes (Biernacki & Waldorf, 1981) were used. The interviews were held in New Zealand locations where the participants lived and were generally one to two hours long.

Limitations

Findings and insights gleaned from this exploratory research are the result of an interpretive research process and as such contribute to theory building and are not generalisable across the SIE population or across the older worker population (Crotty, 1998; Denzin & Lincoln, 2011b). It is also noteworthy that this interpretive study was on older women, so insights cannot

necessarily be applied to the labour market re-entry experiences of older men and also younger men and women who return to New Zealand after completing SIE.

While the sampling process drew on selection and snowballing, there were some limitations in that a snowball sample is potentially limited to established groups and networks of friends and colleagues, with the likely result of a pool of participants with similar backgrounds and experiences (Inkson & Myers, 2003). The researcher sought to address this by mostly selecting individuals without drawing on their extended networks.

Findings and Discussion

Background and context of the study

This article considers the experiences of a small group of women who sought employment in New Zealand after completing self-initiated expatriation (SIE). While the full study explores the personal and professional motivations, experiences and impact of SIE on 21 older women (50 plus), this article explores some issues within the larger study i.e. the experiences of 18 of the participants who intended to re-engage in work post-SIE and how they navigated and negotiated notions of work and wellbeing. More specifically, the research areas identified for further exploration in this article are:

- What are the experiences of participants who seek organisational employment back in New Zealand?
- How do these participants interpret and enact 'wellbeing' in this later stage of life?
- What are the implications for stakeholder groups i.e. employers, the government, older women workers and researchers?

Disenchantment with work before departing for SIE was an issue for most of the participants. They wanted to make some career and life changes, but there was a dearth of challenging, interesting or different work opportunities. One negative aspect of work that several participants mentioned was the continual organisational restructuring that went on in both private and government organisations. This was a significant demotivator, and each time it happened, the participants felt less engaged in the workplace and their work became increasingly meaningless.

> *I'd gone into Human Resources thinking it was actually a people-focussed industry but in the corporate and government departments I found it was extremely process-focussed and the people actually didn't count very much. And I ended up being in situations that I disliked around restructuring and having empathy with the people…I had a reputation for being very good at doing it, but it was way outside my value systems (Cassie).*

During their SIE, all the participants unexpectedly developed new employment skills and career capital. They also experienced significant personal development and clarified core values and priorities to shape and drive their later life paths. This finding is in line with previous research, see Dickmann and Harris (2005), and Myers and Pringle (2005). Thus, the participants returned to New Zealand rejuvenated with a much greater sense of purpose and wellbeing than when they left New Zealand to undertake SIE. On their return to New Zealand,

some participants wished to work fulltime in a career position; others wanted part-time and less challenging work. All participants were confident that their qualifications, skills and experiences would earn them suitable employment.

Recruitment experiences

Participants spoke of the frustrations they experienced during the recruitment process**.** In particular, they found pre-SIE employment experiences and skills, as well as the additional career capital they accrued while on SIE were often dismissed or not seen as relevant and transferable. Participants were disturbed by the lack of respect for what they had achieved in their careers and the inability of some employers to take them seriously and retain professional boundaries in the interview process.

> *I found it very difficult to find a job, very difficult to try and communicate what had happened during that time and I tried very hard, which really was a bit of a waste of time actually and I learnt the next time, don't bother. Employers weren't interested. In fact I went to more than one interview where it was very clear within the first five/ten minutes that I really wasn't going to get the job, and both interviews became, 'well that's not really relevant…now tell me about Cambodia, it's a very interesting country, isn't it?' and 'you know we were thinking of going there for our holiday' as one of them said, and I ended up doing a sort of travelogue (Sharon).*

Under-employment

Many participants seeking employment struggled to secure a position and eventually opted to settle for anything in order to bring some money in. Under-employment was a major issue for these participants who were forced to take roles that did not build on their previous experience and were lacking challenge or interest. The lack of choice and autonomy in the pursuit of employment was a major concern to participants who were forced to 'fit in' with whatever was on offer (Loretto and Vickerstaff, 2015).

> *The first six months, I was out of work, and I started to get a bit desperate and I just took the first contract job after that that I could….and I was basically a PA, just making sure that we had paper clips in the right place and, you know, that the diary of the person I was working for was printed out…so that she could write on them…. So, but it brought in some money, at that particular point that was the key thing (Sue).*

Another participant found work in a government ministry. She had worked there before her SIE and while she loved the job she found the demands totally unrealistic in terms of high workload and expectations. Ironically this time around the situation was the opposite.

> *The job has been a complete disaster. I've done nothing even that would – that I could put on my career, on my CV. I've done nothing of value. I've just – there hasn't been enough work and I've found that extremely difficult. I've been totally under-utilised and under-employed (Gill).*

Several participants returned to professional teaching, nursing, legal and administration roles where they were well established pre-SIE. Ironically, they were not challenged in these post-SIE roles to the extent that they were while on their SIE. Post-SIE, they also experienced contractual issues, a lack of interesting work when compared to SIE employment experiences,

and considerable frustration with the increased levels of performance measurement and monitoring.

Casual and precarious work

Some participants were able to find employment but only on a short-term basis. This was a new experience for participants who were mostly employed in tenured positions before SIE. The precarious nature of post-SIE employment initially had an adverse impact on individuals' wellbeing. One participant, Connie, had worked in Asia for several years in a responsible and challenging educational role. Coming from Asian society, Connie found that working in New Zealand education as an older woman was very difficult.

> *My experiences haven't counted for anything. I'm the most qualified and most experienced teacher in my department…there are people who are sitting there for 20 or 30 years…doing the same thing…and if I say…could we do this another way…they say no…we've always done it this way. So I want to punch a hole in the wall, actually (Connie).*

It is ironic that Connie was able to achieve her professional goals when in Asia. Now back in New Zealand, she brings her 'outsider's eyes', which give her a wider and different perspective. She believes that her post-SIE teaching life in New Zealand has curtailed her creativity and energy.

Unemployment

Several participants were unable to find work for several months and became very concerned that they were using up their limited financial resources, set aside for their later years. Some continued in their search until they found something or anything, while others decided that the cost of searching and constant rejection was too much and discontinued their job seeking initiatives, preferring the label of 'retired' to 'unemployed' (Loretto & White, 2006).

> *Because what had happened – my job overseas, I built myself up to being very successful in this situation… and then I come back and present my CV to agents, and they do this rah, rah stuff and I believed them. Wow – you've got so much – wow – you'll be snapped up. And I wasn't snapped up. Well, that's pretty gut-wrenching, actually.*
>
> *My future, I just don't know what I'm doing… it's really interesting. I've always been a very strong character, I've never been an anxious character –but I am very anxious now and I'm fearful. So, it's good to recognise…I'm fearful of managing financially and…but I haven't been able to get any job, so I'm fearful of all that. I just want a nice little admin role somewhere. I don't want high stress. I'm 62, I certainly don't want a high-powered role (Janine).*

Ageism

Ageism was mentioned by many participants as a possible reason for their failure to secure appropriate and meaningful work. Not only were they worried about their financial future but most participants held responsible positions before they went on their SIE, so on their return they felt diminished and rendered invisible by the employment search process. Given the

paucity of research around gender, work and age (Loretto & Vickerstaff, 2013; 2015; Schultz & Wang, 2011), the participants' experiences suggest that they are increasingly marginalised in the labour market as they age and while older women (and men) may be retained in the labour market, the participants in this study found the recruitment process a very challenging issue (Conen, Henkens & Schippers, 2012).

Connie felt very angry about how she was treated by interval panels and employers. She believed her extensive international experience was dismissed at the interviews as irrelevant and when she did find some short-term contract work, her suggestions and new ideas were ignored.

> *Age is respected in China. You are wise when you're old. Here, you're just old and whatever negative connotation that goes with that. My experience out of New Zealand as a teacher, I don't think is validated in New Zealand at all* (Connie).

Cassie also felt that her considerable New Zealand and international work experiences counted for nothing during selection processes. The job search experience as an older women left her feeling vulnerable and worthless.

> *I'm 62, only when I look in the mirror. I don't actually see myself ever as not working – I don't know. So what I do from here, I have no idea but society tells me that at 62 there is no job for you in New Zealand. So that's my perception, anyway* (Cassie).

Wellbeing, older women and the life-course

Within the life-course literature it is recognised that individuals follow diverse pathways throughout their lives, although within each generation there are also numerous pathways that are similar. However, when an individual is 'older', the research on individual pathways suggests that individuals and groups within the 'older' cohort have more complex and diverse pathways than their younger counterparts (van der Heijden, Schalk, & van Veldhoven, 2008). The participants in this research undertook an SIE when they were older. They were motivated by a range of factors but the issue of timing was significant. For the first time in over 30 years, the women were mostly freed up from primary domestic duties, thus allowing them to choose to do something else and follow another path. SIE is just one of the many pathways the older women could have chosen to follow (Han & Moen, 1999; Walker, 2006).

All the participants returned from SIE re-energised and rejuvenated, yet most of the 18 participants who are the focus of this study faced significant challenges during the return to work process. The women were in different personal and financial circumstances from each other post-SIE and they also wanted very different things within their organisational employment i.e. part-time, full time, flexible hours, career challenge, meaningful work, low stress work, to be valued, acknowledged, respected and so on. Yet participants were overwhelmingly despondent about their employment experiences and responded in various ways. Some decided to leave their employment and head back overseas for another SIE. For example at the time of the interview Gill was planning to leave her ministry role and embark on another SIE where she believed she would have more choice, challenge and autonomy over the nature and timing of work projects. After three years working on monthly and very short-term contracts, Connie was unable to find a tenured position and felt very under-valued. She was planning to leave her precarious work to become a volunteer overseas in order to regain the sense of empowerment and achievement she felt after her SIE.

Others decided to permanently exit from paid employment and undertake different activities outsides the bounds of organisational life. Cassie decided to stop looking for work and enrol in a university course.

> *Where to from here? It's very difficult. I feel personally, I'm unemployable in New Zealand…so I have decided to enrol in a Development Studies Degree* (Cassie).

Meg had very little money but came to the conclusion that organisational work was just unrealistic for her whereas volunteer work gave her a feeling of contributing to society as well as having some control over the hours that she volunteers.

> *After SIE I went to the hospital as a volunteer…but not paid work, no. I do sell books as well, so that's just a little part-time thing I do. But no, I had given up full paid work. Granted, I am using my savings and it is whittling down, but it is going surprisingly a long way. I do feel very valued at the hospital…* (Meg).

The findings from this research are consistent with those of the EEO Trust Report (2006; 2012b) which identified a range of organisational wellbeing factors (Baptiste, 2008) as a significant reason for staying or leaving the workforce. Inflexible work situations and lack of job opportunities were key influencers causing older women to leave the workforce. In contrast, opportunities to work part-time and have flexible hours were important influencers to stay. Extended leave, higher pay, working from home, the opportunity to have interesting and challenging work, job redesign, being needed, respected and valued (Vasconcelos, 2015), and experiencing reduced stress were identified as the significant factors that would encourage older women to continue workforce participation (EEO, 2008b).

Faced with the perceived shortcomings of organisational employment it seems that participants, having restored their individual sense of purpose and wellbeing as an outcome of SIE, were no longer prepared to compromise this in the longer term. When organisations did not meet their expectations, participants would not engage or commit to them any longer than necessary. In fact, they preferred to do other activities like undertaking another SIE, engaging in unpaid voluntary work, or enrolling in university study programmes as these activities "*allow me to avoid having to go to the workplace here, because at my age I find it deeply unsatisfactory*" (Cassie).

After their later life SIE, these older women returned to New Zealand with a wider perspective and a renewed sense of confidence and future possibilities (Ibarra, 2005). The struggle to find employment was a surprise to the participants and took its toll on their sense of wellbeing. Nevertheless, their resilience and self-worth meant that while some work had to be undertaken in the short term, in the longer term they were intent on following the 'path with a heart' (Hall & Mirvis, 1996) outside the bounds of formal labour market participation.

> *Now I always follow my heart. I only do what I really want to do, what excites me and if it excites me to say no to a job – I do… Oh, the age and stage I'm at is just so satisfying and wonderful. It's full of surprises. Age does not affect me in any way. I can see it in the mirror, I know I am 72 this year. I can't feel it. This is the last stage of your life, you save the last for best. So it doesn't matter how much money you've got…I live entirely within my pension income and I can't think of anything I need (Willa).*

In a world where paid employment is privileged within the positive ageing discourse (Sonnet et al., 2014), the reality of the workplace was such that the participants, determined not to compromise their individual values and sense of wellbeing, did not wish to remain in organisational employment for the longer term. The lack of appropriate age diversity practices in the various organisations meant that potentially valuable older workers exited the labour market, ostensibly into forced retirement, but rather to explore other opportunities that enabled them to engage in more appropriate, flexible and meaningful endeavours.

The experiences of these participants raise a number of issues pertinent to the management of older workers and their potential participation in the labour market. The traditional notion of retirement is an outdated concept, especially for women who, through their gendered life course, often have not accumulated enough resources to stop work (Harris, 2017).

Although individuals follow diverse pathways throughout their lives, within each generation there are also similar pathways shaped by a common social and economic context. However, it is also suggested that the 'older' cohort, no longer primarily driven by family responsibilities, are less constrained and more able to follow a wider range of life and career pathways than their younger counterparts (van der heijden et al., 2008). Thus, as individuals age, their pathways are potentially more diverse. As increasing numbers of older women and men consider 'remaining', 're-entering' or 'rejecting' labour market participation, organisational diversity policies and practices need to be cognisant of age, gender and wellbeing to a greater extent.

Implications

Within the labour market literature the central discourse on the older worker is that of managing and retaining older workers in a context of demographic change and extended years of employment. The literature on positive ageing paints a glowing picture of these extended years as a time of freedom and 'golden' opportunity for both employers and individuals to embrace (Everard et al., 2000; Sonnet et al., 2014). The older worker literature offers a less propitious perspective, framing the issue as a problem to be addressed by organisations, employers, managers and the government. The labour market re-entry and return to work experiences of the participants outlined above suggests that, for many of these women, the continuation of a gendered life-course, where social and economic disadvantage prevails, is a reality (Loretto and Vickerstaff, 2013; 2015).

This paper contributes to the literature across a range of disciplines and key stakeholder groups, including academics and researchers, older workers, employers and industry and policy makers.

Academics and researchers

For researchers in industrial relations, the experiences of older workers is not an area well understood or explored. Workers are now more commonly remaining in the workforce past the traditional time when retirement is taken. This may be due to economic or job satisfaction motivations. This paper offers a contribution to the literature in the industrial relations discipline on older women workers and the significance of individual and organisational wellbeing considerations for this group. As an exploratory piece, this paper also identifies

areas of future research needed to address current gaps in the work and wellbeing literatures (Mackay et al,. 2015).

Older workers

As a group, older workers are not well represented in the work and wellbeing literatures, and this paper provides a glimpse of the labour market reality for a group of older women workers. The paper presents not just role models for other older women contemplating later career breaks and their re-connection with the labour market, but also gives voice to these women's experiences and their search for meaningful and flexible work and the importance they place on notions of wellbeing. As older women re-entering the labour market, they are beset with hurdles and discrimination relating to perceived diminished performance of those in the age group.

Employers

In a highly competitive free market economy, many employers struggle to attract and retain a motivated and engaged workforce. They can ill afford to overlook the potential that older workers can bring to their enterprises. Nevertheless, currently many employers are not taking advantage of the full potential of the labour market. This is in spite of government efforts to encourage firms to utilise the skills and experience older workers bring to the workplace. This paper hopes to offer some insight to employers that a 'one size fits all' approach to the employment of older women workers is not appropriate, not just for older women but also for any age cohort.

The paper identifies wellbeing as a very important priority for this group of women and, while they are willing to re-enter the labour market and offer their enhanced skills and experience, this cannot be at the expense of other equally important considerations that go to the heart of their personal wellbeing. As employers better understand older workers' diverse motivations and attitudes towards paid work, they will be able to offer more beneficial opportunities for older workers and bring into their firms much needed skills and experience in a win-win arrangement.

Industry and Policy Makers

The state has a clear position on the need for workers to remain longer in employment to meet skill shortages (Bentley et al., 2014; McCleod & Bentley, 2015; OECD, 2006). The Ministry of Social Development's Positive Aging Strategy recognises the increasing good health and wellbeing of older workers and the continuing contribution they are potentially able to make to the economy. This research signals to the government that the experiences of older workers in re-entering the labour market have been challenging in many respects. The research is also timely, given recent comments from the Retirement Commissioner (Parker, 2017) that it is the role of employers to employ, retain and retrain workers, and in spite of government aspirations for older workers, as yet employers are not performing well in this area.

Future research

This research study identified a number of challenging factors that these older women confronted when re-entering the labour market after a career break which gave them an opportunity to re-calibrate their priorities in life. Given the findings in this article, we suggest further exploratory research into gender and wellbeing factors that pressure older people out of work or encourage them to stay. We also encourage research that adopts a life-course and cross-disciplinary approach to explore the ebbs and flows of the complex pathways and contexts of individuals and groups as they age (Han & Moen, 1999; Walker, 2006).

The incidence of older people undertaking unpaid work in New Zealand is acknowledged in the literature (Callister, 2014), but there is a more limited understanding of the relationships between participation in paid work vis-à-vis unpaid work (Davy & Glasgow, 2006). Given the unpaid work that participants in this research study engaged in after exiting paid employment, further research into the role, reasons and nature of unpaid work in older age is suggested.

