



RURAL FACULTY
The Royal Australian College
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Working from home: a solution to the employment of rural medical spouses?

Discussion Paper

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Introduction

'Working from home' is becoming a highly accepted mode of work in many types of organisations. Sometimes called 'telework', 'distance working' or 'remote working', it often relies upon sophisticated information technology and changes to work cultures to be viable. Many researchers report that working from home is useful to reduce commuting, allow flexibility of work practices, balance family and work demands and lower overheads (Jackson and Wielen, 1998). Equally, it brings with it a complex range of issues related to loss of social contact, maintaining the boundary between work and non-work activities and changes in supervision, management and trust (Jackson and Wielen, 1998). In short, working from home requires rethinking how we order time and space in an organisation or workplace. It offers significant opportunities, especially when workers are located in remote areas. The spouses of rural general practitioners (GPs) and rural professionals more generally, might stand to benefit from 'work from home' employment arrangements.

The employment of rural GPs' spouses has been identified as a key factor in the retention of GPs (Tolhurst and Lippert, 2002). In rural areas, often no local employment opportunities are available to match the spouse's professional skills. Even where opportunities exist, childcare options are often limited. This issue arose during a recent project, providing the impetus to investigate the opportunity and issues involved in 'work from home' employment arrangements for rural spouses (Cheney et al., 2003). It was found that in some cases 'work from home' appears to be the only viable solution to employment needs or for employment compatible with child care responsibilities (given the lack of local child care facilities).

We explore here the potential for employment of spouses of rural GPs in 'work from home' arrangements. This paper is based on a small research project regarding the extent of 'working from home' arrangements in rural medical agencies in Australia. There is a detailed discussion of the barriers encountered in different cases and how these have been addressed. In addition, an indication of the guidelines and policies that might be needed to set up 'work from home' arrangements are presented as a resource

to organisations looking to develop this aspect of the workplace.

A sample of medical service organisations around Australia was contacted in February–March 2003. These included Rural Workforce Agencies, NSW Divisions of General Practice and a range of other peak organisations¹. Issues regarding working from home were discussed during a series of informal telephone conversations and/or email exchanges. It should be noted that some of these organisations are large and the informant would have replied based on their own personal experience. This experience may or may not be representative of the organisation as a whole. In addition, a low response rate for the NSW Divisions may have influenced the findings.

Working from home within medical service organisations

Extent to which working from home takes place

It appears that throughout the organisations that participated in the research, there is a significant and explicitly stated culture and attitude of support for flexible work practices. Almost every organisation described itself with terms such as 'family friendly', 'flexible' and 'amenable' regarding different work arrangements.

The majority of these organisations allows employees to work from home but do not actively encourage it as a permanent mode of work. Instead, employees usually complete their core hours in a traditional workplace environment and work from home under the following circumstances:

- when there is a need to complete a discrete piece of work for a deadline (e.g. major report);
- when the work needs to be done out-of-hours (e.g. a teleconference with rural GPs in the evening);
- in the case of family needs;
- when the work to be done is a discrete project (e.g. a research

¹ The peak organisations included Australian Divisions of General Practice (ADGP); Australian Rural and Remote Workforce Agencies Group Limited (ARRWAG); Royal Australian College of General Practitioners (RACGP) NSW Faculty; Alliance of NSW Divisions; Rural Doctors Association of Australia (RDAA); and Australian College of Rural and Remote Medicine (ACRRM)

- project) which is not directly linked to the work of others; or
- work is being undertaken in a regional area in which there is no established office.

It is generally expected that employees are present in the workplace for meetings and other commitments in all these organisations.

There exist particular groups of employees, however, who may work at home at their own discretion or be specifically contracted to do so. For example:

- research teams within an organisation;
- sessional or contract appointees for a particular project;
- senior management;
- GPs doing voluntary work; and
- travel-based employees.