Conclusion

In a world where paid employment is privileged within the positive ageing discourse (Sonnet et al., 2014), the workplace experiences were such that the participants, determined not to compromise their individual values and sense of wellbeing, did not wish to remain in organisational employment for the longer term. The lack of appropriate age diversity practices in the various organisations meant that potentially valuable older workers exited the labour market, ostensibly into forced retirement but, in fact, to explore other opportunities that enabled them to engage in more appropriate, flexible and meaningful endeavours.

The experiences of these participants raise a number of issues pertinent to the management of older workers and their potential participation in the labour market. The traditional notion of retirement is an outdated concept especially for women who, through their gendered life-course, often have not accumulated enough resources to stop work. As individuals age, their pathways are more diverse and organisational diversity policies and practices need to be more cognisant of age.

On their return to New Zealand after completing SIE, these participants explored a diverse range of organisational employment options. The findings suggest that, despite their wish to engage in appropriate and meaningful work pathways in later life, their experiences were often marred by discrimination, disadvantage and disappointment. However, the participants, buoyed by the freedom, challenges and learnings derived from their recent SIE, were no longer prepared to compromise their personal wellbeing by engaging in unsatisfactory work roles and looked to alternative avenues, outside formal organisational work to preserve their sense of personal wellbeing.

The experiences recounted by participants are a timely reminder to employers that beneath the veneer of 'collective, older worker HR and Management practices', all is not well and there appears to be limited cognisance of the fact that, as individuals age, their individual pathways are more diverse and may mean very different things for women and for men (Loretto & Vickerstaff, 2013; van der Heijden, et al, 2008).

This research confirms that the participants value their post SIE sense of purpose and general wellbeing and contributes to the older worker discourse by encouraging organisations to embrace a myriad of individual older employee pathways, in a spirit of employer–employee reciprocity that supports and enhances individual and organisational wellbeing.

Participants may be in the twilight of their working lives, but their potential to make a meaningful and significant contribution to the workplace is considerable. These participants wish to be valued and respected in any work context; they seek flexibility and autonomy and have diverse individual work goals. They will not return to the workplace to be merely measured and managed, but they are much more likely to return if they are respected and engaged.

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Gender pay equity and wellbeing: an intersectional study of engineering and caring occupations

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Abstract

This article discusses the complexity of gender pay within the occupations of engineering and caring. Applying an intersectional framework, we examine the role the gender pay gap plays in the perceived wellbeing of women engineers and care workers. The salient identities (micro level) for the two groups were identified through analysis of the professional context (meso) and the socio-political environment (macro). The two participant groups were situated in different class positions. The intersections of identities revealed unexpected advantages and disadvantages for women seeking fair and decent pay, with various implications for perceived wellbeing.

Key Words
Pay gap, women engineers, care workers, intersectionality, wellbeing

Introduction

The call for 'equal pay for equal work' has rung out for decades, yet the gender pay gap remains. Along with early motivational theorists (Herzberg, Mausner & Snyderman, 1959; 2010), we argue that fair pay is foundational for wellbeing at work. While much of the previous wellbeing research have used survey responses, we explore this topic by probing deeper into participants' experiences by using qualitative methodology. Through two linked case studies, we discuss perceptions of women professional engineers and women care workers in aged care facilities, in terms of equal pay and pay equity, respectively. While the two cases are not strictly comparable in sectoral terms, each afforded valuable information on the difficulties of achieving equal pay (engineers) and pay equity (care workers). Equal pay refers to the same pay for the same work. Pay equity refers to equal pay for work of similar value.

Intersectionality theory (Cho, Crenshaw, & McCall, 2013; Rodriguez, Holvino, Fletcher, & Nkomo, 2016; Weber, 2010) is used to interpret participants' responses by moving between the micro level of identities and the macro socio-political contexts of each occupation. This intersectional study revealed surprising advantages and disadvantages for women in the two occupations. To understand women engineers' apparent lack of agency, we draw on discussions of sex differences and the apparent acceptance of a 'motherhood penalty' (Statistics New Zealand and Ministry for Women, 2017). The socio-political context for care workers

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differs and while they earn less than engineers, they have become increasingly unionised since 2012 and involved in collective legal actions for a fair wage.

Literature Review

Under the New Zealand (NZ) Human Rights Act 1993, it is unlawful to discriminate in employment on specific grounds such as race, sex, or disability. However, if a complainant is discriminated on several grounds, such as sex, ethnicity and age, they must choose just one (McGregor, Bell, & Wilson, 2016a). Critical of this approach, we bring an intersectional analysis to examine a core feature of workplace inequality – pay. We argue that gender alone is insufficient for analysis, theory building and, ultimately, fighting for justice and improved workplace wellbeing. We, thus, focus on the ways that gender and class, in particular, combine to impact the gender pay gap and perceived wellbeing on women in the workplace. In our study, we are interested in aspects of wellbeing that are directly connected to women's perceptions of both equitable pay and characteristics of their work that bring dis/satisfaction.

Wellbeing

Two major streams are identifiable in existing wellbeing research, both using positivist methodologies based on analyses of large data sets (Brown, Gardner, Oswald, & Qian, 2008). One stream comes from industrial relations and economist scholars (ibid) while the other major stream emerged as part of positive psychology. Both streams show a movement away from a direct engagement with power and conflict as central to research.

While power and inequality between employers and employees lies at the heart of the industrial relations research, its study has diminished. Recent employer surveys demonstrate a clear preference for direct discussion with individual employees coupled with a belief that most employees have no interest in collective bargaining (Foster, Rasmussen, & Coetzee, 2012). As Thompson and Smith (2009) note, a relocation in labour process research from sociology to business schools has brought a concomitant change in the nature of that research. What is evident is an "an unshakeable optimism with respect to trends in work and employment…. [with an] optimistic message about a move from command and control to collaborative high trust" (p.919). The power pendulum has moved towards a management view of workplace wellbeing.

Within the second stream of applied psychology, wellbeing is understood as a "combination of life satisfaction and emotional balance" (Hone, 2015: 7). Such wellbeing research involves responses to survey items analysed within higher level constructs, such as engagement, achievement, optimism and psychological flourishing (Hone, 2015; Diener et al., 2010). Satisfaction with pay does not feature. Wellbeing research has also extended into human resource management and performance, where it is associated with common employee measures ,such as job satisfaction, employee voice, enriched jobs (Wood & de Menezes, 2011), and work-life balance (e.g. Macky & Boxall, 2008; Hone, 2015). Missing from this research are gendered analyses and accounts of people's experiences before being transformed into academic constructs.

Research on New Zealand (NZ) workers revealed that wellbeing is associated with concerns around physicality (regular physical exercise, healthy eating), feeling valued, and work-life balance (Hone, Schofield, & Jarden, 2015). Financial security was less frequently mentioned

and pay equity did not arise from open-ended questions (Hone, 2015). Overall, the inductive (not using pre-existing scales) NZ research illustrated "a lack of alignment between workers' and academics' perspectives" (Hone, 2015: 64). In our study, we move closer to participants' experiences, using material from face-to-face interviews and focus groups enquiring about perceptions of pay and work conditions.

A consistent finding in workplace wellbeing research is the importance of the employee's relationship with their supervisor (Gilbreath & Benson, 2004). Increased demands from supervisors result in dissatisfaction (Macky & Boxall, 2008). Very few organisational researchers consider power relationships in the workplace beyond the supervisor and also fail to include the broader socio-political economic context (an exception being Ravenswood & Harris, 2016).

In our research, we were concerned to take a multi-level view of power by using intersectionality theory to frame our design and the interpretation of research findings.

Intersectionality

The concept of intersectionality arose from Crenshaw's incisive critiques of the US legal system in the late 1980s, analysing how Black female claimants were unsuccessful in attempts to articulate discrimination "both as women who are Black and as Black [people] who are women" (Cho et al., 2013: 790). Intersectionality "captured the inadequacy of legal frameworks to address inequality and discrimination resulting from the ways in which both race and gender intersected" (Rodriquez et al., 2016: 201). This flaw in anti-discrimination legislation provided an impetus for this NZ study.

Intersectionality theory provides a powerful analytic framework to understand inequality and the "vexed dynamics of difference and sameness in the context of antidiscrimination" (Cho et al., 2013: 787). The first emphasis was Black (African American) women (Collins, 1998), but this rich scholarship spread from critical legal studies and race studies to feminist studies, sociology, geography and more recently organisation studies (Cho et al., 2013). Intersectionality combines identities and structural social systems to analyse exploitive power relations (Weber, 2010). Rodriguez et al. (2016) discuss what it means to bring an intersectional lens to the study of power, privilege and subordination at work. They categorise the prolific scholarship into four areas: conceptual meanings of intersectionality, operationalising intersectionality, application into practice, and mapping intersectionality transnationally. The first two areas are of concern to this study.

Theorisation of intersectionality evolved from static representations of dominance and oppression to include the interplay of advantage and disadvantage. There has been a tendency to privilege individual subjectivities and identities (Atewologun, Sealy & Vinnicombe, 2016) over systemic processes and structures, rather than explicitly linking agency with structure. Three themes are germane to our study: discussions around the analytical level at which the concept operates; the choice of the key identities to be investigated; and the place where disadvantage occurs when theorising intersectionality.

Aligned with the early exponents of intersectionality, McCall (2005) focused her enquiry into methodological issues. While she defined intersectionality in similar ways to her predecessors – the relationships among multiple dimensions and modalities of social relations and subject formations – she was more concerned with the challenges of actually carrying out research, as

she states in her classic article, "what is restricting … research on intersectionality comes down primarily to methods" (2005: 1772). She classified methodological approaches to intersectionality in terms of anti-categorical, intra-categorical and inter-categorical aspects of identity, but operationalisation was difficult. We used the inter-categorical approach as an epistemological basis for our research design which requires that existing analytical categories are adopted, provisionally, "to document relationships of inequality among social groups…along multiple and conflicting dimensions" (McCall, 2005: 1773).

In operationalising intersectionality, Rodriguez et al. (2016) note the use of qualitative methodologies to focus on identity and subjectivity. They advocate a methodological pluralism, not excluding quantitative analysis of large data sets (Woodhams & Lupton, 2014). Some researchers argue that intersectionality needs to be a deliberate research strategy, rather than appearing as ad hoc explanations at the analysis phase (Mooney, 2016). Rodriquez et al. (2016: 205) also expound the "need for more explicit deliberation about the interrelationship between epistemological/philosophical assumptions and methodological choices". We took these suggestions into account in our research design and choice of social categories. Some categories were pre-determined by our research design (e.g. occupation, gender, ethnicity), while others arose out of the interpretive analysis (e.g. education, immigrant status).

Participants were able to clearly identify their gender, age, ethnicity, and immigrant and motherhood status. However in this study, we also gave a central place to class, partly because class is not a justiciable inequality in NZ, nor in similar jurisdictions (Australia, United Kingdom, the European Union). Theories of class are acknowledged to be 'fuzzy' (Anthias, 2013), although most denote differential access to resources (Acker, 2006). In the United Kingdom, class is theorised as historically generated, unconsciously using patriarchal and heteronormative benchmarks (Fredman, 2010; Iqbal, 2011). Class has been conceptualised variously as pertaining to occupational levels (Acker, 2006) and also choice of 'style' such as dress, manners, and speech (Scully & Blake-Beard, 2006). Although largely disavowed in NZ European society, class status provides a foundation for social structure in Māori and Pacific Island cultures. Given the overall reticence about class in NZ, we deliberately chose two cases from contrasting class positions and included questions on participants' beliefs around class. Following Ravenswood and Harris (2016), we define class in terms of professional status, wages, work conditions and educational attainment.

A strong theme in the research literature connects intersectionality with disadvantage, but this may obscure the role of the powerful within sets of unequal social relations (Walby, Armstrong, & Strid, 2012). Our research is not confined to a discourse of oppression (Collins, 1998), nor is it specific to an ethnic minority (Nash, 2008). We align with theorists who argue that we all have multiple identities which interact in dynamic ways "to construct multiple and uneven socio-economic patterns of domination and subordination" (Anthias, 2013: 131). Accordingly, intersectional identities may derive from positions of privilege as much as from oppression. We follow Walby and colleagues (2012) in our analysis as we consider the privilege and disadvantage that women engineers and women care workers embody through their intersecting identities and how this impacts on their perceived wellbeing.

Contexts

The three broad contexts germane to this study are: the NZ gender pay gap, the professional environment for women engineers, and women care workers' campaign for pay equity.

Equal Pay

Equal pay in NZ has been part of legislation since 1960 for government organisations and from 1972 for the private sector. The Equal Pay Act 1972 requires employers to pay women and men the same when they have the same or substantially similar qualifications and are employed in the same or substantially similar work. In spite of legislation, the gender pay gap has been static for more than a decade, hovering around 12 per cent (Ministry of Women, 2015). This gap is relatively modest in comparison to similar countries (e.g. Australia overall gender pay gap 17.5 per cent 2015; private sector 21 per cent 2015; UK 19.7 per cent public sector 2013; 16.6 per cent private sector 2016). The gender pay gap is a key reporting item to the Committee on the Elimination of All Forms of Discrimination Against Women and other international human rights treaty bodies (McGregor, Davis, Giddings, & Pringle, 2016b). The Committee has admonished NZ in past reports (McGregor, 2013), urging the government to pass specific legislation, develop policies and actively monitor the situation. When data from the major ethnic groups (Māori, Pacific lsland, Asian, NZ European) are analysed, considerable variability is revealed (Hyman, 2011). European (White) women have a smaller gender pay gap (11 per cent) than 'all' men, compared to Māori women (22 per cent), Pacific Island women (27 per cent), and Asian women (18 per cent). When ethnicity is included with gender, a more nuanced understanding of the gender pay gap is revealed. Recent research also demonstrates that the gender pay gap for parents was larger (17 per cent) than the gender pay gap for non-parents (five per cent) revealing that there is a 'motherhood penalty' of just under 12 per cent (Statistics New Zealand and Ministry for Women, 2017).

The National conservative government, in power since 2008, consistently reinforced a non-interventionist policy with respect to pay equity until 2016-2017. To avoid further court action on pay equity, it engaged in tripartite negotiations around aged care, resulting in the agreement of a set of Joint Working Group Principles and settlement of the TerraNova case, involving aged care workers. The 21 new principles include a new bargaining process, which allows women to file equal pay claims with their employers rather than the courts. This final decision occurred after our study.

The Ministry for Women, a policy agency, advocates addressing the gender pay gap through three priorities: promoting trades and removing barriers for women in an effort to reduce occupational segregation, the development of career pathways for women in low-paid occupations, and emphasising the business case for more flexible work arrangements. The first two priorities are relevant to our research: increasing and retaining women in the male-dominated profession of engineering, and the career pathways for women in the low-paid occupation of caring.

Engineering

The engineering profession in NZ is male-dominated, and has been slow to encourage women into engineering degrees, and to keep them in the workforce. Research into the culture of engineering firms internationally consistently report a 'chilly climate' for women (Bilimoria, Lord, & Marinelli, 2014). In a NZ study (Ayre, 2011), women engineers reported workplace cultures that included: harassment, discrimination and disadvantage, a lack of management support to balance family commitments, and too few networks or role models for women. Some male colleagues and clients were also uncomfortable with women as professional engineers and perceived them as less capable (ibid).

Women constitute approximately a quarter of graduating engineering students and 13 per cent of professional engineers (IPENZ, 2013). These statistics are similar to many western countries where women make up 15 per cent or less of professional engineers (Arye, Mills, & Gill, 2014). In response to internal and external pressures, the professional association first reported a gender breakdown in its 2010 annual salary survey. Subsequent reports demonstrate a disparity of up to 13 per cent between male and female salaries. The annual salary report has had a positive impact in raising awareness of gender pay inequality for women engineers, although awareness alone is insufficient for change.

Aged Care

An analysis of pay rates of aged care workers revealed they are one of the lowest paid groups in NZ, near to minimum wage ($14.75 per hour) and significantly below the average wage for women ($22.15 per hour) (New Zealand Human Rights Commission, 2012). A national human rights inquiry into the aged care workforce identified three aspects of pay discrimination: absence of pay for travel time between clients; unequal pay between residential care workers and care-workers doing comparable jobs in hospitals, both paid by public health funds; and the gross under-valuation of the work (ibid). This report described NZ's reliance on low paid care work as a form of modern day slavery.

The report was followed, in 2012, by the Service and Food Workers Union (now E tū) making a claim on behalf of Kristine Bartlett, a long term residential aged care worker at TerraNova, and others. This TerraNova case was novel in that it addressed pay equity, not equal pay, and that Kristine Bartlett claimed the company underpaid her and other women because aged care work was mostly performed by women (Service and Food Workers Union Nga Ringa Tota Inc v Terranova Homes and Care Ltd [2013]). There were no gender differences involved because the few men in aged care were also underpaid and undervalued. In brief, the case was twice appealed (by the company TerraNova) with the Supreme Court declining the right of appeal and upholding the claim (Terranova Homes and Care Ltd v Service and Food Workers Union Nga Ringa Tota [2014]). Following the court cases, the government established a tripartite Joint Working Group on Pay Equity Principles (employer, union, government) to provide practical guidance to employers and employees. In May 2016, the report recommended principles for pay negotiations based on the existing Employment Relations Act (2000). In April 2017 (after our study), the Government announced a $2 billion pay equity settlement for 55,000 aged and disability residential care and home and community support services to take effect from July 1st (Coleman, 2017). For approximately 20,000 workers on the minimum wage, it will mean a 21 per cent pay rise to $19 an hour.

In relating these sectoral cases to the broader socio-legal context, our research into the gender pay gap was conceptualised in two different but related ways: pay equality for engineers and gender pay equity for care workers. These two ways of measuring the gender pay gap provide comparisons between men and women and also among women. Both measures are fundamental to women's pay and underpin women's economic participation and wellbeing.

Research Design

In Mooney's (2016) discussion of what it takes to be a 'nimble' intersectionality researcher, she stresses the need to "make early decisions about the theoretical framing" rather than

limiting intersectionality to the analysis stage (2016: 716). We proposed an intersectional study at the outset, choosing ascribed class position as a key dimension. We argue for the importance of context for the research question, and for context to include the macro (societal), meso (organisational), and micro (personal) levels (Pringle & Ryan, 2015).

The two occupational groups formed separate cases (Yin, 2014). We argue that the use of linked case studies directed towards a single research question has the potential to enhance the information gathered. As a result, the consistency of the methods was less of a driver than exploring the research question. The analysis was qualitative descriptive (Smythe, 2012) as we sought to describe the main features of our participants' experiences. The second part of the analysis moved to interpretive description (Thorne, 2016) where we were guided by intersectional theory.

Methods

The case studies were situated in two different occupational groups: one male-dominated and the other female-dominated. The call for volunteers was made for each sample through their respective associations, the Institution of Professional Engineers New Zealand (IPENZ), and the Service & Food Workers' Union for the care workers.

Engineering participants were recruited through the IPENZ newsletter. Women in Auckland were also invited to be part of an initial focus group; nine women attended, five of whom were later interviewed individually. A further 16 women volunteered from other areas of the country and were also interviewed. A total of 21 individual interviews were carried out.

The 34 care workers were interviewed in four focus groups, varying between eight and 11 participants. Each group discussion was facilitated by two researchers. We asked about work roles, work experiences, and perceptions of pay. As pay rates were well discussed in the media, we asked the women care workers directly about their hourly rate. These questions evoked lively and forthright discussion. This direct approach was not replicated with engineers where we anticipated that such questions would not be well received. In the engineers' interviews, their pay rate was addressed through comparison with male colleagues with commensurate education and work experience. In the case of care workers, there were very few men to offer a point of comparison. As a result we asked them for their aspirational pay rates.

Analysis

All interviews were digitally recorded and professionally transcribed. Two levels of analysis were carried out. First, a set of interview questions guided a descriptive content analysis. Codes were developed to create categories of shared meaning from the data. Second, an intersectional framework was applied to interpret the salient identities of participants within occupational contexts. In our intersectional analysis, we were guided by McCall's inter-categorical analysis of the "relationships of inequality among already constituted social groups" (2005: 1785). She used a Table format (see Table 1, McCall, 2005: 1790) to show class/race/gender inequality in four different US geographic locations. Based on our philosophic and theoretical underpinning for the research, we describe both positive and negative contributions to the class position of our two occupations using a Figure (see Figure 1). In the following section, we describe our findings. These include the broad demographics of our two cases, the responses of engineers and care workers to questions on pay equity, discussions around change, things they liked about

their job, and their main sources of dissatisfaction. We then link our findings with the wellbeing literature.

Case of Women Engineers

Women in our study came from a variety of engineering disciplines. Of the 21 women interviewed, approximately half (11) graduated in civil engineering, with three graduating in environmental engineering and two in process engineering. All women obtained their Bachelor of Engineering between 1974 and 2012; nine had completed or were currently undertaking postgraduate study. Most of the women (90 per cent) identified as European New Zealanders while two women were immigrants from non-western backgrounds. Women's ages ranged from late 20s to early 60s, with two-thirds between 25 and 39. Fourteen women were married or in a civil union, five were in a relationship and three were single. Ten women had no children.

Perceptions of Pay

Engineers were asked about annual salary in bands as part of a demographic questionnaire completed in advance of the interview. Two-thirds (14) earned an annual income of between NZ$50,000 and NZ$99,999, with only two women earning less. (The full-time workers average rate was approximately equivalent to $36 per hour.) Half (11) of the women stated they worked between 40 and 50 hours per week, with a quarter working part-time (fewer than 25 hours per week).

To explore perceptions of equal pay, engineers were asked, "Do you think you get paid the same as men in your position?" There were a variety of responses and many of these could be grouped into three categories: Yes I assume I am; I have no idea; I know I am not paid the same (McGregor et al., 2016b). However, women also talked about their belief that they were being paid what they were worth, putting trust in their employers to pay them equitably:

> *So yeah, I do think I have been treated fairly. I do wonder about salary, but like I said, I do think that's because I'm a very – I'm more of a passive person when it comes to money. I've always said --- Well, you pay me what you think I'm worth because you know what everyone else gets paid* (Grace).

The IPENZ annual survey enabled women to find out they were being paid less in a national sense: "*Recently the IPENZ remuneration survey came out and I started up a full conversation with my manager about it*" (Sarah). However, to find out pay relativities they needed open disclosure from a colleague, or male engineer partner. Within the sample there were three women whose male partner was also an engineer. One participant noted that she and her husband both graduated with the same degree from the same university and subsequently worked at the same firm. They had both worked part-time as they had two children:

> *So it's quite a neat comparison as to how our careers have progressed because we started off on the same pay rate…. There's definitely been a divergence, and that's even with my husband going down to part time for the in-between years. He's ahead in seniority and in pay as well* (Brenda).

Reponses to Pay Inequity

When women found out they were being paid less than male colleagues, a common response was acceptance. When we asked why woman accepted pay inequity, the women gave justifications invoking a feminine stereotype of naturalised sex differences (Davies, McGregor, Pringle, Giddings, 2017). Women responded that they were prepared to receive lower pay in order to be considered a 'good girl'. They also said they were happy with lower remuneration in return for flexible and fewer hours.

> *Because when you go and have children and come back part time, you can't expect to have the same pay jumps as someone who is working full time. You aren't working as hard as the others, you are not bringing in as much work because you are simply working less* (Roslyn).

Women also said that they were high paid professionals and did not need extra money. Indeed, the women tended to compare themselves with other women generally, rather than male equivalents. They made comments such as "*Women don't put themselves out there as much. That's something that we're fundamentally not good at*" (Jean). This sentiment is encapsulated in the following illustrative quote:

> *…women are very bad at negotiating pay packages when they take a new job… we tend to be more accepting of what is offered. …and you don't question, are you worth more. …And that's something I've seen a lot across the women – especially the younger women – that I work with. They're just not very interested in discussing pay or trying to have any conflict with their bosses about money…..I think generally men are a lot better at asking, just naturally* (Diane).

> Only two women, in the face of evidence of inequitable pay, reported taking action. After the interview, one woman raised the issue of unequal pay with her boss: *"I asked the question, and found that my colleagues earn more than me. I was outraged! I asked for a salary review, but it hasn't happened yet"* (Sybil). The other woman asked human resources for information to clarify how much less she was being paid: *"I don't know what other people are earning…We asked our HR people if they could provide us pay equity data and they didn't, they couldn't, they didn't want to"* (Isabel).

Likes and Dislikes about Work

Near the end of the interview, we asked the women engineers what they liked about their job. The prevalent responses were around the positive nature of the work, the challenge of the job, variety, and the opportunities to work outside. Flexible hours for child care was also seen as a positive factor, when they were able to get it. Some participants mentioned the relatively 'high salary'. The lack of transparency around pay rates (McGregor et al., 2016) and probable pay inequality were not important factors in job dissatisfaction. Rather, sources of dissatisfaction were mostly examples of sexism, such as 'the blokey environment' and instances such as 'not getting contracts because they were women'. Often the ability to bring in work was affected more subtlety, for example, by being excluded from golfing with potential clients. Subtle sexism also occurred through informal employment conditions.

> Christine: *They said…Well, we'll put you on trial. So it was a bit weird.*
> Interviewer: And I guess you were the only one on trial, were you?

> Christine: *Oh yeah. Because the other guys who came in, they went straight into a job. So yeah, and it was almost like a sense of relief or surprise or something, I don't know, but then they go --- Oh, wow, yeah actually you're alright. You actually know what you're doing.*

Case of Women Care Workers

All care workers in the study worked in residential homes for older citizens. They worked a variety of hours, generally around 35 hours per week, with shifts decided and allocated by management. The number of allocated shifts often varied from week to week.

Most of the 34 care workers were immigrants (27) encompassing 17 different ethnicities. For all but one of these women, English was a second language. A fifth of the women were from New Zealand (6 European/New Zealanders, 1 Māori). Over a third (13 per cent) were from the Pacific Islands: Tonga, (5), Samoa (3), Fiji (2), Cook Islands (1), Tuvalu (1), and Tokalau (1). A fifth were from Asia (India 2, Philippines 2, Nepal 2), and two were from European countries (Scotland, Poland). The remaining six were from the Statistics (NZ) category of MELAA: Middle East, Latin America and Africa. The discussion elicited by the question of 'where they were from', demonstrated intersections of immigration, English speaking fluency, and ethnicity. The majority of care workers were over 50 years old, but the age range was wide; from 20s to the late 60s. Approximately half had financial dependents.

As noted earlier, samples were chosen on the basis of class differentiated occupational contexts; engineers situated in the professional middle classes and the care workers in the working class. One carer noted the gendered nature of class: *Down the bottom…It's a woman's job*. While another reflected, *and there's the working class, and there is under the working class, where we are*. In contrast, class was invisible to the engineers, their response encapsulated by one participant, *I'd struggle to answer that one* [question on class].

Perception around Pay

The care workers provided animated discussion about low and inequitable rates of pay, with high agreement that their pay rate was *unfair*. As a group, they received between $14.50 - $19.50 per hour, which translated to an average rate of $16.24 per hour (median $15). As one woman commented, *I think we are taken for granted.* When we asked for suggestions on what they should be paid, requests were modest, ranging from $19 to $22 per hour. One participant suggested, *Oh...I think the starting rate should be at least $22 an hour, to be honest*; $22 per hour being the average rate for NZ women workers. Yet, in one focus group discussion there was grateful acknowledgement that at least they had a job.

> Molly: *I enjoy the wages that... when the money comes into my bank.*
> Sophia: *Like what we do for everyone, even though they moan and groan about the wages, but at least we have money coming into the family to pay the rent and...*
> Jan: *As long as you get a job.*

Strategies for Achieving Pay Equity

Low pay impacted directly on carers' wellbeing and ability to care for families and dependents. They were adamant that changes in pay would come from Union actions, although it is important to note that study participants were recruited through the Union.

> Louise*: you don't get the pay rise until the Union fights for the rights.*
> Max*: That's right.*
> Cleo*: So I was in direct orders as a new caregiver to come and join the Union. Only the Union can give us a rise. We're just waiting for the Union, yeah.*

What they Love about the Job

The care workers were generally passionate and positive about caring for others. There were a range of values that emerged, including the Christian beliefs from some participants and how others had been brought up to respect and care for elders:

> *I really love the work. And I work from the heart – with my heart. When I treated my residents or patients, I say you need, well, my principle is what you give good things to them, you're going to harvest one day* (Jessie).

Overall, women demonstrated a desire to contribute to the quality of community life:

> *Not because of the money, because I want to see our sector get more funding from the government so that we can pay the people doing the hard work. And I'm doing it for the families really because without us, they'd be in a worse situation and we'd have a worse society* (Sue).

Working Conditions

Women did not necessarily work 40 hour weeks, partly by choice and partly as directed by the management keeping a cap on costs. Management rapidly reduced shifts when there were fewer residents (for example, three vacant beds out of 80), but that speed of action was not replicated when there was increased demand:

> *They don't do it quickly. They're very slow to bring the staff numbers up when you get more and more work, and you keep saying…We need another person. We need another person. And they go…Well, we'll just see how it goes for the next week, shall we? And as soon as we lose a person…Oh well, that's that slashed* (Wendy).

Participants described the difficult and frustrating parts of the work: poor relations with management, shifting rosters without consultation, and hard physical work without timely access to hoists for heavy lifting. Over the years, time with patients, they said, had eroded and the work intensified. As one woman reflected: *"There's nothing wrong with the job, just management and money"* (Lana).

Interpretive Analysis

Drawing on the interpretive level of analysis, we developed the following map of intersectionality. Using a font code we highlight disadvantage in capitals and lower case for advantages for the multiple identities of engineers and care workers.

Figure 1: Descriptive map of intersectionality: Class differentiated occupational contexts
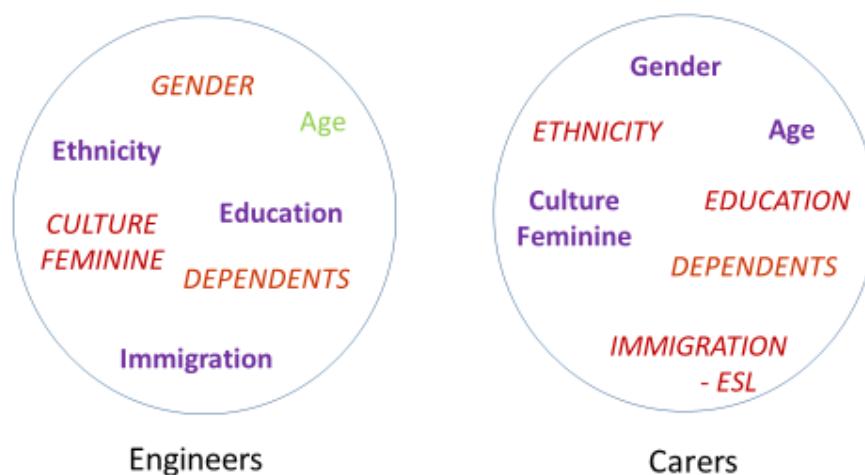
Women engineers working in a male-dominated occupation reported disadvantages which they attribute to gender, working in a masculine culture, and being responsible for dependents. Their education, non-immigrant status and being of the dominant ethnicity provided sources of advantage. In interviews, age did not arise as a discussion point. Conversely, care workers working in a female-dominated occupation found that exhibiting aspects of feminine culture were a benefit, especially if they were older. The women were disadvantaged by low educational levels impacting on their ability to be assertive. In addition, having dependents restricted their work availability. Immigrant status impacted on English speaking ability and they also experienced racism, mainly from White clients.

Discussion

We argue that both equal pay and pay equity contribute to financial security, an identified component of wellbeing (Hone, 2015). While pay is important to wellbeing, it impacts women differently according to class position. Our study found that, for care workers, pay profoundly impacts on their perceived wellbeing as it literally means having enough money to live. For engineers, their pay shapes their self-worth but perceived wellbeing for engineers also revolves around their ability to have flexible working hours.

Care workers are in a female-dominated occupation where feminine characteristics are an integral part of emotional labour (Ravenswood & Harris, 2016). Salient social identities of care workers are as gendered, ethnic minority, older, poorly paid workers struggling to achieve working class status. They wanted equitable pay, respect for their work from their managers and from their clients. The women perceived major issues to be low wages coupled with lack of power to negotiate conditions. They wished to be included in decisions made about work shifts. A few spoke of trying to negotiate for better shifts directly with managers, but they were aware of potential risks to job security. Their everyday job conditions and perceived wellbeing were also affected by lack of job autonomy and participation in decision-making. It was the combination of these factors, equitable pay, respect in the workforce and participation in decision-making that defined a sense of perceived wellbeing for the women care workers.

Women engineers, in contrast, were privileged by ethnicity, education, and middle class status. Disadvantage arose from intersections of gender and motherhood. They wanted greater flexibility to accommodate child caring responsibilities. Most women assumed they already had equal pay with male colleagues as they had equivalent education and technical expertise. Wellbeing was directly affected by the masculine work environment, for example, women's lack of access to client networks. While subtle, these exclusions impacted on promotion prospects and remuneration. What we found was that for engineers their sense of perceived wellbeing was defined by work-life balance and access to flexibility for childcare

The women's ability to negotiate for what they thought they were worth was curtailed by beliefs in feminine stereotypes from a position of 'naturalised' sex differences (England, 2010). While feminists are rarely satisfied with pay inequality, the 'good woman' may be most accepting of the 'motherhood penalty'. The women engineers have been socialised into the profession and have constructed an individual professional identity that overshadowed their gender identity until they had children. Concerns about gender inequality were not focused on unequal pay (even compared with their engineer husbands), but on their ability to negotiate more flexibility in their working hours to accommodate childcare responsibilities (Davies et al., 2017).

Contributions and Implications

Our research demonstrates that using gender as the key dimension for understanding women's perceptions of pay equity is insufficient. While pay is a common analytic for workplace equality, it is also insufficient on its own for understanding wellbeing. Intersectional analyses of identities are essential to understand the often contradictory experiences of women working in different occupations. Using intersectionality becomes even more fruitful if links are made to the macro (socio-political) and meso (professional) levels. For instance, while care workers had an important sense of purpose, and satisfying relations with residents, the fact that they received low and inequitable rates of pay impacted negatively on their perceived wellbeing.

An intersectional analysis can reveal the experiences of the "sometimes marginalised and the sometimes privileged" (Mooney, 2016: 716). Intersectionality is notoriously difficult to operationalise (Rodrigues et al., 2016; Mooney, 2016); our research into the gender pay gap, provides a start. Understanding the specific context is crucial for an intersectional researcher to analyse the societal power positioning of participants.

Professionals in society are perceived as occupying positions of high status where they have the educational credentials and confidence to argue for good pay and conditions through individual contracts. In addition, a government strategy aims to encourage more women into the higher paid male-dominated professions and trades, to reduce the gender pay gap. From these combined macro influences, we expected a more pro-active approach to pay equality in the engineering profession. Instead, we found a reluctance amongst women engineers to act and change their working conditions which held gender pay inequalities.