Perceived barriers and ways to overcome them

A number of recurring themes emerged from descriptions of the barriers experienced by employees undertaking work from home in medical service organisations. These themes are outlined individually below, together with ways that organisations found to overcome such barriers.

Communication issues and loss of teamwork

Presence in a work environment is thought to allow for a greater variety in modes of communication and supports teamwork. In many work environments, or at least for some tasks, significant teamwork is a necessity and people must work "closely together". As one respondent put it, "technology helps, but nothing can replace face-to-face contact". Participation in teamwork from a distance was not viewed as viable by several of the respondents. Organisations that require a frequent crossover between people in different work areas also indicated that employee presence was essential. Spontaneous communication is required for on-the-spot debriefing and sharing tasks. Many respondents mentioned the value of informal contact between employees and 'corridor conversations'. As one respondent put it, "when you are not present, it is difficult to keep up with new developments". As such, some respondents thought that employees spending a significant amount of time

working from home sometimes felt quite isolated and suffered a loss in morale.

Such communication barriers have been overcome by some organisations using group teleconferences and regular email contact. As one respondent put it, "persistence" is the key to overcoming the difficulties encountered. It also appears that the smaller the organisation, the easier it is to manage the work from home situation in this regard.

The need for a work environment

One respondent pointed out that for some of their employees, a work environment is helpful to them to carry out their work: "Some people find it hard to work at home". This refers to the potential difficulty employees may experience in drawing the boundaries needed in both time and space to successfully carry out work at home. In one instance, a respondent mentioned an employee who was "keen to move their office out of their house" as soon as office space became available to them. Another noted that the people who were able to work efficiently at home were "well-educated, mature people and able to be self-managed". As such, it would appear that working from home is suitable or desirable for some employees but not all.

Technical issues and access to infrastructure

Setting up a work environment away from the workplace presents a number of different technical barriers relating to equipment and office support mechanisms. Several respondents identified these barriers. Firstly, there is the need for and expense of computing systems, which may replicate existing workplace-based equipment. Secondly, there is the need for a separate telephone connection and ways to distinguish work and personal costs so that work expenses can be reimbursed. A particular difficulty experienced in rural areas was the narrow bandwidth and slowness of Internet connections.

One solution to these barriers is using laptop computers. These might be specifically issued to an employee when envisaging significant time working from home or when travelling, or having one or more laptop computers available for use under certain circumstances. Easy access to office infrastructure including photocopiers, resources and files was mentioned frequently and in some instances partially overcome by extensive external access to electronic servers.

Respondents noted that server access was available in almost all cases.

Workplace tensions

One respondent mentioned that they had observed resentment from other staff and the perception that someone working from home must be working less than others. It was suggested that greater communication between employees might remedy such difficulties. Equitable treatment of all employees is essential whatever their work mode. Good communication between employees and management might also assist in addressing such difficulties.

Occupational Health and Safety (OH&S) and insurance issues

One respondent pointed out that OH&S considerations and insurance issues relating to an employee working from home was prohibitive to making such an arrangement. In most instances, this barrier has been overcome by making the arrangement an informal one. A more rigorous solution to this issue is to create a 'work from home' policy and associated OH&S documentation. It appears this has not been done widely within medical service organisations. We present examples below of policies implemented in other organisations to address this issue.

Opportunities for rural spouses

There exist only a handful of examples of employment of rural GP spouses by any medical service organisation. The work undertaken by spouses in the past have included:

- graphic design work creating a brochure;
- data-type project on minimum housing standards;
- organisation of continuing medical education (CME) weekend; and
- website research.

In all these instances, the number of hours worked was relatively small and was a one-off arrangement rather than forming part of any definite strategy towards employing rural spouses. It also did not appear that any of the organisations had a specific strategy regarding employing rural GP spouses in the future. On the contrary, one of the peak organisations mentioned that they would be willing to employ rural spouses only on the basis that the applicant was

the "best person for the job" with "no selection criteria or positive discrimination in favour of rural doctor spouses". As such, this organisation acknowledges it is unlikely to positively discriminate (that is, to implement affirmative action policies) on the basis that an individual is a GP's spouse, whilst indicating the potential to employ suitably qualified individuals.