Care workers, in contrast, have been part of a poorly paid workforce for many years and denied remuneration commensurate with the rhetorical value given to caring for needy members of society. They have been perceived as being of lower social status and relatively powerless compared with other occupational groups. Yet at a personal level, care workers held an immediate awareness of the need for equitable compensation based on hours, skills and unacknowledged emotional labour. A unionised campaign, based on women's rights principles and involving litigation, has profoundly altered the politics of caring. The pay equity settlement for aged care workers also poses questions for future research. As the pay rises are phased in over the next five years as planned, will the symbolic, implicit and explicit acknowledgement of the 'value' of their work that accompanied the settlement and the wider public reaction see an improvement in care workers' wellbeing?

Our intersectional analysis has been useful in revealing complexity within and between the two cases. Participants shared the experience of gender discrimination. However, the intersectional analysis revealed unexpected advantages and disadvantages for women seeking fair and decent pay in the two occupations. While the wellbeing literature has expanded greatly over the past decade, much of the development has been at the conceptual level and has largely ignored gender issues. In this qualitative study, we have identified that fair pay is foundational for women's perceived wellbeing at work, with its impact affected by class. Perhaps more importantly, by using intersectional analysis we have demonstrated that perceived wellbeing differs between the two groups of women by their class position.

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Early Childhood Education and Care Workers and Wellbeing in a Continuous Caring Regime

LARA CORR*, JANE DIXON** and JOHN BURGESS***

Abstract

The childcare sector in Australia is large and growing, and is an important institutional support for women to participate in the workforce. The sector is highly feminised, professionalised and accredited, and low paid. This article reports on the time pressures, that is the pressure of competing demands on the time of workers, and how these link to the wellbeing of workers in the sector. The study interviewed business owners, child care service managers and child care service providers to highlight management of the squeeze on time through continuous caring. It then investigates the implications for health and eating behaviours that are associated with the squeeze on time.

Keywords: childcare sector; care workers; Australia; work intensity; employee well being

Introduction

The Early Childhood Education and Care (ECEC) services sector in Australia is large, diverse and growing. There are over 150,000 workers in the sector, 90 per cent of whom are female. Nearly three-quarters are on casual and/or part-time contracts (Productivity Commission (PC), 2013). The Productivity Commission (PC) Issues Paper (2013) on the sector reported that the workforce has two groups of workers — directors, teachers or group leaders (30 per cent), and ECEC educators (70 per cent). ECEC educators are commonly paid at rates around minimum wage, while directors, teachers and group leaders receive higher wages, have more advanced qualifications and are likely to work full-time (ibid). Apart from being highly feminised, the sector is dominated by younger workers, with half of the workforce being under 35 years of age; this is in contrast to another highly feminised sector, aged care, where the workforce profile is dominated by an older cohort (Australian Bureau of Statistics (ABS), 2011). In general, workers in ECEC the sector have formal

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tertiary qualifications with over 80 per cent possessing ECEC-related qualification and with close to 20 per cent having Bachelor degrees (Australian Institute of Health and Welfare, 2015).

Childcare work is onerous and carries with it a large number of responsibilities and pressures towards compliance with many regulations linked to safety and health. For example, compliance with excessive regulations and reporting was   presented as one of the factors contributing to staff turnover in the sector (PC, 2013). Workers in the sector are exposed to a range of physical and mental health risks, including infectious disease and stress (Bright & Cavallo, 1999; Corr, 2015). The pressures on the workforce also include providing regular reports to a range of authorities from the local to federal government level; the pressures and expectations of parents; and meeting the care and welfare needs of the children (ibid).

This paper reports on the time pressures, that is the pressure of competing demands on the time of workers, and how these link to the wellbeing of workers in the ECEC sector. The study interviewed four female business owners (licensed to manage and oversee childcare service providers), four childcare service managers and five childcare service providers (known as 'educators') to highlight the accommodation of the time and caring squeeze. The women interviewed had dual caring and managerial functions; they were in a time squeeze, managing competing work and family responsibilities. The article reports on how they managed the time and functional squeeze; that is accommodating all the demands on their time and accommodating the time demands of work and care responsibilities.   The remainder of this article outlines the childcare sector in Australia; discusses the nature of the industry and work, explains the research approach of the study, finishing with the discussion and findings.

The ECEC Sector in Australia

There are a number of different sources of public funding of childcare services in Australia and these are detailed in Chapter 1 of the PC Report (2014). The main funding programs are the Child Care Benefit (a means tested benefit with weekly hours of care supported); a child care rebate (non means tested, linked to approved care): and a jobs and training rebate that is paid to eligible parents for the full rebate of childcare costs and are in employment, training or education. Government expenditure on childcare support is around $7 billion. The rationale for public funding can be linked to three broad objectives: an investment in human capital with the expectation that private and social returns from the investment are positive; as a means of supporting greater labour force participation by women; and as a means of supporting equity goals in terms of providing lower income groups improved access to paid employment (through public provision of childcare) and opportunities for their children (Queisser, 2013; Thevenon, 2013). There is recognition that affordable, accessible and flexible childcare is important in terms of increasing labour force participation of women and, in turn, addressing skill gaps associated with population and workforce ageing (AWCCI, 2013). There are calls for childcare services to be provided for longer hours across the week and in more locations, especially at home care services in order to support more women to access employment (ibid).

The Australian ECEC sector is diverse in terms of organisational ownership, size and structure. There are different segments to the market, including family day care, long day care, outside school care, vacation care and informal care arrangements. Approximately 90 per cent of children are in formal 'approved care', which includes regulated "services approved by the Australian

Government for Child Care Benefit purposes in accordance with the Government's standards and requirements" (PC, 2014: 80). While 'registered care' is informal, unregulated "child care provided by grandparents or other relatives, friends, neighbours, nannies or babysitters who are registered as carers with the Department of Human Services" (ibid: 80). There were more than 35,000 registered care providers in Australia in 2013. The informal sector is defined as care provided by relatives, friends, neighbours, nannies, au pairs and babysitters, which may be on a paid or unpaid basis (PC, 2014).

Around half of children aged 0 to 12 years regularly use formal or informal care services. Around one million use formal care services and 1.4 million are in informal care, which is about 70 per cent of cases is provided by family members (ABS, 2015). The average amount of time spent in childcare is 18 hours per week (ibid). Approved services are provided by community groups, local governments, large corporate entities operating multiple services as well as sole operators providing family day care services in their own home (PC, 2014). The Australian Institute of Health and Welfare (2015) reported that, of the 153,200 staff employed in the ECEC sector, the largest proportion of these staff were employed in long day care services (50 per cent). Preschools accounted for 18 per cent, before and/or after school care 12 per cent, vacation care 10 per cent, and family day care, nine per cent. Over half of all providers supply a single service and nearly a third provide between two to four services. Less than one per cent of all providers have more than 20 services (PC, 2014). The PC (2014: 81) indicated that "around 50 per cent of approved services are provided on a for profit basis". Listed companies account for around 30 per cent of the industry, with the main providers being Goodstart, Folkestone Education Trust and G8 Education (Mastrullo & McInally, , 2016).The factors that determine the level, composition and growth in the demand for care services (and hence the demand for the workforce) include population demographics; workforce participation patterns; government assistance and government regulations (ibid). The ageing population has, in general, reduced the demand for services, while increasing female labour force participation rates have boosted the demand for services. The ABS (2010) reported that 70 per cent of formal care services was driven by workforce demands; hence the critical importance of affordable and flexible care services to supporting female labour force participation. The National Quality Framework governing licensing and accreditation has driven the demand for qualified ECEC workers as licensing is dependent on having accredited staff. The ECEC industry is expected to continue growing steadily from 2015-16 to 2020-21 at an average rate of 6.1 per cent, and there will be an increase in government funding by 18.5 per cent through to 2017-18 (Connect. Insights for Business, 2015).

In general, the workplace sites are small, each providing a limited number of services. What is notable in this sector is not only the dominance of female workers but, unlike nearly all other sectors, the dominance of female managers and female business owners (PC, 2014). While the ACCWI (2015) report on childcare stressed the importance of accessible, affordable and flexible childcare services in order to support increasing female labour force participation, the irony is that the sector is not only a major site for female employment, it is a major site for female managers and female owned small businesses who may also require childcare. Addressing projected future labour supply shortages for the sector is linked to not only attracting qualified workers to the sector but retaining those qualified and experienced workers, and small family businesses, who are already in the sector.

The Productivity Commission Report (2014) outlined details of a sector that had grown considerably and was subject to a complex myriad of rules and regulations linked to funding and

standards of care and care workers. The brief of the report was to examine links between childcare and female workforce participation rates, and child learning/development; the future needs of childcare; the affordability of services; accessibility and flexibility of services; and the regulatory system around the sector (PC, 2014).The PC report (2014) indicated that workers in the sector were low paid relative to other sectors, that career progression was limited, turnover was high, workers felt undervalued and workforce stress and pressure was extensive. The Australian Bureau of Statistics (ABS, 2011) has also reported that full-time ECEC workers receive around two thirds of the average full time weekly wage. A number of reports on the sector (PC, 2014; Connect. Insights for Business, 2015) highlighted a number of issues that affect staffing, recruitment and turnover in the sector. Apart from relatively low wages other issues identified included the complex and extensive administrative burden; unpaid hours of work linked to preparation, parent meetings and attending training programs; and under training in terms of the demands and expectations of the job.

Time Pressures, Balancing Work and Family, and Wellbeing

Long working hours and the associated time pressures are often (but not always) accompanied by higher job stress and also compromise basic positive health behaviours concerning healthy eating, adequate sleeping, social connection and physical activity as they limit the opportunity to take part in these crucial activities (Cleland, Tully, Kee, & Cupple, 2012). It is acknowledged that scarce time for social connection and community participation has negative implications for mental wellbeing and community/social cohesion (Masterman-Smith & Pocock, 2008; Masterman-Smith, 2009). Not only do individuals risk poorer health, but it is recognised that productivity costs arise from long hours due to problems with fatigue, mistakes, focus and poor mental health, as well as costs due to absenteeism, rehiring and retraining, should workers opt out of the long hours work lifestyle and leave their position. Timing of work, in terms of the start and finish times, plus the duration of work, matters for health as it affects individual as well as social routines – the time we spend with others – which can positively or negatively impact on health (Kamp, Lambrecht Lund, & Søndergaard Hvid, 2011).

The intensity of working time also impacts health – especially through chronic tiredness and poor mental health due to job strain (Strazdins, Welsh, Korda, Broom, & Paolucci, 2016). Furthermore, work boundaries often blur with home-life with the help of technology, such as mobile phones and computers (Green & Macintosh, 2001). An additional pressure is created by expectations of ongoing education and development as roles change rapidly in response to developments in business models and technology. Employees can be contactable at all hours and all days of the week via mobile phones and email and, in turn, there are pressures to train for and apply software systems linked to employment. Hence working time intensity has increased both through time squeeze (less time to do more) and through the reach of working time into private time, with consequences for health and wellbeing (Kalenkowski & Hamrick, 2013).

Despite these insights into the temporal (time-related) features of health behaviour, little is known about the connection between how working time arrangements exert an influence over health behaviours, both during working hours and the hours which sit outside work. The Australian Work and Life Index (AWALI) (Pocock et al., 2012; Skinner & Pocock, 2014) highlights that many families are time constrained with major challenges in meeting work and non-work pressures. The greatest pressure is on women in employment, the majority of whom are part-time because, despite

their relatively short hours of paid work, they have long hours of unpaid work in carrying out family and community activities. Skinner and Pocock (2014) found that time pressures (feeling rushed and pressed for time) were much higher for women in employment (full and part-time) compared to males in employment, and these pressures intensified if there were children requiring care.

Skinner and Pocock, (2014) found that professionals, and community and personal service workers rated high among the occupational groups at risk. The AWALI findings add resonance to this study in that it examines personal care service work by women who were also mothers. In addition, caring work embodies emotional labour and meeting the demands of children, parents and an array of regulators. This is in keeping with prior research on care activities performed by female nurses, where there is an expectation that they will perform a service beyond that which is set down in workplace agreements and also provide "emotional" support to patients and to their families (Smith & Cowie, 2010). This type of work is high pressure to the extent that there are both competing demands, for example from children and parents, and extensive and enforced responsibilities linked to safety, protection and satisfying reporting regulations (Corr, Davis, Cook, Waters, & LaMontagne, 2015). The employment generates continuous time pressure linked to caring at work and at home for those workers with children (PC, 2013, Kamp et al., 2013). Yet, despite these pressures and demands, the pay rates in the sector lag behind those in other sectors and for workers who also are employed under high pressure conditions, such as nurses and teachers (ABS, 2011). For female care centre managers and owners, there are added responsibilities linked to satisfying federal, state and local government regulations on top of managing staff and meeting the demands of children and parents.

The Study

This paper is part of a larger study that examines the relationship between working time and health across a number of selected sectors in Australia. The Work, Time and Health (WTH) Project investigates employee experiences of the perceived impact of their working timescapes on 'health time economies' (Dixon et al., 2014). The WTH Project aimed to recruit a diversity of employees (women and men, representation across the workplace hierarchy, different worker skill types – manual work, service/care work, management) with a variety of working time arrangements (long hours, part-time workers, shift workers) and employment types (employed, self-employed). It sought participation from organisations working across five sectors with different industrial awards: Insurance, Logistics, Building Materials, Child Care and Community Care. Within each of the organisations, employers or those with contractual arrangements with self-employed workers recruited workers to participate in the study. Full consent was checked prior to each interview and confidentiality assured. Ethics approval was granted by the Australian National University (#2014/285). This study only reports on the childcare workers and their time use patterns and health behaviours.

Two waves of data collection occurred. Potential participants were given a package, which included a study information and consent form and two time diaries. The information presented explained that the study sought to understand how participants' working time influenced their eating, sleeping and physical activity. Participants were first asked to complete a 48-hour time diary over a week day of their choice and a Sunday. The simple diary was used to record the time

they spent on a range of activities, including working, eating, physical activity, sleep and leisure. The time diaries were adapted from the Longitudinal Study of Australian Children 'lite' time use diary (Baxter, 2007). Participants brought with them the completed paper time diary to an in-depth interview. The diary, as well as purpose-designed 'time tools', were used as prompts during the interview to elicit deeper and more accurate responses to questioning on time use and control over time use. Semi-structured interviews lasted between 45 minutes and 1.5 hours. Four researchers from the WTH Study conducted interviews from February to August 2015. All interviews were recorded verbatim and transcribed, additional notes and information about the organisations ascertained in informal conversations, documents shared by the organisation or retrieved online, were also included in data collection.

Transcripts were coded and sorted thematically using Atlas TI software. Atlas TI was used as an organisational tool to hold the codes attached to quotes and 'chunks' of data, as well as to search for particular codes and combinations of codes during analysis. Coding categories were determined by WTH researchers based on 1) relevant literature in working time, labour market, food, exercise, sleep and social connection, 2) previous research and, 3) iterations of reading and immersion in the transcripts.

Thirteen workers in the family day care sector were interviewed. The sample was divided into three components:

1) **Family day care service licensees ("services")** (n=4): Government licenced owner operator of a family day care service. May or may not have staff and may be run for profit or not-for-profit. The licensee must ensure that family day care educators (frontline workers with children) contracted or employed by their service meet all regulations and provide satisfactory early education and care to children. All owners in this study were for-profit, independent companies, not linked to other services, such as a council or not-for-profit.

2) **Family day care service supervisors ("supervisors")** (n=4), also known as coordination staff or support officers. These workers are employed by a family day care service licensee to carry out monitoring and support of the family day care educators. Supervisors were employed by for-profit and not-for-profit services.

3) **Family day care educators ("educators")** (n=5) are sole owner/operators of a family day care service in their own homes. While educators can be self-employed contractors or employed by a family day care service licensee, all educators in this study were self-employed contractors. 'Educators' are early education and care providers for children aged six weeks to school age. Children are cared for in mixed-age group sessions during the day, overnight and on weekends, as decided by the educator.

Table 1. Demographic characteristics of family day care sector workers interviewed (n=13)

Demographics	
Age: mean ± st dev(range)	48.3 ±9.3 (36-66)
Female n (%)	13 (100.0)
Born in Australia n (%)	6 (46.1)
Partnered n (%)	12 (92.0)
Children n (%)	11 (84.6)
Highest education	
≤ **Yr 12**	0 (0)
TAFE certificate/diploma etc	8 (61.5)
Tertiary	7 (53.8)
ANZSCO code (range)	Educators 6, supervisors 5, owners 2 (2-6)
Years in job: mean ± st dev(range)	6.9 ± 6.7 (>1-18)
Overnight or weekend work n (%)	9 (70)
Self-rated health	
Poor/Fair	1 (0.7)
Good	5 (38.5)
Very Good/Excellent	7 (46.7)

The details of the demographics and health status of the interviewees are set out in Table 1. The sample of interviewees were all women, they all had tertiary education qualifications, and nearly all were in relationships and had children. This accords with the broad features of the sector as outlined above. In terms of functional responsibilities, there was an even split between educators and managerial functions. Participants from the family day care sector worked in two different patterns: Supervisors worked set office hours generally being paid overtime rates for working out of standard hours or given time in lieu for night/weekend requirements (e.g. meetings, workshops). On the other hand, family day care service owners and family day care educators worked fairly set contact hours plus regular, fragmented non-contact hours at night and on weekends.