Guidelines and policies for working from home

Most of the organisations in the medical service industry contacted through this research do not have specific guidelines regarding working from home, though some cover relevant points in contract documentation for particular employees. As a brief guide to information that may be of use to medical service organisations should they endeavour to write their own policies and procedures for working from home in the future, we provide the following from a number of sources.

A number of organisations outside the scope of this project were contacted including major Australian universities and some large companies. Where they exist in a formal sense, the guidelines of these organisations for 'working from home', included:

- OH&S considerations (including adequacy of furniture, workstation, ergonomically suitable computer equipment, lighting;
- risk assessment of the home environment etc.), which may require access to the home site to inspect the work environment;
- requirements for a written work agreement including the agreed days and times of work at home and agreed times of recess;
- agreed work locations within the home;
- physical security arrangements (sensitive files locked up, passwords hidden etc.);
- access and contact arrangements with other staff and provisions to safeguard the confidentiality of the work at home;
- clarification as to whether or not staff working at home will be covered for workers' compensation if an injury arose 'out of or in the course of employment';

- public liability arrangements so that staff working from home have cover for injuries to visitors;
- a declaration by the employee to abide by the OH&S Act, not to take any action that creates risk to their health and safety and to use equipment supplied to them in accordance with instructions given;
- procedures for reimbursement of costs (telephone, electricity etc);
- occupancy status of the residential dwelling being used (owner occupied, mortgaged, leased or rented);
- register and audit of all equipment owned by the organisation but kept at the home-base and agreement on ownership of equipment;
- job characteristics not considered appropriate for home-based work;
- regular review (every three months) of the work from home arrangement; and
- agreement about recording hours of work.

Discussion points

Future research, policy development and program design might address the following kinds of questions for each of the parties with an interest in the employment needs of rural GP spouses:

Peak Medical Organisations

- should peak medical organisations play a proactive role in policy and activity to address employment issues of rural medical spouses?
- should peak medical organisations adopt an affirmative action employment policy for rural medical spouses to acknowledge the relationship between spouse employment and rural doctor retention?
- what are the barriers to employing rural medical spouses and how might they be overcome?
- what resources already exist to overcome these barriers?
- what additional resources would be required to employ rural medical spouses in work from home arrangements?

Rural Workforce Agencies and Medical Family Support Networks

- what role can the RWAGs and RMFNs play in identifying opportunities for employment of rural spouses within peak medical bodies (and amongst other relevant organisations)?
- what policy changes are required to enable employment of rural medical spouses in work from home arrangements?
- what resources are required to support these arrangements and who should coordinate these resources?

Rural medical spouses

- what are the skills and qualifications held by individual spouses of rural GPs that could be utilised by peak medical agencies?
- what are the local resources (in the home and within the community) that would support teleworking?
- what hinders working from home?
- what is the most appropriate way to inform peak medical agencies of the potential for employment on a work from home basis of specific rural medical spouses?
- what model of advertising job vacancies would best suit rural medical spouses?

Conclusion

At the time the time of writing, there are few specific initiatives or programs for rural spouses in relation to 'working from home' employment within the medical network. However, given that almost all these organisations support working from home in some form, strategies to enable rural spouses to work from home might be developed. An important role could also be taken by workforce agencies in coordinating employment of spouses needing work from home. This might entail collating a list of teleworking or 'work from home' opportunities in a range of organisations beyond the medical service agencies, creating more possibilities to utilise the varied professional skills of rural GP spouses. Outside the scope of this research, but of potential value, would be an investigation of the actual experience of rural GP spouses working from home. It is not yet fully understood how many spouses

would be interested in working from home, and whether such an arrangement would satisfy their need for both employment and social contact.

References

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