Findings

The views of their job and working environment are presented in Table 2. Workers reported high job satisfaction and many felt that they had input into decisions and actions that impacted on their daily working lives. On average, participants felt rushed or pressed for time frequently. This finding speaks to the time pressures involved in each of the three roles: service owner, supervisor and educator. Half of the participants felt that their workload was reasonable, yet it was largely service supervisors who could complete their workload in regular hours. In contrast, service owners and family day care educators experienced heavy workloads that required additional work hours at night or on weekends. While less than half of those sampled reported receiving enough recognition for their work from supervisors, both service directors and family day care educators are self-employed; therefore the opportunity for recognition from supervisors is limited. Given the nature of work and the sector, it was not surprising that a strong occupational health and safety awareness at the workplace was reported for just over half of participants.

Table 2. Workers' perceptions of their job and work environment (n=13)

Working time variables	Score or (%)
Job satisfaction: Average (1 (extremely dissatisfied) -7 extremely satisfied))	5.7
Feels rushed or pressed for time: Average (1 (always) - 5 (never))	2.6
Feels the workload is reasonable	(53.8)
Can complete workload in regular hours	(30.8)
Works to very tight deadlines	(23.1)
Has input into decision and actions	(69.2)
Has adequate recognition from supervisor	(46.2)
Strong OH&S in the company	(53.8)
Importance of work promoting/maintaining health (10 is most important)	6.3

In terms of working time flexibility (Table 3), the majority of workers interviewed felt that they could vary their start or finish times should they need to. Whilst, in theory, time flexibility was possible for all educators and service owners, in practice, they responded to the needs and wishes of parents, therefore they could only change hours in ways and for timeframes that were acceptable to parents. The decisions concerning hours were based on negotiation between their own needs and those of their clients, who were, in turn, were influenced and constrained by the needs of their employers

Table 3. Workers' perceived flexibility in their time at work (n=13).

Flexibility variables	Number (%)
Can vary start and finish times	9 (69.2)
Can vary work days	7 (53.8)
Can work less hours	8 (61.5)
Can leave work to manage unexpected needs (e.g. family emergencies)	8 (61.5)
Can take extended leave (maternity leave, study leave etc)	5 (38.5)
Can reduce responsibilities	3 (23.1)
Work off-site	6 (46.2)
Vary contract type	1 (7.7)
Can adjust benefits	1 (7.7)

Around a third of workers could take extended leave and two thirds could work fewer hours or leave work to attend unexpected needs/emergencies. However, almost 40 per cent of the sample – especially the educators – felt that they could not take time off in case of personal/family needs or emergencies. Few workers in the sample could reduce their responsibilities at work should they wish to/need to and being able to vary contracts or adjusting benefits was uncommon.

Home location

All educators and one service owner worked from home. The benefit of working from home was that no time was spent commuting to an external work place, however, the downside was the blurring of home/work boundaries and the ease of working outside of set hours, which could (and did) add up to very long working days. With daycare, the times of care could often change, making it difficult to establish a routine or make commitments outside of work:

> *…sometimes they [parent clients] will keep on changing the hours, I will be flexible, okay this week they are having a – well the shift-work people, and then this week they will be saying, my hours will be six to four, and then next week it will be nine to five, something like that; so we need to – there is a flexibility I have to have that, okay, this is our permanent children, so we need to be flexible with. I can't say no, I have to work only six till four, or six till five; so we need to be flexible for their hours* (Educator).

Service owners worked from home on evenings and weekends, even if their office was located elsewhere, which allowed them the flexibility to spend meal times and after school hours with family. One supervisor also reported working from home at night due to a heavy workload. Commuting times for some supervisors were substantial (for one it was an average three hours per day), creating longer days and eating into time that could be used for other activities that support health and wellbeing, including spending time with significant others.

Workplace culture

The workplace culture of family day care appears to revolve around the needs of parents and of children. The commitment to children's safety and wellbeing is evident in the strong regulations around child wellbeing, yet the occupational health and safety of workers was not a key priority.

> *Actually I should really think about [OH&S for me] because my knees and like you know, back and all, because like physical work all the time, lifting children…* (Educator).

Subsequent to this interview, the educator was unable to work for some time due to serious back problems.

High workloads and work intensity

Challenging, rewarding work has benefits to mental wellbeing and brings a sense of accomplishment and satisfaction to work (LaMontagne & Keegel, 2009). However, combinations of high demands and low control (little influence in decision-making), insufficient resources (personal and organisational) and insufficient rewards in exchange for high efforts (low pay for high effort) has been found to harm mental and physical health and even to predict the development of common mental disorders, such as anxiety and depression (Stansfeld & Candy 2006; LaMontagne & Keegel, 2009). In family daycare, not having sufficient emotional and financial rewards for their challenging work undermines educators' mental health, which has knock on effects for children's care quality and outcomes (Corr et al., 2015). Only four participants – three of whom were supervisors – could complete their workload in their specified hours.

> Owner: *I can get text messages at midnight asking, people asking me for childcare. Yeah, I get emails, like even, like I had a ten-thirty one last night from one of the educators asking me a question…there's constantly things coming through.*

> Educator: *There's always stuff at the end of the day and if it's not paperwork, as soon as the children leave, you've got to clean up; you've got to mop floors. Today [her day 'off'] I've done two loads of washing already and that's all family day care washing.*

Most family daycare sector workers described intense working conditions and reported feeling time pressure or rushed. Increased work intensity (having to do more in less time) raises the risk of anxiety and depression among women workers in particular (Benach, Muntaner, & Santana,2007). Educators and owners in particular were conscious that their work would not or could not be completed by others, but would pile up if they reduced their work intensity. One educator took time out for several evenings to do an activity with her daughter and there were significant repercussions for managing her workload:

> *…she [my daughter] said "but you did if for those couple of weeks" and I said "Yes, and while I did that there was all these tasks that I didn't do back home"… now I'm frantically trying to get those bits of stuff done* (Educator).

Long hours and 'work-life bleed'

Unpaid hours were the norm for many educators and owners interviewed and working evenings and weekends and was a regular experience:

> A *…I'm doing it [working] during [the evening] and I'll have my dessert at my desk because my desk is in the family area. The TV room, so I'm still working there, but I'm still with them and there's still interactions between us.*
> Q *So, you'll do your four hours or so?*
> A *Yes. Sometimes I'm there until 12am. As soon as I'm tired, I close down [the computer].* (Owner).

Managing workloads outside of standard working hours meant that work-life bleed occurred on week nights and often on weekends, which are critical times for social connection, 'switching off' from work, and being involved in activities that support good physical and mental health (Cleland et al., 2012).

The importance of home life

The dual caring process was apparent for many participants: caring for children and caring for family, including their own children. Most participants structured their days around being present for family members and caring for them in practical and emotional ways. All participants spoke a lot about their partners and/or children, no matter the age of the children (up to 40 years old) and cared deeply about spending time with them and being there for them, even when working hours were long and other important tasks fell by the wayside.

As this educator described, she was working very long hours and could not cook for the family (which she valued), but *"I was trying to at least keep family time going… even though we were*

eating take away food half the time, we were at least still sitting down and enjoying each other's company".

Having a supportive partner was important to many participants and meant that work-life bleed was often tolerated and other duties were sometimes picked up, such as starting to prepare dinner of an evening before they arrived home or helping with work tasks. In most cases the routines were established and there were shared responsibilities – for example, one educator had a partner who was a truck driver and his hours allowed him to return home early to prepare meals:

[My husband] is fantastic. He gets most of the meals done most of the time because he gets home earlier (Educator).

Working time flexibility

The experience of flexibility with working time in the family daycare sector differed for the three populations: educators, supervisors and owners. For educators, negotiation and notice were important to ensuring they could take leave when they wished. One educator described giving her parents a year and a half's notice for a holiday. The ease of taking leave varied from the sense of it being impossible, to highly possible, but given enough notice.

> *"my [child] is [graduating next week] ... he said that he want me there and I said 'I'm sorry I can't'. It's a Tuesday afternoon and I cannot afford to create all this mess with the parents saying find someone to look after your children before I won't be there"* (Owner).

When an educator wished to take leave, there was a chain of negotiation that occurred, with each family having to seek permission from their workplaces for time off or friends/relatives to cover care. This means that a one-week holiday may involve more than 14 different employers and family time rearrangements. Leave is also complicated due to the risk to a business of being closed for a period of time, as parents may move their children due to children being unhappy with substitute educators.

Interestingly, educators regularly reported only their contact hours with children as their working hours and then would add the unpaid hours they work in later discussions. Educators also reported having control over their working hours, yet often revised the answer when they realised that their working hours were, to a large extent, dictated by parents' needs. That said, educators with high demand (due to location and reputation) had more chance of negotiating and maintaining shorter contact hours. Whilst the flexibility of family daycare is promoted as positive for families, the health and wellbeing consequences for educators are also very important. There is an absence of analysis on how the length and regularity of working hours impacts on educators' ability to take care of themselves and their families, including social connection and engage in exercise (Breedvelt, 1998).

Business owners had the most flexibility, however, in common with small business operators in other sectors, had little capacity to take a total break from work. This meant that many worked long hours that encroached on holidays, of an evening and on weekends.

> *Q: Could you tell me how long you were – you spent doing that processing before and after [visitors on Sunday]?*
> *A: There was a couple of issues with them, wasn't there? So it was about, yeah, close to three hours"* (owner).

Service supervisors had to negotiate their working time flexibility with their employer. Access to flexible arrangements depended on manager discretion, i.e. working relationships in place, the work culture, and/or enterprise agreements.

Routine

Predictable hours allow routines to be established around eating, exercise, social connection and sleep. Routine at work enables routine outside of work – critical to individual health behaviours and to family wellbeing and relationship quality. Most educators had routine contact hours with children. However, parents' routines often changed and some educators afforded parents a lot of flexibility, which meant that they had short-term notice for having children attend family daycare for longer hours, on weekends or out of normal hours. Supervisors benefit strongly from having routine working hours, allowing them (in theory, at least) to create health promoting time for eating, social connection, sleep and physical activity. Lastly, all owners reported routine set hours around which they could establish routines, however, their work often continued later at night, early in the morning and on weekends, limiting their time to undertake health promotion behaviours such as physical activity and sufficient sleep.

Worker health

Physical activity
Family daycare educators have very physically demanding jobs, both due to their care of children and also because of the considerable housework required. Few educators carried out formal exercise outside of work; but those who did noted the benefits in terms of stress release. For those who did exercise outside of contact hours with children, routine was essential. They walked or worked out at the same time every week and often with someone else, which increases the likelihood of exercising and the enjoyment. One educator, who had a treadmill at home, was able to synchronise her exercise with children's sleep times, which allowed her to spend 30 minutes walking during workdays.

> *"… when they're sleeping – my children always go to sleep at once – so then I go on the treadmill" (Educator).*

Owners and supervisors were generally not undertaking physical activity outside of housework. For several owners and service supervisors, this was an element that they wished to change in their lives as they had previously had exercise routines e.g. yoga each week. Reasons for cutting down exercise or for not exercising included time poverty due to long working hours, family commitments and study. Others were not interested in including physical activity in their lives.

Eating
Almost all the workers interviewed were the primary cooks in their households and ensured that they and their families were well fed at dinnertime. Many adjusted their routines and working hours to ensure that they could cook dinner for their families.

> *"… I cook early in the morning [5.30am], or the night before so that's how I do it [provide a cooked meal for my family's dinner]"* (Educator).

All but one participant ate dinner at night and most workers interviewed often did not eat a full meal at breakfast or lunch. The aim was to find something quick and easy.

> *"…I get my lunch when I can, because sometimes I have to put something to eat on the bench and then I have to be eating while I'm doing this [feeding a child] with another spoon. Then it's too cold and then I don't eat it"* (Educator).

Breakfast and lunch was often eaten on the run, or grazed over a few hours, while work (and the needs of others) was prioritised.

Sleep

Poor sleep quality was commonly reported in this sample, with workers finding it hard to go to sleep or stay asleep. For some participants, sleep quality was irregular:

> *"I do sleep at night but I have some really bad nights…"* (Educator).

Sometimes sleep quality was directly linked to stress or a busy mind.

> *"I had a problem with an educator the other day and I couldn't sleep, I just kept thinking about her, to the point where my husband [stayed up with me trying to problem solve]"*
> *"I toss and turn and think and [do] not sleep"* (Owner).

The participants recognised the need for regular sleep and built this into their routines. However, for business owners there were often after hours activities linked to talking to parents, organising promotional material and attending to business and regulatory issues. As one business owner stated,

> *"There is no room for sleep"* (Owner).

Although participants generally rated their own health as good, many workers seem to be running on the minimum amount of sleep required and have irregular eating habits, which may increase their risk of developing health problems down the track.

Discussion and Conclusions

The Australian ECEC is a growing sector dominated by female employment and female managers and business owners. It is also a sector that has extensive regulations and complex funding arrangements. The PC (2014) highlighted the likely skills shortages facing the sector, especially in regional and rural areas. This is a sector with a workforce requiring qualifications for entry, for workplace accreditation and where wages do not match qualifications or responsibilities of workers. Many workers can enter into primary education that offers both higher wages and improved employment conditions as compared to the childcare sector (PC, 2014). The sector has been subject to a past successful equal wage claim and has another claim pending before Fair Work Australia on the basis of the undervaluation of work (ibid). Workers in the family daycare sector are located in an industry and workplace regime where educators structure their working days around the time needs of parents and children, as well as the body times of all the children in their care which means that their time management must be incredibly sophisticated to balance the inevitable competitions on how time is used and on whose terms. This group of workers (educators, supervisors and owners) regularly prioritise the needs of others over their own needs and allocate their time accordingly. Hence, care of others is prioritised over personal needs (eating, exercise, sleep, social connection), whether that concerns their own family or the children and families in care.

Working days have become more intense in their demands for educators, supervisors and owners with an increasingly complex regulatory environment to work within and a National Quality Standard against which to be assessed (Australian Children's Education and Care Quality Authority, 2011). Increased work intensity is linked to a higher incidence of anxiety and depression amongst women workers in general (Benach et al., 2007). The pace of work, and expected outputs, has spillover effects for health and wellbeing quality of work. Educators and service owners work long and fragmented hours over days, nights and weekends. Long hours of work is associated with mental and physical health problems when work is also intense (Strazdins et al., 2016). At the same time, the perceived control (autonomy) that owners and educators have over their time may be health promoting: they can choose when to get the work done in the day, even if that is not the ideal (i.e. having a lighter workload).

Flexibility is a fraught issue in working populations (MacEachen et al., 2008)and family daycare is no exception. Service owners have the greatest control over their time, yet their work spills into evenings and weekends. Educators have some control over their time, however, it is heavily reliant on successful negotiation with parents and children in care. It is concerning that many educators in the sample did not feel that they could not take time off in case of personal/family needs or emergencies.

Routine is important for health behaviours and 'synchronising' with significant others for social connection. Therefore predictable hours are important to health and wellbeing, such as having similar hours every day and knowing hours well in advance. Supervisors benefit strongly from having routine hours, owners have routine set hours but educators are most prone to unpredictable hours due to parents changing timetables.

This is a high pressure and high stress industry. The workers had dual caring responsibilities to perform and to balance. In effect, they had to negotiate a continuous care regime between home (family) and work. This accords with the findings of the AWALI study (Skinner & Pocock, 2014) and with other time use studies that examined activities (work, care and leisure) through time and by other characteristics, such as gender, age and occupation (Davaki,2016). For care activities in and outside of the home, the dominant responsibility falls on women. For childcare workers, the challenges are acute since, in this sample, all but one was married with children and all worked full time; in addition, several also managed a business from the home. While the reported health of the workers was good there was ongoing stress, and pressures suggesting potential burn-out.

The study is limited in terms of its small size and its sample, however, it does highlight a number of issues that resonate with the literature. High pressure jobs and long hours intensify work life balance pressures (Pocock, Skinner, & Hutchinson,, 2012). While the sample had adequate self-reported health, there were pressures on mental health (stress), physical health (no time for exercise) and eating (skipping meals) that suggested the potential for future health problems. This is an industry with a young age workforce cohort. An obvious question is what happens to workers after they reach 35 years; do they succumb to the pressures of the industry, to health problems or do they find better paid or less stressful and demanding jobs elsewhere? The PC Report (2014) cited evidence that indicated that the main reasons for leaving the ECEC sector were to seek work elsewhere, dissatisfaction with pay and conditions, family/study reasons or stress. This issue of worker retention deserves analysis if the gender-based devaluing of this highly feminised workforce is to be dismantled as well as to address skills shortages and to protect and improve quality in ECEC (children's experiences and outcomes) (Moore, 2014). There is a public policy

imperative to attract and retain workers into this growing sector, especially in terms of lifting female labour force participation rates to address workforce shortages associated with population ageing.

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The personal and the professional: betwixt and between the paid and unpaid responsibilities of working women with chronic illness

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Abstract

The labour market outcomes experienced by women with chronic illness are subject to a number of influences. These influences have been recently expanded to include the normative expectations of wellbeing as a prerequisite for productivity in their various social and working roles. Discussion of these factors is often situated within the bounds of the workplace. One area, external to the workplace, which needs greater attention is the role of family and friends as part of the support network for these women. The personal environment has the potential to allow women with chronic illness to excel in their work and careers, however, it may also result in less positive outcomes. This paper examines the workforce experiences of women with chronic illness and role that personal and professional influences play in their workplace outcomes.

Keywords: chronic illness, labour market outcomes, personal support, workplace, gender, careers

Introduction

Women with chronic illness, which might include a variety of diseases, such as diabetes, rheumatoid arthritis, lupus, mental illness or multiple sclerosis, may face difficulties with managing the expectations of others in any social interaction. The World Health Organisation (WHO) states that "disability [which includes health and health related states] is a complex phenomena that is both a problem at the level of the person's body, and a complex primarily social phenomena" (2002: 9). Society often holds the bearer of the disability or chronic illness responsible for their condition/impairment, however, WHO (2002: 9) also comments:

> disability is always an interaction between features of the person and features of the overall context in which the person lives, but some aspects of disability are almost entirely internal to the person, while another aspect is almost entirely external".

Work and family relationships can be sources of disabling attitudes which influence the outcomes of women with chronic illness at home and at work.

Individuals are willing to stigmatise individuals with chronic illness, even when a legitimate explanation is given regarding the extent of their disability (Werth, 2013). Perhaps, we might generally expect that women with chronic illness would, could or should receive a greater degree of consideration from within their family or home life, however, there is a small but growing body of research that suggests that this may not be the case (Thomeer, Reczek, & Umbersonm, 2015). Various sources suggest that the divorce rate for women with chronic

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illness is higher than the divorce rate for men with chronic illness and that the divorce rate generally for individuals with chronic illness is higher than that of the general population (Karraker & Latham, 2015)

This paper will explore the outcomes for women with chronic illness, paying particular attention to aspects of their personal and professional lives. The qualitative data gathered in this study examined the support that women with chronic illness experienced in their personal circumstances, generally, this support is provided by immediate and extended family members and sometimes by friends. Supportive family and friends play an important role in the success of these women in the labour market. This paper will explore the literature relating to the various influences that working women with chronic illness need to manage, subsequently, the methodology for this extended project will be outlined and discussion and conclusions will be put forward.

Women managing chronic illness: at work and at home

A variety of concepts have been explored in literature in relation to managing the way an individual with a chronic illness copes. These have come from the fields of gerontology (Thomeer et al., 2015); chronic illness (Bury, 1982; Werth, 2011); sociology of work and work roles (Bury, 1982; Corbin & Strauss, 1985; DeJordy, 2008); and, cancer research (Yoo, Aviv, Levine, Ewing, & Au, 2010). Much of this research reflected on the personal performance required of individuals with differing forms of chronic illness to show capability despite their impairment in various social and work settings. Bury (1982) reflected on the biographical disruption created by chronic illness and the adaptations required of the bearer and those with whom they live and work. He also pointed out that "disruptions in biography are, at one and the same time, disruptions of social relationships and the ability to mobilise material resources" (ibid: 180). Corbin and Strauss (1985) identified three concepts including illness work (self care), everyday work (occupational work or work done in the family environment) and biographical work – "necessitated by the continual or occasional reconstruction of his or her life [relating to illness]" (ibid: 230) – undertaken by individuals with chronic illness. Illness trajectory was the concept used by Corbin and Strauss, to refer to "the course of an illness, the related work as well as the impact on both the workers and their relationships that then further affect the management of that course of illness" (ibid: 225).

These early studies identified that individuals with chronic illness were required to undertake various types of "work", in order to achieve particular health and social outcomes. Subsequent research has identified other types of work that describe the means by which individuals with stigmatised identities might attempt to manage the way they appear to others. Goffman (1986) highlighted the role played by stigma in the effort to "pass" as normal, or where the stigma is obvious, or "cover" the degree to which an apparent disablement could cause social non-conformity. Other authors have pointed to behaviours which might include deliberate concealment (Myers, 2004) or the misrepresentation of the self to project conformity (DeJordy, 2008). Passing and covering may be deployed along with emotion work and aesthetic labour to project social conformity in social and work spaces.

More recent research in the field, which covers differing forms of disability and chronic illness, has started to move towards the roles that aesthetic labour and emotion work play in the lives of those with chronic illness, particularly women, in their place of employment and at home. Yoo et al. (2010) discussed the way that emotion work was deployed by women diagnosed with breast cancer when they undertook disclosure in different settings. They noted that

"disclosure has emotional consequences such as strained relationships…" (ibid: 206). Yoo et al., also pointed out that:

> Emotional work between women and their families has often been overlooked in the midst of a healthcare crisis because emotional involvement is regularly assumed to be a gendered duty, automatically fulfilled as part of being a daughter, sister or mother (2010: 206).

In a similar type of circumstance, men with prostate cancer did not choose to do the emotion work of disclosing as this was left to their female partners to undertake (Yoo et al., 2010). Thomeer et al., added:

> The provision of "natural" emotion work by women regardless of women's own health status, coupled with the relative lack of men's corresponding emotion work helps us better understand the mental, emotional and physical consequences of having a health-impaired spouse are more detrimental to the health and well-being of women compared with men (2015: 16).

Women who are employees with chronic illness have particular characteristics which differentiate them from other groups within organisations. These characteristics include the types of illnesses with which they have been diagnosed. Fairweather, Fisancho-Kiss, & Rose (2008) point out that 78 per cent of those with autoimmune disease (ie rheumatoid arthritis, Crohn's disease or lupus) are women. Autoimmune diseases have no cure and are not influenced by lifestyle factors, however, expectations in social and work settings are that women should be able to do "something" to improve their own health outcomes (Myers, 2004). Therefore, the responsibility or blame for the disease, and subsequent labour market outcomes, are often attributed to the individual (Vickers, 2003). If, over time, they are unable to improve, then the responsibility is theirs to find an appropriate social role to fulfil. This might mean resignation from their job and exiting the labour market, however, there are few ways to withdraw from expected family responsibilities.

It has been shown that roles within families influence personal outcomes for women with chronic illness. "Gender norms regarding the role changes that frequently accompany illness may yield gender differences in the relationship between illness and divorce" (Karraker & Latham, 2015: 432), also noting that it is only the wife's illness that is associated with increased incidence of divorce (ibid). Karraker and Latham go on to point out that:

> Given the gendered nature of caregiving [to others] and care receiving [from others toward the person with chronic illness] and caregiving's frequent stressful nature, it is plausible that situations in which ill wives are dependent on husbands for care are more stressful than when wives are caring for ill husbands (2015: 423).

Vickers (2001) states that "the dynamics of male domination continue in many ways and at different levels: at work [and] in the home…" (p. 63). Women with chronic illness are more likely to be subjected to patriarchal attitudes in multiple settings, which might include the role of the medical profession, managers, colleagues and family (Vickers, 2001).

The WHO (2016) listed gender specific risk factors for common mental health disorders which include a number of issues which might influence women with chronic illness, such as low income and the responsibility for the care of others. These are issues which have been shown to impact on the lives of women with chronic illness (Werth, 2013). We also know that, "being

female increases the likelihood of co-occurrence of physical, mental, or physical and mental long-term conditions" (Steadman, Sheldon, & Donnaloja, 2016: 5). The difficulties associated with chronic illness are not just that the individual has no chance of becoming well, but that they are more likely to eventually be diagnosed with more than one disease. Caring roles and specific disease characteristics make it difficult to fit in with the concepts of an ideal worker which is "essentially a worker with the male characteristic of freedom from domestic responsibilities" (Whitehouse & Preston 2005: 271).

Methodology

The stories related by women with chronic illness and their experiences at work and home do not always have happy endings, but qualitative research which investigates these stories is important because of the otherwise invisibility of the participants within society. Groups, such as women with chronic illness, who are difficult to access because of the stigma associated with their condition (Vickers, 1997) can be accessed using a snowball sampling technique (Atkinson & Flint, 2001). This technique involves using known insiders, in this instance women with chronic illness, to refer participants from within the group that is not readily available to outsiders. Atkinson and Flint point out that:

> this process is based on the assumption that a bond or link exists between the initial sample and the others in the same target population, allowing a series of referrals to be made within circles of acquaintances" (2001: 1).

Participants were also sought through the newsletters of various chronic illness support groups and networks.

The researcher was an insider in this population and thus had privileged status within this group and some access to the population. Merton (1972) stated, with regard to insider research, that "you have to be one in order to understand one" (p. 15). Positioning myself as an insider resulted in developing trust and credibility with participants that would otherwise not have been possible.

Thorne and Paterson (1998) refer to the dynamic between the researcher and insiders (participants) "It seems evident that both researchers and insiders operate within a socially constructed reality that is dynamic and difficult to appreciate until the passage of time allows social and historical analysis" (p. 174). The role of an insider researcher more readily allows access to the socially constructed reality which may differ considerably for a researcher who is not an insider. The passage of time provides a particular view of the way society is constructed and perceived by both insiders and outsiders. These views may vary so considerably that it influences "what gets studied, what research questions are posed, and what methods are used…" (ibid: 174). Insider research may be the only way to research some groups where being an outsider equates to a lack of access to effective data. Merton (1972) points out that "only through continued socialisation in the life of a group can one become fully aware of its symbolisms and socially shared realities" (p. 15).

In 2009-2010, the first round of in-depth semi-structured interviews was undertaken with 24 women who had been diagnosed with a chronic illness and who were currently or previously in paid employment. The project had the broad objective of developing a better understanding of the experiences of women with chronic illness in the workplace, these included: issues of disclosure, stigma, performance of emotion work and other forms of presentational emotion

management, managerial attitudes, and power and disclosure (see Werth, 2015; Werth, Peetz, & Broadbent, 2018). Through the process of theming the data, we discovered an unexpected theme relating to the personal outcomes of working with a chronic illness. This paper draws on both the first (2009-10) and the second rounds of interviews (2016-17) wherever this theme emerged. For some participants this allowed a longitudinal view of their outcomes, whereas for other participants they were able to reflect on specific events in their life from a particular point in time (ie at the time of the interview). This paper draws on five participants from one or both rounds of interviews as illustrative of the themes.

The ages of participants ranged from 29 years to 63 years, and they worked in a variety of professional and non-professional roles. Pay ranged from less than $10 000 to over $100 000 per year. In 2016-17, as many participants as possible are being followed up with a subsequent interview that is structured similarly to the initial interview. Data from the interviews carried out so far has been analysed thematically and data relating to the "domestic influences" experienced by these women is presented in this paper.

Domestic influences on work outcomes

Women with chronic illness engage in different ways with colleagues, friends and family in order to present, as far as they are able, as a "well" person. This involves three layers of management, which are identified as negotiating the self, managing the self and managing the perceptions of others. These layers of management are particularly useful for examining the way women with chronic illness manage caring responsibilities and paid work in such a way that they have the best chance of remaining employed, although this outcome is not assured. Yoo (2010) noted that women are "trained to care and to be concerned about the feelings of others over and above their own feelings and concerns" (p. 213). Women with chronic illness are particularly disadvantaged by this tendency to prioritise the needs of family above their own. We see in the data that they try to find ways to manage personal situations to minimise disadvantage.

Negotiating self

Negotiating self involves how women with illness see themselves. The perception of self as one who is "sick but fit or fit but sick" (Pinder, 1996) provides a complex view of one's own disease, its impact on the individual and the environments in which it needs to be managed. An understanding of the individual's belief in self is also important in developing strategies for negotiating the self.

Professional women were more likely to display the ability to adapt their careers to allow for the difficulties of their disease. Lucy and Cheryl were also able to change the direction of their careers after their diagnosis, with family support to do so. Interestingly, the support of extended family is important here and assisted these women to undertake the adaptations that they needed to change the direction of their careers.

Lucy was a brand manager for a national company when diagnosed with Crohn's disease, but after experiencing disadvantage in her workplace she decided to study in order to work as a lawyer in her mother's law firm. She had the support of her extended family which enabled her to do this. Lucy navigated the difficulties of the diagnosis by leveraging her family's support to find work that allowed her to balance her work and her illness, this work has also enabled her to work from home to care for her young children.

Cheryl, who was previously a nurse, undertook additional study in order to change her career because of her diagnosis with arthritis. She studied and achieved a position as a manager, which would ultimately enable her to transfer to be closer to family in another city. The support of family was important for her and facilitated her change of career and also would provide support with possible future difficulties related to working and her disease.

The support of family in both of these cases was instrumental in their success in changing their careers despite their illness. Both Lucy and Cheryl appeared to derive self-belief from knowing that they could perform in high level professional roles with the support of their extended families. Support from family also allowed these women to explore opportunities to find work that fitted the needs of their illness, however, outcomes are not always positive. There is an assumption that "disability is everywhere constituted the same way," (Pinder, 1996,: 150) but the following sections will examine the circumstances of capable women who have experienced a variety of outcomes while attempting to navigate the difficulty that exists between those with chronic illness and a non-disabled society (Pinder, 1996).

Managing self

Managing self is the next layer of management that women with chronic illness are required to navigate in order to preserve their outcomes in the workplace. Managing self is a way that women with chronic illness can project an image of capability in multiple spheres of life. They might adopt strategies relating to working hours, medical and self-care, as well as managing personal priorities.

Heather, who suffered from rheumatoid arthritis, worked as a high level senior public servant, she had a number of outside influences that affected her perceptions of what it meant to be sick and the importance of coping in each aspect of her life. Heather's sister was diagnosed with a chronic illness and Heather felt that it was important to support her through the process of learning to deal with her diagnosis. Heather commented that: "Of course part of the problem, for both us, is that we're both pretty independent women. We feel pretty miserable about things [due to illness] but we sure as hell don't want people helping us all the time either." Heather also pointed out that she worried about being a "burden" for her husband because of her health, but while she had this concern, she was also supporting her sister so that "she [didn't] feel like she's isolated or "in this" by herself."

Heather valued her independence. Her outcomes within her workplace indicated that she was extremely capable. She admitted to working because:

> I wanted the challenge not because I wanted to be anybody. Not because I wanted to be the Prime Minister of Australia or anything like that, it was always about the challenge for me. And so I guess for me now, I don't feel like my body wants to keep doing it. And so it's that real conflict between what your mind or your heart might want to do and what your body wants to do.

Through the various roles undertaken by women with chronic illness, normative role expectations are brought into question and implicated in the wider social expectations of caring and family responsibilities, while also caring for themselves (Pinder, 1996).

Managing perceptions of others

The final layer of management relates to the way women with chronic illness manage the perceptions of others. Yoo et al. (2010) noted that "telling others about illness takes emotional resources and opens one up to vulnerability, scrutiny and possible rejection" (p. 206). It's because of these risks that women with chronic illness undertake some form of presentational emotional management (Bolton & Boyd, 2003) also known as emotion work (Hochschild, 1983). Presentational emotional management can be defined as a way of presenting oneself to others to produce particular outcomes. Chronic illness creates a disruption in life generally, but also in social situations, these relationships influence a woman's ability to mobilise resources (Bury, 1982).

Society generally expects that resources should be provided to individuals with chronic illness through the medical system, and that people should take time away from social responsibilities, seek appropriate medical assistance and return to their responsibilities when they are well (Parsons, 1970). Bury (1982) points out that:

> Important though the place of medicine is in facilitating and constraining the adaptation of individuals (and those with whom they live and work) to the presence of chronic illness, this is clearly not the only, or necessarily the most important, issue (p. 180).

Medicine has also been noted as forming part of an ambiguous relationship between individual with chronic illness and their workplace (Pinder, 1996). Medical support for women with chronic illness rarely covers the "limits of tolerance" they will face within their families and within their workplace (Bury, 1982). Bury also notes the "disruption of reciprocity, the problems in legitimating changed behaviour and the overall effects of stigma associated with chronic illness, all affect the individual's ability to mobilise resources to advantage" (1982: 180). More recently, the research of Thomeer et al. (2015) and Karraker and Latham (2015) has shown the detrimental impact that these problems create within the personal lives of women with chronic illness.

Heather, despite admitting to moments of doubt about her future at work, also made this comment: "I'm pretty assertive and if I've heard people [at work] have had something to say about it [how she manages work and illness], I usually just go and confront them. That, of course, makes me a bit scary." So while at work she was in control and coped with her managerial role; privately, she had to come to terms with her sister's illness and also her father's degenerating illness, which required that her mother care for him until his passing. The experiences within her family relating to health influenced her own approach to her ability to continue working in the longer term.

Heather's attitude towards illness and coping was influenced by her family's experiences of illness and caring as well as her own desire for satisfying work. She had negotiated for the conditions at work that she needed while she also managed the needs of her extended family. At the time, Heather felt that she might not continue to work because of the conflict that she felt between what was important to her and what her illness allowed her to do. It appeared that she may have been seriously considering, at some time in the future, cutting short her career to improve the management of her illness and to avoid being a burden to her husband. After the initial interview, Heather did leave her job, not because of her illness, but because her husband's job required that they move overseas. Heather's experiences also appear to have given her confidence in undertaking presentational emotional management within her

workplace to preserve her appearance as a capable manager, but also in her personal life when providing support to other family members.

Rhonda suffered from arthritis and her experience as a small business owner with a husband and teenage children was quite different. Rhonda's personal life influenced her ability to continue working because, not only did she have her own business to manage, but she also played a role in her husband's business. She said that her illness significantly changed the way her family managed at home.

> My husband, I think he kind of had a mid-life crisis at the same time [as my diagnosis] because he would try and bully the kids into doing the chores and he would stand over them like a sergeant major and I think they really resented that. They didn't mind helping but they thought he should help too. [Sometimes] I'd say I don't feel like cooking dinner tonight and he'd say, "It doesn't matter I had something while I was down town." And I'm thinking, "What about me?" [He] just shut down. Or, if I said, "I can't hang out the washing", he'd say, "That's ok, just do it tomorrow." In the end, I just used the dryer.

She went on to say that her diagnosis and the subsequent changes in her life had a significant impact on her husband. "He didn't know how to cope at all. And we're separated now as a result of this I think." Rhonda's illness resulted in the loss of her source of income and possibly her marriage. Because of the lack of support she experienced at home, Rhonda was unable to continue attempting to work. Rhonda's situation was different to other participants in this study because she was self-employed. She had full responsibility for her income and would appear to have a high level of control of her work context. However, her illness, the size of her enterprise and its reliance on her personal skills meant that her only source of support was her family. Rhonda reported that her children were helpful but were in their late teens and in the process of leaving home for work and university. So the support role fell to her husband who was unable to provide her with the assistance she needed. Rhonda was unable to undertake the presentational emotional management needed in her caring and work roles, she also struggled with the lack of reciprocity within her home relationships and she felt there were problems with legitimating her behaviour which was caused by her arthritis. Rhonda was physically incapacitated and could not undertake some household tasks for lengthy periods of time, but her husband seemed to have placed a limit on the support available for her, as if she had a short-term illness. He would allow her time away from the responsibilities he perceived to be part of her role, but he then expected that she would be able to provide assistance again in the short-term. Rhonda reported "I was so tired and exhausted, I just lay on the bed for 18 months I didn't do anything. It wasn't a good time."

After losing her business because of illness and separating from her husband, Rhonda decided to study for a change of career. She moved to be closer to her brother's family in order to have the support needed to undertake a university course. After the changes in her life, she started on the first layer of management – negotiating self – in order have a life and career that she enjoyed and could manage with arthritis.

Melanie worked in a public service role and experienced the unhelpful attitudes of her family to her illness. These influenced the way she managed her work and juggled the sometimes competing responsibilities of family and work. Melanie said, "Getting your head around putting yourself first is quite a difficult thing, especially when you're a mother and you have to be available for the children and my husband and that sort of thing." She explained, "My husband's highly strung, so if I'm having a bad day sometimes he's not understanding." This

affected her work as she needed to decrease her working hours by one day per week in order to better manage her health. She said,

> This position originally was five days, and I've already cut it back to four, and we've got kids in private schools and that sort of thing. My husband wasn't very impressed that I was going to cut it back a day, so I can't cut back any further,

although she indicated that would be her preference. Melanie's husband required reciprocity in terms of meeting costs of their children's schooling and may have prevented her from achieving exactly the work-related outcomes that would best suit her illness. Even though Melanie had a good working environment that enabled her to cope quite well with her illness at work, it was her lack of family support that proved to be the most negative influence on her outcomes at work. It was not that her home influences prevented her from attaining particular levels in her professional life, but that they kept her from working the hours which helped her to best manage her illness.

Discussion and Conclusions

The Disability Movement advocates for the use of the 'social model' for providing a means for understanding disability and chronic illness. Oliver and Barnes (2010) state that, "while impairment may impose personal restrictions, disability is created by hostile cultural, social and environmental barriers" (p. 552). The attitudes of others may form part of the external barriers which influence disability or chronic illness. Over time, these attitudes have developed around the personal characteristics and behaviours that are believed to constitute 'normal' in work or social roles. The health and wellbeing movement has provided another form of 'normal' which is unattainable by those who have a chronic illness. These programmes, for example the Global Wellness Institute, might characterise ill health as costly and which causes employees to become "unmotivated, disengaged and unproductive" (Yeung & Johnston, 2016: i), while conversely promoting health as bringing "energy, focus and motivation" to the workplace (ibid). Other research has suggested that wellness programs are able to improve organisational success (Hillier, Fewell, Cann, & Shephard, 2005) and enhance morale (Ngeno & Mauthe, 2014). The health and wellbeing movement has reintroduced, to workplaces and into broader social thinking, the perception that chronic illness is a "negative label, rather than a political description of socially constructed barriers" (Foster, 2017: 8). This shows a marked lack of understanding of the effects of long-term impairments that have no cure. Foster pointed out that

> A model is needed that is capable of challenging a range of value judgements based on normative definitions of health, ability, appearance and behaviour (among other things), and which is concerned with the empirical reality of workers' qualitative experiences' (2017: 9).

Social definitions of "normal" and the resulting expectations of women with chronic illness, have traditionally moved from society into the workplace (see Parsons, 1970), however, the development of negative perceptions relating to wellbeing in the workplace have the potential to negatively influence the social expectations of women with chronic illness in other spheres of life. Fostering an inclusive culture which welcomes difference would be important to overcoming normative definitions of wellbeing.

The characteristics of women at work include various elements of disadvantage. Vickers (2001) extended this discussion to include the difficulties of working with a chronic illness:

> For these women, all the problems reported elsewhere concerning discrimination, glass-ceilings, "invisible" barriers, sexism and stereotyping still exist. However, in addition to this, they live with the workplace marginalization and stigmatisation associated with unseen chronic illness (p. 62-3).

Judgments made regarding their "resilience" can now be added to this list of the disadvantages. "Resilience techniques [as part of wellbeing programs] normalise the idea that everyone could potentially 'cope' and be 'improved' if only they were willing to learn them" (Foster, 2017: 7). The difficulty with a wellbeing approach is that it focuses on improving health outcomes or wellness in order to reach particular organisational or role related objectives and that additional normative expectations may be placed on individuals. These are individuals who are very often able to function in a capable manner, but need to undertake tasks in a different way due to their chronic illness.

The application of social stigmas to those who appear to be different in their social roles readily occurs to those with chronic illness. Women who undertake paid work and caring roles are at risk of marginalisation both at work and at home and these women might feel obliged to make presentational choices in order to manage expectations in these spheres. Outside judgments about what constitutes an "ideal" worker, or "ideal" mother or wife encourage women to manage the difficulties of their illness in different ways in order be able to present in ways that "project conformity" with social expectations (DeJordy, 2008).

If we move outside the sphere of wellbeing initiatives, we could suggest that a working definition of wellbeing for women with chronic illness would include understanding and accommodations in social and work environments. Flexible hours and location of work would also contribute to their wellbeing as a person with chronic illness, but the context would need to avoid "adapting work from an able-bodied ideal, so that variations to a job are viewed as inferior or concessions to an 'ideal' norm" (Foster, 2017: 8).

Women with chronic illness in their personal and work environments are "doing it all." They negotiate self through building their self-perception and self-belief; they manage self by assessing priorities, navigating medical and self-care and choosing work and social commitments carefully; and, they manage the perception of others through the use of presentational emotional management. Each of these strategies are specifically applied and may have different outcomes, however, through the application of these actions, each of these women have displayed agency and resilience in attempting to influence their own personal and labour market outcomes. These are women who are the "glue holding everyone together" despite, at times, being desperately ill themselves. The way these women manage their wellbeing is through wielding what little power they have over their circumstances to manage various personal and professional factors.

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Untangling paradoxes in wellbeing work with women victims of violence: A developing world perspective

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Abstract

Through using the lens of paradox theory, we examine an exemplar case of a social enterprise and highlight a developing world perspective on wellbeing of victims of acid violence. Acid attacks are one of the most gruesome forms of gendered violence. Although more common in the developing world, globalisation has transported such gendered violence into the international arena. Through narratives of participants in this study, we present three paradoxes that offer a rare glimpse into the emotionally laden and challenging nature of wellbeing work in addressing recovery and rehabilitation of women victims of acid violence in the developing world.

Key words: violence, paradox, wellbeing, social enterprise, work, developing world

Introduction

Wellbeing comprises dimensions of happiness, self-worth, positive social relationships and the necessities of food, shelter and clothing (Connerley & Wu, 2016; White, Fernandez & Jha, 2016). Our research context is the developing world, specifically a country in South Asia where we encountered the vulnerability and struggle for wellbeing, with women victims of violence and their work in a social enterprise. We explore how victims of violence enact wellbeing in a developing world and offer a developing world perspective through the lens of paradox theory. As we explore the loci of paradoxes, we present a multi-vocality based on the agency of women victims of violence and the agency of the organisation through its founder. In highlighting the phenomena of acid violence, we stress the vulnerability of victims of violence as they seek wellbeing on their healing journey (Ormon & Horberg, 2016). Acid violence is one of the most gruesome forms of gendered violence where mostly women are attacked through throwing of acid, commonly on a woman's face or body with the aim often to inflict lifelong punishment through permanent scars and physical disfigurement (Pio & Singh, 2016). Although more prevalent in the developing world, globalisation has carried such forms of gendered violence to the international arena. Unfortunately, these attacks are now being reported by media in the developed countries such as the UK, Germany and Italy. While the international community acknowledges such violence as a human rights issue and pressurises governments to design interventions, complex intersections of global, local, political and economic influences also make women in particular social positions more vulnerable to such violence (Yousaf & Purkayastha, 2016). Survivors not only live with permanent damage and multiple reconstructive surgeries to restore some sense of normal functioning, but also face enormous financial burden for recovery, as they seek to reintegrate into mainstream society and find employment for financial independence. In developing countries, this is an uphill battle with

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policy gaps, inadequate compensation for survivors, delayed justice and negative societal attitudes (Ahmad, 2011; Halim, 2007; Pio & Singh, 2016).

The ultimate purpose of social enterprise work is to improve the wellbeing of groups of people who are severely disadvantaged or marginalised and require support because they do not have the financial means or political influence to transform their lives on their own (Kroeger & Weber, 2014; Martin & Osberg, 2007). Inherent in paradox is contradiction and tension between interdependent elements (Schad, Lewis, Raisch & Smith, 2016). This is exacerbated by the nested and interwoven nature of paradox, as the tackling of one paradox may activate another one that was in the background (Fairhurst et al. 2016), and wellbeing work triggers paradox based on the requirements of the organisation and the clients, or in the context of acid-violence, that of the founder and survivors. Paradoxes can stimulate the development of creative solutions and can also trigger intractable conflicts or organisation demise (Tian & Smith, 2014). In the case of social enterprises, paradoxes may be between social mission and financial performance which need to be interwoven, while at the same time can present as competing demands (Schad, et al., 2016). Our contribution is to illuminate the situational complexity of wellbeing work with acid violence survivors in a social enterprise situated in a developing country through the identification of three paradoxes which expand and incorporate the paradox of social mission and commercial viability. In the context of the social enterprise with a focus on acid violence victims, the three paradoxes are organisational legitimacy and personal healing space, organisational funding and survivor funding, entrepreneurial aspirations and personal career aspirations. Hence, we respond to the call for more complexity with emotion and irrationality in paradox studies (Fairhurst et al., 2016). The next section weaves together a background on paradox and wellbeing, followed by the methods, findings, discussion and conclusion.

Background literature

While social enterprises seem to be growing at an exponential rate (Battilana & Lee, 2014), success can be quite challenging due to confrontation with unique, often oppositional circumstances in contending with social, ethical and economic concerns linked to shifting boundaries, identity issues, complex relationships and inconsistent demands (Tian & Smith, 2014). Fairhurst et al. (2016), write that "as society grows more complex, paradox is and will continue to be a phenomenon that crosses all aspects of organizational life" (p. 180), and examples include: being optimistic and realistic, adaptive and persistent, hiring the most disadvantaged people and hiring the best talent available (Miller & Sardais, 2015; Tian & Smith, 2014). Paradox is both embedded within social systems and structural elements as well as in agency and sense-making practices (Fairhurst et al., 2016). Paradox defies logic and may seem to have absurd interrelationships and conceptual confusion and is associated with words such as dialectics, contradictions, tensions and dualities, yet paradox moves beyond tradeoffs, dilemmas and conflicts which can be resolved by choosing or splitting (Fairhurst et al., 2016; Smith, 2014). Paradoxes are often viewed as interdependent, inter-related, occurring simultaneously and persisting over time (Guerci & Carollo, 2016; Smith & Lewis, 2011). Our choice of the word paradox hinges on the need for engaging with both aspects of the persistent oppositional circumstances which demand ongoing responses. Several tensions may arise as the trajectory towards achieving both poles of the paradox are difficult (Kark, Preser & Zion-Waldoks, 2016; Jay, 2013) and, therefore, paradoxes are a defining force in an organisation's long-term survival.

Successful entrepreneurs and managers tend to pursue various aspects of paradoxes and accept the tensions inherent in them, rather than going through analysis paralysis (Guerci & Carollo, 2016; Jahanmir, 2016; Miller & Sardais, 2015). Kark et al. (2016) suggest that embracing tensions and contradictions inherent in paradoxes can lead to transformational learning and facilitate women's leadership of social change enterprises. The paradoxical demands due to juxtaposition of social mission and commercial viability are often evident in social enterprises (Tian & Smith, 2014) but three meta-skills can facilitate social entrepreneurs to manage this paradox – acceptance or acknowledging competing demands, differentiation or recognising the contribution of various alternatives, and thirdly, integration or seeking synergies between the paradoxical demands (Smith & Lewis, 2011). In the arena of interprofessional collaboration, Huq, Reay & Chreim (2016) discuss virtuous cycles where conflict leads to positive tension which they term protecting the paradox and this is supported by three strategies. Strategy one is promoting equality between poles and may involving setting up structures to respect both poles of the paradox, developing a common vocabulary and shifting weight between the higher and lower status pole. Strategy two is purposefully strengthening the weaker pole and this means that weaker voices are strengthened and after-meeting discussions are engaged with. The third strategy is looking beyond the paradox and this translates as keeping the focus on client outcomes, managing negative tensions and ensuring that collective decisions inform the completion of work. These three strategies may follow one other, or they may overlap and function in an iterative manner. It is noteworthy that how demands are comprehended will affect how they are framed, approached and dealt with and when demands are framed as paradoxes, it might be easier to acknowledge that competing demands may co-exist and be interdependent; and that innovation involves creating rather than choosing from a repertoire of responses (Gaim & Wahlin, 2016). Overall, using the lens of paradox theory, an understanding can be built of the nature of persistent and different types of tensions and contradictory demands, how these manifest within a social enterprise and how these can be managed through the interplay of creative and novel strategies (Schad et al., 2016; Smith, Gonin & Besharov, 2013).

A social enterprise, in its widest sense, is an organisational form that combines a business model to generate economic benefit with a social mission to enhance wellbeing of groups of people who are disadvantaged or marginalised (Munoz, Farmer, Winterton & Barraket, 2015). Wellbeing comprises dimensions of happiness, self-worth, life-satisfaction and the perceived quality of one's life and is associated with physical and mental health (Connerley & Wu, 2016; White et al., 2016). Contrary to a sense of wellbeing is that of vulnerability, manifested through defencelessness, sensitivity, insecurity, feeling unprotected and victimised (Briscoe, Lavender & McGowan, 2016). The UN's World Happiness Report 2016 reinforces predictors of wellbeing based on positive levels of healthy life expectancy, income, social connection, trust and the ability to make life choices (Helliwell, Layard & Sachs, 2016). Wellbeing is facilitated by the opportunity to engage in meaningful work, live with authenticity, believe in our own internal locus of control, and experience social contact that fosters strong relationships with family, friends and the community (Biese and McKie, 2016; Connerley & Wu, 2016).

For most people, work makes up the largest part of adult lives. The ability to engage in work that enables one to create, construct, invent and transform the world impacts heavily on the sense of life-satisfaction. Meaningful work, with reasonable working conditions, provides dignity integral for wellbeing (Sachs, 2016 as cited in Helliwell et al., 2016). Stam, Sieben, Verbakel & de Graaf (2016) concur that a difference in feelings of wellbeing exists between those employed and those not employed, and note that an individual's feelings of wellbeing are connected to the relationship between employment status and the value that local society

places on work participation. Stigmatism, shame, disability and unemployment remove an individual's options to be actively, confidently and fully involved in society. Thus, the individual is no longer able to realise the potential wellbeing benefits that come from status, shared experience and a sense of shared purpose (Stam et al., 2016). Most acid attack victims lack the financial means to receive treatment and rehabilitation, and confine themselves at home for years on end (Yousaf & Purkayastha, 2016). This isolation is further exacerbated for the victims by a lack of demonstrated empathy and support from the community, often due to fear of intimidation and torment from the perpetrators (Haque & Ahsan, 2014). Perceived discrimination is adversely correlated to wellbeing, and is particularly strong for people with a physical disability or mental illness (Schmitt, Branscombe, Postmes, & Garcia, 2014). Sadly, the failure to see justice meted out to perpetrators of acid violence leaves the survivors of acid attacks feeling hopeless; sometimes leading to such despair that they end their lives (Yousaf & Purkayastha, 2016). The Rejection Identification Model, born out of social identity theory, proposes that feelings of prejudice are more detrimental to the wellbeing of disadvantaged groups compared to advantaged groups; but that a greater sense of belonging within a marginalised group may lessen the detriment to wellbeing caused by discrimination (Schmitt, Branscombe, Kobrynowicz & Owen, 2002). There are numerous examples of self-help groups in developing countries that foster women empowerment through support and a shared voice. Women who become members of self-help groups have an improved sense of wellbeing because of better workplace dynamics and job security (Combs & Milosevic, 2016).

A sense of wellbeing is supported by the opportunity and ability to make personal choices as to what is best for the individual and their family (Biese & McKie, 2016). The inability to take control of one's own life can have a negative impact on psychological wellbeing, as demonstrated by Schmitt et al. (2014), and ubiquitous discrimination that reaches across a range of contexts leads to a general lack of control over one's own life outcomes. Similarly, Biese and McKie (2016) suggest a sense of wellbeing can come from the ability to opt in or opt out of a life path. In opting out of traditional high-powered careers, many women in the developed world are seeking other, more sustainable career formats, to provide a greater sense of psychological and physical health. Whilst victims of acid attack violence often loose the luxury of choice to opt in or out, a trend in the developed countries that may prove positive for such victims is that of individuals becoming increasingly able to create their own identity and pathway, rather than adhere to traditional career path expectations (Biese & McKie, 2016). Certainly, women feel empowered when they can orchestrate their situation (Combs & Milosevic, 2016).

The ability to be authentic is intrinsically linked to a sense of dignity and comfort in self. The World Health Organisation recognises the important role that dignity plays in ensuring wellbeing (WHO, n.d). Liedner et al. (2012, as cited in Jones, 2016) established that feelings of humiliation, shame and embarrassment are linked to feelings of hopelessness and helplessness; and that feelings of shame can have an implicit impact on achievement. A sense of humiliation may be extended and exacerbated for victims of acid violence by lack of action by authorities in ensuring retributive and restorative justice. Despite the brutality of the crime, courts can take years to determine a judgment and most victims do not receive compensation (Nguyen, 2015). The World Happiness Report 2016 highlights the serious impact that disability can have on wellbeing, noting that, whilst individuals display a degree of resilience in adapting to major life events such as those causing physical disability, strong evidence points to the extended influence that disability has on wellbeing. Although a social enterprise can be a wellbeing enhancing space for disadvantaged individuals and communities who are involved with it, not all such exchanges may be wellbeing promoting and, therefore, further studies in

this under-researched area can help build an understanding about the 'how' and 'why' of the wellbeing resulting from the work of social enterprises as well as negative experiences impacting wellbeing due to such work (Munoz et al., 2015).

Research methods

We present an illustrative single case of a social enterprise from the developing world – a country in South Asia to highlight the paradox in wellbeing work in the case of survivors of acid violence. Our focus is unique as there are very few social enterprises which single-mindedly emphasise helping acid attack victims access crucial medical, legal and financial assistance in working towards empowerment and social integration in the South Asian context. Single cases are suitable when there is an opportunity of exploring a phenomenon under uncommon or extreme settings (Eisenhardt & Graebner, 2007). Scholars acknowledge that a single case is particularly suitable when it is "unusually revelatory, or when it is extremely exemplar, or when it offers opportunities for unusual research access" (Mariotto, Zanni & Moraes, 2013: 358).

Access to interviews with victims of acid violence can be very challenging due to the traumatic and fragile condition of survivors of such attacks. However, through persistence and knowledge of the unwritten mores of the local culture, we gathered primary data through narrative interviews and diarised accounts, and this study focuses on information rich stories of two individuals – the founder, and a survivor of acid violence. Narrative interviews are particularly suitable for sensitive research and for eliciting a more "contextualised and comprehensive account of an event and experiences" (Flick, 2009:191) than collecting data by asking pre-structured questions. The interviews started with broad open question to start the conversation. The founder was asked to narrate the story of how he started this social enterprise and the survivor was encouraged to tell her story of how she got associated with this social enterprise and her experiences. Participants were encouraged to share their understanding of wellbeing and resilience of acid violence survivors. Probing questions helped gain further insight into their perspective on key challenges and accomplishments in relation to wellbeing. Interviews with the participants lasted between two to three hours. Interview data was supplemented with field notes that contained observation about the rehabilitation centre where the primary data was gathered. Secondary data was sourced from websites, media reports, emails, social media messages and notes from phone conversations with participants.

Our study highlights how paradoxes around wellbeing of acid violence survivors triggered tensions between these two people and deteriorated their positive and trust based relationship, eventually transforming it into an intractable conflict. The founder of the social enterprise made all strategic decisions regarding the social venture such as campaigning and fund allocations for treatment and rehabilitation of victims. The acid violence survivor's life was instantly changed when she was returning from work one day and was attacked by a man whose marriage proposal she had rejected more than once. Before this dreadful incident, the survivor supported her parents in meeting everyday living expenses by working in a local shop. The social enterprise team approached the survivor at the local hospital where she was admitted after being attacked by acid. The survivor and her parents were offered accommodation at the rehabilitation centre of the social enterprise so that they had somewhere to stay while they tried to arrange for medical treatment at the city hospital. Many hospitals in the developing country where the social enterprise was situated are ill equipped to provide adequate treatment for acid

violence victims. In a few months, the social enterprise founder encouraged the survivor to become involved in the activities of the social venture through volunteer work.

Based on established trust and rapport with the researcher, the survivor felt inclined to further share aspects of her recovery experience and personal wellbeing five months after the first face-to-face interview. With permission, this additional data was collected through notes made during phone conversations and online communication for a duration of 10 months. During this time the survivor spoke candidly about her experiences and goals of recovery and wellbeing. She had started living with her biological family and had stopped working as a volunteer for the social enterprise, using any support from them or living at their rehabilitation centre. This exemplar case is rare in that it reveals rich insights into how mutual trust, and understanding between a beneficiary of a social enterprise and its founder deteriorated over time from being very positive to ending in an intractable conflict. We modified and excluded particular personal details and descriptions from the participants' narratives to protect the participants and the social enterprise from being identified. At the time of the interview, the venture was new and had operated for less than a year and the founder revealed that the enterprise mainly relied on public funds through campaigns and like many new social enterprises operated under severe financial constraints to support approximately 15 survivors of acid violence.

Analysis was done through focusing on text descriptions in transcripts, notes and secondary data that depicted the participants' experiences and perspectives of wellbeing of acid violence survivors. Further interpretation involved focusing on the participants' point of view related to the sequence of incidents that transformed their relationship as well as the who, what and why details of the elements of wellbeing that were complex and enduring in nature. To ensure consistent interpretation of data, the co-authors had frequent dialogue to achieve a common understanding about complexities of wellbeing work by this social enterprise, through which three paradoxes pertaining to wellbeing work emerged. These are presented in the next section.

Findings

The situational complexity of wellbeing work with acid violence survivors in a social enterprise situated in a developing country is illuminated through three paradoxes, with each paradox highlighting the organisational point of view through the founder's voice, followed by the acid violence survivor's voice.

1. *Organisational legitimacy AND personal healing space*

Given the lack of support for victims of acid violence, gaining legitimacy as a social enterprise and raising awareness toward this issue was crucial. From an organisational standpoint, survivors' participation in campaigns would help achieve this legitimacy. Furthermore, campaigning could be a cathartic platform for survivors to rupture their silence about violence and challenge the barriers of social prejudice and exclusion:

> Sharing personal stories and connecting with others is an opportunity for self-introspection, more clarity and understanding of one's own life and journey. One could end up repeating their personal story four times in a day to different media persons. Media interviews have happened even till 2am because we didn't have time for it during the day. But we do it because civil society needs to wake up and be sensitive about acid violence (Founder).

But, such efforts towards organisational legitimacy also inadvertently hindered survivor healing because of their repeated recounting of personal trauma during campaigns. To selflessly and tirelessly campaign while still dealing with one's own recovery roadblocks led to emotional and physical fatigue, shifting focus away from personal recovery and wellbeing:

> I haven't had the time to see the doctor and have missed my last appointment as I have been quite busy with campaign work. To do campaign work, I must be away from my family, stay with the rest of the team, travel to other places. Although people are quite caring here, I feel lonely. I miss my father a lot. I must travel, compile lists, give interviews, protest etc. I do whatever campaign work the team asks me to do and I do all this as much as I can find courage within me (Survivor).

As per the local traditions and culture, it is uncommon for women to speak openly about their feelings, question or challenge the norms of society, live away from their families and travel with non-family members. Therefore, work for social enterprise, such as campaigning, may involve a transitional parting from traditional customs and can exacerbate stress and vulnerability among some survivors grappling with loss of identity and social discrimination after violence. The paradoxical tension of creating safe platforms for survivors to heal and move on from this trauma while also urging them to recount their personal horrors of violence to garner social and financial support was particularly challenging as depicted in the founder's quote:

> A survivor told me that it initially she had difficulty in trusting us. We invited her many times to participate in media interviews but she would decline such invitations. We didn't know this but when she told us that initially she didn't trust us, we realised that it takes a long time to build trust. I am reminded of another survivor who for the first time decided to come out and eagerly share her story with media but this triggered many further media questions. She slipped into major depression due to her continuous interaction with media (Founder).

The paradox of achieving organisational legitimacy while also nurturing space for personal healing is further evident in the venture's strategy of encouraging survivors to use social media despite financial and other resource constraints:

> We are stretched resource-wise but we are working towards individual Facebook pages for our survivors. This is where the world gets to know each survivor more personally such as likes, dislikes, skills etc. Many of the survivors we are supporting are from lower educational and socio economic background and lack these skills. We are supporting the survivors to learn some English, learn how to use social media tools and communicate directly. We want to work in a detailed way on one survivor at a time (Founder).

While social media opened additional channels for survivors to engage and heal by sharing their pain with others and for the enterprise to seek financial support towards its mission, the unintended consequence of this strategy was that it deepened the sense of social rejection, vulnerability and isolation due to lack of reciprocation from the online community. In the local patriarchal culture, which blames female victims for provoking abuse and inciting acid violence upon themselves, the lack of empathy reflected on social media platforms deepened the feeling

of social exclusion and exploitation by others for their personal gains as illustrated in the survivor's quote:

> I feel like no one cares about me. I sent a message to all 50 of my contacts on social media. I met these people through campaigning activities. I gave interviews and shared my experiences with them but when I asked whether they could help me collect funds for my next surgery then not a single person replied. I didn't even hear from anyone to say 'sorry I can't help'. Just no response (Survivor).

2. *Organisational funding AND survivor funding*

Lack of funding was a major challenge for the young social venture. From an organisational standpoint, the founder had to find ways of meeting urgent recovery needs of survivors while also reserving funds for raising social awareness, rallying public support and meeting operational costs. Any funds raised through campaigning would be prioritised for the most urgent medical needs of any survivor but this did not diminish the founder's sense of urgency in trying to keep the venture financially sustainable:

> Just last month we were in dire financial situation but luckily recently we have got much needed capital injection. We try to operate with a positive sense of hope and keep our larger mission in mind. Having said this, our venture operates on some basic principles. One principle is to use minimum resources for campaigns. We are therefore trying out different social media options and crowdfunding platform for various individual survivor projects. We are also expecting one of our survivor activists to get an employment contract so her earnings from that will help sustain our initiative. We aim to create a Trust and help the survivors get financially independent so that they can support each other. We try and focus on one survivor at a time to address their recovery and rehabilitation needs (Founder).

Funding appeals relied on survivor participation to communicate the seriousness of the social problem and urgency for required funds. Such appeals, therefore, portrayed individual survivors showing their physical injuries and recounting personal trauma. Most survivors of acid violence in the developing country where data was collected are women. Despite changing times and more women from this country getting educated and entering the workforce, societal expectations are still governed by patriarchal notions that include women conforming to traditional customs and norms:

> We made a detailed plan to gain attention to acid violence. Today the survivors may easily be able to speak to various people but initially it wasn't so easy for them. There was much work that went behind this. I remember at a court hearing of one of our survivors, we encouraged all survivors to get bold, not hide their facial injuries and step out from behind their veils and gather in the front of the court to support each other. It is not easy to get one survivor to open her face and speak about her personal story and here we had several survivors gathered in front of the court and taking media questions. This is when people started getting interested in this issue (Founder).

The paradoxical tension of spending on campaigns, highlighting the needs of one survivor at a time to build momentum for generating more funds can lead to misunderstanding. The importance of shared values, collective good and shared social vision, if not understood by all stakeholders, especially the survivors as primary stakeholders, can create a feeling of

unfairness, preferential treatment and being taken advantage of, despite having received ongoing care and support from the organisation:

> I don't want pity and sympathy. I asked him [the founder] for funding towards my next surgery and I was told that I couldn't have it. I asked why I couldn't have it when my face and my story is in the crowdfunding videos and I have worked so hard in every campaign. If I have participated in a crowdfunding campaign, then there should be a separate account in my name where the money is transferred for my surgery and I can access it when needed. I feel I have been sold false dreams (Survivor).

Due to funding constraints, there was lack of specialised therapy and clinical care at the rehabilitation centre. Hence, the founder mostly relied on fostering a "family" culture and a "home" like environment of care and responsibility:

> We don't have facilities like one would see in a developed country like New Zealand. What we have here is a home for the survivors and their families. Many of the survivors are from rural areas and small towns and come to this city for treatment in the hospital. They have nowhere to stay. If someone has a problem, we talk about it and try to resolve it as a family. We offer them a place to stay as they seek access to treatment. There are no expert counsellors here. We cannot afford such expert help. Experts may help as many of our survivors face long term trauma, depression and sleepless nights but I also feel that sometimes it's a case of paying more attention to what the doctor says and when the same advice is given by a family member then its ignored (Founder).

The unintended consequence of creating such a nurturing environment is that it can impose a contemporary, organisational notion of a family on the more traditional concept of a family which emphasises values such as respecting hierarchy and authority to maintain harmony. For example, in the local tradition, the eldest male in a family usually acts as a head and all other family members respect his formal authority. Most women would generally not share accommodation with men outside their family as illustrated in the quote below:

> I felt quite uncomfortable and uneasy living there because there were males who participated in this campaigns and would end up staying in this shared accommodation. During the time my parents stayed at the rehabilitation centre, they were often asked to cook and clean after others. They didn't mind and wanted to help but I felt hurt that just because we are from a poor family, there was a general lack of respect for their age. I was very frustrated when I saw one day that my father was asked to wash others' garments. I felt I was better off living with my family with dignity (Survivor).

The ethos of care through fostering a family environment from an organisational standpoint can fail to meet the wellbeing needs and even aggravate vulnerability among violence victims by unintentionally limiting or challenging the expression of traditional family values.

3. *Entrepreneurial aspirations AND personal career aspirations*

Financial burden due to medical costs is usually a major impediment for survivors recovering and rebuilding their life. While the founder supported the acid violence survivors to build skills aligned with area of their personal interest, an equally important consideration was to ensure that such skill-based training would ultimately help them get financially independent through employment. Sadly, survivors often face rejection, apathy and indifference when seeking

employment. Hence, from the founder's point of view, starting up a venture that would be managed by some survivors would not only help them become financially independent but would also rupture the social stigma of acid violence by limiting their chances of potentially undergoing further trauma and discrimination if they ended up working for an organisation that did not understand their wellbeing needs:

> Through personal connections, we can get some of the survivors employed in private companies. But who will understand their health challenges? Who will understand their need for taking frequent leave to get multiple surgeries done? There is a risk of further stigmatisation and survivors feeling more depressed because of no support systems and awareness at workplace. Our venture is not even a year old so this issue is only now beginning to gain some attention. We know things take time in campaigning and activism work. One must be patient and dream fulfilment is not a possibility for many of us especially those who belong to the lower or middle socio economic section of this society (Founder).

For many women, fulfilling traditional roles and social expectations of getting married, being a homemaker, raising children and looking after elderly would be more important than carving out a professional identity through career accomplishments. From a survivor's perspective, holding onto the residue of unfulfilled dreams of full time work or being a homemaker could be more pertinent to healing than embarking on the unchartered path of entrepreneurship. A departure from such unfulfilled personal dreams and aspirations could mean an exacerbated sense of loss, further alienation from one's community and survivors could perceive this as an act of coercion by the organisation:

> My interest has always been in beauty and my dream is to become a beautician. I hope to get funding support for professionally training in the beauty industry and becoming full time employed as a beautician. When I am full time employed, I can support my father. My father's health is not so good but he has supported me a lot so I want to be able to also help and support him through my earnings. But they [the founder and core team members] had some ideas about a dressmaking shop that would be managed by survivors. They would provide the ongoing support and they kept telling me to get involved in such ventures. We had arguments about this because I didn't want to be involved in it. It would also mean staying away from my family and living my life where such as venture would be started (Survivor).

Organisational strategies perpetuated through managing or controlling at such deep intimate levels can inadvertently run counter to the survivor wellbeing and empowerment aim of the social venture.

Discussion and Conclusion

The three paradoxes illuminate the fact that social mission, based on the aims of a social enterprise in a developing world context, may have paradoxical demands from the vantage point of survivors of acid violence. While both the founder of the social enterprise and the survivors have the aim of wellbeing, the translation of this aim can be loaded with emotion and contrary points of view. For the survivors, wellbeing may be negatively impacted through external influences associated with stigmatism, entrepreneurial aspirations and activism, and internal influences associated with trauma, self-degradation, and the shrinkage of space to think

about wellbeing as the mind is occupied in sharing horrifying stories of personal acid attacks with the media. The psychological result of such internal and external sanctioning is decreased confidence, self-worth and self-respect.

Our contribution has been to illuminate the staggering complexity in which wellbeing work for women victims of acid violence is embedded in the often unforgiving and traditional milieu of a developing country. Untangling paradoxes in wellbeing work with women victims of violence in this context may involve not only the psychological benefits of being engaged in useful and meaningful work for self and the social enterprise, but also the ability to stay connected with the immediate family, reconstructive surgery and planning for the day-to-day needs involved in surviving acid violence. Additionally, even if employment is accessed, individuals from stigmatised groups, such as acid attack survivors face further obstacle to wellbeing by having a greater tendency to experience workplace discrimination compared to their cohorts from non-stigmatised groups as they receive less resources and thus have less means by which to select healthy behaviours, again impacting on their physical wellbeing (Combs & Milosevic, 2016). Thus, in a cyclic fashion the long-term presence of stress and low psychological health flow through to further impact negatively on wellbeing.

Yet, the paradox of wellbeing is that it is possible to support a virtuous cycle and Huq et al. (2016) note this is possible through setting up structures which respect both poles of the paradox or, in our case, respect shown to each other by both the founder and survivor. Achieving value for both parties may be enhanced through viewing the paradoxes as interdependent and inherent in the business of social mission (Schad et al., 2016). Additionally, in acknowledging that status and power differences may contribute to vicious cycles, attempts can be made to rebalance poles through encouraging and supporting individuals who are at the weaker pole, keeping in mind the big picture, or the support and empowerment so crucial for victims of acid violence within which the paradoxes are embedded.

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